



Strategies to Effectively Teach and Supervise Medical Students

FACULTY FACILITATOR MANUAL

RECITE PROGRAM
OFFICE OF MEDICAL EDUCATION
12/23/2021

Annual teaching development inservice session for
all interns, residents and non-faculty instructors in all
UCR SOM courses and clerkships.

INTRODUCTION

Residents and non-faculty instructors play an important role in the education of medical students. Residents and interns are often identified by students as significant contributors to their learning. Non-faculty instructors bring a critical interdisciplinary perspective when teaching health concepts.

A non-faculty instructor can be a:

- Resident/Intern
- Post-doctoral research fellow*
- Clinical fellow*
- Graduate student
- MD-PhD student
- Peer medical student
- Nurse and Nurse Practitioner*
- Midwife*
- Nutritionist*
- Community worker*
- Social worker*
- Medical technician*
- Physician assistant*
- Standardized patient educators*

*without a faculty appointment

Because residents and non-faculty instructors are vital and valued members of our institution, UCR School of Medicine has created the Review and Enhancement of Critical Institutional Teaching Elements (RECITE) program to enhance and support their teaching and assessment skills. The RECITE program has four components:

1. All courses and clerkship directors provide residents and non-faculty instructors with their course/clerkship objectives, a synopsis of the curriculum, and guidance on their expected teaching and assessment roles.
2. Medical students complete evaluations of residents and non-faculty instructors teaching skills.
3. Evaluations are used as the objective basis for teaching awards or the remediation of concerning teaching skills.
4. UCR SOM provides teaching development inservice programs which include this annual teaching development session for all non-faculty instructors, interns and residents.

The RECITE program also supports UCR SOM's commitment to meet and exceed the Liaison Committee on Medical Education (LCME) standard ED-24. LCME Standard 9.1 states: "In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities."

This manual contains materials related to the annual required teaching development inservice session entitled "Strategies to Effectively Teach and Supervise Medical Students."

1. This session must be provided annually to the non-faculty instructors who teach students before the start of their course.
2. This session must be provided annually to interns at our hospital affiliates where interns teach and supervise UCR SOM medical students. The Office of Medical Education coordinates the intern sessions in partnership with our affiliates.
3. This session must be provided annually to senior residents and non-faculty instructors at our clinical teaching sites. These sessions are coordinated by clerkship directors and clinical site leaders.

SESSION GOALS

This “Strategies to Effectively Teach and Supervise Medical Students” session provides residents and non-faculty instructors with a brief introductory overview of core concepts and approaches to teaching skills.

SESSION OBJECTIVES

1. “Describe the roles and attributes of a “good” teacher.”
2. “Review how to set clear expectations for medical students.”
3. “Review the six steps of teaching micro-skills.”
4. “Identify principles of effective feedback.”
5. “Promote a positive learning climate.”
6. “Describe how to avoid mistreatment of medical students.”
7. “Recognize a student at risk of burnout.”

TIME MANAGEMENT

This session has been optimized for 60 minutes. Allow 40 to 45 minutes to cover the content provided. The session is designed to allow 15 to 20 minutes for faculty leaders to tailor the presentation to their audience. Some suggestions for customizing the session are available in this manual slide 31, page 22.

INSTRUCTIONS FOR USE OF THIS MANUAL

- This manual accompanies PowerPoint slides.
- Specific talking points for the session are in “quotation marks.”
- Examples are provided for different audiences and settings (e.g., courses, clerkships/sub-internships, etc.). This will allow faculty to tailor this presentation.
- Text boxes with “notes” provide special details for the specific PowerPoint slide.
- You can substitute the standardized sections with your own materials or frameworks as long as the topic remains the same (e.g., setting expectations, providing feedback).
- The section on avoiding student mistreatment should not be altered as it contains UCR SOM policy.

MANDATORY ATTENDANCE POLICY

IMPORTANT: Collecting attendance of the participants at these sessions is critical in compliance with institutional policies and LCME standards. Please do NOT forget this important step!

IF YOU ARE CONDUCTING THIS SESSION: Return the attendance sheet to the Director of Medical Education in the Office of Medical Education at UCR SOM.

UC Riverside School of Medicine
Office of Medical Education
Ms. Pamela Hunter
Pamela.Hunter@medsch.ucr.edu

ADDITIONAL UCR SOM RESOURCES FOR ALL INSTRUCTORS

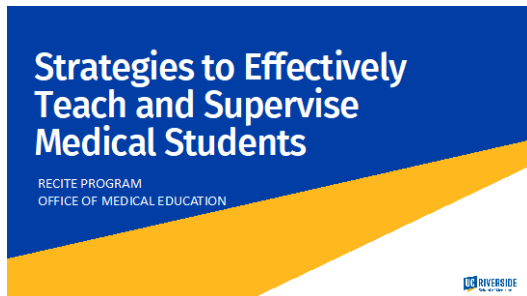
A secondary resource available to faculty, residents and non-faculty instructors. At the end of your presentation, you will be able to tell your audience about these resources and we will provide you with fold out pocket cards. These pocket cards will have highlights and bullet points from this presentation – and the web address for these teaching development portals.

