Practical tips and guidelines

Duties and Conduct of Medical Students


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Abstract

The regulations regarding the expected conduct of medical students in Shariati hospital's surgery ward have not been updated to match current day standards. Working hours are always discussed in light of the patient's wellness versus the physician's fatigue, however, there is no study about the effects of working hours on medical education. Medical students work 8 hours per day and they are encouraged to attend morning classes after finishing their "on-call" shifts. Instead of learning in class, they should study their educational material on their own. "On call" students may remain in the hospital to attend classes. However, no more work should be expected from these students. The working hours should be scheduled to enhance the students' learning and to strengthen the medical educational environment. The faculty should consider the safety of the students in their policies. Medical students should wear comfortable and appropriate clothing, including white coats. Students should be viewed and treated as members of the surgical team. Students should be asked to prepare and present a 15-minute report in the journal club. Moreover, they should participate in all seminars and educational programs. Finally, medical students have a flexible curriculum in the surgical ward, and these regulation are subject to change according to circumstances.

Keywords: medical education, clerkship, student assessment, safety, curriculum

Introduction:

A medical doctor must have a variety of skills and abilities (Miller, 1990). Therefore, medical students should be trained in a complex health care setting with a variety of patients and public expectations. Clinical skills must be learned by energetic, functioning, and effective experience in patients care at the bedside or in the office.
The attending physician must help the students learn basic knowledge of anatomy and physiology as they acquire the skills of patient assessment and management (Steadman et al., 2006). In order to provide an appropriate service for patients and to intensify the medical education of students, the working hours should be organized to create harmony and balance between clinical experience, health care service, and academic success (Lockley et al., 2004).

**Duties and Hours:**

In different institutions, medical students arrived at the hospital at different times in the morning. The most common time of arrival was reported to be 7 am (Boone, Stone, Perkins, & Taylor, 2015; Pang, 2012). Since Shariati hospital’s patient rounds start at 6 am, it was recommended medical students to join the residents and interns at that time. This can become an important part of their education; they can learn how to prepare medical reports, and they can see the patients’ treatment and recovery processes. Medical students worked 8 hours per day, with 2 hours for patients’ turn over. Total working time should not exceed 10 hours each day. During "on-call" days, the maximum continuous working hours should not exceed 26 hours (13, 2014; Committee; Pang, 2012). We expect that medical students should complete their medical responsibilities even if it takes longer than their working hours. This policy increases the students' clinical experience (Pang, 2012). It is necessary to have sleeping quarters for medical students. If there are no such facilities in the hospital, "on-call" students should end their work around 11 pm. Being "on-call" is a major part of the medical student’s education. It increases their experience in a 24-hour period. Students are expected to be "on call" 6 or 7 days per month. Exemption is given for one or two days before exams. The students are encouraged to attend morning classes after finishing their "on call" shift. The students are responsible for studying their educational material on their own (Pang, 2012). Expecting mothers are not given "on call" duties after 27 weeks' gestation and night shifts after 31 weeks’ gestation. Moreover, maternity leave is granted for 52 weeks (Pang, 2012). Although working hours are always discussed in light of the patients' wellness (Fletcher et al., 2004; Landrigan et al., 2004; Lockley et al., 2004) versus the physicians' fatigue, there is no study about effect of working hours on medical education. More research should be done to study the relationship between working hours, patients’ wellness, and students’ learning capacity and health. This research will guide medical schools to improve the medical education system (Pang, 2012). Medical students should hand over the patients to the next "on call" student. If a student misses a class, they are responsible for obtaining the course material from other students. "On call" students may remain in the hospital to attend classes. No more work should be expected from this student (Pang, 2012). If a student stays "on call" during a holiday (for more than 8 hours), they should have an "off" day in the same work rotation and not in the following rotation. The students should not be "on call" on the last night of their rotation. The students should return to the ward after their exam if their rotation is not finished (Pang, 2012).

**Observation and Feedback:**

Medical schools should always review, strengthen, and inspect their procedures (Christie & Merton, 1958). Working hours, responsibilities, and expectations from students, especially after ending their "on call" shift, should be clearly explained to them. The working hours should be scheduled to enhance the students' learning and to strengthen the medical educational environment. Monitoring these policies is the responsibility of the clerkship director in each ward, head of the ward, department manager, and deputy dean. If it becomes evident that a student is overworked, the deputy dean or clerkship director should correct the matter (Pang, 2012).
Personal Safety:

Medical schools should consider the safety of the students in their policies. For instance, taxi fare should be given to those who finish their shift after 11 pm. If a violation is found regarding the on-call policy, students may notify the clerkship director. If the issue is not resolved, the clerk may notify the deputy dean and ultimately the clerk can notify the undergraduate medical education appeals committee (Pang, 2012).

