

third-year students during their family medicine posting. Its objectives were to understand health care access and social determinants of health for migrant workers, and develop empathy and reflect on one's role as a medical student and future doctor in relation to the health of migrant workers.

An experiential pedagogy using Kolb's reflective cycle was used for students to understand snippets of the migrant worker's world over four evenings. Experiences included chatting with migrants in a district where migrants socialise, clerking patients at a low-cost primary health care clinic, sharing a meal at a roadside stall, going on a migrant worker-led tour through side-streets frequented by workers, and visiting a dormitory where up to 7000 migrant workers live. Many students wrote more than the required one-page reflection, for which they received written feedback.

3 | WHAT LESSONS WERE LEARNED?

A total of 148 students attended the elective in 2017-2018. Students (99%, $n = 146$) rated the elective highly (mean 4.36/5, standard deviation = 0.77) and the majority (85%) agreed it was relevant for medical training. Although there were requests for translators and added clinical time, students overwhelmingly described the elective as 'eye opening.' Several students wrote of their initial fear and ignorance of, and of their later recognition of their shared humanity with, the migrant workers. Some marvelled at how much

migrant workers similarly aged to themselves would sacrifice for their family back home.

They are individuals just like us, with their own hobbies, personalities and unique life stories. It was a humbling experience for me when I realized that we're all the same.

(Student 16)

Many students came away with a greater appreciation, respect and empathy for migrant workers, and acknowledged that much more could be done for the care of this seemingly hidden population. They recognised that for the injured migrant worker, the doctor may well be an important person standing between the injury and despair.

We learned that through the elective, students recognised their common humanity with migrant workers, and many began learning to walk humbly in the shoes of another.

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Emotional speed-dating as a part of medical students' resilience training

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1 | WHAT PROBLEMS WERE ADDRESSED?

Physicians are prone to burnout. As a means of counteracting the negative effects of their emotionally exhausting work, training in resilience

has been proposed.¹ It is not customary for medical students to reflect upon their emotions or to practise coping with patients' emotions. Even in class, it can be difficult to get students to open up about the emotions they encounter when experiencing clinical reality in their apprenticeships.

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2 | WHAT WAS TRIED?

As part of our resilience training, we developed an activity called 'Emotional Speed-Dating.' At this point in the training, students had been working in groups of 10-15 peers over a period of 4 weeks. We asked the students to build two rows of chairs facing each other. After all students had found a seat, we passed out sheets of paper containing six questions. Students in one row were assigned the role of interviewer and were asked to put the questions to the peer in the row opposite them. After 3 minutes, the interviewers and interviewees switched roles. After another 3 minutes, all students moved one seat to the right, and the person in the outermost seat moved to the empty chair at the beginning of the opposite row. Then the interviewing process began again and roles continued to switch every 3 minutes. After four rounds, the process was ended and the chairs moved into a circle to allow for reflection on the experience as a whole group. This approach allows us to offer guidance to the students in the form of questions without intruding as facilitators. The questions we developed are ordered in ascending emotional difficulty, and students are repeatedly instructed not to change the order of the questions. Various educational options can be developed from this exercise, such as how to deal with emotions and understanding the relationship between patients' and physicians' emotions.

The questions provided to participants were:

1. How many patients do you estimate you saw last week/month/year?
2. What experiences do you have with patients' emotions?

3. Which emotions do you interpret as being the strongest in patients?
4. Of the patients' emotions, which are the easiest for you to deal with?
5. Of the patients' emotions, which are the most difficult for you to deal with?
6. Which emotions in patients have you been surprised to see?

3 | WHAT LESSONS WERE LEARNED?

To date, four cohorts have taken part in the Emotional Speed-Dating sessions. From these students, we have learned that dialogue fostered by the questions enables the group to learn from each other and to normalise shared difficulties in dealing with emotions. Further, we learned that medical students are more than willing to open up regarding their emotional experiences in the clinic, if guided properly. Students felt empowered to share their emotions and to learn how to handle more difficult emotions, like frustration and helplessness. Following these successful first cohorts, we plan to make the resilience training mandatory for all students and to further validate the training with the Connor-Davidson Resilience Scale.

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Building capacity for interprofessional collaboration

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1 | WHAT PROBLEMS WERE ADDRESSED?

Owing to the shortage of health professionals, innovative strategies are used to improve the global health workforce. Interprofessional collaborative practice (IPCP) is one of these strategies as collaboration between health professionals result in improved patient outcomes.

Health professionals require specific knowledge, skills and values to effectively collaborate. This collaboration, specifically interprofessional teams, provide better service to patients and communities. It is imperative to strengthen the skills required for effective collaboration. Role clarification is a health professional's understanding of their own roles and the roles of other health professionals in their team. Currently