

Commentary

Managing the influx: A peer-led session on communication and professionalism in medicine

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Abstract

As student leaders in the undergraduate MD Program at McMaster, we saw our classmates experiencing challenges in the areas of communication and professionalism. One of several key domains highlighted in undergraduate medical curricula and frameworks, including CanMEDS, is the development of professional identity. To meet these expectations, core competencies such as communication are crucial for effective future practice with patients and colleagues. In response, we set out to create a novel addition to the McMaster undergraduate medical curriculum through the creation of a student-led teaching session delivered to the incoming MD Program class. We addressed two main aspects: appropriately receiving and integrating new information provided, and efficiently retrieving existing information. The aim of our session was to minimize unnecessary communications within class group chats, frustration from administration around missed deadlines, and student burnout created by the increased administrative burden. We explain the process of developing this peer-led session on professionalism and provide a figure to help fellow students develop their communication and professionalism skills. The session met its stated goal of introducing students to some strategies to promote clear, effective communication.

Keywords: Medical education; professionalism; communication; peer-led initiatives

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Introduction

Undergraduate medical curricula and frameworks, including CanMEDS, have established expectations for developing a professional identity (1). Core competencies such as communication are crucial for effective future practice with patients and colleagues.

Our (B.M., C.L., C.W.) roles on McMaster University's undergraduate medical education (UGME) committees enabled us to identify areas in which our classmates experienced communication and professionalism challenges. In previous work, students are thought of as knowledge workers, subject to many competing demands on their time away from their core task of learning medicine (2). We observed struggles with two aspects of communication management: 1) appropriately receiving and integrating new information provided; and 2) retrieving existing information. In our experience, these challenges have led to unnecessary communications within our class group chat, frustration from program leadership around missed deadlines, and have possibly contributed to student burnout.

We felt that skills around information location and management were not explicitly taught to our class. We believe that improvements can be made in professional development, especially in intra-classmate communication (i.e., group chats) and intra-program communication (i.e., managing emails from UGME faculty and staff). This commentary addresses an initiative led by B.M., C.L., and C.W. to support the incoming MD Program class in gaining skills in these areas.

The Initiative

We aimed to provide professionalism education through student-led teaching as an addition to the McMaster UGME curriculum. Student leaders occupy a unique niche within medical education: they receive the delivery of the formal curriculum, but also simultaneously gain insight into hidden curriculum through experience (3). As a result, upper-year students offer valuable insight into the medical training process by passing on their experience to incoming students. New students also look to upper-year students for advice and specific suggestions. In their role as upper-year medical students, they are able to act as mentors and model professional behaviours (4).

In the development of this session, we focused on the themes of managing online communication, professionalism in virtual communication, and balancing academic communication with extra- or non-curricular communication. We did not include social media professionalism as this topic was addressed in other presentations. We also did not explore in-person communication skills as these are included in the clinical skills curriculum. The specific topics we addressed included: 1) seeking resources; 2) managing information influx; and 3) follow-up and balancing competing responsibilities. We used personal anecdotes to inform our presentation, presented tools and strategies, and discussed professional identity in communication. Considering these themes, we developed a new session, with didactic material and an interactive

question-and-answer period, that was delivered by second-year students to first-year students during their orientation week (5).

To examine current resources available to students, we reviewed and stratified them based on their applicability to our first year of medical training. Noting students' uncertainty about where to seek assistance, we designed a flowchart (Figure 1) to present actionable steps for students to take before contacting colleagues or support staff. By prioritizing proactive steps for

