

Student Professionalism

Player Resource Pack

Introduction:

Read out by facilitator (for your reference):

Arrange yourselves into pairs. One of you is going to be the player; a medical student going on an Obstetrics and Gynaecology placement where your week is set to be riddled with important decisions. The other is going to be the narrator; a supportive partner who will assist their friend on their journey. Make good decisions to try and navigate your way through the maze and find your path to success, by reaching the other end. In your pairs, the players will read their scenario cards and choose an option, whilst the narrators will inform them which direction their answers take them according to the colour of the arrows and options on their cards. Your decisions determine your fate!

Maze Game:

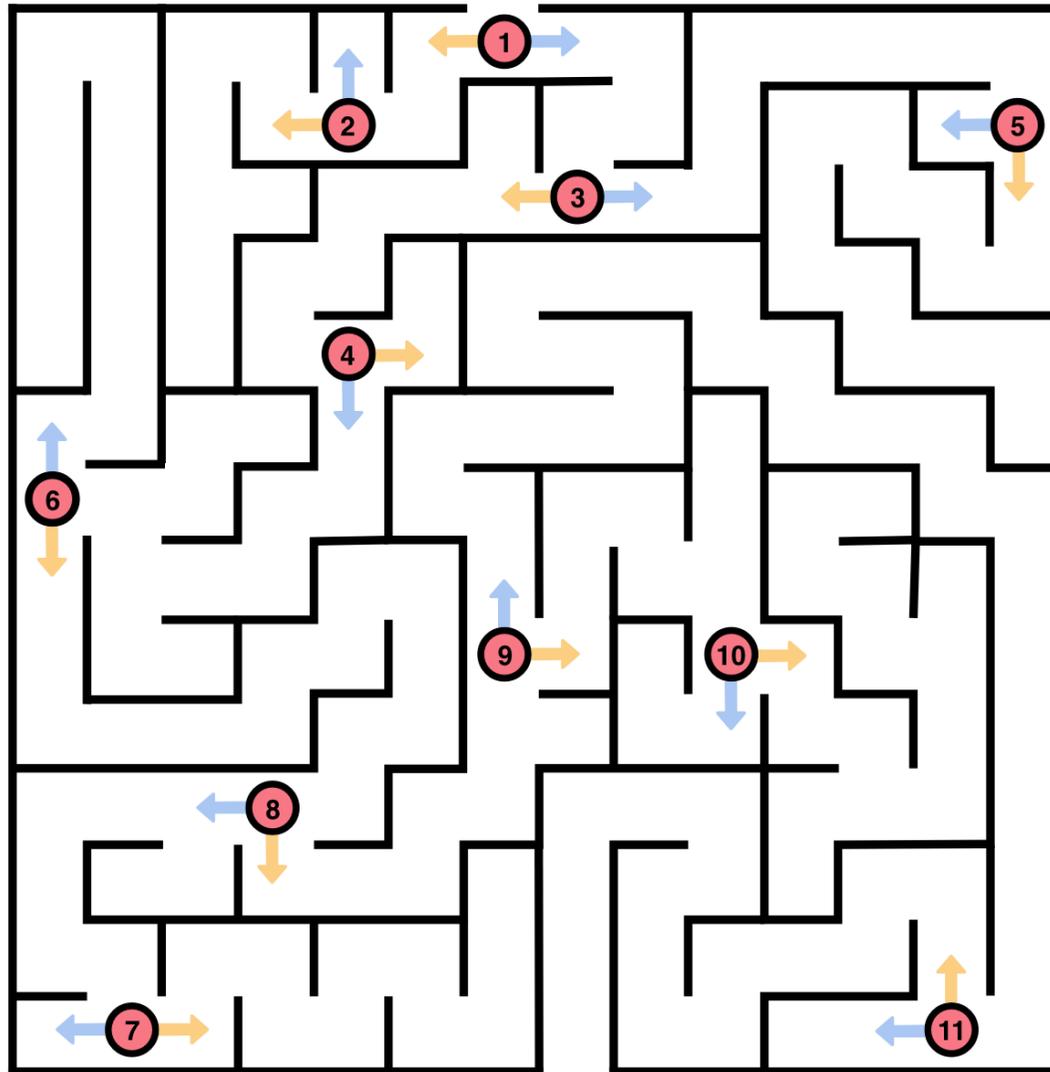
Scenario:

You are a medical student on an Obstetrics & Gynaecology placement for the week. Split into pairs, with one of you as the narrator and the other as the player. The player should read the placement scenarios and progress along the maze. The direction taken at each scenario point is determined by the options chosen by the player. Using the coloured arrows and options, the narrator should indicate which direction this is after the player has decided on an option. As you progress through the week, your good decisions should allow you to reach the other end and succeed! Play without any second chances. You lose if you reach a dead-end. Good luck!

