

Communicator

Medical Student Professionalism education through case scenarios

Communicator: “As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.”

Pre-clinical years scenario 1: A second year student arrives to a small community in Northern BC on a Friday, where she will be starting her rural practice elective on Monday. That weekend, she meets a young man with whom she becomes romantically involved. On Monday, the man comes in to the office and the student conducts the reviews his past medical history, interviews and examines the patient normally. She asks the patient to not mention to the preceptor that they know each other, as she may “get into trouble for seeing a patient.” She also fails to communicate to her preceptor that she has been intimately involved with the patient, as she fears the preceptor will label or judge her and that will influence her experience and evaluation.

This is an example of a very intricate and realistic scenario. While the student and the patient were not involved in a professional relationship when they became acquainted, there are various issues of dishonest communication taking place during the clinical encounter. The main problem is that asking the patient to conceal information from the doctor may affect the doctor-patient relationship for the visit at stake, but also future visits. Second, the problem is being compounded by the fact that the student is being dishonest with her preceptor, which can severely damage the dynamics between the student and the preceptor, as well as degrade the learning experience. Third, by not disclosing the relationship between herself and the patient, the student will have access to sensitive patient information. Once the student stepped into the examination room and recognized the patient, she should have informed the patient that given their personal relationship, it is prudent for her to not be involved with the clinical encounter. She should have further communicated to the preceptor that she knows the patient and feels that she should not participate in the care of the patient. There is no need to disclose the nature of the relationship between the student and the patient to the preceptor, so her concerns of being judged are unfounded.

Pre-clinical years scenario 2: A second year medical student, is visiting his family practice preceptor’s office for the afternoon. That afternoon, and in line with previous sessions, the student routinely fails to greet, introduce himself and explain the purpose of his presence in the clinic to patients. The student is also very direct and succinct during his interactions with patients, often looking mainly at the chart while conversing with the patients, failing to make eye contact with most patients and patients are visibly uncomfortable.

Proper and adequate communication skills are as paramount to medicine as are clinical skills. In this scenario, the student is clearly failing to communicate and develop rapport with the patient. While it is expected that different students and clinicians will have different approaches to their patients, there are basic expectations that must be fulfilled. First, the student should greet and introduce himself as a medical student when he enters the room. The student should also elaborate on the importance of the learning exercise for his professional development. The student should be aware that the manner in which he phrases his clinical questions, lack of eye contact and body language can significantly impact the dynamics of the clinical encounter. Specifically, some patients may not feel comfortable discussing sensitive issues to someone who is being insensitive to them, which makes it more likely that the patient will withhold clinically relevant information, compromising his or her care.

Clinical years scenario 1: A fourth year student is on a family practice elective, where she meets a patient who she sees various times during the elective. A few weeks after the elective was over, the patient messaged the student on Facebook and attempted to add her as a friend on this social network. The patient has likely been able to see some of the limited content available on the medical student's profile, including personal profile pictures.

This is an example of a problem that is gaining increased attention in modern doctor-patient relationships. How does one conciliate social networks and professional standards? Other questions that arise are whether the dynamics of the relationship encouraged the patient to seek the student on Facebook or whether this constitutes a completely spontaneous action on behalf of the patient. Regardless, there are now various problems that must be addressed: (1) patients are having access to personal information and pictures of the student; (2) this particular patient is attempting to establish contact with the student clearly outside of the healthcare provider-patient boundaries; and (3) does the student accept the patient's friendship request?

In terms of patients having access to medical students' or physicians' social network profiles and information, it is important that one realize that many patients are likely to seek out information about their health care providers on these platforms. Therefore, it is of utmost importance that the content posted be appropriate and not compromise the professional image that is essential to the healthcare provider-patient relationship. Realistically, it may be more feasible to expect students and other professionals to ensure that they have adjusted their profile privacy setting to limit viewing of personal information by unauthorized users.

As for the message sent to the student, regardless of its' content, it constitutes a breach of boundaries. Establishing communication boundaries with patient is crucial and it is not expected that communication occur outside of the professional relationship. In this particular situation, the student should make an effort to re-establish those boundaries, by informing the patient that communication of such nature is inappropriate, and can have dire consequences for the care of the patient and the career of the student. As such, any further communication between the two should occur only via the appropriate channels (i.e. in office). Finally, in terms of the friendship request, it is important to recognize that this can lead to unreasonable expectations on behalf of the patient, as they may see this as a sign that you agree to have a relationship (whether that be

platonic or romantic) outside of the professional setting. As such, the student in this situation is expected to decline the friendship request. In this particular scenario, the student can take the opportunity to inform the patient that the friendship request will have to be denied on the same grounds as to why it is inappropriate to attempt to communicate outside of the professional setting, as described above.

Clinical years scenario 2: A fourth year student, Marta Chan, is currently on a geriatric medicine elective. The student is very competent and her supervisor feels very confident in her clinical judgment and skills. As such, when they visit patients, the attending physician routinely introduces the student as Dr. Chan. The student likes the sound of being called a Doctor and is also reluctant to correct her supervisor, as she fears he may be offended by such. When they are visiting one particular patient, they are required to perform a bone marrow biopsy and aspiration. The patient shares a bad experience from the past, where a medical student attempted, and failed, to perform a similar procedure properly. The patient informed both the student and her attending that it was very painful and that he never wants to have a medical student perform such an invasive procedure. The attending replies: “Dr. Chan is working with me today and is very competent. She will be performing your bone marrow tests today.”

In this example, the issue of inappropriate communication occurs between the student and patient, but also between the student and attending physician. First, the patient has a reasonable fear of having procedures performed by medical students and exerts her right to decline the involvement of the medical student. Regardless, the student should have introduced herself according to her level of training (i.e. medical student) at the beginning of the interview. This would have absolved any doubt that may exist about her competency and would likely prompt the attending physician to not falsely imply that the student has more training and competencies than she really does. Secondly, the communication between the student and the attending physician is also in need of rectification. The attending physician should be introducing the student appropriately and failure to do so can lead to potentially conflicting situations, as the one depicted above. If the physician is consistently and clearly introducing the student as a colleague in a deceptive manner, it is important that the student approach the attending in a respectful manner and request that she be introduced as being a medical student.