‘Becoming a Physician’—medical students get acquainted with disadvantaged populations, and practise sensitive and effective communication

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Published online: 19 October 2015 © The Author(s) 2015. This article is published with open access at Springerlink.com

Abstract

Background The three-year pre-medical programme ‘Becoming a Physician’ focuses on different aspects of medical professionalism. Objectives are to increase awareness and sensitivity to disadvantaged populations, and practise sensitive effective communication skills.

Methods The curriculum includes: (1) Visits to treatment centres for people with special needs, mental illnesses, substance abuse issues, physically or sexually abused, and prisoners. Students tour the facility, hold discussions with residents, and discuss ethical professional interrelations to the medical world. Students then write reflective diaries summarizing their thoughts and emotions. (2) Participation in a communication course that focuses on learning by practising patient-oriented communication. Qualitative data were collected from three sources: reflective diaries, students’ course evaluations, and interviews with the students’ tutors.

Results Data indicated that the students were very satisfied with the programme. They indicated an increase in awareness of the special needs of diverse populations, and in the sense of efficacy for conducting interviews tailored to patients' needs. Tutors reported a sense of ‘personal growth’ following their role as mentors.

Reflections Interactions of medical students with diverse populations, when accompanied by appropriate feedback mechanisms and strengthening of communication skills, can improve awareness and sensitivity to patients' special needs. This could help students become more sensitive and thoughtful physicians.

Keywords Medical students · Exposure · Community · Communication · Disadvantaged

Background

The concern for sustaining compassion and communication skills among students of medical schools who will be our future physicians has been extensively discussed yet we are far from good solutions [1]. Over the last 20 years medical students of the Technion participated in a unique three-year programme Becoming a Physician—Exposure to the Medical World during their pre-medical years. The students are divided into small heterogeneous groups (8–10 students). Meetings are held every other week (approximately 18 meetings each year for three years). To reach maximal effectiveness, meetings were designed based on Gagné’s nine events of instruction [2, 3], including debriefing at the end of each session and personal feedback between sessions. Each group is led by a tutor. The tutors are physicians, representing a wide range of ages, specialities and levels of training, who are carefully selected so that they can serve as professional role models. Being chosen to serve as a mentor is perceived as prestigious in our faculty, a token of appreciation for one’s personal, professional and academic
qualities. The content of the course is appealing to most physicians and a way to enrich their daily routine, so many are happy to volunteer.

The programme objective is to expose young students to different psycho-social aspects of the medical profession during the years devoted to pre-med scientific studies so they would be better prepared for their clinical years. This includes: different working environments; multidisciplinary professionals; patients with diverse sociocultural backgrounds; challenging ethical issues; different aspects of the ‘medical life’; and impacts of professional life on one’s personal life. The programme also aims to teach and practise patient-centred communication, using Gagné’s nine steps of instruction [2, 3]. Students share their feelings, thoughts and experiences in a formal manner at closing discussions that are held at the end of each meeting, as well as informally during their after-school get-together. The programme also gives the students a ‘second chance’ to examine their choice to become physicians and their personal compatibility for medical life. The interactive nature allows tutors to identify students who may benefit from emotional support or professional consultation regarding their choice of a medical career.

The objective of this Show and Tell contribution is to introduce our unique pre-medical educational programme, present some –preliminary– qualitative evaluations, and discuss our reflections on the programme.

Course curriculum

Different aspects of the physician’s work are stressed during the programme. In the first year students are introduced to the hospital setting—inpatients, different departments and professions. In the second year students reach out to the community, meet disadvantaged populations, learn and practise effective and sensitive patient-centred communication. In the third year multi-cultural aspects of medicine are presented, and the students are challenged with complex ethical dilemmas using insights they have sustained from their two previous years. Second year programme curriculum includes:

1. Meeting disadvantaged populations. The goal is to familiarize students with populations that need special attention and care; deal with dogmatic beliefs, prejudice and emotions that arise from meeting the unfamiliar, including: elderly people in geriatric hospitals or nursing homes; children and adults with special needs (mental or physical handicaps); people with mental illnesses in hospitals or in community hostels; battered women in shelters, and sexually abused women; people with drug or alcohol addiction; and prisoners in jail. A typical meeting in a community care centre includes an introduction about the goals and special services the facility provides to their unique population; meetings between students and the facility’s residents; and a final gathering with their tutor for ventilating emotions, sharing thoughts and discussing professional and ethical linkages to the medical world.

