

# Maintaining Connections with Clinical Students

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# Educators for CARE (E4C) Program

- Help students internalize core values of the profession:
  - Compassion
  - Advocacy
  - Responsibility
  - Empathy
- Started in Fall 2008
  - Groups of 5-6 students from each class matched with one faculty member
  - 15 faculty from a variety of disciplines
  - Faculty serve as mentor, teacher, colleague
  - Faculty and students maintain longitudinal relationship throughout students' tenure



# E4C Faculty Responsibilities

- Teach year 1 and year 2 students two ½ days per week in Practice of Medicine Course
- Collaborate with other faculty/advisors to assist in students' academic and professional development
- Write letters of reference as requested
- Attend student milestone events: orientation, stethoscope ceremony, match day, graduation

# Differences between E4C and Advisors

## E4C (15)

- Educate and model clinical skills, compassion, humanism
- Oversee professional development related to patient encounter
- Address concerns related to physician-patient encounter
- Small group, bedside, and classroom teaching
- Individual mentoring/feedback: clinical skills, clinical reasoning, professionalism/humanism

## Advisors (4)

- Advise on academic and career issues
- Oversee general professional development
- Advise or triage regarding any issue: career, financial, interpersonal
- Individual and group meetings: curriculum, research, scholarly concentration, career



Dinners, social events, celebratory gatherings



# Brainstorm “how to maintain the connection during clinical years”

- Bedside teaching sessions
- Regular 1:1 mentoring meetings
- Reflective writing assignments
- Faculty guided peer mentoring session with students from different years
- Social gathering
- Other...?

# Issues to Address during Clinical Years

- Fostering growth and professional development
- Confronting hidden curriculum
- Promoting reflective practice
- Provide guidance with residency application process
- Provide career advice
- Mitigate compassion/empathy erosion
- Other?...

# Doctoring with CARE

- Small group sessions facilitated by E4C faculty
- Groups of 6-10 students on core clerkships
- Occurs every other month for 90 minutes
- Discussions are confidential
- A safe place where students can freely discuss professional experiences.
- Open discussion of students' "critical incident" experiences on the wards

# Goals

- Learn coping strategies from fellow medical students
  - Help with student self care
  - Help students deal with problems encountered on medical teams
  - Help prevent student burnout
- Provide a positive influence on professional growth
- Develop skills of self-reflection
- Promote and maintain humanism and professionalism

# Discussion Themes: Examples

- Abuses of power
- Role on the team
- Preparing for clerkships
- Death and dying
- Dealing with acts of unprofessionalism
- Witnessing acts of true compassion and humanism

# Program Evaluation

- I felt comfortable sharing with the group about intense/challenging situations I've witnessed or experienced during clinical rotations. **4.53**
- I felt comfortable sharing with the group about ethically ambiguous situations I've witnessed or experienced during clinical rotations. **4.51**
- I learned and/or shared strategies for coping with intense, challenging, and/or ethically ambiguous situations on the wards. **4.33**
- I learned and/or used skills of reflective practice that will be helpful to me during clinical rotations. **4.33**

**Students (N=88) rated their experiences on the above themes, 1-5 Likert scale (1=low, 5=high)**

# Evaluation (Cont.): Examples of Student Comments

- *“Found the sessions most helpful in hearing how students in same situations are handling their challenges.”*
- *“Not sure whether it was better to have a predetermined topic at the outset. I think the discussion flows better without direction.”*
- *“It was a great safe place to share concerns about rotations and ways to cope.”*
- *“The preceptor should not talk so much.”*
- *“I do want preceptor input. I would like them talking at least 1/3 of the time.”*

# Conclusions

- Students felt comfortable sharing intense, challenging, and ethically ambiguous experiences
- Students learned and/or shared strategies of coping with these situations from each other
- Students learned and/or used skills of reflective practice
- Students appreciated having specific themes to discuss and time for open discussion

# Unanswered Questions

- What is the right balance:  
**selected themes vs open discussion?**
- What is the appropriate balance:  
**faculty input/participation vs student discussion**
- Are small group, faculty guided student reflection sessions the most effective modality for **promoting student reflection**? Are other methods more effective?

# Discussion

- What are some of the challenges your students face during their clinical years?
- How might LCs offer support and growth for clinical students?
- What are other effective means of keeping the connection with clinical students?