Acting the part: Professionalism do’s and don’ts during clinicals

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The coat one wears is shorter, but, for all intents and purposes, core clinical rotations are a dress rehearsal for life as a practicing physician. Even after years of study, however, a medical student is still a relative amateur in a hospital or clinic setting. Professional behavior can go a long way toward helping a student succeed when interacting with patients and colleagues. Here’s a look at four do’s and don’ts for medical students during core clinical rotations.

Do: Support the support staff

As a medical student, nurses, patient care assistants and other members of the care team will frequently make your life easier. You are well served by returning the favor.

“Nobody is above anything and medicine is a team effort,” said MohammedMoiz Qureshi, MD, a second year emergency medicine resident at Penn State’s Milton S. Hershey Medical Center. “I love my nurses to death. If you’re treating your nurses well, they will definitely relay that to me. Even if I didn’t interact with you all shift, if I have a nurse that comes up to me after the fact, and says ‘he was absolutely phenomenal’ I’ll remember. So if you lack something in medical knowledge, you can make up for it in overall helpfulness.”

Don’t: Ignore the dress code

Professional attire can help you make the right first impression with your patients.

“Unfortunately, how you look definitely has an impact on your appearance of confidence,” said Michael J. Rigby, an MD/PhD student in the University of Wisconsin-Madison Medical Scientist Training Program.
Program who just completed his clinical rotations. “You’re wearing scrubs or professional attire, so ties for men, dresses or dress pants for women. Basically, if you’re seeing a patient, you should be look as if you’re an attending or resident. Residents tend to be a bit more lax with their appearance. They get a pass because they are overworked, but definitely medical students have to look the part.”

**Do: Wait your turn**

Residents are expected to teach while managing patients who may be in dire need. If the patient comes first, there is going to be less time for lessons.

“If you have a question and can see that the resident is busy, try writing a list of questions,” Dr. Qureshi said. “At the end of a shift, I’ll always ask what we can do better and what questions you have. If you have a list of five or six questions, I’ll answer them. Don’t be upset if you don’t get answered immediately. A lot of times, we don’t know the answers ourselves.”

**Don’t: Follow your resident everywhere**

In certain places, we all need privacy.

“If a resident is running off to go to the bathroom, don’t follow them,” Dr. Qureshi said. “We’ve all made that mistake. Each one of us has stories. When you are starting out, you are energized and following the resident everywhere. Sometimes, they need two seconds to go to the bathroom, so be cognizant of the fact that they are heading in that direction and maybe back off.

“When a medical student first comes in, the most important thing is how much you are putting yourself out there versus being overbearing. You are attached to a resident when you are on shift. You see the same patients we see. You are following us around. Being a student, it feels like you are a burden on residents. It’s OK to feel that way. We’ve all been there. We all know exactly how it feels.”