

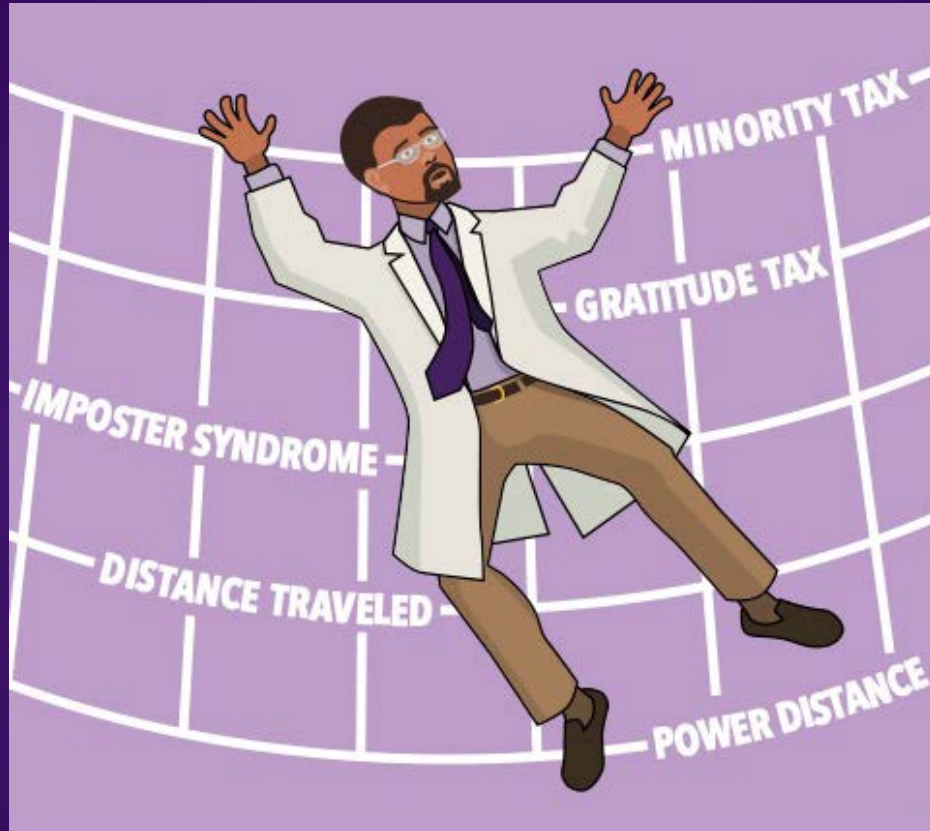


**BRODY SCHOOL
OF MEDICINE**

Enhancing relationships between faculty and learners

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They're safe. I listen. We act.

Join the movement. Lock your lego.

- Greeting: Hello, how can I help you? ...then sit in preparation to listen
 - Nonverbal cues are important – smile, encouraging demeanor
 - Watch nonverbal cues of the learner, can you assess for safety?
 - Recognize culture/background differences
 - Check your bias – ask about other stuff until you arrive at safety
 - Student needs to feel psychologically safe *before* you get to the academics
- Once the student feels safe (*you can tell by tone, body posture and breathing*), then you listen and address their academic concern
- If they felt safe, they'll come back . . .

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- **Listen** (*they are like patients, if you listen long enough, they will tell you what's wrong and you'll figure out what you need to do*)
 - First for concerns related to culture, gender, socioeconomic class, etc.
 - Then for academic issues
- **Listen to identify . . .**
- *Distance travelled* – tell me about your journey to medical school?
- *Imposter syndrome* – you're smart. You got into medical school. We are going to help you as best we can to be successful.
- *Minority tax*– I want you to be able to focus on your schoolwork so you can be the best doctor you can be. Let's talk about how to make that the priority and we can engage the ODA and others to discuss diversity concerns.
- *Power distance* – the dean and other senior leaders are happy to talk with you and they want to see you successful

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- Develop an action plan with the learner
- Offer structured support around learning objectives or other curricular metrics
- Use Course Syllabi and other policies or guidelines when possible
- Use the division of academic affairs and others as resources to assist
- Create timelines and deliverables whenever possible

References

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