

HINTS FOR CREATING A CULTURE PROMOTING A POSITIVE MEDICAL STUDENT EXPERIENCE

Courtesy of preceptors Drs. Brenda Davies (now retired - former ID and WA faculty), Cate Cairney (Rockwood clinic, Spokane), Amanda Beery (Anchorage, AK)

Dr. Davies:

1. The attitude of the staff and nurses can have a big negative or positive impact on the medical student experience. Taking the time to get the staff and nurses on board with importance of their role will pay off in the long run.
2. Consider small gifts of appreciation for those that go out of their way to help the students. Just thanking the nurses for involving the students goes a long way.
3. Tell the students up front that befriending the labor and delivery nurses will improve their experience. The same goes in the OR and any other hospital department.
4. Encourage the students to spend time at the laboring patient's bedside to get to know them and to learn firsthand how different each labor can be. Patients are usually more welcoming of students delivering their baby if they become familiar with the student over the course of their labor.
5. While all patients have the right to refuse to participate with medical students, it usually works best if the office nurse/MA simply announces to the patient "Dr. Smith is working with Jane Doe, a third year medical student from the University of Washington" rather than ask the patient's permission. If the patient says they do not want to see the student or makes a non-verbal gesture that indicates concern the nurse can follow up at that point.
6. Thank the patient at the end of the encounter for participating in medical student orientation.

Scheduling:

With regards to scheduling, I was fortunate enough that as a partner I could choose to have a less productive day (it did mean less income for me but I accepted that) so I had a lighter schedule template on the days I had a student with me in clinic. I also found one creative way to have patients accept the student: my schedule was booked so far in advance that patients would readily accept a "medical student visit" (identified in my template) rather than wait weeks for a visit not involving a student. The patient would be informed ahead of time that all aspects of the visit, including the exam, would be with me supervising the student. I usually scheduled one of these per student clinic day. The student would use one of my three exam rooms and I would keep working in the other two when not needed in the student's room. I am sorry that I no longer recall details or have a sample template from those days.

I also had a poster near/at the check in desk with a photo/bio of the student so all patients checking in would be able to see it.

I can't emphasize enough the importance of having all clinic staff on board with and supportive of the mission to teach medical students. This usually means that at least one physician champion takes responsibility for creating this culture. In my former practice I suggested and my partners agreed to include this in our mission statement "... to be the premiere medical student education site"

I see 18-23 patients per day on a clinic day. When we have a student with us, we typically have that student for the entire 6 weeks, or split the responsibility with another partner for 3 weeks each. This allows us ample time to get to know and trust the student. When a student is brand new with me, I have him or her shadow me for the first few OB visits and all the GYN visits for about half a day. This allows him/her to learn how our clinic flow works, and see how I like to engage with patients.

Dr. Beery:

Student Onboarding and patient participation:

When a student comes to rotate with me for 6 weeks, I sit with the student and have them help me craft an e-mail to all of my staff about who the student is, and what he/she would like them to know. My staff are very accustomed to this, and they then welcome him/her, paying attention to little details, (Eg: "Hi Evan! Did you really bike across the USA?). If your staff is new to medical students, you might take this e-mail opportunity to introduce the role of the student, and the staff's important role in guarding his or her education. The more your staff feel like they are helping make a good physician, and the more they feel they can personally relate to the student, the more they will encourage patients to engage. Very importantly, on the first day, I let the student watch me coach my MA on how to introduce the concept to patients. The student then sees the MA is engaged and helpful. This avoids the perception that the student is getting slighted by staff. When my MA rooms my patient, she will say, "Dr. Beery has a medical student with her today. You'll start off talking with her student, and then Dr. Beery will come in for the exam." My Mas are very polished, and if a patient sort of gives them the side-eye, they typically say, "Evan is such a great listener, and you'll be a great teacher for him!" That usually wins them over. Still, some are not comfortable seeing students, and will decline. The Mas then do not press. They come back and report to both the student and I that they tried, but no go. The student then takes an opportunity to read while I see the patient. I advise my MAs to avoid saying, "Dr. Beery has a student. Is that okay?" Trust me – if the patient does not want to see a student, they will decline without being directly asked.

Clinic Flow:

As to clinic flow – this is easier for me because I have a scribe. My scribe stays with my student, so the student is never alone with a patient. If the student and scribe are in with a gyn consult, I'll go on my own to see 1-3 other patients.

Dr. Catherine Cairney

- 1) We have a little picture and bio about the med student on a laminated index card. Patients are given this card at check in. The medical assistant asks the patient if they are ok talking with a student IN ADDITION TO the doctor. The students always wear name tags, introduce themselves, and give the patient the option of just collecting history or also participating in the exam. (Ex “Hi, I’m Joe, a 3rd year medical student. Thank you for taking the time to talk with me. If you are comfortable with it, Dr. Smith and I will do the exam together.”)
- 2) Students try to see all new patients. I see follow-ups when they are seeing new patients. I also pre-chart in the mornings before patients arrive when I have a student. This means less time charting during the day and I can also scan the schedule for interesting cases or patients who I know like students.
- 3) Our staff really tend to like the students. Often, our medical students sit and chart near our MA’s/nurses at their work stations as this is where we have extra computers. Also, lead by example. If I’m excited and introduce the student all around with a positive attitude, then the staff follows suit.