2. Improving communication skills. The goal is to enhance communication skills emphasizing sociocultural sensitivity. The methods include a theoretical session on communication methods, based on the key tasks in communication, as described by Maguire & Pitceathly [4]; a practice session using role play; practising patient-physician communication in primary clinics; and implementation of communication skills learnt during each visit to a community centre.

Course evaluation

We use three qualitative evaluation methods: (1) Students’ feedback questionnaires (150 feedback questionnaires reviewed). (2) Oral feedback sessions with the tutors (8 annual sessions with 10–15 tutors each were reviewed). (3) Students’ ‘reflective diaries’. Following each meeting students wrote diaries about their reflections following the visit. The tutors send written feedbacks (36 annual diaries of 14 meetings each were studied).

Overall the programme ranked highly in students’ satisfaction questionnaires, mostly because they felt that their voice was heard, that the discussions within the group were respectful and non-judgmental, and that they could freely express their emotions. Many said that it was the most significant programme during their pre-clinical studies. Students were satisfied with meeting disadvantaged populations. Many asked: ‘How come I was never introduced to such populations before?’ Students and tutors reported an increase in their awareness and sensitivity to the special needs of different populations, and felt that their interviewing skills had significantly improved. Selected quotes describing students and tutors impressions are presented in Tab. 1. Some students who had personally experienced a health/social issue affecting the populations they met (e.g. having a sib with special needs) reported that they finally had a chance to openly and intimately discuss their feelings with fellows, and that their tutors provided emotional support.

Discussion

In the past academic medical education was strictly separated between ‘pre-clinical’ (theoretical basic sciences) and ‘clinical’ (rotations in hospital departments) years [5]. The
The main limitation is that the evaluations are based on self-report questionnaires and diaries, and unfortunately the relation between self-reports and what actually happens in real life is not necessarily very strong. Furthermore, the findings of the evaluation are, due to its qualitative nature, subjected to our interpretation.

Although all students studied at one faculty, the programme involved 7 hospitals and over 20 community facilities, thus students met different patients and had different experiences, which is true for any clinical rotation.

**Conclusion**

Based on our impression, we suggest that exposure of young medical students to disadvantaged populations is in the community, when accompanied by appropriate feedback mechanisms, and with measures to strengthen communication skills, improves students’ understanding of special needs of different populations. The communication skills...
acquired included: patient-centred communication, listening, using open questions and loads of empathy. This should enhance the ability of our students to become more sensitive and attentive physicians to their patients.

Further studies should be carried out in order to correlate the subjective experiences of our students and mentors to other outcomes such as objectively measured communication skills with a diverse group of patients.

Acknowledgments To a long list of partners who shared our path and our passion for medical education, including:
Dozens of physicians who were tutors in the past and at present; the Department of Family Medicine; education advisors; and administrative team of the Technion Faculty of Medicine.
Our collaborators in the community, all of which participated voluntarily in this education mission, including over 20 institutes, hostels and shelters, including: Alwyn Association for care of children and adults with special needs; Battered women shelters; Geriatric department—Fliman and Carmel hospitals; ‘Rishonei Ha-Carmel’ home for the elderly (Beit Horim); Hagefen and Maamatz drug addicts’ centers for drug substitutes and withdrawal; Haifa Municipality service for drugs and alcohol withdrawal; The Israeli Prison Services; Psychiatric Department, Rambam Medical Center; Children and Adolescents Psychiatric Department—Trat Ha-Carmel hospital; Young mentally handicapped hostel—’Inbalim’ company; Mentally handicapped hostels—’Kotev’ company; and many others.

Funding/support sources None.

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