

Being a student, becoming a teacher

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"The most important lesson I want to pass on, as a new intern, is that our students will shortly be our colleagues."

Who is that person standing behind me watching me print off lists? Why are they smiling at me every time I look up? Why are they desperately trying to make eye contact with everyone on my team? Why are they taking a copy of said list and now following us on the ward round? Oh, it's the new medical student...

New medical students joining the team

Around every eight weeks something happens that may provoke dread, interest or excitement in the various medical teams in the hospital. A new medical student or students are arriving to join the team. Having graduated last year, I still remember that daunting feeling of being a medical student joining a new team. Desperately hoping that you have written the correct details down of who you're meant to meet and when on the first day.

Even when you've done some reading about the discipline you're attached to - you still feel underprepared. Most of what you know about your new attachment comes from information previous students bestow upon you. You are lucky if on the first day you know more than one person's name on the team and how the department runs, let alone what role the medical student can play within the team.

So before I forget all the amazing experiences, attachments and teachers I had during my clinical years I wanted to figure out what made an attachment great so that when that nervous medical student joins my team this year I can help make their [transition to internship](#) better.

Teaching the medical student on the wards

It is difficult to define teaching in such a dynamic and unique environment as that of a hospital. Students need guidance not only on the theoretical and technical aspects of medicine but also the ethical and professional. To medical students formal teaching is absolutely fantastic, but a bonus. Learning is derived so often from spontaneous opportunities by assisting with procedures or even just seeing interactions between hospital staff.

Involving students in a [team](#) takes time and energy that hospital teams do not always have due to the busy nature of a hospital and general workload. Medical students can sometimes be made to feel that they are a burden on the team.

There is some advice I would give myself, now as a teacher, when reflecting back to my time as a medical student.

Being on my team

Part of the same team - treating medical students as part of the team. Simple courtesies can make a student feel like part of your team and if they feel part of the team they can help with the team's work. Simple courtesies include saying hello to the student in the morning and acknowledging their presence, which gives them permission to participate. Introducing the student to new colleagues in situations where they are not known is also great.

Remember that medical students have study and deadlines to meet too. If the team is under a particular amount of pressure one day don't feel obliged to keep students around if they are genuinely making the day harder or there is nothing for them to do. Just explain the situation to them, tell them to go and study for the afternoon - it becomes a win-win situation for everyone.

On the other hand, those days when the team is swamped – these can also be great days to involve the medical student. There is always that period at the beginning of an attachment when a medical student needs to prove that they are capable, safe and interested. But if those busy days or weeks come after that probation period then by all means put that medical student to work.

It is hard to think of tasks that medical students can do safely, competently and if needed under supervision. However, medical students can learn huge amounts from doing what might seem like menial tasks. They may already have experience in some tasks from other rotations. Ask the student about their strengths and weaknesses and observe them during rounds. This will help you find tasks that can be confidently delegated to them, which is both helpful and boosts their confidence. [Congratulate students when they do a task well but also encourage them when they try but do not succeed.](#)

Tasks for medical students

There are two types of tasks medical students want to do – tasks which prepare them for work and tasks which they enjoy doing and never get enough opportunities to do.

- ***Task which prepare them for work*** - discharge summaries, consult requests and requesting notes from other hospitals or general practitioners, being in charge of printing the list for the ward round, forces the student to become familiar with the hospital intranet systems. But additionally I really enjoyed doing more complicated tasks like requesting a team to accept the care of a patient being transferred, going through old notes to piece together a timeline of events for complicated patients (also helps the student to understand the patient's needs in more detail) or being in charge of the MRI checklist. Being given the opportunity to do a physical examination during

the ward round or present a patient to someone more senior during the attachment is also great.

- **Tasks which they enjoy doing** – tasks medical students cannot get enough of are basically everything procedural. Medical students are always happy to do cannulas, venipuncture, arterial blood gases and spirometry. Catheters, suturing and speculum examinations are more complicated and require additional teaching time. It is hard to find the time to mentor and supervise a student through some of these, especially sensitive procedures like catheters or speculum exams. If you *can* let your students watch you do one or you have that spare five minutes to spend teaching them, chances are that investment will pay for itself when the time comes. You will not only have a junior doctor on your team who can already do the procedure, but who can also teach students.

Involving the student can mean challenging them

Medical students appreciate being given the opportunity to use their knowledge in a safe environment. When expectations are clear between the teacher and student the opportunities to learn are boundless.

Medical students cannot know everything but if it is clear to them what is expected and what core knowledge is needed they will generally make an effort to learn it. At the beginning of the rotation ask the student what they would like and can expect to get out of the term. Students can be directed to pertinent articles to read and be tested on these later or they can be told clearly that a certain topic will be asked about the next day or week.

As a medical student I constantly put off learning a certain topic because of time constraints and other assessment commitments but a small amount of pressure to learn something related to my attachment forced me to concentrate and learn topics in depth rather than superficially. These topics are always well remembered down the track because your student has been actively tested on it in a structured and supportive way.

It also ensures that medical students complete the term with essential core knowledge that might have been missed otherwise.

The most important lesson I want to pass on, as a new intern, is that our students will shortly be our colleagues. As teachers we can all work towards ensuring our medical students are more involved, more effectively utilized, to become more competent. Building functional, mutually respectful relationships with students will create great teachers and peers for the future.

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