Maze Game Instructions:

- You're going to be playing the role of the player, and it's your job to try and reach the end of the maze by responding correctly to certain scenarios you're faced with.
- You must navigate your way through the maze, starting from the beginning. When you stumble across a scenario (shown as a red circle), pick up the corresponding scenario card and read the scenario. Select an answer and tell your partner. Your partner will then tell you which direction this option takes you!
- If you reach a dead-end, you unfortunately lose the game. When you're done, let the facilitator know and await further instructions.

Entrance



Finish

Player Instructions	Narrator Instructions
<ol style="list-style-type: none">1. Begin at the entrance to the maze2. Upon approaching a checkpoint, pick up the corresponding scenario card (numbered)3. Choose your response (A or B) to the scenario on the card4. Follow the arrow direction based on instructions from the narrator.5. Upon reaching a dead-end, raise your hand for further instructions!	<ol style="list-style-type: none">1. Ensure the player begins at the entrance to the maze2. Upon approaching a scenario, the player will convey to you their chosen response (A or B)3. Instruct the player on which path to follow by matching the colour of their response (A or B) to the colour of the arrow on the maze4. Upon reaching a dead-end, raise your hand for further instructions!

Remember, please choose the response you would realistically take!

Checkpoint (example) = 

Scenario 2:

You turn up to your placement again the following day and find yourself clerking in A&E, as a 26-year-old female who is 8 weeks' gestation presents with vaginal bleeding. The registrar asks you to cannulate her, as she assumes that the medical school has signed you off for it since there was a clinical skills session before the placement. Despite already having had some teaching on cannulation, you are aware that you missed the clinical skills session and that you have not been signed off to cannulate patients.

A) Try and recall as much as you can of the cannulation from the teaching even though you don't know where to start. Although it will probably be embarrassing for you, you think that doing it now would be a good learning experience.

B) Own up to the fact you were not present for the clinical skills session. You know you may be in serious trouble for this, as upon reflection you realised you did not inform the medical school of your absence.

Scenario 1:

You arrive at the hospital on the first day of your rotation in Obstetrics and Gynaecology (O&G). Your consultant Mr. James had emailed you last night saying that he would be off-sick tomorrow, but that he had informed the covering consultant, Mr. Ellis, you would be coming in. However, as you walk into the clinic, you are told Mr. Ellis is busy and has just started his clinic. You meet his registrar who is unaware that he would be having a student today.

A) You decide to leave it for today, and plan to let the Medical School know what has happened. You are aware of the importance of being supervised at all times whilst on placement, especially as you do not feel confident making any decisions in a clinical setting by yourself and know the repercussions this could have.

B) You ask Mr. Ellis' secretary if she could let him know you are here in between patients during his busy clinic. You love O&G and have travelled 2 hours to get here, so you are hoping you will still be able to continue. At the same time, you feel slightly nervous and do not want to interrupt Mr Ellis' busy work.

Scenario 4:

You turn up the next day to a particularly busy clinic. The department is running short of staff and you have been asked to stitch up the wound following an oestradiol implant. You have done this twice before with no problems, but would feel more comfortable being supervised. You ask the consultant to supervise you, however he is currently tending to a much more urgent case. The consultant believes you are capable of carrying out the procedure alone.

A) You listen to the experienced consultant and get the equipment needed to begin the procedure. After all, you think you are capable, and it would just be in everybody's best interests if you go on with the job.

B) Try telling the registrar on hand that you don't want to go ahead alone, despite the fact you'd be undermining the consultant.

Scenario 3:

Five minutes later Mr. Ellis comes into the waiting room and warmly greets you and apologises for the misunderstanding, explaining that it momentarily slipped his mind he would be having a student. You follow him into his next consultation, a 70-year-old female. She appears withdrawn and nervous, however acknowledges you and smiles. You sit there patiently waiting for the doctor to ask her if it is alright that a medical student is in the room, however he proceeds to ask her about her postmenopausal bleeds.