UCR SOM Resident Teaching Skills Website

- <https://residentteachingskills.ucr.edu>

- <https://facdev.ucr.edu>

SLIDE 1 – STARTING THE SESSION



- Introduce yourself and your role.
 - “At this session we will be going over some successful strategies that you can apply to effectively teach and supervise medical students.”
 - “These teaching tips are also useful in optimizing teaching and enhancing learning with other types of learners and your peers in diverse settings.”
-

SLIDE 2 – OUTLINE OF SESSION

Outline

- Introductions
- What Makes a “Good Teacher”?
- Effective Teaching Strategies
- Cultivating A Positive Learning Environment
- Preventing Mistreatment of Medical Students
- Occupational Health Information for UCR Medical Students
- Recognizing Student Burnout



- “This is an outline of what topics we will be covering today.”
- “This introduction.”
- “What Makes A ‘Good’ Teacher?”
- “We will go over some effective teaching strategies.”
- “We will discuss how to create a positive learning environment and avoid mistreatment of medical students.”
- “We will review what to do if your student experiences a needle stick or an accidental occupational exposure.”
- “And we will review how to recognize burnout in medical students.”

NOTE: IF YOU ARE CUSTOMIZING THIS PRESENTATION OR ARE ADDING YOUR OWN POINTS, YOU MAY NEED TO ADJUST THIS SLIDE.

SLIDE 3 – OBJECTIVES OF SESSION

Learning Objectives

By the end of this session, participants will be able to:

1. Describe the roles and attributes of a “good” teacher.
2. Review how to set clear expectations for students.
3. Review the six steps of teaching micro-skills.
4. Identify principles of effective feedback.
5. Promote a positive learning climate.
6. Describe how to avoid mistreatment of medical students.
7. Recognize student at risk of burnout.



“By the end of this session, participants will be able to:”

- “Describe the roles and attributes of a “good” teacher.”
 - “Review how to set clear expectations for medical students.”
 - “Review the six steps of teaching micro-skills.”
 - “Identify principles of effective feedback.”
 - “Promote a positive learning environment.”
 - “Describe how to avoid mistreatment of medical students.”
 - “Recognize students at risk of burnout.”
-

SLIDE 4 – VALUE TEACHING ROLE

Introductions

- UCR SOM values the critical role which you play in the education of our medical students
- We want to present a few strategies to enhance your teaching and assessment skills with different learners in a variety of settings



- “UCR School of Medicine (*and INSERT the name of hospital affiliate, department or residency program or your course here as appropriate*) value the critical role which you play in the education of our medical students.”
 - “We want to present a few strategies to enhance your teaching and assessment skills with students and other learners including each other in a variety of settings.”
-

SLIDE 5 – WHAT MAKES A GOOD TEACHER?

Think back to your own experiences

- What makes a “good” teacher?
- What makes a teacher who “needs improvement”?



- “Think back to your own experiences...what makes a ‘good teacher’?”

NOTE: This is an open question to participants designed to have them consider their own positive experiences and reflect on the qualities of a good teacher. Elicit audience responses. Depending on the size of your audience and time allotted and available resources, you can either repeat back their answers out loud OR just summarize their responses at the end OR you can write their responses on a board. If you are using Zoom they can submit responses using the “chat” feature. Now do the same with the next question...

- “Think back to your own experiences...what makes a ‘teacher that needs improvement’?”

NOTE: This is an open question to participants designed to have them consider their own negative experiences and reflect on aspects of an ineffective teacher. Elicit audience responses. Depending on the size of your audience and time allotted and available resources you can either repeat back their answers out loud OR just summarize their responses at the end OR you can write their responses on a board. If you are using Zoom they can submit responses using the “chat” feature.

SLIDE 6 – ATTRIBUTES OF EXCEPTIONAL TEACHER PART ONE

Attributes of Exceptional Teachers

1. They know and understand their students well, teach to an appropriate level and are able to do what they expect of their students.
2. The teachers understand that effective learning produces a **sustained influence** on the way people think, act, and/or feel.
3. They understand the need for students to see the relevance of what they are learning.
4. They have a **program of self-assessment** that guides their own efforts and adaptations.

Derived and Adapted in part from Ken Bain, What the Best Teachers Do. Cambridge: Harvard University Press, 2004. pp15-21 (modified)



An exceptional teacher has the following attributes:

1. “A strong sense of their student’s backgrounds and training as well as their own which enables the formulation of reasonable expectations.”

2. “Exceptional teachers find ways to facilitate their students’ learning so that it is long lasting and includes changes in student feelings not just the acquisition of knowledge.”
 3. “Relevance is key to the integration of new information and skills. This is particularly so for adult learners who need to understand how new information is relevant to solving important problems.”
 4. “Teachers must be flexible and be able to adapt to achieve desirable learning outcomes. To achieve this, exceptional teachers establish an approach which collects feedback from learners to inform them whether outcomes are being achieved and, if not, why.”
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SLIDE 7 – ATTRIBUTES OF EXCEPTIONAL TEACHER PART TWO

Attributes of Exceptional Teachers

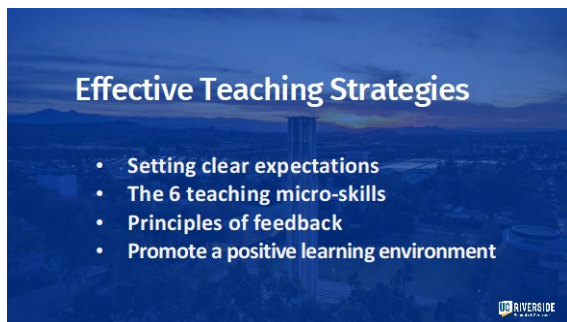
5. They communicate with their students in ways that keep their students actively thinking and defending their choices.
6. They try to create a natural critical learning environment that is comfortable and challenging.
7. They have a structured approach to provide specific, timely, corrective and reinforcing feedback to students.
8. They promote high standards and communicate clear expectations.

