

Improving medical students' confidence with supplemental training programs: a medical student's view

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Dear editor

We read with great interest the article by Fazel et al evaluating the effectiveness of supplemental diabetes-specific educational programs at increasing medical students' confidence when discussing diabetes self-management education and support with patients.¹ As medical students who have just finished pre-clinical years, we are at the stage where confidence issues regarding patient communication are high. With an aging population and the prevalence of patients with multiple co-morbidities increasing, the landscape of modern medicine is shifting to a more community-based approach. It is becoming more important to educate patients on self-management and deliver health promotion strategies, while incorporating the whole multidisciplinary team in their treatment.

We agree with the authors that "medical students are in prime position to provide such education."¹ However, we feel medical students are often afraid to make mistakes, hence their lack of confidence and occasional reluctance to engage with patients. Furthermore, there is concern about how patients will react when given lifestyle advice, such as weight loss. Learning how to deliver such advice in a motivational way requires practice. We believe the style of teaching at medical school should be revised to fit the needs of chronic conditions and be more community-oriented, reflecting a patient-centered approach to medical practice and ultimately improving student confidence.

The disease-specific training program in the study consists of an optional 7-session diabetes enrichment elective and a 3-hour endocrinologist-led training session. However, self-confidence can also be gained by taking part in role-playing scenarios where students have opportunities to communicate and give advice to actors² or real-life patients in a controlled environment. We consider the traditional lecture-based teacher-centered method of learning sometimes forgets the needs and wants of patients, and makes it challenging to talk in a jargon-free way. We have experienced during the curriculum at Barts and The London School of Medicine that role-playing scenarios allow students to receive personalized feedback and learn from how other students address patients, directly preparing them for interactions in health care settings.³ The study by Fazel et al do not necessarily provide this type of learning and perhaps in addition to what was provided, this would be useful.

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One way of implementing a training program into the medical school curriculum can be via student-selected components (SSCs). At Barts and The London School of Medicine, SSCs chosen by students in pre-clinical years take place in 2-week blocks.⁴ We believe an integrated SSC, where interactive role-playing scenarios are provided in conjunction with disease-specific training programs, will encourage students to consolidate their clinical knowledge in a practical setting.⁵ Implementing an integrated SSC will be a quick and effective way of stimulating student confidence and empowering future patient interactions.

Disclosure

The authors report no conflicts of interest in this communication.

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