

# Manager

## Medical Student Professionalism education through case scenarios

**Manager:** “As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.” Expanded to include topics of personal time and expectation management.

**Pre-clinical years scenario 1:** A very academically successful first year student is very frustrated at the number of emails sent daily, particularly the med-all and other listserv emails. As such, he has a separate account for his personal communication and rarely checks his official email account, to which faculty emails are sent. He also failed to respond to various important emails from faculty and administrators.

*As students initiate their medical education, the volume of emails and other communication in need of attention increases significantly. It is reasonable to expect that students feel overwhelmed with the amount of communication they are expect to handle on a daily basis. However, it is extremely important that students realize that this will likely be a constant during their careers in medicine; therefore, it is crucial that students learn how to cope with such volumes of personal communication in an effective manner and early on. Students should note that "Personal Management" and "Information Management" skills are actually part of the CanMEDS-based core competencies required for graduation.*

*Additionally, in this particular situation, the student is likely neglecting official curriculum communication, which is unacceptable and can hinder adequate student training. In fact, for practicing physicians, failure to respond to important emails or other sorts of personal communication is considered unprofessional behaviour and is one of the most frequently disciplined behaviours by the BC College of Physicians and Surgeons. As such, any student or physician who is having difficulties managing the volume of communication, should consider seeking advice from Faculty or hospital IT personal or even colleagues on strategies or software to facilitate managing electronic communications.*

**Pre-clinical years scenario 2:** A first year student, becomes involved with a research project that is occurring concurrently to the academic year. The student is greatly interested in the project and feels like it will make him a very competitive applicant for a very competitive residency spot. As such, the student is heavily committed to the research project, often leaving school early and missing some small-group learning sessions. His lack of commitment to the program is reflected in poor evaluations he has received from tutors.

*This is an example of a common problem many medical students encounter. The predominant issues at stake in scenario involve management of curricular expectations and personal time. While students are certainly encouraged to participate in extra-curricular activities, it is important that they acknowledge medical school and its associated activities should have priority over other activities.*

*Medical school curricula are carefully crafted to expose students to the core topics of medicine and small group sessions are an integral component of the learning experience, where vertical transmission of knowledge that is difficult to portray in lectures or textbooks from experienced physicians to students. Failure to attend a scheduled session represents a lost learning experience, which is jeopardizing the student's overall training. Additionally, in this particular scenario, the student is receiving poor evaluations, which should prompt the student to correct any behaviour that is negatively affecting his medical education. Failure of students to self-reflect is a serious contraindication to the practice of medicine, which requires constant self-reflection. This student should seek aid from faculty if he or she is having difficulties coping with academic obligations and reduce his level of commitment to his or her research project.*

**Clinical years scenario 1:** A third-year medical student on a clinical rotation in emergency medicine observes that his preceptor orders Computed-Topography (CT) scans for all patients with moderate to severe abdominal pain. In many cases and as per protocol, there are clearly no indications for ordering a CT scan, however the preceptor still orders CT scan. Curious about his practice, you ask what his rationale for scanning every patient is and he replies that he once missed a case of acute appendicitis and was subsequently sued. Now, he does not want to risk missing a diagnosis again.

*This is a difficult case, since there is a great deal of judgment involved. In this particular situation, the student was concerned with the perceived excessive and unnecessary use of CT in the work-up of certain patients. The student believes CT scans are a moderately costly modality, which is detrimental to the sustainability of the health care system. The student may also be concerned about exposing patients to unnecessary radiation and believes the use of CT should be limited. The student is clearly concerned about the abnormal pattern in the practices of the supervisor and approaches him in a respectful and professional manner to inquire about his rationale. It is inevitable that each physician will have an individual style of medical practice and students should be aware and prepared for such variation. The student may not be fully aware of the issues at stake and not sensitive to the experience of the physician. Before contemplating how to proceed, the student should consider discussing with the preceptor the issues she thinks are important, specifically the cost to the health care system and the harm associated with unnecessary exposure to radiation. Should such discussion fail or the student feel like a gross infringement is occurring, the course supervisor should be approached and the problem should be discussed.*

**Clinical years scenario 2:** A fourth year medical student is currently on a family medicine elective. Before the start of the elective, the student consulted the BC's MSP/MSC Financial

Statement (a.k.a The Blue Book) and notices that her preceptor is one of the highest paid clinicians in his field. Once the student starts the elective, she quickly realizes that the preceptor is extremely busy and reaches his daily quota of allowed patient visits on a regular basis. However, as the elective unfolds, the student realizes that the preceptor is often asking patients to return for follow-up in situations where there is no indication for a follow-up. Curious about this, at the end of a particular patient visit, where the preceptor asked a patient to return in two weeks for a follow-up but there is no apparent reason for a follow-up as far as the student can tell, she asks her preceptor what his rationale was for requesting a follow-up. The preceptor replies: “it’s a great strategy to keep your billing high and keep a good relationship with your patients.”

*This is another issue of inadequate use of public funds and an issue of inappropriate role modelling on behalf of the preceptor. The student is correct in picking up on an unusual pattern of requests for follow-up and appropriately and professionally approaches the preceptor to inquire on his rationale. In this scenario, the student is confronted with a preceptor who fails to manage public resources adequately and exhibits marginally unprofessional behaviour by normalizing such behaviour. At this point, the student is confronted with various dilemmas: What should the student do? Should the student interpret this as a variation in personal practice style? Should the student confront the physician? Should the student complain about the physician or discuss the situation with the course director?*

*The issue is very complex. Ultimately, the preceptor is being a poor role model and that constitutes a definite basis to discuss the issue with the course supervisor. The course supervisor is ultimately responsible for the recruitment of adequate role models, who are capable of instilling proper and ethical habits in students, ideally by virtue of leading by example.*