

# The Physician's Core 1

## PRECEPTORSHIP HANDBOOK 2013-2014

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**Community Preceptorship Program Website**

[http://njms.rutgers.edu/education/office\\_education/community\\_preceptorship/index.cfm](http://njms.rutgers.edu/education/office_education/community_preceptorship/index.cfm)

## **COURSE OVERVIEW:**

The Physician's Core is a two-year curriculum. The Physician's Core I is divided into three courses for the first year. The courses include:

- Medical Interviewing
- Ethics, Humanism, and Professionalism
- Physical Examination

In addition, students practice their new skills in a longitudinal **preceptorship** in physicians' practices throughout the second half of their first year.

Seeing patients at their preceptorship will allow students to see the forest from the trees and keep them centered on why they're in medical school and enduring this challenge. For example, when they are learning about the lung anatomy in Anatomy, Cell Biology and Embryology, and then examine a patient's lung in your practice, it just makes so much more sense to them why they are learning the basic sciences.

## **PRECEPTOR'S ROLE:**

1. Host the student in your office for a total of 10 sessions starting the week of January 2 or January 7, 2014.
2. Have the student shadow you for the first session to see how you work and learn your practice style.
3. Allow the student to start taking basic history starting in the second week. **The students will have already completed the Medical Interviewing Course and the Ethics, Humanism, and Professionalism Course.** (The full schedule of what the students are learning and when is included as **Appendix #1**)
4. Allow students to start doing parts of the physical exam starting in the 4<sup>th</sup> session. (Week 4 is the first week that students start learning physical exam in school.)
5. Observe the student taking parts of the history and physical at least once a month, so that you can observe their improvement over the semester.
6. Allow students to practice presenting the patient to you, so that they can learn oral presentation skills, which they are also taught in class.
7. Ask the student to occasionally write up the information that they gather from the patient in a progress note, so they can learn documentation skills. (If you prefer they not write directly in your chart, then have them write up a mock note on a separate piece of paper.)
8. **Give the student regular feedback about their skills and professional behavior throughout their time at your office.** This will provide students an opportunity to improve weak areas in their performance. (See **Appendix #2** for some tips on teaching, giving feedback, and writing your evaluation comments.)
9. Sign the students' Attendance/Evaluation Card each week, and fill in the evaluation section on the reverse side of the card at the end of the preceptorship. You can return the card to the Course Director yourself via fax, mail, or email to [kaloore@njms.rutgers.edu](mailto:kaloore@njms.rutgers.edu) or have your student return it for you. A sample card is on the next page.
10. Contact the course director, Dr. Sophia Chen, with any problems or concerns you have about the student at (973)972-4823.

**ATTENDANCE / EVALUATION FORM:**

**The Physician's Core Preceptorship – Attendance Card**  
 Rutgers - New Jersey Medical School  
 January 2, 2014 – March 14, 2014



**The Physician's Core Preceptorship - Student Evaluation**  
 January- March 2014

Student's Name: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Key	U=Unsatisfactory
	S= Satisfactory
	O= Outstanding

**3 hour minimum per session                      10 sessions required**

T	TH	Lecture Topics	Signature of Preceptor
	1/2	No Core Class	
1/7	1/9	No Core Class	
1/14		No Core Class	
1/21	1/23	No Core Class	
1/28	1/30	Physical Exam: Vital Signs/HEENT	
2/4	2/6	Physical Exam: Neck/Lung	
2/11	2/13	Physical Exam: Cardiac	
2/18	2/20	Physical Exam: Abdomen	
2/25	2/27	Physical Exam: Upper Musculoskeletal	
3/4	3/6	Physical Exam: Lower Musculoskeletal	
3/11	3/13	Physical Exam: Neuro	

Please rate the performance of this student in each of the following categories by circling the appropriate category.

Interaction with Staff	U	S	O
Interaction with Patients	U	S	O
Listening Skills	U	S	O
Motivation to Learn	U	S	O
Professionalism	U	S	O
Punctuality	U	S	O
Physical Exam (for their level of training)	U	S	O
History Taking (for their level of training)	U	S	O

Please provide a brief written evaluation of this student. Be sure to cite student's strengths and areas in need of improvement. (Required)

**NOTE:** The students will start learning the Physical Examination on January 27.

If you cannot make a scheduled preceptor session you must call both Rawtie Kaloo at 973-972-4823 and your preceptor.

Preceptor's Signature: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

(Please type or print)  
 Please return completed form in an envelope given to your student, or via email at [kaloo@njms.rutgers.edu](mailto:kaloo@njms.rutgers.edu), or fax to 973-972-6035.

(If you give this to your student to return, please sign the back of the envelope.)  
 Please call Rawtie Kaloo at 973-972-4823 if you have any questions.

We will be asking you to give students written feedback at the end of the preceptorship (second week of March 2014). **Your honest assessment of the student is very important for their professional development, and your comments may be included in the students' Dean's Letter for residency applications.** If students are deficient in any areas, such as communication skills, arriving late, not interacting well with staff, not taking adequate histories from patients, etc., we can develop an individualized remediation program for the student to help them improve.

The course is graded **PASS / FAIL**.

**GOALS:****Goals of Physician's Core I for the students:**

1. Excellence in Clinical Skills
2. Excellence in Professionalism and Humanism
3. Commitment to the Health of the Community and Appreciation of Social, Functional, and Cultural Diversity
4. Commitment to Lifelong Learning
5. Development of Effective Skills in Education and Communication

**Objectives:**

See **Appendix #3** for specific student objectives of this yearlong course. Many of these will be practiced and accomplished at your office.

