# Thursday mornings: My experience as a practising patient

Helping medical students on their path to becoming physicians.

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As usual, I'm in my assigned clinical skills room early, a practice honed either by training (during my career as a flight attendant), or maybe just an aspect of my personality. I don't need to be early; the clinical skills staff set up the room the day before. The gowns, robes, and drape sheets are set out, as are the tissue, lubricant, paper trays, and prostate models. Three sizes of gloves are in the dispensers on the wall. The anatomical charts are in place. Everything is ready. I wait patiently for the male clinical teaching associate (MCTA) whom I'll be working with, the students, and the tutor to arrive.

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As I change out of my street clothes into a robe, I recollect how it is that I've come to be here on a Thursday morning to help instruct second-year medical students on how to perform the male genital and urinary exam. If someone had told me 3 years ago that this is how I would be spending some of my Thursday mornings, I wouldn't have believed them.

The teaching aspect isn't new to me—I spent 9 very interesting, productive years in Japan teaching English as a foreign language prior to becoming a flight attendant—but I never thought of myself as being particularly good at science. Yet life is full of opportunities and challenges that you'd never expect.

One September day in 2009 I was reading an article in *Maclean's* about a new way of interviewing potential medical students.[1] Rather than placing candidates before a panel of three, the new multiple mini-interview (MMI) process moved the candidates through up to 12 different interviewers who would evaluate them as they answered a short, specific question or interacted with an actor. The questions have no right or wrong answer. Candidates excel by demonstrating how well they think on their feet and deal with ethical, moral, or other dilemmas. The interviewers are drawn from a pool of volunteers from a cross-section of society—doctors, other health care providers, academics, and members of the general public.

Something intrigued me about this process and the prospect of helping select the next class of medical students. Shortly after reading the article, I contacted the University of British Columbia's Faculty of Medicine to ask if they used the MMI and if I could contribute somehow. I was happy to learn that they did, and I was placed on a list of potential interviewers for 2011.

On a Friday evening in February 2011, I joined a group of fellow interviewers for our training session. Our role was explained clearly, as were the logistics. And did it ever run smoothly! In my whole working career, I'd never felt better looked after or supported. It was a remarkable experience that inspired me to return year after year.

As for the substance of the interviews, I cannot share any questions (they remain confidential), but I can tell you that they are challenging on many levels for the candidate and the

interviewer. Speaking with bright, enthusiastic, and, yes, nervous young people does give one hope. They show a strong desire to help their fellow humans and burn with idealism that gives reason to be hopeful for the future.

Following my first year of interviewing, a co-chair of the writing group asked me to join the group of academics, clinicians, and members of the public who develop the questions that are posed to the applicants in the MMI. Attending the editorial meetings in which the writers present and discuss their ideas is one of the most interesting and intellectually challenging things I have ever done. Ideas are examined from every angle with one goal in mind: will an interviewer be able to fully assess a candidate if a certain question is asked?

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During one of my writing group meetings I learned about the standardized patient (SP) program. Making up an eclectic group of people of all ages and backgrounds but populated with a large number of actors, SPs play the role of patients in teaching situations and clinical skills exams. Roles can involve a patient's history, a physical exam, or a mix of the two. Guided by a talented group of trainers, SPs are well prepared in training sessions for the case they are expected to present. The standardized part comes from the need to have multiple actors playing a certain patient role the same way so that each student in a large class can have a similar experience. I've had fun playing various roles as an SP, each one teaching me about a large range of medical conditions, some of which I would not have otherwise known about. But what gives me the greatest satisfaction is being part of a team of dedicated people working to help train the physicians of tomorrow.

Ready in my robe, I open the door of the clinical skills room and the first of eight second-year students arrives. We make small talk while the others file into the room. It's early September, and the academic year has just started. I smile to myself as I overhear the students' excited conversations about their recent experiences shadowing physicians in their offices and the procedures they've observed or patients they interviewed. They are gaining skills and experience gradually from both simulated and actual patients, and learning how complex people really are, physically and emotionally. I am pleased to hear how focused they are to do their best and learn as much as they can. Beyond wanting to acquire skills and knowledge, I also see their interest in the experiences of their fellow students. I take this as a good sign that a team-based approach to medicine is developing. As a potential future patient, I couldn't be happier.

The last student and the tutor (physician) arrive, so our Thursday morning begins. The tutor and I have worked together many times, so we are accustomed to each other's teaching style. We start with a demonstration of the exam for the students as it is performed on a patient. The tutor gives a brief explanation as an introduction to the rest of the teaching session. Once the demonstration is over, we divide into two groups: four students with two MCTAs per room. The tutor moves between the rooms to answer students' questions that go beyond the MCTA's curriculum.

I am joined by a fellow MCTA; we have worked together before. We start with some general information about the exam—the use of chaperones, glove size options, and how to set up supplies so the exam will move smoothly. Then we move on to the exam itself. One of the four students volunteers to go first. I can see the nervousness as they begin examining me, but it passes quickly as I explain how to perform the exam step by step and guide the student to first observe, then palpate for the appropriate structures in a systematic way. The curriculum stresses the importance of checking in with the patient by looking directly at their face for signs of discomfort. I use this part of the curriculum to assess the student's level of understanding. As we proceed, the student gains confidence, and by the end of the session all show a level of proficiency. When it comes time for them to perform the exam on a patient, they will be ready.

Thursday mornings are now a favorite part of my week. Helping young medical students on their path to becoming a physician is a great honor. Throughout my involvement as an interviewer and writer for the MMI, I've also come to appreciate the care and attention given by the Faculty of Medicine to every part of the work they do, and I'm honored to be involved.

I dedicate this essay to the memory of my fellow MCTA, Mr Alex Wong, and medical school tutor, Dr Richard Wadge. ■


**Reference**

1. Millar E. Let's all play doctor. Maclean's 2009;122:50-51.