

INTRODUCTION

Expectations of students can vary with each resident team, service, and attending. This can be a cause of stress and frustration to students on rotations, causing an undesirable learning environment, hindering development of the student into the physician (1). Furthermore, these stresses may be behind the increase of depression related symptoms in third year medical students (2). In the paragraphs that follow, I shall discuss an intervention that can help minimize certain stressors on students, possibly allowing them to perform better academically (3).

METHODS

Prior curriculum and schedule were critically evaluated. Undesirable elements that were deemed to not have high educational value were completely removed. Call and admitting schedule were completely revamped, to essentially match those of interns. Duty hour restrictions were followed with extreme care. Students were given primary responsibility to communicate with patients, under direct supervision from residents and attending. Furthermore, clinical skills were assessed and developed by implementing bed-side rounding. Office based procedural skills emphasized in place of outpatient experience in general practice. This new curriculum was implemented in August 2016. Impact will be assessed based on end of clerkship evaluation given by NEOMED to each group of IM students.

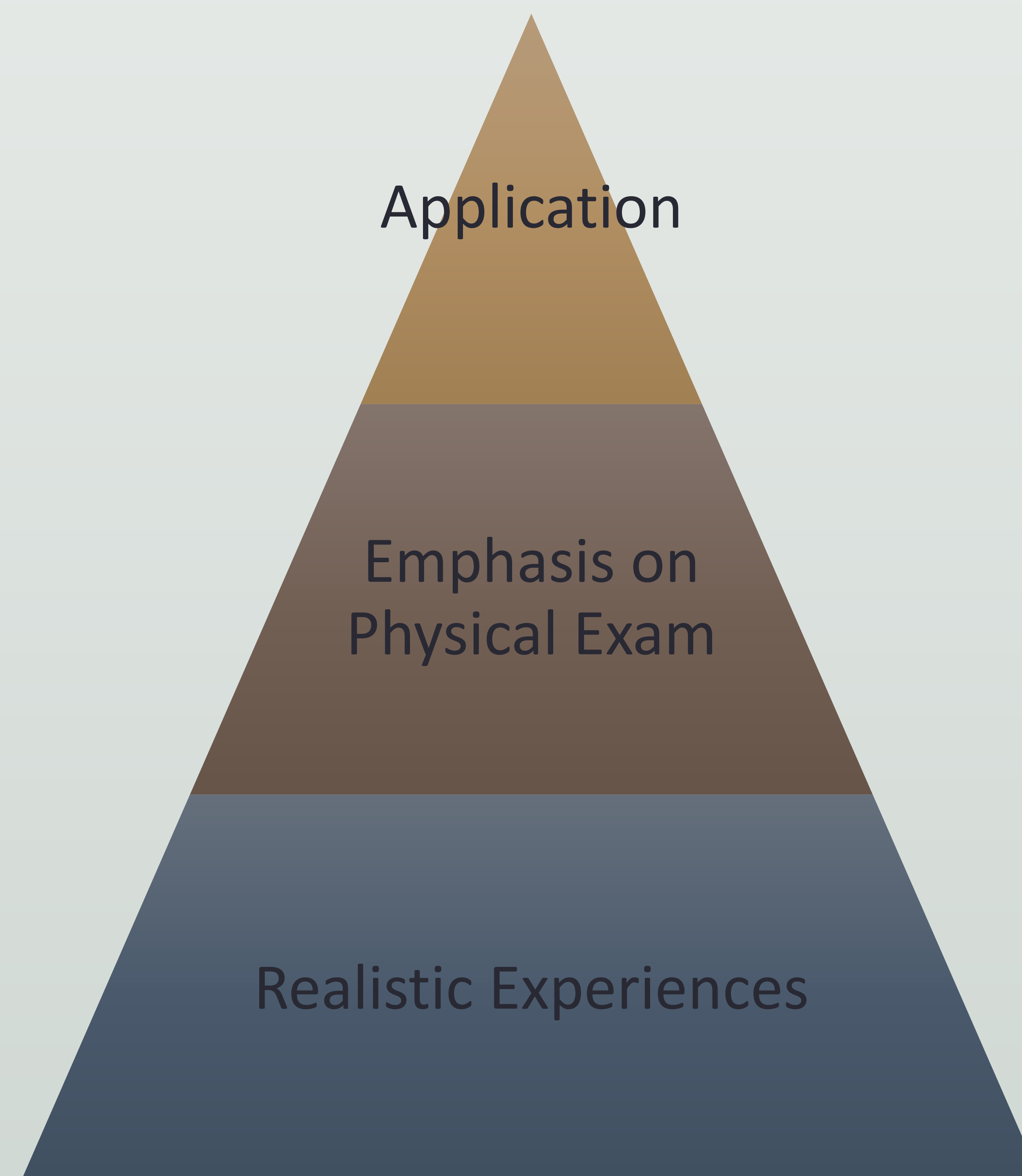


Figure 1. The new paradigm at Canton. Valuable clinical experiences help students learn and reinforce what they already know. Importance of physical examination is emphasized. Students will then be able to apply what they have learned to best serve their patients.