Derived and Adapted in part from Ken Bain, What the Best Teachers Do. Cambridge: Harvard University Press, 2004. pp15-21 (modified)



- 5 and 6. “Exceptional teachers should communicate with their students in ways that keep them actively thinking and defending their choices. The questioning and communication should occur in a comfortable ambience to relieve student fears of being wrong or humiliated.”
 7. “Formative feedback is a key ingredient for student learning. The feedback should be specific to a situation and a specific student’s performance, it should occur close to the time of the observed performance, and it should include information that can be reinforcing or corrective.”
 8. “Setting high but fair standards are common to exceptional teachers. They clearly communicate these standards and their belief that students can attain them. The standards serve as continuing goals that students can use for self-assessment.”
-

SLIDE 8 – STRATEGIES FOR EXCEPTIONAL TEACHING



- “We are now going to review a few teaching strategies you can integrate in your everyday work with students.”
- “By using these approaches, you can become an exceptional teacher.”

SLIDE 9 – SETTING EXPECTATIONS

Set clear expectations with students

- Before students arrive:
 - Review the course/clerkship learning objectives and any feedback/evaluation tools
 - Identify your own set of expectations of your learners
- Introduce the students into the context of the learning environment
- Assess the students’ levels and backgrounds
- Meet with students to discuss the course, the learner’s and your expectations for the rotation
- Provide an overview of mutual learning objectives and tasks
- Establish individual/group ground rules
 - Manner of conduct, individual’s/member’s role, group dynamic, peer critique, individual’s/group trust and confidentiality
- Clarify individual / group / day / session schedule as appropriate

Adapted from Tufts University Residents-as-Teacher Guide, North Carolina AHEC



- “As was mentioned previously, one of the important attributes of an exceptional teacher is one who sets clear expectations with students.”
- “Unclear expectations or no expectations can lead to student and teacher confusion and frustration.”
- “Setting expectations is not the same thing as setting rules.”
- “The medical school has expectations of students and teachers. The *(course or clerkship has / clerkships have)* expectations of students and teachers. You have expectations of students. Students have expectations of you. Here are some tips for setting clear and mutual expectations with students...”
- “Before students arrive:
 - Review the learning objectives, your expected teaching roles and any associated feedback or evaluation tools used by the *(course/clerkship)* in which you teach.”
 - **“How can you find this material? The medical school has sent or will be sending you an important email with a Docusign link to a specific document detailing this information. Be familiar with this critical information.”**
 - Try to identify your own expectations of learners. Are they realistic for the level of the student? Are they consistent with *(the course/clerkship)?*”
- “When students arrive, introduce the students into the context of the learning environment:

EXAMPLES

 - COURSES: Introduce yourself. Have students introduce themselves and to others. Introduce the teaching method you will be using (e.g., small group discussion, case-based teaching, team-based learning, etc.) and why it is being used.
 - CLERKSHIPS/SUBINTERNSHIPS: Introduce yourself. Have students introduce themselves and to other members of the team and staff (e.g., nurses, medical assistants, clerical workers, social workers, etc.). Introduce the students to the clinical setting and the typical work flow.
- “Assess the students’ levels and backgrounds.

EXAMPLES

- COURSES: Are they first or second year students? What courses have they had prior to your session(s)? What have they already encountered in your course? What life or professional experiences have they already had?
- CLERKSHIPS/SUBINTERNSHIPS: Are they third or fourth year students? Is it the start, middle or end of their academic year? Is the student off-cycle? What clerkships have they had before they came to work with you? What life or professional experiences have they already had? Have they worked on your electronic medical record before?

- “Meet with students to discuss the (*course/clerkship*) expectations, students expectations, and your expectations for the (*teaching sessions / rotation / rounds*).”
- “Provide an overview of the mutual learning objectives and tasks.”
- “Set individual/group ground rules:
 - Manner of conduct, individual’s/member’s role, group dynamic, peer critique, individual’s/group trust and confidentiality.”
- “Clarify the individual/ group working schedule.”

SLIDE 10 – THE SIX TEACHING MICROSKILLS

The Six Teaching Microskills

1. Get a commitment
 - ASK “What do you think is going on?” before you start to teach.
2. Probe for supporting evidence
 - ASK “What led you to that conclusion?” before you start to teach.
3. Teach general rules
 - When this happens, do this...
 - Teach one to three rules maximum so learners can take in the information
4. Reinforce what was done right
 - “Specifically, you did an excellent job of...”
 - Reinforcement is important and may not be apparent to the learner what was correct
5. Correct mistakes
 - “Next time this happens, try this...”
 - Avoid extreme judgmental words like ‘poor’ or ‘bad’
 - Be specific about omission in facts or reasoning and provide guidance
6. Identify a learning plan
 - ASK “What do we need to learn more about?”
 - GUIDE: “These are some resources I use to look up information...”
 - FOLLOW UP: “Let’s meet again to review what you learned.”



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“The six micro-skills of teaching is a well-established approach which helps focus the teacher-student encounter on the reasoning process rather than on memorization of facts.”

“This model allows you to first assess what the student knows and how the student uses the facts to make decisions before you begin to teach.”

1. **Get a commitment**
-ASK: “What do you think is going on?”
2. **Probe for supporting evidence**
-ASK: “What led you to that conclusion?”
3. **Teach general rules**
-“When this happens, do this...”
-Teach one to three rules maximum so learners can take in the information
4. **Reinforce what was done right**
-“Specifically, you did an excellent job of...”
-Reinforcement is important and may not be apparent to the learner what was correct
5. **Correct Mistakes**
-“Next time this happens, try this...”
-Avoid extreme judgmental words like ‘poor’ or ‘bad’

-Be specific about omission in facts or reasoning and provide guidance

6. Identify a Learning Plan

-ASK: "What do we need to learn more about?"