**ATTENDANCE:**

Students are expected to attend **all 10** scheduled sessions with their preceptor. **In the event you need to cancel or reschedule a session due to vacation, please let the student know as soon as possible. It is the student's responsibility to contact the Physician's Core office immediately so the session will not be marked as an unexcused student absence.**

**In the event of an absence, students must notify BOTH you, the preceptor, and the preceptor coordinator, Rewtie Kaloo, at 973-972-4823. If a student does not show up for a session when expected, please call Rewtie.**

Any absences will need to be made up at a time that is mutually convenient. Students will receive a grade of Incomplete for the Physician's Core course until absences are made up. Absences must be made up within 2 weeks at the end of the semester or a failing grade will be given.

**STUDENT DRESS CODE:**

For all clinical activities associated with this course, students are required to wear a clean white coat, and bring a stethoscope, reflex hammer, tuning fork, and eye chart.

**Women** should wear dress pants and a dress shirt, a dress, or skirt and blouse. Showing cleavage or midriff is not appropriate for this setting. Similarly, skirts and dresses should be at a professional length. Above the knee is fine, but not a mini-skirt.

**Men** should wear dress pants with a dress shirt and tie. Facial hair, if present, should be neat and trimmed.

Students should always maintain good hygiene, wear clean clothes, avoid strong colognes or perfumes, and keep their hair clean, trimmed and styled. When performing a physical exam, long hair should be restrained, so as not to fall onto the patient. Fingernails should be clean and

filed and kept short enough so that they cannot cause any discomfort to a patient when performing the physical exam – think especially of the abdominal exam.

***[Note: If your office has a dress code different than this one, your requirements take precedence over ours.]***

#### **ONLINE ELECTRONIC PATIENT LOG SYSTEM (MEDITREK):**

The Office of Education at New Jersey Medical School has selected and purchased an electronic log system called Meditrek. Having an effective way of documenting clinical experiences is a requirement of the accreditation group for medical schools, called LCME. We will monitor students' clinical activities through the use of Meditrek's reporting systems. This will enable us to make sure that they are seeing a variety of patients at their preceptorship. It is important that they enter every patient they see on the same day, at the point of care. **The information collected and the electronic log is entirely HIPAA compliant** and they enter no specific patient identifying information except for patient initials. The information collected is diagnoses and the level of participation that the student had in the visit. The patients' age and ethnic group is also collected. **If you are uncomfortable with the student entering the patients' initials, please direct them to make up alias initials.**

#### **PROFESSIONALISM:**

All students are now required to meet a standard of professional behavior as criteria for passing each course at New Jersey Medical School. You can see our standards of professionalism in **Appendix #4.**

***If you have any concerns about a student's professionalism, please call the Course Director immediately to discuss your concerns.***

#### **PERSONAL ELECTRONIC DEVICES POLICY:**

The use of personal electronic devices is not permitted during preceptorship unless specifically authorized by the supervising physician to address a learning issue. Cell phones and other electronic devices should be silenced and kept out of sight. If a student fails to comply with this policy, please inform the Course Director as soon as possible. Failure to comply with this policy will result in submission of a Professionalism Form.

#### **POLICY ON THE TEACHER-LEARNER RELATIONSHIP AND THE LEARNING ENVIRONMENT IN MEDICAL EDUCATION:**

The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care, and ethical conduct. You can see the policy in **Appendix #5.**

## Appendix #1 - Student Course Schedule

Date		Time - Faculty	Lecture and Practical Session
Tuesday	Thursday		
	January 2 <b>PRECEPTORSHIP BEGINS</b> (for Thurs session)	No Core Class	0/1. No Core Class  <b><i>Observe your practice</i></b>
January 7  <b>PRECEPTORSHIP BEGINS</b> (for Tues session)	January 9	No Core Class	1/2. No Core Class  <b><i>Observe your practice if this is the first week.</i></b> <b><i>Practice Medical Interviewing skills if this is the second week</i></b>
January 14		No Core Class	2/3. No Core Class  <b><i>Practice Medical Interviewing skills</i></b>
January 21	January 21	No Core Class	3/0. No Core Class  <b><i>Practice Medical Interviewing skills</i></b>
January 28  <b>PHYSICAL EXAMINATION COURSE BEGINS</b>	January 30	Small Group sessions (times vary according to student schedule)	4. Physical Exam Session 1: Introduction to the Physical Exam, Vital Signs, and HEENT exam  <b><i>Practice vital signs and HEENT exam</i></b>
February 4	February 6	Small Group sessions (times vary according to student schedule)	5. Physical Exam Session 2: Introduction to the Neck and Lung exam  <b><i>Practice neck and lung exam</i></b>
February 11	February 13	Small Group sessions (times vary according to student schedule)	6. PE Session 3: Cardiovascular and Peripheral Vascular Exam  <b><i>Practice cardiovascular &amp; PVS exam</i></b>
February 18	February 20	Small Group sessions (times vary according to student schedule)	7. PE Session 4: Abdomen  <b><i>Practice abdominal exam</i></b>
February 25	February 27	Small Group sessions (times vary according to student schedule)	8. PE Session 5: Upper Musculoskeletal Exam  <b><i>Practice upper musculoskeletal exam</i></b>
March 4	March 6	Small Group sessions (times vary according to student schedule)	9. PE Session 6: Lower Musculoskeletal Exam  <b><i>Practice lower musculoskeletal exam</i></b>
March 11	March 13	Small Group sessions (times vary according to	10. PE Session 7: Neurological Exam

		student schedule)	<i>Practice neurological exam</i>
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## APPENDIX #2 Teaching, Feedback, and Evaluation Tips