The students should be protected against dangers and should be provided with a comfortable work environment, including personal lockers, resting spaces, safe commute, safeguarding of their personal information, protection against workplace violence, protection against occupational hazards including radiation and dangerous chemicals, and the high quality indoor air (Committee).

The students should be fully informed about policies and procedures of the medical center. They should also be informed about dangers in the workplace. They should be trained on avoiding, managing, and reporting violence, harassment, and intimidation (Committee). They must be provided with written guidelines and trained regarding exposure to dangers involved in each medical center (Committee; Pang, 2012).

On site specific orientation sessions should be conducted and the students should be evaluated for appropriate understanding prior to engagement in activities which may involve exposure to hazardous materials and dangerous situations (Committee).

Dress Code:

White coats should be worn at all times. Wearing undershirts, T-shirts, jeans, sport pants, stretch pants, sandals, and open-toe shoes are not allowed. Professional appearance is an important issue. Medical students should wear comfortable and appropriate clothes. They are expected to have the highest standard of professional appearance at all times ("Dress Code for USA COM Medical Students," 2014; Hammer, 2000). The dress code is related to infection control and social concerns. Professional appearance helps medical students to achieve their professional role in the society (Gherardi, Cameron, West, & Crossley, 2009). In order to prevent the spread of infection among patients and in the food preparation areas, artificial fingernails are not allowed. Natural nails should not be more than 6 mm long. Tattoo and body paints are not allowed. Medical students should adhere to the highest standards of cleanliness. Their beard and mustache should be clean and trimmed. The use of perfumes and fragrances is not allowed since they may cause distraction and allergic reaction in patients. Jewelry should be small and should not interfere with medical practice. Sharp jewelry, except for earrings, should be removed or hidden. Smoking and chewing tobacco are strictly prohibited. While on duty, the use of identification badges and white cats are mandatory at all times.

A study has shown that wearing the badge on the right side allows patients to see it better during a handshake.

Curriculum:

Medical students shall assist the assigned physician during routine visits, and help to prepare for the initial evaluation of the patient and develop an initial management plan.
At the end of the elective rotation, the attending physician should give the student complete verbal feedback. A medical education tracking system and student-patient list should be completed. The course director should review, in the middle and at the end of each rotation, the above information and provide a report to file and to the student. In all wards, there should be a file containing the name of the program coordinator, duration of rotation, number of students, date of acceptance, and program objectives in full detail. For example, in the surgical ward, the objectives of the educational course should contain selected surgical procedures in general surgery or in specialty surgery including preoperative, intra-operative, and postoperative patient care.

Medical students have a flexible curriculum in the surgical ward. The students select their program according to their educational experience in general surgery or specialty surgery. The students are under the direct supervision of the staff physician and the senior resident in each department. The students attend to patients in the clinic, before the operation, after the operation, and during admission in the ward. The students should be viewed and treated as a member of the surgical team. Chief residents or staff members should evaluate the students' performance using standard forms given to the dean or phase coordinator on request. The students should be asked to prepare and present a 15-minute report in the journal club.

The students are expected to participate in all seminars and educational programs. They must perform activities, including pre-rounding on assigned patients, writing daily notes, and being present for both morning and afternoon rounds with the chief residents.

The students should never use their personal telephone to contact the patients. They should keep the patients’ confidentiality and should report mistreatment and other types of unprofessional behaviors (Committee).

Disciplinary actions against the students should be coordinated with students' supervisor. Initially, all mistakes made by the students and dangers faced by them should be handled and resolved locally; otherwise, the matter should be reported to the appropriate committee and faculty (Committee).

**Conclusion:**

Having a structured and established educational program encourages the medical students to regularly participate in medical research and treatment activities and will prepared them for accepting critical responsibilities in the future. Excessive or lenient procedures should be avoided when preparing a medical program.

**Take Home Messages**

1. Structured educational program enhances the quality and quantity of education
2. The faculty should consider the safety of the students in their policies
3. Medical students should wear comfortable and appropriate clothing, including white coats
4. Medical students should participate in all seminars and educational programs.
5. Medical students should have a flexible curriculum in the surgical ward, these regulation are subject to change
according to circumstances

Notes On Contributors

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Appendices
Declaration of Interest

The author has declared that there are no conflicts of interest.