

Scholar

Medical Student Professionalism education through case scenarios

Scholar: “As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.”

Pre-clinical years scenario 1: A first-year student with a strong academic background who excelled in his/her undergraduate studies, upon entering medical school does not attempt to excel academically, because all he/she wants is to get a “P” and pass. The student feels many topics will be irrelevant to his/her future practice and receiving a 60% or a 90% will make no difference on his transcripts and competitiveness in CaRMS.

While it is understandable that some student’s feel overwhelmed with the amount of knowledge they are required to acquire during medical school, students should realize that this is the period of their medical careers where the basis of their knowledge will be established. Therefore, it is utterly important that students treat their medical education with respect, as knowledge acquired during their 4 years are the stepping stones to competent practice and the ability to adequately stay up-to-date with medical knowledge.

In this student’s scenario, he rationalizes that not all material being thought to him will be applicable to his future practice. This is a very dangerous and false mentality to have. The student needs to acknowledge that medicine is an integrated profession and that all systems are inter-related. Being knowledgeable in the various systems and how they interrelate is crucial for adequate practice. Many patients will have multiple health problems and have multiple physicians responsible for their care. Ideal care can only be delivered if a holistic approach is taken. While the student may get-by with minimal efforts during pre-clinical years, the student will clearly not be a well-rounded clerk in 3rd year. The first two years of medical school predominately provide students with the basic theory required to practice medicine. Without such knowledge, this student will likely perform poorly during his 3rd year clerkship and 4th year electives. Additionally, the student should realize that medicine is a life-long commitment to learning and failure to do so will result in an out-dated, incompetent physician with time. The student’s lack of interest and motivation reflect poorly on his commitment to life-long learning.

Pre-clinical years scenario 2: A first year medical student attends his PBL session on a Wednesday morning. Because of a school-related wine-and-cheese event the previous night, the student had little time to explore the learning issues and prepare for the PBL. In order to not seem like unprepared, the student makes several statements to the group which he is uncertain about, but claims to have read such information last night from an article published in the New

England Journal of Medicine. Several students from the group believe in the content and take notes of the information presented.

It is natural that, occasionally, students will not have prepared adequately for a learning session. While ideally the student should have anticipated that he might not have time to properly explore the PBL learning issues and have conducted his research prior to attending the wine-and-cheese event, little harm can come out of attending a session unprepared. However, fabricating information to appear prepared is clearly unacceptable. First, the student is lying to the group and providing false information, which reflects very poorly on the student's trustworthiness. This may be a reflection of the student's character and an indication of future problems related to dishonesty. Second, the student is intentionally providing false information to his colleagues, which is compromising their learning. Some students may take what is discussed as being accurate and not attempt to verify the contents. This can potentially harm them in upcoming evaluations. As life-long scholars, the "creation, dissemination, application and translation of medical knowledge" are at the heart of our careers; scholastic integrity is crucial.

Clinical years scenario 1: A 4th year medical student who has recently submitted his CaRMS application, decides that since the evaluations for the remainder of his electives will have no impact on his residency placement, he will just try to get by with minimal work. As such, he schedules all of his remaining electives in other cities where he has close friends and in specialities he has no interest in. He is routinely unprepared for his electives and the attending physicians are visibly concerned about his dedication. However, he is less concerned, since he believes that because he is in different city and his CaRMS application has already been submitted, any negative feedback he receives will have little to no impact on his career. He wants to "take it easy" before his residency starts.

This scenario is similar to some other scenarios presented and illustrates how the lack of evaluations or consequences does not illicit personal motivation to excel. In this scenario, the issues are two-fold: (1) how to deal with a student who is exhibiting unprofessional behaviour by routinely appearing un-prepared; and (2) how to deal with students with little inner motivation for personal learning. First, the student, although he does not appear concerned about his evaluation, should realize that there are minimum standards of expectations which he is to fulfill. Failure to do can potentially compromise his evaluation and, perhaps, the successful completion of his last year of medical school. The student's behaviour is disrespectful to the attending, who has agreed to take on students and devote time to their learning. Additionally, such displays character will also reflect poorly on the reputation of the student's school. This bad experience may condition elective coordinators to be less likely to accept future medical student from the same school for electives in their program, which would be a lamentable situation for other students. The second issue, that is, how to keep students motivated in face of a lack of apparent consequences or significant evaluations is a serious issue that needs to be addressed. In the future, many students will have solo-practices, and will be exclusively responsible for maintain their level of competency. Failure to put an effort into staying updated with current practices and integrating new knowledge can seriously compromise the care that is delivered to patients.

Clinical years scenario 2: A 4th year medical student, was enrolled in a neurology elective in September. During this time, she becomes close to a young 19 year-old female patient on the ward suffering from a severe form of multiple sclerosis. At the end of the elective, the medical student goes to visit the patient and say good bye. At this time, the patient and her family inform you that they are considering going abroad to receive an experimental surgery that they hope will improve the patient's condition. The medical student eventually goes on to complete her academic year. In April, the medical student returns to the hospital to initiate another elective. She is curious about the outcome of the patient she met in September and wonders if the patient ever received the experimental surgery and what the efficacy of such procedure may be. The patient is no longer in the hospital. Therefore, the student pulls up the patient's electronic chart and reviews the information contained within it.

This situation is very complex. The student is displaying interest in the patient and is curious of the outcomes of the experimental procedure that the patient was to be subject to. The student is interested in gaining knowledge and experience on the outcomes of such procedure and is right in thinking that reviewing the patient's chart will be beneficial to her understanding of that procedure in particular. However, the student must also realize that it is inappropriate to access patient charts without consent. For example, if the student read in a local paper that a local mayor was treated at the hospital she is currently working in for a very rare condition, would the student have the right to access the mayor's medical records to study the case? Respecting patient confidentiality and privacy are essential to medical practice. Ensuring that confidentiality and privacy are maintained ensures patients retain their trust in doctors, which is an incentive for open communication and disclosure of sensitive information that may be important in providing care to patients. A more appropriate course of action would have been to approach the attending physician in care of the patient's care and ask for permission or for the information. The attending information could then authorize the student to access the chart, after asking the patient for consent. More likely, the attending physician would be more likely to verbally give that information to the student, which would not be a breach of the patient's rights.