### One Minute Preceptor

1. DIAGNOSE PATIENT  
Ask questions.
  
2. DIAGNOSE LEARNER  
Get a commitment. *“What do you think is going on?”*  
Probe for evidence. *“Why do you think this?”*
  
3. TEACH  
Teach general rules.  
Provide feedback.  
Reinforce and correct mistakes.
  - Tell them what they did right
  - Tell them what they did not do right
  - Tell them how to improve for next time

### Feedback

Feedback should be

- Frequent
- Evenhanded
- Specific
- Timely
- Focused on things that can be changed (i.e., **focus on behaviors** that can be modified rather than on personality)

Keep notes

You may want to carry a 3x5 card in your pocket or keep a notebook to take brief notes on student performance. Use these notes for your evaluation and regular feedback sessions. Having specific examples will make your feedback more likely to lead to behavior changes and improvements in student performance.

### Levels of Feedback

Feedback can be given on a number of different levels:

- Level 1:** What you saw the student do. In other words, describing what you saw or heard using specific examples.

**Level 2:** Your personal reaction to what you saw or heard, but not a judgment.

**Level 3:** Your prediction of the likely outcome based on your experience.

### Examples of Feedback Levels for Different Types of Students

#### 1. A student who has an arrogant attitude with your staff...

**Level 1:** I have noticed that you give orders to my staff without saying please or thank you.

**Level 2:** I feel uncomfortable when my staff is not treated politely

**Level 3:** I think you will be more likely to have staff respond to you now and in the future if you treat them with standard manners.

#### 2. Student has poor closure with visits...

**Level 1:** I've noticed that you don't say goodbye to patients. Your opening and introduction is nice, but there's no closure at the end of our visit. You just walk out with me.

**Level 2:** I feel badly for patients that you don't offer them closure after they've been kind enough to open up and talk with you.

**Level 3:** I think both you and my patients would feel more satisfied if they had the opportunity to have closure. Many times they want to wish you well or good luck and thank you for listening to them.

#### 3. A student with poor comprehensive history skills...

**Level 1:** I've noticed that you consistently omit the sexual history, even when someone comes in for a GYN exam.

**Suggestions for change:** Let's talk about that.

#### 4. A student with poor physical exam skills...

**Level 1:** I notice that you are having difficulty identifying many abnormal physical exam findings. Little Amelia Smith had a raging otitis media and you reported her ear exam as normal.

**Level 3:** I think you will have difficulty in your rotations until you strengthen your basic skills.

**Suggestions for change:** I think we need to back-up and review some basic physical exam skills. Let's talk about strategies to do this. Perhaps you should stop seeing patients independently and follow me for a few days and I'll teach



you about every abnormal finding. I want you to read your physical exam textbook and we'll talk about a different system every day. I want you to talk with your medical school faculty about your deficiencies so they can guide you to resources at the school. What ideas do you have?

#### 5. Student who is consistently late...

- Level 1:** You have been late several afternoons in the past month. My office hours begin at 2 pm. I make it a point to be here on time and expect you to be on time, also.
- Level 2:** This gives me the impression that you're not putting much effort into this rotation.
- Level 3:** You are a bright student, but your minimal effort will negatively affect your evaluations.

### Evaluations

#### A Good Evaluation Contains:

- Sufficient documentation, including specific examples.
- No surprises – a mid clerkship evaluation is now expected (by NJMS)
- Enough time to discuss the evaluation
- Focuses on behaviors, not personality
- Accurately distinguishes between good and not so good students.

#### A Good Evaluation Does NOT Contain Rating Biases, such as:

- Halo effect: giving the student a good evaluation because he/she is a nice person and you like them.
- Leniency: undeserved positive evaluation to avoid controversy. e.g., "it's too much hassle to deal with a student complaining about a poor evaluation".
- Rating students on the basis of the performance of your previous student.
- Rating people who are similar (background, etc.) to the evaluator more positively.
- Remembering the most recent behaviors rather than focusing on the big picture.

### Handling Problems (When it really gets tough)

#### Identify and clarify differences

"It sounds like we disagree."

"You seem to be saying that you disagree with my grade (observations)."

#### Directly, openly let the student know that you are willing to face confrontation

"I'm trying to make it clear that I think you need to do things a little differently."

#### Diffuse anger by not taking it personally

“You’re reacting like I’m out to hurt you rather than help you be a better doctor.”

## Good Students

Oftentimes, it is the best and worst students that are the hardest to give feedback to. The best students often get, “you’re great, everything’s fine.” It is important to remember that good students need specific feedback, too. We’ve found that great students often do not realize how bright or good they are. Please give them specific feedback about their skills, knowledge, interpersonal skills and how they can improve. Push them to the next level.

Sample:

“Your physical exams are right on target. I have never found anything different than what you presented. You are well above the level of most first years I’ve worked with. Since you’ve got that down, I’d like to see you focus more on psychosocial aspects of the history.”

