

Health Advocate

Medical Student Professionalism education through case scenarios

Health Advocate: “As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.” Expanded to include advocacy of other types, such as advocating for peers.

Pre-clinical years scenario 1: A first year student begins his family practice sessions. Prior going to the preceptor’s office, the students have an orientation about their upcoming family practice experience. They receive instructions on professional conduct, dress code and hand-washing, among other topics. There is particular emphasis on the importance of proper hand washing technique and hand washing in-between every patient contact. The student, eager during his first afternoon at the office and contact with real patients, notices that his preceptor seldom washes his hands, in spite of performing a wide variety of physical exams that require physical contact. The student, trying to fit in, only washes his hands at the same time the preceptor does.

Like many other cases presented thus far, there are various issues at stake here. It is obvious that the student is concerned with the spread of pathogens and believes that proper hand washing technique and habits are instrumental to reduce their transmission. The student believes that she and the preceptor should be using their expertise to influence the well-being of the patients at the clinic and the population outside by minimizing transmission, as per the definition of a “Health Advocate”. However, the student is reluctant to approach the preceptor and correct the situation. While the student should recognize that she has limited experience compared to the preceptor, and that hand-washing will, in practical terms, be more indicated in some situations (i.e. physical contact, invasive exams, etc.) and less in others (i.e. prescription refills, visits for forms filling, etc.), the student should not have bad habits instilled from early on. The student should not feel pressured to not wash her hands and should not follow the poor example given by her preceptor. She should routinely wash her hands at the end of each clinical encounter or before initiating physical contact with patients. In this situation, leading by example is a good strategy to remind preceptors of proper hand-washing habits.

Pre-clinical years scenario 2: The mother of a second year medical student is hospitalized due to an episode of unexplained abdominal pain, likely of pancreatic origin. The student, currently in the gastrointestinal block, becomes quite concerned about her mother’s condition. When she visits her mother in the hospital, she identified herself as a second year medical student. The staff physician informs the student that they believe her mother’s condition is very likely of an infectious cause and start her on empirical antibiotics. The student, worried for her mother’s health is afraid of a more malignant cause and demands that various imaging be performed. The attending physician informs the student that there are no indications for imaging at the time and

unless the antibiotic regimen fails, there are no indications for such procedures. The student feels like her mother is not being treated properly and is adamant in advocating for her mother. She contacts her PBL tutor, who is a staff gastroenterologist in the same hospital, and tries to persuade him to visit her mother and write an order for the tests she believes her mother should have performed.

This situation is an example of a student advocating for the care of her family member; however, it illustrates a more important principle: how should practicing physicians advocate for the care of their family members when they fall ill and are in the care of colleagues? Is it possible that one can advocate in excess? Is it unprofessional to undermine the treating physician?

In this situation, the student is entitled to participate in the care of her mother; her being a medical student in no way restricts her of being present or voicing her opinion regarding the care of her mother. Nevertheless, the student should acknowledge that her training is limited and should attempt to leave her emotions out of her requests for further imaging or treatment modalities for her mother. The student should further acknowledge the treating gastroenterologist is highly trained in dealing with gastrointestinal disease. That does not, however, signify that the student should neglect her knowledge in lieu of not wanting to question the practicing physician. In approaching the treating physician, the student should conduct herself simultaneously as concerned daughter and future colleague. In terms of approaching the PBL tutor, the student is entitled to ask for a second opinion of the course of treatment being delivered to her mother. However, asking the PBL tutor to actively participate in the care of her mother places the tutor in a difficult situation. First, it may complicate the teaching relationship that the student has with her tutor, due to the creation of expectations. Second, the asking the tutor to interfere with the treating physician's treatment plan may affect the working dynamics between the two. Therefore, the student should exert caution when approaching the PBL tutor and in requests.

Clinical years scenario 1: Brian Campbell is a fourth year medical student on a family practice elective. Prior to commencing medical school, he received training in naturopathic medicine and even worked for a several years as a naturopath. Given his background, Brian holds very strong beliefs about the benefits of naturopathic medicine, such as homeopathy. He heavily favours them over conventional medical or pharmacological treatment options. His preceptor begins to notice that he frequently advocates in favour of alternative treatments to patients. Is it appropriate for the student to recommend such options to patients?

The above scenario is a great example of a student who is inappropriately advocating personal beliefs to patients. Every physician will have his or her own style of practicing medicine, suggesting alternative and/or complimentary medicines at time is not unreasonable. Similarly, it is important to understand that many patients utilize alternative medicines, either as a substitute or as a complement of more traditional options, and physicians should not be dismissive of such medicines, provided they are not causing any harm to the patient. However, the medical student described in this scenario is frequently suggesting alternative treatments to patients in lieu of conventional ones. His actions are worrisome for various reasons. The student is failing to adopt

principles of evidenced based medicine, and, as such, is likely suggesting less effective or completely unproven treatment options to the patients. Such actions have the potential to jeopardize patient welfare, as some patients may be inclined to reject needed conventional methods.