

Collaborator

Medical Student Professionalism education through case scenarios

Collaborator: “As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.”

Pre-clinical years scenario 1: Two second-year medical students are randomly paired and sent to the same preceptor for weekly family practice clinical visits. The students are expected to practice interviewing patients together and to offer feed-back to each other after a patient interview. One of the students, however, does not want to work in pairs and is adamant about interviewing patients individually.

This realistic scenario poses the issue of lack of cooperation and collaboration between colleagues. It may also be interpreted as an issue to comply with expectations and follow directions from superiors. It is important that students understand that medicine is a collaborative discipline during all stages. Learning how to collaborate with colleagues is essential to the success of any physician. Collaboration during medical school is required and prepares students for interactions they will have in the future as physicians. Failure to collaborate can be interpreted as hostile by colleagues and lead to inadequate dynamics, which can be potentially harmful to the learning experience, in this particular case, or patient care in the future.

Pre-clinical years scenario 2: During a small group pathology session, a group of eight first year students are scheduled to meet with an expert pathologist to discuss cases relevant to their pulmonary block. The pathologist asks all members to participate in exploring the case, however one student is clearly dominating the session, given some previous knowledge he possesses on the subject, and is subtly mocking other students when they respond incorrectly.

Dominating personalities are a constant in medicine and, in particular, in small-group learning sessions during medical school. Student's should be self-aware of their interactions within a group and understand that all members are to participate. A dominating personality in a small-group learning session has the potential to lead to uneasiness within the group, therefore hampering the overall learning experience. The issue should hopefully be identified by the group preceptor, who can then discuss the issue with the student at the end of the session to avoid similar events in the future. However, the immediate dynamics of the group are also compromised by the student's actions. In this situation, it would be useful for the tutor to have a more active role in the group, for instance by mediating the discussion and asking questions to other students directly. It is also important for other students in the group to attempt to remedy

the situation. It would be reasonable to expect students to participate in mediating the group's discussion, in the event the tutor may have not identified the problem. Under no circumstances should the mocking of colleagues occur.

Clinical years scenario 1: A third-year student in clerkship is working as part of a interdisciplinary health care team, with physicians, nurses, physical therapists, pharmacists and others. One night, during an on-call shift, the student's preceptor is temporarily absent from the ward. At one point, one of the nurses approaches the student with concerns over a patient and offers her suggestion. The student is very dismissive towards the nurse.

Clerkship in third year of medical student creates an environment that many students have not experienced: working in a multi-disciplinary team. While a physician will inevitably, have a central role in the team, all members are proficient in disciplines which are required for proper patient care. All members of the multi-disciplinary health care team are valuable and their opinions and suggestions should be treated with respect. Failure to do so is unprofessional and unacceptable. In this situation, the student's attitude is clearly unprofessional and disrespectful. Additionally, nurses are front-line health-care professionals, who are more likely to pick-up on patient health fluctuations and problems. If students, or clinicians, are hostile towards the nurses, they may be less reluctant to approach them in the future, potentially compromising the care of the patient.

Clinical years scenario 2: A fourth year student is selected to participate in a out-of-province ophthalmology elective. When the student arrives at the site, he meets another student who is also doing an elective in the same speciality. Both students have aspirations to match to ophthalmology in the nearing CaRMS match and want to stand-out during this elective, as to receive a good reference letter. The students are consistently undermining each other in an attempt to impress their preceptor. For example, they are routinely withholding information pertaining to meetings from each other.

Again, this example illustrates how interpersonal conflict interferes with professional collaboration. In spite of the fact that both students have ambitions to pursue a career in the same competitive field, during the elective, as presented in the scenario, they are both working on the same team and, as such, are expected to be collaborators – not competitors. Additionally, in this specific scenario, it is also obvious that the students lack in their capacity to address a working-relationship problem and, consequently, emphasizes a serious deficiency in conflict resolution capabilities, which are of utmost importance in medicine.

It is important that students understand that medicine is a collaborative discipline during all stages. Learning how to collaborate with colleagues is essential to the success of any physician. Collaboration during medical school is required and prepares students for interactions they will have in the future as physicians. Failure to collaborate can be interpreted as hostile by colleagues and lead to inadequate dynamics, which can be potentially harmful to the learning experience, in this particular case, or patient care in the future.

Finally, the student's should recognize that their behaviour, in addition to unprofessional, is also immature. Hostile working environments and dynamics are easily detected by an experienced and astute attending physician. It is reasonable to expect that students may receive negative evaluations and reference letters. In realistic terms, no residency program director or members of a training program want to accept students who they feel would harm group dynamic. As such, the students' immature behaviour is only making them appears as poor candidates for training programs at that particular school.