## Sample Comments for the Written Evaluation

Each comment would be strengthened by examples:

**Understanding** (problem solving, synthesis of knowledge, originality, analytical ability)

- John is able to get to the important parts of a history. He appeared kind and understanding. He could quickly size up which individuals were difficult patients.
- Susan was able to communicate well with both patient and family and respond to them at their level of understanding. She effectively educated two of my patients in smoking cessation.
- Sheila had a bit of a hard time applying and adapting her textbook knowledge to fit real life cases that are part of real practice. She would come to premature judgments about their physical findings and be frustrated because patients did not fit the textbook case. While this reality threw her at first, I noticed significant improvement by the end of her time here.

**Skill** (rapport, histories, physical examination, laboratory, organization, adaptability, use of hands)

- John needs to work on taking a brief general history, then concentrate on a more detailed history of the current problem.
- Susan was well received and respected by the patients. She needs to include more pertinent information into medical records.
- Bill does a good exam but is occasionally casual in his attitude; incomplete notes, not as thorough as he could be. He can detect major physical exam abnormalities, but should work on subtle findings.

**Knowledge** (scope, depth and accessibility of information)

- Kathy’s knowledge of medicine is superior and she is adept at discovering data. She is comfortable with her knowledge and willing to defend her position.

- I felt that Ann had a fairly narrow field of knowledge regarding the physical exam, specifically the musculoskeletal and abdominal exams.
- John worked hard to improve his physical exam skills. By the semester's end he was performing at an appropriate level for a finishing first year student.

**Attitude** (intellectual curiosity, respect, integrity, self-assessment)

- Kind and courteous to the staff at all times. Obviously respects people of different cultures and different points of view.
- Susan was overly self-confident and needs to better understand her limits. Despite giving her specific feedback on this point several times, she still needs work. She told one patient who came in with dark stools that she had a high likelihood of colon cancer, when in fact, the patient had dark stool from iron therapy. She is not expected to know diagnoses at this stage of her training and should refrain from discussing same with patients until discussed with her preceptor.
- I really got the feeling that Doug had a "just passing through" attitude while he was in the office. He didn't seem interested in what was happening or in improving in areas where he was weak (like communication skills), despite specific feedback. He asked few questions and did not respond to my efforts to get him thinking about the consulting-referring physician interaction.

**APPENDIX #3**  
**COURSE OBJECTIVES**

*Objectives specific to the preceptorship have been italicized.*

**Objectives for Goal #1: Excellence in Clinical Skills**

At the end of the course, students should be able to:

- 1) *Perform a structured history*
- 2) *Perform the rudiments of the head and neck, cardiac, abdominal, pulmonary, neurological, and musculoskeletal exam*
- 3) *Identify the patient's main presenting problem*
- 4) *Present a basic history and physical to a preceptor in an organized manner.*
- 5) *Describe abnormalities using non-medical terminology*
- 6) *Educate patients in basic health promotion and disease prevention*
- 7) *Describe patient non-adherence to health-care regimens in different cultural groups*
- 8) *Accurately perform blood pressure measurements*
- 9) *Accurately perform vital signs measurements*

**Objectives for Goal #2: Excellence in Professionalism and Humanism**

At the end of the course, students should be able to:

- 1) *Interact respectfully with individuals of diverse backgrounds.*
- 2) *Identify personal values that may impact adversely on their ability to provide patient care*
- 3) *Be familiar with and adhere to the NJMS Honor Code*
- 4) Identify their optimal learning style
- 5) Identify methods which enable them to learn most effectively in a variety of educational modalities – lecture, small group, laboratory
- 6) *Accept criticism and respond in a professional and thoughtful manner*
- 7) *Accept responsibility for errors and demonstrate an openness to change*
- 8) *Interact respectfully with patients, faculty, and colleagues*
- 9) *Demonstrate empathy with patients, faculty and colleagues*
- 10) *Meet commitments in a timely manner.*
- 11) *Maintain appropriate appearance and dress.*
- 12) Demonstrate participation in the learning experience
- 13) Demonstrate a commitment to working together with classmates
- 14) Demonstrate a commitment to volunteerism and community service

**Objectives for Goal #3: Commitment to the Health of the Community and Appreciation of Social, Functional, and Cultural Diversity**

At the end of the course, students should be able to:

- 1) *Perform a structured history that explores the patient's perspective, helps develop a diagnosis and prepares the student to explain their findings*
- 2) *Apply knowledge of different social conditions to effectively elicit a history from patients of diverse groups (gender, race/ethnicity, sexual orientation, culture, religion, socioeconomic status, disabilities, and underserved populations)*

- 3) *Respect the patient's cultural background and beliefs while performing the normal physical exam*
- 4) *Demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments*
- 5) *Understand the impact that gender, race/ethnicity, sexual orientation, culture, religion, socioeconomic status, disabilities, literacy level, and health disparities have on creating a treatment plan*
- 6) *Define the terms frequently used in cultural/linguistic competency development*
- 7) *Recognize through a development of self-awareness and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in themselves*

#### **Objectives for Goal #4: Commitment to Lifelong Learning**

At the end of the course, students should be able to:

- 1) *Demonstrate facility in using electronic databases and literature retrieval services*
- 2) *Function effectively in small group settings and laboratories*

#### **Objectives for Goal #5: Development of Effective Skills in Education and Commitment**

At the end of the course, students should be able to:

