Medical Teacher

ISSN: 0142-159X (Print) 1466-187X (Online) Journal homepage: informahealthcare.com/journals/imte20

Career decision making in medical school: how medical students choose in the early years

To cite this article: (2008) Career decision making in medical school: how medical students choose in the early years, Medical Teacher, 30:5, 543-545, DOI: 10.1080/01421590701802307

To link to this article: https://doi.org/10.1080/01421590701802307

LETTERS TO THE EDITOR

Career decision making in medical school: how medical students choose in the early years

Dear Sir

Health human resource planning of physicians is determined by a number of factors including, in many jurisdictions, the career preference of future providers. Students choose their careers against a backdrop of societal influences, medical school influences, medical practice influences and the mechanism in place for choosing or assigning post-graduate training positions.

In 2003 we carried out 8 focus groups and 4 individual interviews with 33 students at the University of British Columbia and the University of Calgary, two medical schools in Western Canada at the midpoint of their medical studies (prior to their clinical experiences) to understand the factors affecting medical student career choice in the pre-clinical years.

Students identified pre-medical experience and medical school experiences (in both the clinical and non-clinical realms), their perceived fit with their desired career (including current life stage and/or circumstances) and the residency application procedure as key elements of their career decision making process. Many students reported elements of the residency application process itself as significant barriers to their future career aspirations. These barriers included: the short time period available for clinical electives at their school prior to the residency match, the timing of those electives in relation to the residency match, the types of elective choices and experiences available to them as well as their perceived likelihood of successfully matching to a particular residency.

Students reported two specific conflicts that arose from their interaction with the residency application process: conflicts between personal and professional needs and conflicts between making strategic choices or declarations to others and being honest. Students also highlighted the dynamic nature of the decision making process and their uncertainty around these decisions during the pre-clinical years.

In response to this study, we would suggest that medical educators provide information on the factors associated with career choice, offer opportunities for students to receive information around the residency application process and opportunities for students to explore their own perceptions around the residency application process. Normalising the dynamic uncertain nature of the career decision making process would also be helpful to students. It is clear from our study that students are actively engaged in the career decision making process early in their medical education and these actions could support students in their career decisions.

Ian Scott, MD
Department of Family Practice
University of British Columbia
Suite 300
5950 University Boulevard
Vancouver, Canada V6T 1Z3
email: ian.scott@familymed.ubc.ca

Bruce Wright MD
Department of Family Medicine
University of Calgary, Canada

Pamela Brett-MacLean PhD (C) and Fraser Brenneis MD
Department of Family Medicine
University of Alberta, Canada

Lawsuit resistant internists, chart wars and the decline of clinical teaching

Dear Sir

We have all witnessed a decline in the clinical teaching enthusiasm in recent times. Medicine has come a long way and effective bedside teaching has gone back a long way. From a learner's viewpoint, there are commonly felt but unspoken challenges to an effective clinical teaching which seem to have their roots in the growing legal complexities of the consumer age medicine. I humbly wish to bring two such present day scenarios to the reader's attention.

Legally wounded attendings may be ineffective as teachers for they are relatively preoccupied with creating armies of 'lawsuit resistant' internists. This is an unfortunate scenario where all we care is 'documentation' and all we document is called 'care'.

Again, one can palpate silent wars being fought on patients' charts among various specialties (departments) consulting on a single patient for treatment. For example, if a Furosemide shot is discontinued by the speciality chasing the dwindling patient's blood volume status, the primary service which had been faithfully chasing the patient's falling urine output might let Furosemide into the patient's system. We grapple, everyday, with such antagonistic orders among the converging specialties. But those attendings, who are also effective teachers, engage in a verbal communication with the on-board treating teams and let the learners (the residents) appreciate the

ISSN 0142–159X print/ISSN 1466–187X online/08/50543–3 © 2008 Informa UK Ltd.
DOI: 10.1080/01421590701802307

difference thus made. Persistent antagonism, however; among the specialtis encourages the learner of comfortably giving in to the 'intellectual steric hinderance'. On the other hand, an attending who is an ineffective teacher, may not back his evidence-based treatment recommendations with an adequate verbal communication (and reproduction of the proper evidence) just for the sake of avoiding a potentially bitter arguement and it only helps learners lose their motivation.

