The British Student Doctor, 2018;2(2):44-45
doi: 10.18573/bsdj.27
Reflections

The case of the vanishing medical student

REFLECTIONS

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No conflicts of interest to declare

Accepted for publication: 07.05.18

ABSTRACT

Medical students are often hard to find on the wards after 3.00pm. In this reflective piece, using our own experiences of clinical teaching we describe the case of an archetypal, and stereotypical medical student who rarely attends a full day of timetabled clinical teaching. Using this case as an example we outline our insights of the reasons underpinning the fact many medical students leave clinical teaching placements well before 5.00pm, and in doing so miss out of learning opportunities. We also make two simple recommendations to medical students and teachers that could be employed to incentivise students to linger longer on their clinical placements.

Introduction

Medical school is a challenge, and developing the clinical skills and understanding to become an excellent doctor requires dedication, perseverance and lots of practice.

Being a doctor appears to be even more challenging, with long working hours, and without the luxuries of time, lack of accountability, and opportunities to go home at 2.30pm commonly afforded to medical students.

Students become increasingly aware of two contrasting choices whilst at clinical school: a choice to commit more time to clinical education in order to thrive as a junior doctor, and a choice to commit more time to social life and take all opportunities to avoid staying late in hospital whilst it is possible.

Here we describe the case of the vanishing medical student, analyse factors contributing to their regular disappearance and suggest strategies to incentivise students to commit more time to clinical education.

Case presentation

Mr X is a 22-year-old archetypal, stereotypical medical student in the prime of his student life. He presented insidiously over 2 years with afternoons off syndrome, which is now so severe he has only stayed on the wards after 2.30pm once in the last 3 months. This is on a background of feeling like a spare part on the ward, minimal formalised ward-based teaching sessions, and recommendations by ward staff to "enjoy being a student while you can".

He has an interesting past medical history with lots of exposure to clinical specialties during his work experience, volunteering in a hospitals abroad and had dreams of becoming a cardiac surgeon from a young age.

Currently he lives in a student flat, is a non-smoker and has a mild Netflix addiction.

Mr X is untroubled by his condition as he feels he will "learn most of it [clinical medicine] on the job". He also claims he uses his afternoons practicing for objective structural clinical exams (OSCEs) or reading in the library in order to prepare for exams, working on audits to develop his curriculum vitae (CV) as well as rewatching season one of Game of Thrones. He has attempted one cannula in the last two years and was unsuccessful – none of his flat mates have attempted one.

Discussion

This common case highlights many issues that contribute to the regular disappearance of many medical students from clinical training.

Importantly, junior doctors are becoming increasingly demoralised and this has direct implications for their own teaching and the teaching of medical students. (1) Not only are junior doctors workloads restricting the amount of time they can dedicate to teaching students, (1) observing exhausted, stressed, and busy junior doctors on the wards encourages some students to leave early and make the most of having minimal responsibility while they can. This is not helped by the fact students are regularly asked something along the lines of 'why are you here, its 3.00pm?' or told 'there is not much going on, I would just take the afternoon off.'

Students avoiding the wards creates a vicious cycle: by not attending, students fail to develop trusting relationships with the teams - this means when they are about they are given less responsibility and opportunities to practice, and often feel like spare parts – this means they are less likely to attend.

Additionally, as observed in the case above, examination systems at medical schools do not always incentivise students to spend more time on the wards.

Recommendations

We recommend two practical solutions for managing cases of vanishing students. Firstly, students should spend week one of a new rotation committing fully and getting to know the ward team, breaking the vicious cycle described above and increasing future learning opportunities and student satisfaction.

Secondly, as undertaken in some UK teaching hospitals, students should be assigned to individual patients on the ward. Students would then be responsible for presenting their patients on the morning ward rounds and assisting with any procedure and tests being performed. Furthermore, when other opportunities for learning are lacking, rather than escaping home, students can spend time talking to their selected patients. This should encourage students to spend more time on the wards, allow them to follow the elusive 'patient journey' and provide an opportunity for students to play a key role in making a patient feel better – which, as mentioned on all student's personal statements, is a motivating factor driving them to join the medical profession.

We believe using these steps, as well as encouraging professionalism among students, should help students to choose to commit more time to clinical education in order to thrive as a junior doctor.

References

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Journal DOI
10.18573/issn.2514-3174

Issue DOI
10.18573/bsdj.v2i2

Cardiff University Press
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