-GUIDE: "These are some resources I use to look up information..."

-FOLLOW UP: "Let's meet again to review what you learned."

- "Your teaching can now be more learner-centered."
- "You can also promote self-directed learning."

SLIDE 11 – PRINCIPLES OF FEEDBACK

Principles of Effective Feedback

- Frequent
- Immediate
- Specific behaviors rather than general attributes
- Formative versus summative assessment
- Balance between too little feedback versus too much
- Appropriate setting



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- "Feedback is one of the most critical components for human learning."
- "Feedback is the provision of information by an observer (you) to the performer (student) about their performance."
- "Feedback should be frequent."
- "Feedback should be provided immediately after the observation..."
- "...and should focus on specific behaviors (e.g., 'your presentations need to be better organized') rather than general attributes (e.g., 'you are a good/challenged student')."
- "It's important to know the difference between formative and summative assessment."
 - Formative assessment is used to help students identify their strengths and weaknesses and target areas that need work during a (*course/rotation*). Feedback provides this essential information to students.
 - Summative assessment is used to make a judgment about a student's competency after a (*class/rotation*) is complete. Evaluation provides this information to students.
- "Limit the amount of information to what a student can use."
- "Conduct feedback in a private, trusting, relaxed and supportive atmosphere."

NOTE: Ask the question to the audience regarding cartoon in slide 'So is this feedback?' Answer is no, but ask audience why and use principles from this same slide to answer.

SLIDE 12 – FEEDBACK FRAMEWORK

An Effective Feedback Framework

1. Ask for the student's self assessment
2. Provide reinforcing feedback with specific examples
3. Provide corrective feedback with specific examples
4. Create a mutual action plan
 - "What is one thing you would like to work on?"
 - "How are you going to work on that?"
5. Ask for reciprocal feedback
 - "Do you have any feedback for me?"



- The following framework provides an organized approach for providing effective feedback.
1. **Ask for the student's assessment of their own performance first.**
 2. **Provide reinforcing (e.g., positive) feedback with specific examples of behaviors.**
 3. **Provide corrective (e.g., negative) feedback with specific examples of behaviors.**
 4. **Create a mutual action plan by integrating your and your student's input.**
 - "What is one thing you would like to work on?"
 - "How are you going to work on that?"
 5. **Ask for reciprocal feedback**
 - "Do you have any feedback for me?" which helps set an atmosphere of collaborative and safe learning.

▪ **NOTE:** STOP LISTEN YOU'RE GETTING FEEDBACK SIGN – Sometime learners don't recognize that you are giving them feedback. Let them know in real time! "You are getting feedback."

SLIDE 13 – PROMOTE A POSITIVE LEARNING ENVIRONMENT

Promote A Positive Learning Environment

1. Three second rule: Allow learner 3 seconds to respond before teaching
2. Share your thought process out loud
3. Identify teachable moments
4. Be flexible
5. Avoid derogatory remarks about other specialties, professions, patients or the community.
6. Be enthusiastic about teaching, about your own profession and professional development
7. Welcome mistakes as learning opportunities
8. Model humility
9. Do not mistreat medical students or peer residents or other staff



- "Here are a few quick teaching tips to promote a positive learning climate:"
- "The three second rule:

- Allow learners 3 seconds to respond to your questions before starting to teaching. It takes time for people to formulate their thoughts and silence may be what is needed.”
 - “Share your own thought process out loud. This helps students understand how you are reasoning through an issue so they can learn.”
 - “Identify teachable opportunities in your everyday work with students.”
 - “Be flexible. Learners or circumstances may present to you issues or questions that were not originally part of the lesson plan.”
 - “Avoid negative or derogatory statements about other specialties, professions, patients or the community.”
 - “Be enthusiastic about teaching, your profession and professional development.”
 - “Welcome mistakes as learning opportunities.”
 - “Model humility. You don’t have to be an expert on everything. Admit when you do not know the answer to a question and offer to look it up and share your findings. This is important for role modeling lifelong learning skills to students and it contributes a positive learning environment.”
-

SLIDE 14 – STUDENT MISTREATMENT STATS

Avoid Mistreatment of Medical Students

A national problem is also a local problem:
 Medical students reporting any instance in which the student was treated badly or abused in any way.

UCR SOM	46.2%
All Medical Schools	40.3%

Source: AAMC Graduate Questionnaire 2021



- “And now to the topic of student mistreatment.”
 - “The Graduation Questionnaire is a survey administered by the AAMC that all American medical school graduates complete just prior to graduation.”
 - “It addresses question about curriculum, advising, future career plans, and the learning environment.”
 - “While student mistreatment is a problem nationwide, we have a problem locally at UCR SOM.”
 - “But you have the power to change that. It is up to you to create a positive learning environment and treat your learners with the respect they deserve.”
-

SLIDE 15 – STUDENT MISTREATMENT AND EXAMPLES

Mistreatment of Medical Students

- Publicly belittled or humiliated
- Spoke sarcastically or insultingly to me
- Subjected me to offensive sexist remarks or names*
- Engaged in discomforting humor
- Denied me training opportunities because of my gender, ethnicity, or sexual orientation
- Required me to perform personal services (i.e. babysitting, shopping)
- Threw instruments/bandages, equipment, etc.
- Threatened me with physical harm (e.g. hit, slapped, kicked).
- Created a hostile environment for learning.