Nishith K. Singh, MD (Internal Medicine)
Department of Internal Medicine
Southern Illinois University School of Medicine
701 N. First Street
Springfield, IL 62794-9636
Email: nishith_singh2007@yahoo.com

Evidence based medicine: a new way to spread

Dear Sir

In recent years, interest in evidence-based practice (EBP) has exponentially become pandemic among doctors and Evidence based medicine (EBM) is now considered as a key area in which doctors should acquire competency (Rhodes et al. 2006). EBM courses are incorporated as an integral part of numerous medical education programs, and instructors and teachers are involved in practising EBM for learners at any level. This could vary from undergraduate medical students to consultants and specialists.

In a study in our center, 30 undergraduate medical students were selected for a training course in EBM before their Internal medicine clerkship. These students were interviewed at the end of the course. Seventeen students reported an indirect and interesting outcome of the impact of the EBM course on their senior interns and residents during clinical rounds. They stated that asking questions targeting different aspects of EBM to which they have been exposed during the course raised questions and concerns in medical staff's mind and promoted them to get involved in the process of applying the EBP to real patient scenarios. Questions such as 'What is the level of evidence for this recommendation?' are among the most challenging dilemmas reported by the students. They also reported that challenging questions asked by them in the clinical setting influenced the staff. These effects were reported as significant changes by nine students.

The impact of short courses in EBM in improving the knowledge, attitude and behavior of the attendees is well documented (Straus et al. 2004). However, the indirect effects of such an intervention are less understood. Herein, we presented an interesting observation of a model for the backward flow of an educational intervention. EBM courses for undergraduate students could potentially promote EBP in the clinical setting and reinforce the use of evidence in making patient-care decisions by students as well as interns and residents.

Sina Abdollahzade & Hoda Mojazi Amiri
Student Scientific Research Center (SSRC)
Medical sciences/University of Tehran
Tehran
Iran

References

Rhodes M, Ashcroft R, *et al*. 2006. Teaching evidence-based medicine to undergraduate medical students: a course integrating ethics, audit, management and clinical epidemiology. Med Teach 28:313–317.

Straus SE, Green ML, *et al*. 2004. Evaluating the teaching of evidence based medicine: conceptual framework. BMJ 329:1029–1032.

How a medical student taught me to become a better doctor

Dear Sir

I have recently graduated as a medical student from St George's Hospital Medical School and am now a fully fledged foundation doctor. The transition between student to doctor is a gap that can only be bridged with effective experience on the wards during the clinical years and more particularly the final year at medical school. The St George's curriculum allows for five week attachments in medicine and surgery whereby the student "shadows" a designated house officer.

As a student I often complained about the lack of teaching from consultants on the ward and being ignored by the junior doctors. Now that I am a junior I have just had my first experience of having a final year medical student shadow me.

With no formal training and only being told that I was to have a student that very morning for the next five weeks, I envisaged teaching my medical student as how I wished to have been only six months prior. I quickly realised that teaching medical students is one of the privileges of being a junior doctor.

Working in a busy district general hospital on a general surgical firm needs all hands on deck. Students are an invaluable asset to the team and in return for helping on the ward they learn valuable practical and management skills. My student was always willing to get involved and keen to write in notes, take blood and scrub up in theatre. He was integral in treating the numerous sick patients on the ward by either competently performing blood gases or liaising with the nursing staff. At the end of the five week attachment he had become a vital asset to the team.

In reality I believe I learned more from the five week attachment than the student. He taught me how important it is to respect each member of the team equally. He also made me appreciate how important it is to effectively delegate and

prioritise jobs. Teaching practical skills to my student refreshed my memory and helped kick bad habits that I had quickly fallen into.

I also understood that as a student perhaps the reason why I failed to learn and enjoy my shadows experience was because I remained reactive and not proactive. This is a lesson that I am still learning now and rarely gets taught at medical school. One of the most rewarding elements of my foundation year to date has been to teach my first shadow medical student.

Seilesh Kadambari
St. George's Hospital Medical School
Blackshaw Road
London SW12 0QT
Email: seileshk@hotmail.com