- 1) *Elicit the patient's view of health problem(s)*
- 2) *Discuss how the health problem(s) affect the patient's life*
- 3) *Respond in an elementary fashion to patient concerns and expectations*
- 4) *Greet the patient appropriately*
- 5) *Express a willingness to be helpful to the patient in addressing his/her concerns*
- 6) *Maintain a respectful tone*
- 7) *Demonstrate caring and respectful behaviors when interacting with patients and their families*
- 8) *Participate actively in small group discussions*
- 9) *Present clear, well thought out answers in problem-solving recitation sessions*
- 10) *Elicit a structured medical history*
- 11) *Participate actively in small group sessions, engaging in appropriate discourse on controversial issues with others with differing opinions*
- 12) *Accurately and legibly document information obtained from a structured medical history*

**Appendix #4**  
**NJMS Guide to Professional Conduct**

*Students are expected to demonstrate professionalism as part of the requisite competencies for all courses in New Jersey Medical School. Since all of the attributes of professionalism cannot be tested on a written examination or an OSCE, patterns of behavior (as observed throughout the continuum of training and within the educational environment by faculty, staff, patients and residents) play an important role in making these determinations. The American Board of Internal Medicine (ABIM) defines professionalism in medicine as requiring the physician to serve the interests of the patient above his or her self-interest. Professionalism aspires to service, honor, altruism, respect for others, excellence, accountability, integrity and duty (SHARE AID). New Jersey Medical School celebrates these attributes in its students and expects the following behaviors at all times from students:*

**1. Characteristics and Responsibilities**

- Attend required classes, laboratories, seminars, conferences, and clerkships unless you have an excused absence.
- Report all absences immediately to your course director and supervising physician.
- Complete all assignments accurately, thoroughly, legibly, and in a timely manner.
- Check email and Angel regularly for course and school assignments and other school related obligations.
- Fulfill responsibilities to patients and healthcare professionals promptly.
- Be open, positive, truthful, and non-judgmental.
- Do not be arrogant, abusive, or condescending.
- Do not abuse alcohol or drugs.
- Dress in a neat, clean, professionally appropriate manner.
- Do not harass others physically, verbally, psychologically, or sexually.
- Do not discriminate on the basis of age, sex, race, religion, disability, or sexual orientation.
- Use communal resources (equipment, supplies, and funds) responsibly and equitably.
- Adhere to regulations and policies such as those governing fire safety, hazardous waste disposal, and universal precautions.
- Avoid providing professional care to members of your family or intimate friends.
- Do not misrepresent or falsify actions and/or information (e.g. patient, laboratory tests, research data).
- Report any violations of the NJMS Honor Code to course director or Dean of Student Affairs.

## 2. Self-Improvement and Adaptability

- Acknowledge your strengths and weaknesses in the area of professional conduct.
- Identify ways to correct your weaknesses.
- Seek advice from faculty, peers, or others if you need help to make changes.
- Accept responsibility for errors. You are not expected to be perfect. Just acknowledge the error and take any necessary steps to correct the situation.
- Do not react with abuse, anger, or defensiveness when receiving criticism.
- Do not respond to criticism by blaming yourself or by blaming others
- Do respond to criticism with self-esteem: “Here’s a chance to learn something. I’ll ask for additional feedback, define the problem, and propose a solution.”
- Learn from experience so you won’t make the same mistake repeatedly—and so you will more quickly achieve professional competence.
- Explore your own feelings about topics such as cultural diversity, sexuality, spirituality, and death and dying so you can better deal with such topics.
- Maintain professional composure despite fatigue and stress.
- Do not be overly critical or verbally abusive during times of stress.
- ***Notify the responsible supervisor if anything interferes with your ability to perform clinical tasks effectively.***
- Develop a support system, good dietary habits, recreation, disease prevention, exercise, and outside interests to optimize your physical and emotional health.

## 3. Relationships With Patients

- ***Establish rapport with patients and their families--and be sensitive to their feelings, needs, and wishes.***
- Be considerate of each patient’s privacy and modesty, and respect each one’s cultural, psychological, and spiritual values.
- Treat patients with kindness, gentleness, empathy, and compassion.
- Do not have romantic or sexual relationships with patients or their family members.
- Be familiar with University Hospital’s “Patient’s Bill of Rights.”
- Clearly identify yourself and your level of training to patients and staff. (i.e., “I am a first-year medical student from New Jersey Medical School.”)
- Never be verbally or non-verbally rude, arrogant, or patronizing.
- Allow time for patients to give information, express opinions, and ask questions.
- Take time to answer questions from patients and their family members.
- Speak clearly and directly to the patient--and use words the patient can understand.
- Work with an interpreter whenever necessary.
- Resolve misunderstandings quickly.
- Obtain permission before doing anything that might be unpleasant or painful to the patient and warn the patient if a procedure will cause discomfort or pain.

- Share patient information only with members of the health care team that are involved in the patient's care—and do so only where you will not be overheard (i.e. not in an elevator).
- Do not engage in unsupervised patient care in areas or situations where you are not adequately trained.

#### **4. Relationships With Healthcare Team Members**

- Function appropriately and cooperatively within the healthcare team.
- Exhibit verbal and non-verbal behavior that is not rude, arrogant, or patronizing.
- Be punctual, and apologize when late or give reason for being so.
- Speak clearly and directly to team members.
- Give specific, constructive, non-judgmental feedback to others.
- Identify and attempt to resolve misunderstandings.
- Accept and discuss emotional issues when appropriate.
- Complete assigned tasks or negotiate alternatives if unable to do so.
- Give prior notice of intended absence.
- Report research results honestly in scientific and scholarly presentations and publications.
- Give proper credit and responsibility to colleagues and others who participated in research when publishing and presenting reports.
- Identify team members who may need help due to stress or substance abuse.

