

Three Concrete Tips for Teaching Clerkship Medical Students

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ABSTRACT

Medical education, and specifically the training of future physicians, is given a lot of importance, for good reason. Current teaching paradigms aim to teach medical students the principles of adult learning, which in this context refers to the ability to access resources and learn independently to meet self-imposed knowledge expectations. While emphasizing adult learning is effective at making students aware of the role they play in their own learning, clerkship students are not yet independent practitioners, and thus are supervised by numerous residents and staff physicians on any given rotation. There is enormous potential for learning to take place in supervisor-student relationships. However, teaching in these settings is often ineffective for a number of reasons. This paper summarizes the recent research literature in clerkship medical education, and then presents three concrete tips for residents and staff physicians to keep in mind when supervising and teaching clerkship medical students.

KEYWORDS: *medical education, clinical clerkship, clinical skills, teaching strategies*

LITERATURE REVIEW

There is a large body of research on teaching clerkship medical students, especially for surgery, internal medicine, radiology, and psychiatry. Among other things, studies have looked at what forms of teaching and clinical roles clerks value most during their rotations, what clerks feel are qualities and practices of effective supervisors, and what types of feedback clerks value most.

A recent study on surgical clerkship teaching highlighted a disconnect between clerks and their resident or faculty supervisors, with clerks desiring less teaching and more practical experience during rounds than their supervisors thought appropriate.¹ A different study found clerks desired more instruction and feedback, especially on practical surgical skills.² In a third study, internal medicine clerks described receiving high-quality feedback and orally presenting their cases, with their own assessments and plans, to be associated with a more positive learning experience.³

Studies have identified several qualities and practices of effective clinical supervisors from the clerks' point of view. Admired qualities include professionalism, a collaborative mindset, being experts in their fields, and facilitating learning rather than asserting it.^{4,5} Well-received practices include explaining decisions, respecting students, and emphasizing the development of clinical skills as opposed to just medical knowledge.^{4,5}

Effective feedback is recognized as a cornerstone of

effective medical education at all levels; however, "effective" must be defined from the students' point of view. Students find feedback especially effective when it is related to a history or physical examination they performed, to a case that they presented, or on their written communication skills.^{6,7} In terms of how it is given, trainees appreciate genuinely delivered, well-communicated feedback given in private that focuses on both what they are doing well and what they need to improve.^{6,7}

An interesting and relatively recent development in clerkship medical education is the attention paid to the role of residents. Residents have become increasingly recognized as integral parts of clerkship medical education, and formal programs training residents to be effective teachers have become common.⁸ In fact, clerkship students commonly identify residents as their primary teachers, especially on surgical rotations.^{2,9,10,11}

Review articles on the overall importance of medical education reform have been around for decades,^{12,13} and these articles are helpful in summarizing objectives for training programs at the administrative level. However, most clinical educators work directly with medical students during clerkship rotations, and teaching must be done within the confines of the school's curriculum and other clinical responsibilities. The three practical tips outlined here can easily be implemented in almost any clinical teaching setting.

TEACHING TIPS

I. Get Them Involved

Clerks often feel caught between learning and working, which can be confusing. Getting them involved in any meaningful capacity

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helps them to feel they are part of the team while teaching them simultaneously. Even seemingly menial jobs or “nothing events” are often new to medical students, so get them involved with such tasks, especially when there are senior learners around to work on more complicated tasks. For example, have them perform the subcutaneous injection of heparin before an operation while they are on surgery, or arrange the IV fluid lines while they are on anesthesia. When appropriate, calling family doctors’ offices for further information is good practice in communicating with colleagues, as is consulting necessary services when needed. Presenting cases at team rounds or signover is good practice for summarizing cases and taking ownership of patient care. Ideally, there should always be a specific reason why you are not letting a clerk perform a task that could teach him or her something.

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II. Keep High Expectations

Get students involved, as mentioned above, but then take it further and challenge them to accept their new roles as members of the patient care team. Give them responsibilities that are fair and safe for their level of education, and expect them to follow through with them. Let students know if they are not meeting the standard you expect of them, and tell them specifically what needs to improve. Taking ownership of roles in the management of patients gives clerks confidence, and this is such an important stage of training that most clerks will remember the first time they experienced it. Expect them to take such ownership as early as possible. Set the bar high for students, as high expectations communicated in a non-threatening way stimulate learning. Just be careful to keep the next suggestion in mind when doing so.

III. Be Aware of What They Know Coming into the Rotation

When caring for patients on the wards, there is no limit to how much one can know. This is daunting for clerks, who are new to having a role in the hospital environment. Compounding this is the fact that pre-clerkship medical school education is mostly centred on diagnosis, and generally there is less emphasis on all the details of management. Keep this in mind when teaching medical students. A big adjustment when entering clerkship is becoming responsible for proposing management plans, so working with clerks to gain the knowledge and skills required to do this will be well received.


CONCLUSION

With so much attention being given to medical education and

the training of future doctors, fundamental teaching strategies in medical schools continue to evolve. In just three or four years, medical students must gain the knowledge required to be effective residents, as well as the skills to be self-directed learners for their future careers. Strategies in medical school should balance direct teaching with the facilitation of adult learning, and clerkship is an opportune setting in which to do this.

This paper has outlined three concrete tips for residents and staff physicians to keep in mind when supervising clerkship medical students. The clinical setting and patient requirements will always dictate how much focus can be put on teaching but, when possible, get medical students involved, keep high expectations for them, and be aware of what they know coming into the rotation. This will improve the students’ learning, the supervisory relationship you have with them, and their overall clerkship experience.

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