

Professional

Medical Student Professionalism education through case scenarios

Professional: “As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.”

Pre-clinical years scenario 1: A first year student routinely uses his cell phone during a cardiovascular clinical skills session with a volunteer patient. Typically, students take turns performing various physical exams on the volunteer patients and should be observing the exams conducted by peers. Although all students were informed that the use of cell phones or other personal devices are unacceptable during these sessions, this student routinely checks his email when other students are conducting their exams. He feels like this time is useful for him to catch up on emails.

There are various issues at stake in this scenario. First, the student is failing to comply with course and faculty policy, which in itself is inappropriate. Secondly, the student’s behaviour is unprofessional and disrespectful towards all other people in the room, including classmates, the tutor and, most importantly, the patient. The students are supposed to observe their colleagues during the examination, to consolidate their learning and to be able to provide constructive feedback. The action of one student is often sufficient to alter group dynamics and may set the precedent that it is admissible to set aside from the group to take care of personal issues. The student’s actions are also disrespectful to the tutor, who is trying to instruct the group. When a student does not participate, it shows lack of interest and appreciation for the tutor’s time and expertise, which may reflect poorly on the student’s evaluation, but more importantly, may be offensive to tutors and make it more difficult to attract tutors for future sessions. Similarly, the student’s behaviour is also disrespectful towards the volunteer patient, as the lack of interest and appreciation for the volunteer’s patient time may offend some, which will make future patient recruiting more difficult.

Pre-clinical years scenario 2: As part of a course, students are required to prepare and submit an individual essay. One student, in particular, left the essay to the last minute, due to a number of family issues. As he prepared the essay, the student came across a useful source, which he decided to incorporate, to a large extent, in his essay verbatim. While he did reference the source in question in his bibliography, the content was transcribed word-for-word and is not the original work of the student. There are questions as to whether the student is attempting to pass this material as his original work.

This case is very complex. It is unclear whether the student is intentionally committing plagiarism. While he did make an effort to reference the source in question, there is some doubt as to whether the student was attempting to make the text pass as his original work, as he failed to properly paraphrase the content. Academic honesty is very important and students should make a reasonable effort to ensure that credit is given properly to the authors of the content in his essay. However, while there may be no serious harm done the student's action and the student's actions are only marginally dishonest, this situation raises questions about the student's trustworthiness, which may be a reflection of the student's inadequate character for a career in medicine.

Clinical years scenario 1: A fourth year student is currently planning his fourth year electives. The student is accepted to a 3 week elective in Montreal, which he plans on attending. After accepting the elective in Montreal, the student is subsequently accepted to a very competitive urology elective in Vancouver, which the student feels is very important for his upcoming CaRMS application. The problem is that there is a one week over-lap between the two electives: the elective in Vancouver starts during the last week of the elective in Montreal. The student plans to attend the elective in Montreal, but leave after two weeks, in order to be back in Vancouver for the start of his urology elective. The student fails to inform the department in Montreal of his early departure, even though it was clear, based on Emails and other paperwork that the elective was to last 3 weeks.

There are various aspects to this scenario. First, the student's failure to select electives adequately and inform schools of any last minute conflicts in a professional manner raises serious questions of his trustworthiness and honesty. Of course, such actions would warrant a negative assessment for the student. However, broader issues are at stake here. For example, the departure of the student potentially leaves the hospital in Montreal short-staffed, which may compromise patient care. Additionally, the actions of one student will reflect very poorly on future UBC students on elective at this site and, very importantly, reflect poorly on the UBC Faculty of Medicine at large.

Clinical years scenario 2: A third year student during her clerkship is asked by the attending physician to visit a patient quickly, get a brief history, perform a focused physical exam and report back. The student goes into the patient's room and begins the interview. The patient was very chatty and distracted. Thus, the student was not able to perform a through history in the allotted time. While the patient was talking, the student examined the patient chart and took note of clinical information from the previous day. On reporting to the attending physician, the student utilized information from the previous day and assumed it was still applicable to the patient in his current state, in spite of not having personally conducted the physical exams herself.

The scenario above portrays a student with conflicting intentions. On one hand, the student wants to be polite and supportive of the patient, during the patient's hospitalization. On the other

hand, the student wants to obtain an accurate history and perform an adequate physical exam as necessary, as she wants to appear competent to the attending staff. In this situation, the student was not sufficiently assertive with the patient and with her role as a health-care provider. The quality of the care may have been compromised. Second, it is crucial to identify that the patient's clinical information from the previous day may have changed, which can directly impact the type and quality of the care that is delivered. Third, the student's fabrication of clinical information is dishonest behaviour, which is not acceptable. The student should have been more assertive with the patient. Adequate patient handling skills and multi-tasking are essential skills for a physician. Alternatively, even if the student was unable to obtain all the relevant information, the student should have informed her preceptor that she was unable to do so in the allotted time.