The importance of supporting medical students and house officers

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“I desire no other epitaph... than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do.”

I am still a student, even though it has been 10 years since I first entered medical school. I have finally arrived at what will hopefully be the last formal examination during my medical career, studying towards the Clinical Examination for the Royal Australasian College of Physicians held at the end of June.

As well as this, I am a teacher. During my most recent six-month rotation as a neurology registrar, I have had the opportunity to teach and support medical students ranging from the preclinical years to the final trainee intern year. I have also been blessed with hard-working house officers who were keen to learn new skills and gave me time to prepare for my exams.

Why is it important to support medical students? They will be the next set of house officers. The house officers will then be the next set of registrars. And after that, it is not much longer until formal training ends and they are consultants.

It is important to remember that all consultants were medical students and house officers once upon a time. Everybody has a different experience at medical school, but I am sure that most current and previous medical students can relate to the feeling of being at the bottom of the medical hierarchy on entering the hospitals for the clinical years. It is a disappointing situation after the success of initially entering medical school, progressing through the preclinical years to the halfway point of the degree, to feel that one is “just a fourth-year medical student.” Later they progress to “just” a house officer. Just a doctor? I hear the word “just” used a lot, often inadvertently, and advise people to avoid it. It implies that people are not proud of where they have gotten to with their hard work and downplays the importance of their role in the team.

Learning about the apparent medical hierarchy forms part of the hidden curriculum\(^1\) in medical education and can hinder enthusiasm for learning. The solution is positive role models. There were many doctors during my time as a student and house officer who inspired me to think, “That’s the kind of doctor I want to be one day.”

The doctor that I strive to be today is the result of the positive influences I have had throughout my training. These usually came from doctors who were interested in seeing me for the person I was rather than “just the student.” I remember the consultant who took the time to find out why his group of students had entered medical school in the first place and where they had come from, before proceeding with his teaching. I remember the house officer who sat with us at lunch and was genuinely interested in how things were going for us as students.

When students are supported in the right way, I have found that it benefits me in my day-to-day work. There are important jobs on
the wards that are best suited to a medical student, such as information gathering. Often in the process of writing an assignment, a student may uncover something valuable about a patient that results in improved care. In an ideal world, doctors would have unlimited time to perform an in-depth history and examination for every patient. In the real world, medical students help us to reach this ideal, as it is their job to spend a lot of time with patients as part of their learning. Another important job involves finding the patient notes, an unbelievably frustrating task at times. This enables an efficient ward round and creates time for coffee.

Medical students can be the teachers too. They are often up-to-date with the latest evidence, having worked with various consultants from multiple different specialties or having researched in depth for their assignments. In fact, they will be learning things at medical school that did not exist in the curriculum when I was sitting in their place. There may be different ways that they were taught to examine patients or websites they have found particularly helpful. It is always interesting to find out what medical students know and how knowledge changes over the years. The same can be said to the new generation of house officers as they rotate around different attachments. For example, coming from a surgical attachment, my house officer taught me that Hypafix® tape is much easier to apply if you scrunch it up into a ball first before removing the adhesive backing—something I would never usually learn as a medical registrar.

Lastly, and what has been important for me in these last few months, is that by teaching students I have realised exactly what the limit of my knowledge is. If a concept cannot be explained to a student, then I do not understand it enough. At this point I will ask the student to look it up to clarify, and teach me what they have found. One day when they are my house officer, registrar or even my own doctor when I am old—they may need to explain the concept to me again!

References