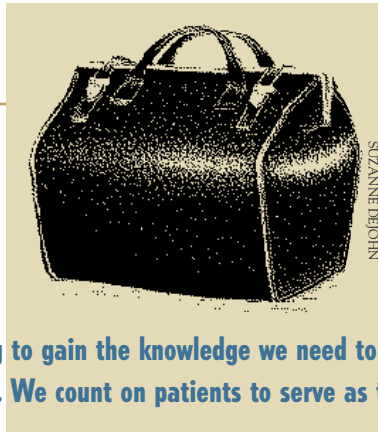


Patients as teachers

By Y. Avery Ching



We're trying to gain the knowledge we need to become good doctors. We count on patients to serve as teachers.

If you're a patient at a teaching hospital or an academic medical center, you will surely hear references to, or interact with, medical students like me: "This is a medical student who's working with me today." "Do you mind if a medical student asks you some questions?" "I don't know, I'm just a medical student." Sometimes, we students feel as if the designation "medical student" gets thrown around the wards like a pair of used gloves. So who are we? And why the heck are we hanging around?

Typically, it takes four years to get through medical school. Our first two years are spent mostly in classrooms. We take courses like anatomy and physiology and learn about organ systems as they relate to specialties like cardiology and neurology. After spending 25 to 30 hours in classrooms each week, we may spend another 30 to 40 hours studying—some of us may even spend as many as 60 hours a week in the library (including time we spend online).

During our last two years of medical school, we work mostly in doctors' offices and in the hospital. We're likely to be asking patients questions (lots of questions—*ad nauseam*, it may sometimes seem), such as "So, tell me what happened?" or "How do you feel?" or "Where does it hurt?" We may poke and prod a patient's belly, saying, "So, it hurts the most here?" ("Yes!" the patient replies.) You may see us—in our short white coats—trailing behind a gaggle of long-white-coated physicians—as we make morning rounds at the hospital.

Teachers: As medical students, we're trying to gain the knowledge we need to become good doctors. Sure, we learn a lot by attending lectures, by studying, and by observing the medical staff in action. But we need to see as many patients as we can so we learn from them, too. We count on patients being willing to serve as our teachers.

It's thus disheartening when some patients refuse to be seen by a medical student or decline having a medical student perform an exam. I realize that some patients may feel uncomfortable answering a medical student's questions, and some may even dislike having a medical student in the exam room or hospital room. But how else are we going to continue the learning that we started in the classroom?

Some members of the medical staff may unintentionally give patients the impression that our presence could be an inconvenience or an annoyance. It's not surprising that a patient won't want to see one of us when someone uses an indifferent or a negative tone to ask, "Do you mind if the medical student comes in?" Or when a gynecologic nurse asks a female patient if the "male medical student" can come in the exam room, I get an uneasy feeling that the nurse thinks my Y chromosome makes me less knowledgeable about women's health.

But it's our responsibility, as medical students, to be in that room and to learn as much as we can. We count on the medical staff to support this part of our education. And we count on patients under-

standing that they play an important role by helping us to get that first-hand experience.

Some people realize the need for this type of teaching but don't want students to practice on them: "Sure, you need to learn how to draw blood, just not on me." Countering this "not on me" mentality requires a cultural change: from patients, nurses, medical students, and

doctors. Society has embraced similar "think globally, act locally" values with practices such as recycling and energy conservation. I encourage us all to do the same in teaching future physicians.

Loss: Patients' willingness to work with medical students directly impacts care of other patients. For example, when a patient goes to the doctor's office with a unique presentation of appendicitis, but refuses to see a medical student, that student has lost a valuable learning opportunity. There is no immediate loss from this refusal, but several years later, for example, this medical student—now a doctor—might fail to diagnose a similar presentation of appendicitis. The appendix might perforate, resulting in emergency surgery and an increased chance of complications. Every patient we treat, as medical students and as doctors, contributes to developing knowledge and expertise that we can apply to future patients. When patients decline to participate in medical student education, they are limiting our ability to build a foundation of clinical knowledge.

A medical student can also be a patient's best advocate. Medical students have the time—in this age of managed care, which puts constraints on doctors' schedules—to be far more detailed in taking a medical history or giving a physical exam than does an attending physician. In the process of asking questions or researching a disease, we may come across a subtle point that might otherwise have escaped doctors' attention. Also, because we're trying to learn as much as we can, we leave no stone unturned. And, most importantly, we have the flexibility to be there for patients, to answer their questions, and to listen to their thoughts.

Path: Future doctors must follow a long path in their medical education. I aspire to be a surgeon, and by the time I can practice on my own I expect to have done four years of college, a year-long postbaccalaureate program, four years of medical school, a six-year residency, and two or three years of further specialized training.

Society has an obligation to help train the doctors of tomorrow. To meet this obligation, my classmates and I need the help of our patients. Each one that we interact with will help us to be better physicians and to take better care of our future patients. For this help that patients have given and will give, we thank them. ■

"Student Notebook" shares word of the activities or opinions of students and trainees. Ching, a fourth-year student, was previously a business analyst in Washington, D.C.