- Feeling “publicly embarrassed” is not considered mistreatment

*may also fall under Title IX reporting



- “Everyone shares in the responsibility for setting a positive environment for learning to thrive.”
 - “This includes the development of professional attitudes which are based on the presence of mutual respect between the teacher and learner.”
 - “UCR SOM and our clinical affiliates are committed to maintaining a safe and supportive academic environment that is free of all mistreatment, including intimidation, disrespect, belittlement, humiliation and abuse.”
 - “Publicly belittled or humiliated”
 - “Spoke sarcastically or insultingly to me”
 - “Subjected me to offensive sexist remarks or names*”
 - “Engaged in discomforting humor”
 - “Denied me training opportunities because of my gender, ethnicity, or sexual orientation”
 - “Required me to perform personal services (i.e. babysitting, shopping)”
 - “Threw instruments/bandages, equipment, etc.”
 - “Threatened me with physical harm (e.g. hit, slapped, kicked).”
 - “Created a hostile environment for learning.”
 - “Feeling “publicly embarrassed” is not considered mistreatment
 - “The starred* behaviors may fall under Title IX policy, which we will cover in subsequent slides.”
-

SLIDE 16 – MOST COMMONLY PERPETRATORS OF PUBLIC HUMILIATION OF STUDENTS

Student Mistreatment - Perpetrators of Public Humiliation

	Percent %
Pre-clerkship Faculty	1.9%
Clerkship Faculty (Classroom)	0%
Clerkship Faculty (Clinical Setting)	9.6%
Resident/Intern	7.7%
Nurse	3.8%
Administrator	0%
Other Institutional Employee	1.9%
Student	3.8%

N = 54
Source: AAMC Graduate Questionnaire 2020



- “These data are from the 2020 UCR SOM GQ.”

SLIDE 17 – REPORTING MISTREATMENT

Reporting Mistreatment of Medical Students

- Reporting site for medical student mistreatment
- Can be filed by mistreated student; or a peer student or resident witnessing mistreatment of a student
- UCR SOM Grievance Committee
 - Email: grievance@medsch.ucr.edu
 - Call 951-827-7826
- UCR Ombuds Reporting
 - Email: ombuds@ucr.edu
 - Call 951-827-3213
- All incidents are addressed with the alleged perpetrator and their direct supervisor



NOTE: The purpose of this slide is to let the teachers know that there are consequences for student mistreatment.


- “Students are encouraged to report mistreatment via an online reporting mechanism.”
- “A report can also be filed by peer students or residents observing mistreatment of a student.”
- “There are two official mechanisms: The first via the UCR SOM Grievance Committee”
- “The second is a report to the UCR Ombud who will investigate such claims and follow-up with the perpetrator’s supervisor.”

EXAMPLES OF SUPERVISORS

- Department chair in the case of the pre-clerkship years
- Deans of students if the perpetrator is another student.
- Assistant Dean and Residency Director in the case of house staff.


SLIDE 18 – TITLE IX: SEXUAL HARRASSMENT AND SEXUAL VIOLENCE

Title IX: Sexual Harassment and Sexual Violence

- **Sex-based harassment**
 - Unwelcome conduct that is sexual in nature or otherwise based on sex and that is severe, persistent or pervasive and creates an intimidating or offensive environment.
 - Examples include, but are not limited to:
 - verbal comments of an overtly sexual nature, whether in the form of jokes, innuendoes, slurs, or other statements;
 - comments of a sexual nature not relevant to the material being taught or about an individual's clothing or body;
 - remarks speculating about an individual's sexual orientation, activity or previous sexual experiences;
 - non-verbal behaviors of a sexually degrading or offensive nature, such as gesturing, or leering;
 - unwanted touching, hugging, or brushing against an individual's body
- 
- “The purpose of this slide is to remind everybody to Title IX and to understand how sexual harassment is handled differently from all other forms of mistreatment. This is the law.”
 - **“Sexual harassment is unwelcome conduct that is sexual in nature or otherwise based on sex and that is severe, persistent or pervasive and creates an intimidating or offensive environment.”**
 - “Examples include, but are not limited to:
 - verbal comments of an overtly sexual nature, whether in the form of jokes, innuendoes, slurs, or other statements;
 - comments of a sexual nature not relevant to the material being taught or about an individual's clothing or body;
 - remarks speculating about an individual's sexual orientation, activity or previous sexual experiences;
 - non-verbal behaviors of a sexually degrading or offensive nature, such as gesturing, or leering;
 - unwanted touching, hugging, or brushing against an individual's body”
-

SLIDE 19 – TITLE IX: SEXUAL HARRASSMENT AND SEXUAL ABUSE / ASSAULT

Title IX: Sexual Harassment and Sexual Abuse/ Assault

- **Sexual violence**
 - Sexual assault - sexual physical contact without consent.
 - There are two types of sexual assault, penetration and contact.
 - Relationship violence (including dating violence and domestic violence) - physical violence in the context of a close relationship and part of a pattern of abusive behavior. Conduct that causes someone to fear physical violence may also be relationship violence (if, again, it is part of a pattern and in the context of a close relationship).
 - Stalking - repeated conduct that causes someone fear for their safety or substantial emotional distress, when the conduct is based on or motivated by sex (such as romantic interest). Examples of stalking include following, monitoring, or surveilling.
- 

- **“Sexual violence”**
- “Sexual assault - sexual physical contact without consent. “
- “There are two types of sexual assault, penetration and contact”
- “Relationship violence (including dating violence and domestic violence) - physical violence in the context of a close relationship and part of a pattern of abusive behavior.

