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EDUCATION FOR HEALTH

LETTER TO THE EDITOR

“Everyone’s dressed the same”: Pre-Clerkship Medical Students Learn Who’s Who on the Healthcare Team

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Dear Editor,

Despite a growing emphasis in healthcare policy on the need for collaborative interprofessional healthcare teams to deliver high quality patient-centred care¹, many 'students in healthcare professions...are entering the workforce poorly prepared for the inevitable teamwork in which they will be required to engage². To prepare students for practice, many medical schools provide opportunities to experience the clinical environment prior to formal clerkships³. However, there has been little exploration of the ways in which these early clinical experiences (ECEs) inform students' understanding of the roles of healthcare team members.

We briefly report results from a pilot study in which medical students were interviewed following their participation in six-week observational ECEs. Eight students between their first and second year of medical school were asked about the composition of the healthcare team in their ECE settings, as well as the communication patterns and work roles of team members.

When describing the composition of the healthcare teams, students listed a variety of occupational groups. Interestingly, only one student included patients as team members and, in their accounts of the work roles performed by team members, most focused exclusively on physicians and nurses. Students explained the physician's role largely in terms of diagnosis, treatment and related physical procedures, and they described physicians as the primary or leading figures in the healthcare team. As one student said: 'It



seemed that the physician was in charge and that ... if there was an interaction .. [the doctor] would kind of be the one explaining things or giving orders.' Students often described the role of the physician by contrasting it with the role of other team members: *'(Nurses) deal with more day-to-day things, so, going to the washroom, eating, whereas physicians tend not to deal with that a lot.'* In terms of communicating with patients, physicians were seen to convey what many students described as the 'big' concepts, whereas other healthcare professionals were seen to focus on the 'practical': *'(Nurses) deal with more of the day-to-day things... where physicians tend not to deal with that a lot – it's more you know, when can I go home; the big problems.'*

Overall, students' descriptions of nurses' roles focused largely on the coordination and execution of patient care. Their work was described in relation to physicians' directives rather than in terms of the autonomous exercise of professional judgement and expertise. Several students who observed physicians in hospital settings noted that one of the nurses' primary roles is patient contact, specifically, the 'caring' aspect of patient support. As one student described: *'The doctor just kind of sees them, and then the nurses take care of the care.'*

In the students' accounts, the nurses' care role was not described in terms of skill, but as a function of nurses' greater access to patients and the time they have available to perform care work. One student explained: *'I think nurses have ... a little more time with the patients, so I think that they can listen more and be a little more empathetic, sympathetic to what they are going through.'*

Although all of the students' ECEs were located in interprofessional environments, most reported that they had little contact with non-physician members of the healthcare team and most expressed uncertainty about the roles of other team members, especially what these members do when physicians are not present. One student summarized: *'I would just be following around the physician. It's very difficult to observe what the rest of the healthcare team members were doing.'* Another student explained: *'It's difficult to know what type of healthcare professional (everyone is)—who's part of the nursing staff? And who's part of the other staff teams? Who are clerks? And stuff like that... everyone's kind of dressed the same, so there's no real way to know what any one particular person's job is.'*

Early clinical experiences provide a significant opportunity to expose medical students to the interprofessional healthcare team. Even though the students who took part in our pilot study had difficulty identifying team members other than nurses and physicians and were uncertain about the nature of their work, they nevertheless see the different disciplines represented on interprofessional healthcare teams within a hierarchy that privileges the authority and knowledge of physicians over those of other occupations. For these students, nurses were the most recognizable non-physician members of the healthcare team and their contributions were seen primarily to involve coordinating and executing patient care. These functions - which are required to manage and coordinate a cooperative, multidisciplinary work environment and which are sometimes referred to as 'articulation work'⁴ - are critical to ensuring safe and effective patient care. However, rather than seeing the nurses' activities as the application of a unique set of professional skills, the students perceived the nurses' contributions to patient care largely as a function of having more time than busy physicians which afforded them the 'luxury' to care.

Without conscious and meaningful contact with all members of the healthcare team, medical students may be left without a clear understanding of the roles played by different occupational groups, and may fail to recognize the expertise and skills of non-physician healthcare team members. Although based on a limited sample, our findings suggest that if one of the goals of medical education is to reinforce the value of collaborative, interdisciplinary healthcare teams, early clinical experiences may have greater impact if they are explicitly structured to enhance students' awareness of the contributions made by different team members. This includes the role of patients.



This pilot study points to the need for further exploration by health education researchers into the role of medical students' early clinical experiences related to the socialization of medical students into the interprofessional healthcare environment.

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