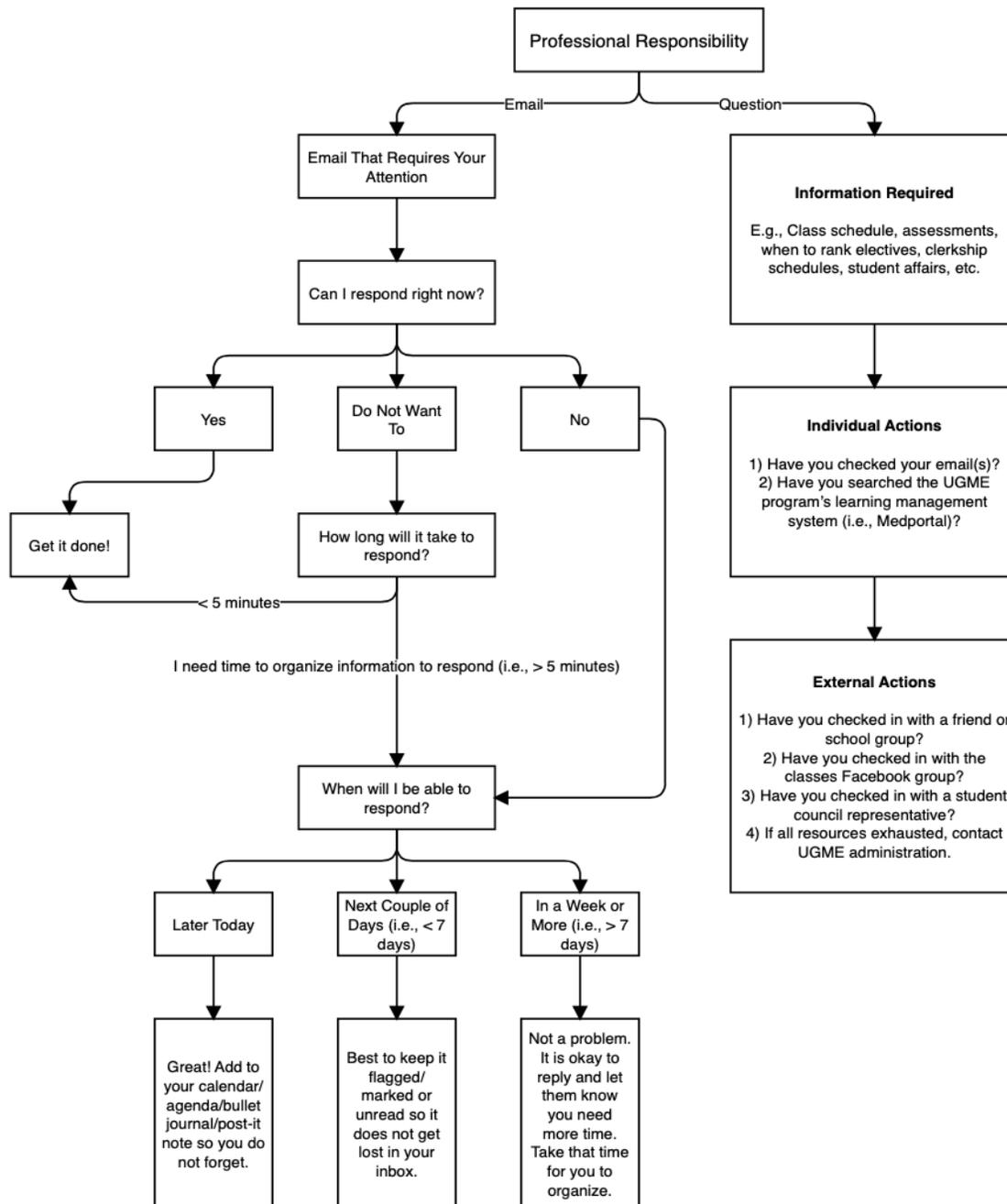


Figure 1. Workflow for information seeking and communications management based on students' academic and professional responsibilities in medical school.

information seeking, we strove to minimize “notification fatigue” associated with messaging within a class-wide chat that includes over 200 students.

In the presentation and question-and-answer period, we explored the intersection of professional identity and online communication, in addition to the importance of boundary setting when encountering competing priorities. Figure 1 contains a graphic representation of timelines that could help students balance their professional communications with variable urgency.

Next Steps

We successfully delivered a timely, interactive session for the incoming UGME class, which demonstrated strong engagement during the question-and-answer period (80+ questions). We believe we were successful in accomplishing our goal of supporting the development of medical students as professionals through the delivery of this session. Despite holding this session during the orientation week, we were pleased to see students engaging with this topic, which we posit may reflect students’ desires to connect with and learn the “hidden curriculum” of medicine from upper-year colleagues.

In future sessions, student leaders can prepare their incoming class by recognizing strengths and weaknesses faced throughout their time in medical school, especially in the context of professionalism. Hosting a student-led session during orientation aimed at supporting students’ professional development and presenting meaningful strategies will assist in their transition as professionals. Future iterations of the talk will involve gathering feedback for the purpose of improving the presentation and flowchart, both directly after the talk and further along in attendees’ training.

Conflict of interest

The authors have no conflicts of interest to declare.

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