Conduct that causes someone to fear physical violence may also be relationship violence (if, again, it is part of a pattern and in the context of a close relationship).”

- “Stalking - repeated conduct that causes someone fear for their safety or substantial emotional distress, when the conduct is based on or motivated by sex (such as romantic interest). Examples of stalking include following, monitoring, or surveilling.”
-

SLIDE 20 – TITLE IX: REPORTING

Title IX: Reporting

- All of you are “mandated reporters”.
- You are required to report if you have any knowledge of any behavior, regardless if the student wants you to report it.
- UCR Title IX website has info and resources for you and those who experienced sexual violence and sexual harassment <https://titleix.ucr.edu/>
- Where to report:
 - Title IX Coordinator: <https://uctitleix.i-sight.com/portal/Riverside>



- “By law, all behaviors that fall under Title IX must be reported and all of you are “mandated reporters.”
 - “You must even report behaviors that you have witnessed even if the student does not request it be reported.”
 - “UCR Title IX website has info and resources for you and those who experienced sexual violence and sexual harassment <https://titleix.ucr.edu/> “
 - “Where to report: Title IX Coordinator: <https://uctitleix.i-sight.com/portal/Riverside>”
-

SLIDE 21 – IS THIS MISTREATMENT CASE 1

Is This Mistreatment?: Case 1 – Type your answer in chat

- “There was one chief resident that asked me to play tennis with him. When I made excuses, he pushed me harder. When I told him that I could not leave early to play tennis because I had work to do on the ward, he told my resident to give me the afternoon off. This chief never tried to kiss me, but he did make me feel very uncomfortable.”
- **YES:** “The chief resident is in a position of authority over both the medical student and resident and he seems to be abusing this authority over both, detracting from the student’s experience on the rotation.”



NOTE: This section involves brief audience participation. For each SCENARIO example below, ask the audience:

-“Is this a case of mistreatment?”

-They can use the chat feature in Zoom as an alternative to answer

Slides 21 – 24 are examples for clinical settings. Below you will find text with examples for CLERKSHIPS/SUB-INTERNSHIPS and COURSES if needed.

Adapted from Fried J.M., Vermillion, M., Parker, N.H., Uijtdehaage, S. "Eradicating medical student mistreatment: a longitudinal study of one institution's efforts." *Academic Medicine*. 2012 Sep;87(9): 1191-8.

Scenario 1

CLERKSHIPS/SUB-INTERNSHIPS:

"There was one chief resident that asked me to play tennis with him. When I made excuses, he pushed me harder. When I told him that I could not leave early to play tennis because I had work to do on the ward, he told my resident to give me the afternoon off. This chief never tried to kiss me, but he did make me feel very uncomfortable."

"Yes - The chief resident is in a position of authority over both the medical student and resident and he seems to be abusing this authority over both of them, detracting from the student's experience on the rotation."

COURSES:

"There was one anatomy instructor who asked me to get a drink with him after every lab. I was not interested in dating him, so I made excuses each time. This made the lab experience very uncomfortable for me."

"Yes - If the instructor was interested in the student he should have waited until after the course was over to express his interest. He is in a position of authority and can influence her evaluation in the course. He should not approach her until the course is done."

SLIDE 22 – IS THIS MISTREATMENT CASE 2

Is This Mistreatment?: Case 2 – Type your answer in chat

- "During my medicine rotation, my resident regularly asked me to interpret for Spanish speaking patients. Being a native speaker, I was happy to help the team, but this often ate up the time that I could be spending with my assigned patients or studying."
- **YES:** *"This student has a skill that can certainly contribute to the overall functioning of the team, but the student is there to learn medicine and not to act as a Spanish interpreter. Therefore, it would be appropriate for him or her to translate for the patients under his or her care but she should not be taken away from her learning in order to act as an interpreter."*



Scenario 2

CLERKSHIP/SUB-INTERNSHIPS:

“During my medicine rotation, my resident regularly asked me to interpret for Spanish speaking patients. Being a native speaker, I was happy to help the team, but this often ate up the time that I could be spending with my assigned patients or studying.”

“Yes - This student has a skill that can certainly contribute to the overall functioning of the team, but the student is there to learn medicine and not to act as a Spanish interpreter. Therefore, it would be appropriate for him or her to translate for the patients under his or her care but she should not be taken away from her learning in order to act as an interpreter.”

COURSES:

“During our small group discussion on malaria, the group leader repeatedly asked me questions about my experience. Just because I’m African doesn’t mean I know about malaria, and I was uncomfortable at being singled out.”

“Yes - Although the intentions of the instructor seem innocent, he or she is making assumptions about this student based on his or her ethnicity. The student’s knowledge base should not be expected to be greater than any of the others regardless of past experience. A better approach would be for the instructor to open question to the entire room and let all students participate as they feel comfortable.”

SLIDE 23 – IS THIS MISTREATMENT CASE 3

Is This Mistreatment?: Case 3 – Type your answer in chat

- “An attending I worked with during the pediatrics clerkship kept testing the team’s knowledge base during hospital rounds. He would ask specific students and residents clinical questions during rounds, e.g., the differential diagnosis of the patient’s chief complaint, or what the treatment options were. I felt very uncomfortable when it was my turn and I didn’t know the answers.”
- *NO: Although the student reported feeling uncomfortable, the description above does not suggest that the attending mistreated the student or the rest of the team. Nonetheless, this situation may present an opportunity for the resident teacher to talk with the student after rounds, find out more about the student’s learning needs, and help the student strategize how to approach learning opportunities in the most constructive way.*



Scenario 3

CLINICAL EXAM ONLY BELOW but COURSE CAN USE SAME SCENARIO DURING A SMALL GROUP SESSION

“An attending I worked with during the pediatrics clerkship kept testing the team’s knowledge base during hospital rounds. He would ask specific students and residents clinical questions during rounds, e.g., the differential diagnosis of the patient’s chief complaint, or what the treatment options were. I felt very uncomfortable when it was my turn and I didn’t know the answers.”

