

Creating Opportunity for Critical Clinical Development: Lessons Learned from Student Essays

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INTRODUCTION

- Research suggests that “workplace-based clinical learning” appears to occur somewhat haphazardly. Little information is available that identifies sentinel events in which students begin to develop their professional identity.
- The “Wards to Words” Program at Baylor College of Medicine (BCM) requires medical students (MSs) to reflect on these events in clinical clerkships.
- The foundation of the learning communities (LCs) at our institution are embedded in the colleges mentoring program.
- LCs are composed of clinical faculty mentors that longitudinally follow 10-20 medical students throughout the four years of medical school.
- The learning community mentor is responsible for assisting their mentees in their professional development through discussion of their reflective writings.
- Program Aims:
 - Allow the reflective writing process to assist in the professional development of students within the learning community setting
 - Analyze reflective writings to discover sentinel events that can be integrated in undergraduate clinical education curriculum to teach professional development

PROGRAM DESCRIPTION & EVALUATION

Reflection Prompts

- At the completion of each of 7 core clinical clerkships, BCM MSs write a reflective essay about their clinical experiences. Students choose to respond to 1 of 3 prompts:
 - Option 1: *Reflect on a sentinel event in which you felt you were important in the care of a patient. Think back on a positive experience that has given meaning to “What it means to be a doctor” for you?*
 - Option 2: *Describe a sentinel event when you learned something from a patient, or “took away” something from an interaction with a patient that made a lasting impression.*
 - Option 3: *Discuss a time in which you observed a non MD member of the health care team behaving in a way you would like to emulate or model.*

Sampling

- In the 2011 calendar year, 388 MSs were enrolled for clinically training in 1 or more of 7 clerkships for a possible total of 1211 essays.
- We selected an 15% random sample of essays (N=182) stratified equally by clerkship, gender, and by 6-month increments of medical school in which the clerkship was completed (i.e., 1st 6 months of clinical training, 2nd 6 months, etc.).
- Only 1 essay per medical student was included in the analysis.

Analysis

- The resulting 182 essays were analyzed qualitatively by a team of 4 analysts (2 clinician educators, 2 experienced qualitative analysts).
- The unit of analysis was the full essay.
- Analysis was guided by 3 research questions:
 - Why is this a learning moment? What about this makes the student feel more like a physician? What are the characteristics of the situation that provoke development?
 - Using an iterative process, we identified sentinel events and how they were meaningfully related to student professional identity development.

PRELIMINARY RESULTS

- MSs’ professional identity development is closely linked to experiences with patients in which a) they have responsibility for care and/or b) they are able to form a connection with the patient.
- Professional identity is also formed as MSs realize the impact on patients of the psychosocial factors in the patient’s life context or the care offered by providers who are not physicians.
- Themes shown below are occurring with greater frequency. There are no meaningful differences in key learning events by clerkship, MS gender or point in training, except for “Impact of Non-MD Professionals”, which has occurred more frequently in the Psychiatry clerkship.

Theme Description	Exemplar Text
THEME: Establishing a physician -patient connection	
MSs form a connection through patient-centered care, including aspects of listening, providing emotional support, and relationship building.	<ul style="list-style-type: none"> “As a medical student we do get to spend the most time with the family and get to really know and relate to the patients and their family.” (PD3) “Patients are fully human with more than just medical needs. The care and reassurance at each visit are as important or possibly more so than the treatment itself.” (TE9)
THEME: Having responsibility for patient treatment	
MSs have a positive impact on patient’s medical care experiences (e.g., as clinician, educator, advocate, observer).	<ul style="list-style-type: none"> “I’d like to think that I helped her keep her foot by getting her more involved in her own care.” (TE6) “It is the reward you earn for carrying the responsibility of another [person’s] well-being. While I might have been tired, weak and slightly stressed from the events of that day and the next morning, those feelings faded. What persists is knowledge that for a young boy, I repaired an organ vital to his life and helped give him a second chance to live that life.” (PD19)
THEME: Impact of psychosocial factors on patient health	
MSs gain insight into how socio-cultural issues impact a patient.	<ul style="list-style-type: none"> “...patients aren't just problem solving exercises; they are people with lives that will go on ...” (TE22) “I had the special opportunity to learn about the social aspects of medicine.... Yes, our primary goal is to treat our patients’ medical problems. It is important to understand, however, that many factors influence our patients’ health and their ability to seek medical advisement.” (PD4)
THEME: Impact of non-MD professionals on patients	
MSs witness the positive impact of non-MD team member’s modeling (e.g., of empathy, patience, skill).	“... on the inpatient psychiatric unit, I had the honor of working with an excellent social worker who went the extra mile in helping patients. [She] really went above and beyond and took the time to do the best for the patient. She made me strive to always behave in that manner with patients ...” (PD29)
THEME: Complexity of patient illness	
MSs encounter complex patient, including comorbidities, unusual diagnoses, severe cases, and unique presentations.	“He had undergone a battery of tests, imaging, cultures, and other various assessments without any definitive diagnosis. It was then that I realized that my ‘straightforward’ headache patient was not so straightforward.” (PD26)

DISCUSSION

- MSs value time and experiences that permit them to engage with patients with increasing responsibility.
- Findings suggest methods for structuring clinical training to promote enhanced professional identity development. Clinical educators in core sub-disciplines may strategically plan opportunities for MSs:
 - that incrementally increase responsibility for patient care and provide exposure to increasingly complex cases.
 - that reward efforts to understand both the patient’s presenting medical issue as well as the patient’s life context.
 - that actively guides students to observe non-MD providers as possible models.
- Clinical curriculum developers may consider how to integrate learning experiences across core sub-disciplines to ensure that MSs have multiple opportunities for professional identity development.
- To foster professional development, clerkship directors should consider incorporating strategic patient experience coupled with reflection and debriefing.



LESSONS LEARNED

SELECTED REFERENCES

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