

The Physician Educator Trait (PET) Project: A Pilot Study to Identify Physician Traits that Enhance Medical Student Education in the Emergency Department

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INTRODUCTION

Teaching medical students in the Emergency Department (ED) is fraught with challenges. Physicians have to prioritise their clinical responsibilities over that of education at times. Each shift in the ED also varies, itself posing an element of inconsistency. Students from the various medical schools in Singapore are required to attend a core posting at the ED, this may vary from 2-4 weeks. We believe that the physician educator play a huge role in facilitating learning during this period. And therefore we seek to identify teaching traits of Emergency Physicians that could help enhance medical student education.

METHODOLOGY

An anonymized 12-item online survey form (Figure 1) comprising of open ended questions was created and sent to 17 medical students from Yong Loo Lin School of Medicine. These students had just completed a 1 month core posting in the department. The survey forms were sent at the 2nd week of their posting. A reminder email would be sent at the end of their posting if they have not completed the survey. Descriptive data on demographics were collected. Free text answers were compiled and reviewed to look for common themes.

FIGURE 1

Questions

1. Which medical school are you from?
2. What is your age?
3. What is your Gender ?

Open Ended Questions

4. What personality traits do you want to see in an Emergency Physician that will facilitate your learning?
5. What personality traits have you seen before in Emergency Physicians that are counter productive to learning in the Emergency Department?
6. Recall an effective teaching session you had with an Emergency Physician during a clinical shift. Describe this session.
7. What features of this clinical case were particularly effective for your learning?
8. What did the Emergency Physician do that made this teaching session effective for your learning?
9. Recall a teaching session you had with an Emergency Physician that was not effective for your learning. Describe this session.
10. What features of this clinical case were particularly ineffective for your learning?
11. What did the Emergency Physician do that made this teaching session ineffective for your learning?
12. During clinical shifts, describe how you would like to be taught.

RESULTS

TABLE 1

Demographics of Respondents

| Medical School | |
|---------------------------------|----|
| Yong Loo Lin School of Medicine | 6 |
| Mean Age (years) | |
| | 23 |
| Gender | |
| Male | 4 |
| Female | 2 |

There were 17 eligible medical students during this survey period. 6 complete surveys were obtained across the 1 month period (Table 1). 50% of the respondents replied "Patience" and "Approachability" to Question 4. Traits that were deemed counter productive are "Dismissive", "Impatient", "Fierce". Table 2 shows the open-ended comments provided by respondents for Question 12.

Table 2

Quoted Replies for Question 12

- Mix of both case discussions and didactic teaching whenever possible
- Clinical shifts is not a good time to learn. I feel that a better way is to have the basics taught in lecture and going to the shifts to reinforce these concept. During shifts, it is better to see more patients with these presentation and have someone run through the Ddx, the questions and targeted PE to do and follow-up with you regarding the diagnosis of the patient after the results are out. Also good to explain why the HX, PE and Investigations was done
- Good tempo between hands-on experience (eg. IV cannulation, ABG etc) and clerkship/presentation, and tutorials. *
- Asked first what we have covered/know how to do before letting us do or teaching that topic. *

* Comment made by same respondent

DISCUSSION

Recurring themes include that of "Approachability" "Encouraging" and "Patient" were deemed as traits that medical students would like to see in Emergency Physicians. Such traits could facilitate learning by inviting discussions on clinical case as compared to being "Dismissive" or "Fierce" which would hamper open discussions. In addition, the medical students also described wanting to receive feedback on their performance during each clinical shift. This pilot study does have multiple limitations notably that of its poor response rate that may affect the validity of the results. We aim to refine the methodology further to improve response rates and also optimize the survey forms. There are also opportunities to delve deeper into the minds of medical students by conducting standardized interviews.