“NO: Although the student reported feeling uncomfortable, the description above does not suggest that the attending mistreated the student or the rest of the team. Nonetheless, this situation may present an opportunity for the resident teacher to talk with the student after rounds,

find out more about the student's learning needs, and help the student strategize how to approach learning opportunities in the most constructive way.”

SLIDE 24 – IS THIS MISTREATMENT CASE 4

Is This Mistreatment?: Case 4 – Type your answer in chat

- “The team resident made me get them dinner. They paid for the meal but made me lose out on 3 hours of patient care as I went through menus with them. Then I delivered them all food individually because they wouldn’t come to me.”
- **YES:** “This errand is unrelated to patient care and furthermore takes the student away from the learning environment.”



Scenario 4

CLERKSHIPS/SUB-INTERNSHIPS:

“Yes - The team resident made me get them dinner. They paid for the meal but made me lose out on 3 hours of patient care as I went through menus with them. Then I delivered them all food individually because they wouldn’t come to me.”

“This errand is unrelated to patient care and furthermore takes the student away from the learning environment.”

SLIDE 25 – PREVENTING MISTREATMENT

Preventing Student Mistreatment: Shared Accountability

- Treating others with respect is what its all about
- Everyone should be held to the same standards
- Contribute to establishing an “appropriate culture” that protects students and peer residents
- Manage your own stress and burnout
- Be a leader and spread the word



- “Setting a positive learning environment and avoiding student mistreatment is a shared responsibility.”
- “Treating others with respect is what its all about.”
- “Everyone should be held to the same standards.”
- “View this as the ‘appropriate culture’.”
- “Be sure to assess your own stress levels and burnout and learn to manage them.”

- “Be a leader.”
- “Spread the word.”

SLIDE 26 – NEEDLE STICK INJURIES AND OCCUPATIONAL HEALTH CONTACT INFORMATION FOR MEDICAL STUDENTS

Occupational Health Contact Information for Medical Students

- Do not minimize the exposure event or the risk.
- In the event of a medical student needle stick or other blood borne pathogen or occupational exposure please have the student go immediately to the ER.
- The student must also call the STUDENT EXPOSURE HOTLINE number:
 - 951-827- 8275
- Encourage student to file a report: <https://bit.ly/3pQThKD>



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 - Encourage student to file a report: <https://bit.ly/3pQThKD>

SLIDE 27 – RECOGNIZING STUDENT BURN OUT

Recognizing Burnout in Your Medical Students

- Deterioration in physical appearance or personal hygiene
- Dramatic changes in sleeping or eating habits
- Excessive moodiness or anxiety
- Bizarre behaviors that are obviously inappropriate
- Persistent and continued depression
- Signs of substance abuse (bleary-eyed, hung over, smelling of alcohol or pot)
- Reduced empathy
- Increasingly cynical or negative
- Continued tardiness or missing rotations
- Disjointed or unrealistic thinking
- References to suicide or harm to others



- “Medical students experience higher levels of stress and burn out compared to both the general public and to students in other professional graduate programs.”
- “Things to look out for...”
- “Deterioration in physical appearance or personal hygiene”
- “Dramatic changes in sleeping or eating habits”
- “Excessive moodiness or anxiety”
- “Bizarre behaviors that are obviously inappropriate”
- “Persistent and continued depression”
- “Signs of substance abuse (bleary-eyed, hung over, smelling of alcohol or pot)”
- “Reduced empathy”
- “Increasingly cynical or negative”
- “Continued tardiness or missing rotations”

- “Disjointed or unrealistic thinking”
 - “References to suicide or harm to others”
 - “One of the most important things you can do as an instructor of medical students is to promote student mental health and well-being is to model healthy ways of handling stress.”
-

SLIDE 28 – WHO TO CONTACT WITH CONCERN

Contact if you are concerned about a UCR Medical Student

- Contact:
 - Clerkship Site Leader (here)
 - Clerkship Director (@UCR SOM)
 - Office of Student Affairs (@UCR SOM)
 - Senior Assoc Dean: Dr. Emma Simmons
 - email Emma.Simmons@medsch.ucr.edu
 - Assoc Dean: Dr. Daniel Teraguchi
 - email Daniel.Teraguchi@medsch.ucr.edu
- Encourage the student about using the wellness resources on the back of their ID Badge
 - Student can contact Director of Support and Wellness
 - Student can activate Counseling and Psychological Services (CAPS)



- **Recommend that attendees take a photo of this slide**
 - Who to contact if you are concerned about a student
 - Clerkship Site Leader or Course/Clerkship Director
 - Office of Student Affairs
 - Office of Academic Support and Counseling
 - Encourage the student to use the resources on the back of their ID badge
 - Student can contact Director of Support and Wellness
 - Student can activate Counseling and Psychological Services (CAPS)
-