***Adapted from "A Strategy for the Detection and Evaluation of Unprofessional Behavior in Medical Students", Academic Medicine, Vol. 74, No. 9, September 1999, with the introduction adapted from the American Board of Internal Medicine Project Professionalism materials.***



## **Appendix #5**

### **POLICY ON THE TEACHER-LEARNER RELATIONSHIP AND THE LEARNING ENVIRONMENT IN MEDICAL EDUCATION**

#### **I. PURPOSE**

New Jersey Medical School has a responsibility to foster the development of professional and collegial attitudes needed to provide caring and compassionate health care by all members of the New Jersey Medical School community, including medical students, graduate students, resident physicians, faculty, volunteers and other staff who participate in the educational process. We believe that teaching and learning should take place in a climate of mutual respect where students are evaluated based upon accomplishment, professionalism and academic performance. We are committed to maintaining a positive learning environment and the highest standards of behavior in the teacher-student relationship. The diversity of members of the academic community, combined with the intensity of interactions that occur in the health care setting, may lead to incidents perceived as or actually of mistreatment or unprofessional behavior. New Jersey Medical School maintains its commitment to preventing student abuse and the highest standards of professionalism through education, by providing support for those who are subjected to mistreatment, and by responding with corrective action to incidences of abuse and unprofessionalism. This policy addresses the behaviors required from all those who are in training sites, including faculty members, residents, nurses, staff, or students in a teaching role. It is intended to ensure an educational environment in which students, staff, volunteers, and faculty may raise and resolve issues without fear of intimidation or retaliation. The Dean of New Jersey Medical School oversees the implementation of this policy.

This policy on mistreatment prevention and response and the learning environment has four main components:

1. A statement of New Jersey Medical School's standards of behavior with regard to mistreatment, including: a definition of mistreatment; examples of types of mistreatment; persons who may be the object or perpetrator of mistreatment; and the purpose of the policy on mistreatment.
2. A plan for the ongoing education of the New Jersey Medical School community concerning these standards of behavior and professionalism and the process by which they are upheld.
3. A description of the New Jersey Medical School process for responding to allegations of mistreatment.

4. A description of options that are available to all members of the New Jersey Medical School for reporting incidences of unprofessional behavior exhibited by anyone in the learning environment.

## II. STANDARDS

The following statement is excerpted from a report by the AMA Section on Medical Schools in cooperation with the AMA Student and Resident Sections and reflects the policy of the New Jersey Medical School:

The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care, and ethical conduct.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty.

Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual abuse or harassment, inappropriate conduct or discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, residents, or students which is disapproved by society and by the academic community as either exploitive or punishing.

Examples of inappropriate behavior or situations that would be unacceptable include:

- Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, throwing objects or threats of the same nature
- Verbal abuse (attack in words, or speaking insultingly, harshly)
- Comments and jokes of stereotypic or ethnic connotation, visual harassment (display of derogatory cartoons, drawings or posters)
- Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive

- Requiring a student to perform tasks intended to humiliate, control, or intimidate the student
- Unreasonable requests for a student to perform personal services
- Grading or assigning tasks used to punish a student rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault or other acts of sexual violence
- Sexual harassment
- Disregard for student safety

While constructive criticism is appropriate in certain circumstances in the teacher-learning process, it should be handled in such a way as to promote learning, avoiding purposeful student humiliation. Feedback that has negative elements is generally more useful when delivered in a private setting that fosters discussion and behavior modification. All feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.

### **III. EDUCATION AND PREVENTION**

- A. To promote an environment respectful of all individuals, the New Jersey Medical School will provide ongoing education to students, residents, fellows, faculty, and other staff that emphasizes the importance of professional and collegial attitudes and behavior. The materials and methods for providing this education will be the responsibility of the Vice Dean, the Associate Dean for Student Affairs and the New Jersey Medical School Office of Education.
- B. Education of the New Jersey Medical School community concerning mistreatment and professional behavior serves to promote a positive learning environment. This is characterized by attitudes of mutual respect and collegiality. Education will alert all members of the New Jersey Medical School community to expected standards of behavior. Education will also inform persons who believe they have been mistreated of the avenues for redress and will inform all concerned parties of the policies and processes for responding to allegations of mistreatment and unprofessional behavior.
- C. The methods for disseminating and providing information and education to the specific groups are described below, subject to annual review by the Vice Dean:
  1. Medical Students
    - a. The policy will be included in the Student Handbook.
    - b. The topic will be addressed at all orientations.
    - c. Each department will be required to include this topic in the course policies for each pre-clerkship course and each clinical rotation.
  2. Resident Physicians and Fellows
    - a. The policy will be included in the Resident Handbook.
    - b. The topic will be addressed at the annual resident physician orientation.
    - c. The clinical department chairs will be encouraged to ensure all their fellows and residents are cognizant of the policy.
  3. Faculty and Graduate Students

- a. An informative written message will be sent each year from the Dean's Office to all departmental chairs.
- b. The Dean will direct the chairs to distribute the information to all faculty and graduate students within their respective departments and a member of the Dean's Office will present the policy at departmental meetings on an annual basis.
- c. Chairs will also direct the course directors, clerkship directors, and program directors to convey this information to all adjunct faculty who participate in the teaching process in order to ensure that all faculty are cognizant of the policy.