RESULTS

Initial results are overwhelmingly positive. Official results from post clerkship survey, have not been received as of the writing of this document. However, one of the six students on the last clerkship felt so positive with the changes that he wrote to the school to express how great his experience was. Students report that they generally feel more like a functional part of the medical team.

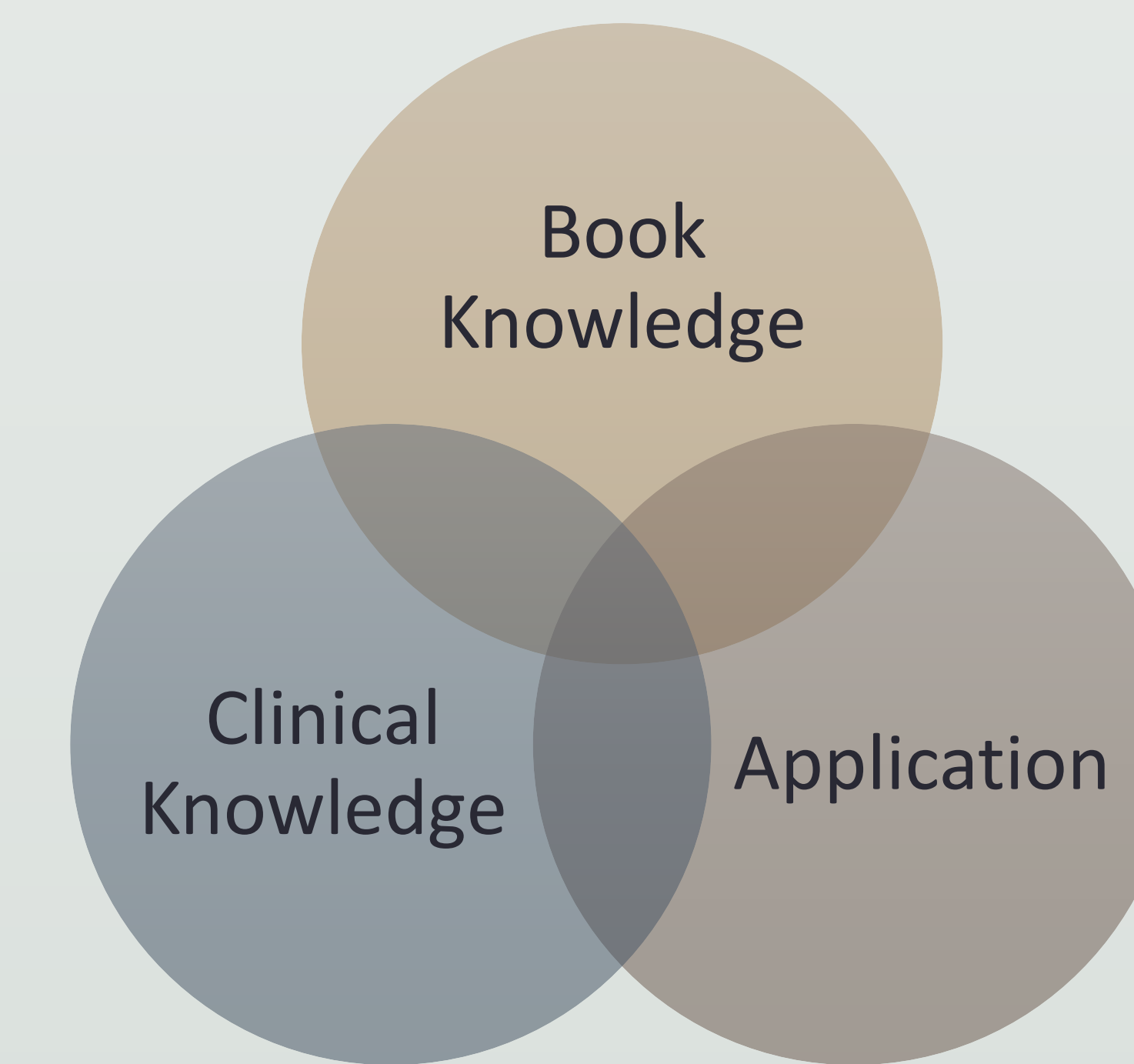


Figure 2. The old educational paradigm. Each realm of education builds off each other, hopefully intersecting to produce high quality physicians

CONCLUSION/DISCUSSION

Students appear to learn and function better overall when they are assigned certain tasks. Furthermore, knowing the expectations for the teams they will be rounding on greatly alleviates any undue stress, allowing them to better focus on patient care and the acquisition of medical knowledge. Giving them working hours similar to an intern actually prepares the students for life in a residency program. Lastly, by assigning the students direct roles on the team, it is therefore easier for teaching faculty to assess students in a more standardized, objective method.

REFERENCES

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