SLIDE 29 – FATIGUE MITIGATION: STUDENT WORK HOURS

Fatigue Mitigation: Student Work Hours

- Medical students have the same ACGME work hours restrictions as residents
 - 80 hour per week maximum (averaged over 4 weeks)
 - Maximum consecutive working hours: 24 hours of patient care plus 4-6 hours additional time for education, administration, hand-off
 - Time free from clinical responsibilities: 1 day per week, *averaged* over 4 weeks
 - Minimum time off between working periods: 8-10 hours (14 after 24 hours)
 - Maximum call frequency: Every 3rd night (*averaged* over 4 weeks)
- Students log duty hours and are reviewed for violations by clerkship directors



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- Students log duty hours and are reviewed for violations by clerkship directors

SLIDE 30 - FATIGUE MITIGATION TIPS

Fatigue Mitigation: Tips for Residents and Students

- Encourage exercise
 - Exercise after long shifts and regularly (but not right before the shift)
- Strategic napping
 - Naps between 2 and 9 am
 - Naps of 10-40 minutes shown to have most positive effects, and less problems with “sleep inertia” afterward
 - Avoid sugary foods immediately before naps
 - Avoid caffeine for at least 3 hours prior to sleep
 - Nap BEFORE driving home!
 - Wash your face, walk outside, or other “wakeful” activity after napping to reduce sleep inertia
- Call a cab or family to drive you, just like if intoxicated, if you are really tired!
- Avoid alcohol during busy call periods
 - Decreases sleep latency but increases awakening



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SLIDE 31 – CUSTOMIZED SECTION

 Insert Customized Content Here

- Insert content here



This section of the presentation is open for you to tailor content you would like to cover with your resident/non-faculty instructors. Allow about 15 minutes out of a one hour presentation for your additions. Below are some possible topics you can cover depending on your audiences:

ALL:

1. You may want to consider distributing the form medical students use to evaluate resident/non-faculty instructors in courses and clerkships. Although your resident/non-faculty instructors will receive a copy of this form by Docusign, you may want to spend some time reviewing how their teaching skills are evaluated.
2. You could quickly review the UCR SOM competencies. These will also be provided by Docusign to your teachers, but you could discuss specifically how your course is promoting students to achieve some of these competencies.

COURSES:

1. You may want spend time talking specifically about the teaching method you are employing in your course such as case-based teaching, team-based learning, problem-based learning, etc. Consider discussing why this method is used in the course, and how it is linked to the course objectives and competencies expected for students to achieve.
2. A majority of courses use small group teaching approaches, and facilitation skills are critical for all instructors. Consider spending time going over principles of effective facilitation skills.

CLERKSHIPS/SUB-INTERNSHIPS

1. Depending on your audience you can spend time going over important clinical teaching skills such as effective teaching in the operating room; effective bedside teaching during rounds; or balancing medical student teaching during a busy ambulatory care session.
2. Some hospital institutions have a large contingency of international medical graduates. Some of these graduates may not be familiar with the U.S. medical education training system and may need some orientation to the abilities and appropriate expectations of third or fourth year medical student.

SLIDE 32 – SUMMARY

Summary

- Remember to set clear and mutual expectations with medical students before the learning experience begins.
- Use the micro skills framework in order to be a learner-centered teacher.
- Promote life-long learning skills.
- Provide frequent and clear feedback related to specific behaviors.
- Avoid mistreatment of medical students and promote a positive learning environment.
- Recognize and mitigate student burnout



- “Remember to set clear and mutual expectations with medical students before the learning experience begins.”
- “Use the micro skills framework in order to be a learner-centered teacher.”
- “Promote life-long learning skills.”
- “Provide frequent and clear feedback related to specific behaviors.”
- “Avoid mistreatment of medical students and promote a positive learning environment.”
- “Recognize and mitigate student burnout.”

NOTE: You may need to edit this slide if you added material to this presentation.

SLIDE 33 – UCR SOM TEACHING DEVELOPMENT RESOURCES

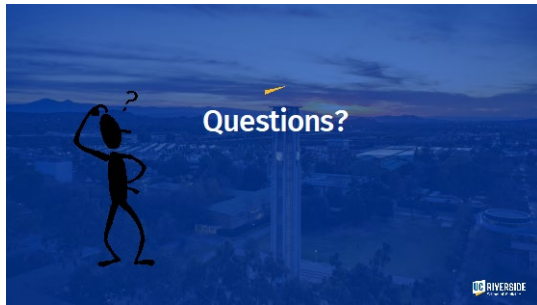
UCR SOM Teaching Development Resources

- UCR SOM Resident Teaching Skills Website
 - <https://residentteachingskills.ucr.edu>
- UCR SOM Office of Faculty Development Website
 - <https://facdev.ucr.edu>



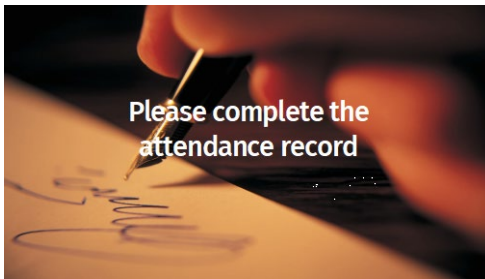
- “We have created an open online portal with resources for residents and non-faculty instructors to enhance their teaching skills.”
 - “You can find videos, modules, and readings on a variety of teaching topics.”
-

SLIDE 34 – Q&A



- Offer the audience the opportunities to ask any questions they may have.
-

SLIDE 35 – IMPORTANT ATTENDANCE POLICY



NOTE: Collecting attendance of the participants at this session is critical in compliance with institutional policies and LCME standards, so do NOT forget this important step!

Return the attendance sheet to the Office of Medical Education at UCR SOM (see page 3 of this manual).

SLIDE 36 – THANK YOU

