

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."

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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

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 tasks 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.

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 futurest