#### 4. Nursing and Other Clinical/Support Staff

An informative written message will be sent each year from the Dean's Office to the Chief Executive Officer and Chief Medical Officer to explain the policy and to request its distribution to all staff interacting with New Jersey Medical School trainees.

#### 5. Faculty and Staff at All Affiliate Sites

Affiliation agreements with all training sites will reference the policy and delineate expectations regarding distribution of the information contained in the policy to faculty and staff at the site. An informative written message will be sent each year from the Dean's Office to the Associate Dean or designated educational site director and Chief Medical Officer at each training site to explain the policy and to request its distribution to all staff interacting with New Jersey Medical School trainees.

- D. The Learning Environment Subcommittee of the Curriculum, Academic Programs and Policies Committee will monitor influences (positive and negative) throughout the learning environment. They will meet quarterly and report to the Curriculum, Academic Programs and Policies Committee. They will review the results of student evaluations of courses and clerkships as it relates to the learning environment and may choose to survey students and other groups to ascertain further information regarding positive and negative influences in this arena. They also will review the AAMC GQ results relating to the learning environment. At these quarterly meetings the Associate Dean for Student Affairs and the Vice Dean will report on incidents that have been brought to them regarding concerns about the learning environment and unprofessional behavior with personal identifiers redacted. Based on these sources of information the Learning Environment Subcommittee will make recommendations regarding the need for interventions (e.g., faculty and staff education and development) to address issues that are leading to a sub-optimal learning environment and these will be presented to the Curriculum, Academic Programs and Policies Committee for consideration. The decision and final recommendations of this committee will be presented to the Faculty Council and Dean for consideration. Feedback on the success of implemented changes and programs is monitored by the Curriculum, Academic Programs and Policies Committee, the Faculty Council and Dean.

## **IV. COMMUNICATION OF COMPLAINTS AND RESOLUTION MECHANISMS**

Due to the sensitive nature of such complaints and the need to occasionally deal with these issues either without the consent of the reporter or without revealing the identity of the reporter, a number of mechanisms need to be in place for resolution and communication of the resolution of the issue.

The faculty and administration must be able to assure learners that they will be “protected” when making truthful reports of abuse or unprofessional behavior on the part of others, even when their identity must be disclosed. Such reporting is a professional obligation on the students’ part as members of our educational community. Members of our educational community including faculty and staff who witness others being abusive to learners or exhibiting unprofessional behavior are also expected to report these incidents. This will help to create a better learning environment for all.

A complaint should be reported as soon as possible but not more than 90 (ninety) days after the alleged incident. Several avenues (listed below) are open to the student who experiences an incident of inappropriate behavior and mistreatment or is the witness to unprofessional behavior. The same pathways may be used by faculty and staff who witness abusive and/or unprofessional behavior. In situations where the observed behavior does not involve a learner the faculty and staff members also have the option of addressing the issue with a supervisor of the person exhibiting the behavior.

#### A. Informal Pathway

##### 1. Addressing the Issue Directly

The student may consider speaking directly with the person. If the behavior stems from a misunderstanding or a need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.

##### 2. Counseling and Guidance

A student, who has concerns about the learning environment, may speak with the Course or Clerkship Director, the Associate Dean for Student Affairs, a Faculty Mentor, the New Jersey Medical School Ombudsperson, or a peer advisor. All involved parties must agree upon all informal resolutions. For tracking purposes, a written record of the resolution must be filed with the Associate Dean for Student Affairs; however, this can be done without reference to specific names.

##### 3. Consultation with the Associate Dean for Student Affairs

If Steps 1 or 2 are not successful or appropriate, a student must refer the complaint to the Associate Dean for Student Affairs, who may make one last attempt at informal resolution.

#### B. Formal Resolutions via University Policy

Once an alleged mistreatment has been identified there are multiple tiers of formal resolution. Resolution of reported actions which are not egregious or reported in an anonymous fashion will be up to the discretion of the course or clerkship director and other members of NJMS administration. For tracking purposes, a written record of the resolution must be filed with the Associate Dean for Student Affairs. Any actions identified in the University Policies on sexual assault, sexual harassment, bullying and

other types of harassment, or other violations of ethics or codes of conducts, must be reported and handled in accordance with policies that address these violations. Resolution of reported actions which are recurrent or egregious will be reviewed by the Vice Dean who will follow the procedures below:

#### Initial Inquiry

1. Inquiry into a violation of these standards of conduct committed by any individual will be initiated after a written complaint is filed with the Vice Dean. The complaint should be filed within 90 (ninety) days of the violation.
2. The complaint must be detailed and specific, and accompanied by appropriate documentation. The Vice Dean has the responsibility to protect the position and reputation of the complainant.
3. Upon receipt of a properly documented complaint, which has been made in good faith, the Vice Dean shall inform the respondent of the nature of the charges and identify the complainant. The Vice Dean shall also appoint an inquiry officer, who may not be a member of the same department as, or collaborator with, the complainant or respondent. The inquiry officer shall have no conflicts of interest or appearance of conflict of interest in the matter and have appropriate background to judge the issues being raised. He/she must be a faculty member of the New Jersey Medical School. An inquiry officer will be appointed within two weeks of the receipt of a properly documented complaint and the complainant and respondent will be notified. The Vice Dean shall also make every effort to protect the identities of both complainant and respondent with respect to the larger community.
4. The inquiry officer shall gather information and determine whether the allegation warrants a formal investigation. He/she shall then submit a written report to the Vice Dean, the complainant, and the respondent. The report shall state what evidence was reviewed, summarize relevant interviews, and include conclusions. This report shall ordinarily be submitted within 30 calendar days of receipt of the written complaint by the Vice Dean. If the inquiry officer finds that a formal investigation is not warranted, the complainant shall be given the opportunity to make a written reply to the officer within 15 calendar days following receipt of the report to the Vice Dean. If the inquiry officer finds that a formal investigation is warranted, the respondent shall be given the opportunity to make a written reply to the report within 15 calendar days following submission of the report to the Vice Dean. Such replies shall be incorporated as appendices to the report. The entire preliminary inquiry process shall be completed within 60 calendar days of the receipt of a properly documented complaint by the Vice Dean unless circumstances clearly reveal that in the interests of the parties involved the process be expedited or warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.
5. If the report of the inquiry officer finds that a formal investigation is not warranted, the Vice Dean may (i) initiate a formal investigation despite the recommendation of the preliminary inquiry officer, or (ii) not initiate a formal investigation, but take such other action as the circumstances warrant, or (iii) drop the matter. The Vice Dean ordinarily shall complete the review within 10 days of receipt of the report. The Vice Dean shall inform the concerned parties of the decision. In the event the Vice Dean determines not

to initiate a formal investigation, the Vice Dean shall, as appropriate, protect the position and reputation of the complainant if the complaint is found to have been made in good faith.

6. If no formal investigation of the respondent is conducted, sufficient documentation shall be kept on file to permit a later assessment of the reasons that a formal investigation was not deemed warranted.
7. If the report of the inquiry officer finds that a formal investigation is warranted or the Vice Dean decides the matter should be pursued through a formal investigation the Vice Dean shall:
  - notify the complainant and respondent;
  - initiate a formal investigation as provided below:

### Formal Investigation and Resolutions via University Policy

At the present time there exist formal University Policies on Discrimination, Harassment and Other Inappropriate Workplace Conduct (00-01-35-60:00), Code of Ethics: General Conduct (00-01-10-05:00), Religion & National Origin (00-01-35-30:00), and Reporting Compliance and Ethics Concerns (00-01-15-55:00) which outline responsibilities of the student or employee, and the roles of the Office of Workplace Diversity (formerly the office of AA/EEO), of the respondent, and of the supervisor of the respondent. Any formal investigation and resolution process must comply with the guidance offered in these policies. Appropriate investigatory procedures will be utilized in situations where a formal investigation is deemed necessary. All resolutions, including but not limited to the imposition of discipline, shall be approved by the Dean or his designee and will comply with the procedures set forth in University policies and/or applicable collective bargaining agreements. Student complaints against fellow students are governed by the Student Rights, Responsibilities and Disciplinary Procedures Policy.

### Affiliate Sites

For faculty and staff at affiliate sites the Vice Dean will inform the Associate Dean or designated educational site director at the affiliated site responsible for overseeing the training of New Jersey Medical School students of any complaint that is brought and findings of the initial inquiry. Formal investigations and resolutions of these matters involving faculty and staff at affiliate sites will be determined by the appropriate administrators at those sites in keeping with their institutional policies.

### Procedures

1. If the Associate Dean for Student Affairs or the Vice Dean is the respondent or in any other way has a conflict of interest or the appearance of a conflict of interest, he or she is obligated to remove him or herself from the case during any inquiry, investigation, or resolution, and the Dean shall appoint someone else to assume responsibility for monitoring and carrying out these procedures.

2. Complete records of all relevant documentation on cases treated under the provisions of this policy shall be preserved in the Office of the Vice Dean for at least ten years.
3. Retaliation against any member of the school community who comes forward with a complaint or concern is prohibited. If an individual believes that he or she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Vice Dean and/or the Ethics and Compliance Helpline.

#### False Complaints and Refusal to Cooperate:

The intentional filing of a false complaint is a violation of this and other University policies and may subject such person to discipline up to and including termination or, in the case of a student, dismissal from the School. Refusal to cooperate with/or participate in an investigation is a violation of this policy and may subject such person to discipline, except for refusal to participate by victims of sexual violence. Anyone who believes that he/she has been the subject of a false complaint may file a complaint with the Vice Dean and/or the Ethics and Compliance Helpline. If evidence of an intentional false complaint has been found, appropriate disciplinary action will be undertaken.

This provision is not intended to discourage complaints in those instances where an individual believes in good faith that discrimination, harassment and/or inappropriate conduct in the learning environment has occurred.

#### **V. PLANS FOR MONITORING AND ASSESSMENT**

As indicated above, the Learning Environment Subcommittee of the Curriculum, Academic Programs and Policies Committee will monitor positive and negative influences on the learning environment and make recommendations regarding corrective interventions. These recommendations are considered by the Curriculum, Academic Programs and Policies Committee and voted on and then are presented to the Faculty Council and Dean for consideration. A separate quarterly report will also be provided by the Vice Dean to the Faculty Council and Dean regarding incidents of mistreatment or problems in the learning environment that are reported via the formal channels delineated above.