A) You interject and make your presence in the room known by asking the patients if it is alright that you, as a medical student, are present for this consultation. Perhaps it just slipped his mind, after all, it had been a confusing morning.

B) You stay quiet for now, she seems to be very nervous and slightly hard of hearing. You speaking up will interrupt a sensitive conversation and additionally, you do not want to point out Mr. Ellis's incompetencies in front of an already worried patient. After all, she has already seen you and smiled at you!

Scenario 6:

You are on a busy ward round, and a patient requires a pelvic examination. She appears visibly embarrassed, but cooperative. This is because the bay is busy and nurses and patients on the other side of the curtains can overhear what is going on.

A) You do not want to create a fuss. The patient hasn't said anything, and do not want to delay the already overrunning ward round, since the consultant has a clinic in the afternoon.

B) You make a suggestion to the team that the patient be moved to a more private side room for the examination, even though this may interrupt the ward round and cause some disruption

Scenario 5:

You stay seated in the consultation room, and the consultants asks if you could help writing in the notes for this patient. A young married couple walk in. Initially the consultation runs smoothly, however, it begins to get heated and you realise the couple are discussing having a baby. Mid-way through the discussion, the husband shouts to you: "You don't need to be here!" You look to the consultant, who turns red.

A) You apologise, and quietly leave the consultation room and wait outside.

B) You apologise and remain seated as the situation is diffused well by the consultant, and you need to continue writing in the notes for this patient.

Scenario 1

Scenario 2

Scenario 3

Scenario 4

Scenario 5

Scenario 6

Scenario 8:

You have been asked to take the history of a young female, as a pair with your colleague. Upon questioning, you learn she has been diagnosed with multiple STDs which could be inflicted by her nature of work. After the session is over, your peer tells you they noticed a change in your behaviour, claiming you seemed cold and withdrawn but agreed it was justified because "It is her own fault and we cannot be encouraging that lifestyle". You did not notice your behaviour.

A) You are upset and shocked to hear this because you know you are not the kind of person that would do such a thing. You tell yourself that you will take extra precaution for next time and think about it more later in the evening, but for now you politely tell your peer to refrain from such comments.

B) You are upset and shocked to hear this because you know you are not the kind of person that would do such a thing. You feel your peer is trying to legitimise their own prejudices by discouraging you. It is acceptable to have moral objections to certain lifestyles, and neither of you said anything in the presence of the patient.

Scenario 7:

Between clinics, you get lunch with some of your medical colleagues. In the canteen, your colleagues discuss an earlier case that you just saw together, since it was unique and a good learning experience. Specific details are mentioned about the case, though no one mentions the name of the patient. You notice that the patient's family members are sat on a nearby table. Your peer evaluations are due at the end of this week.

A) You rudely interrupt and angrily tell your colleagues that they should not be talking about patients right now. Your peers look away disgruntled and offended.

B) Since it is a good learning experience, and the patient's name has not been mentioned, you choose to let them carry on and wait until you are somewhere alone before telling them. Moreover, you do not want to offend your colleagues or jeopardise your important peer-to-peer relationship as you will be with this group of medics for the rest of the year.

Scenario 10:

Later on that day, the consultant bumps into you in the doctor's mess. He asks about the 17-year-old patient you saw earlier. He wants to know if you felt like there was anything wrong or if the patient told you something of significance. It appears to be the patient also wanted to talk about her dyspareunia but felt embarrassed bringing it up with you as she felt you were distant and uninterested. The consultant said this had an impact on the young woman's confidence. This consultant is due to sign you off for your competencies by the end of this week.

A) Tell the consultant that you're surprised she said that because you were giving your full attention and didn't notice anything wrong.

B) Admit to an unimpressed consultant that you had reached the end of your 10-minute limit and did not want to run over.

Scenario 9:

Having further practised taking histories during the week, your consultant feels you are ready to take histories before patients come to him. He allocates you a spare room and gives you a time limit of 10 minutes per patient for practice. Your first patient is a 17-year-old female who comes in complaining of irregular periods. Towards the end of the history, she seems slightly anxious, as if there is something else she wants to add. Your 10-minute slot is up.

A) Although you do not want to panic her for no reason and create a big deal out of nothing, you decide to probe a bit more into what her worries are and ask her if she is feeling alright.

B) As your time is up, you pass her onto the consultant who is more experienced with these matters and will deal with anything you could have missed. It is very normal that a 17-year-old female attending an O+G clinic would be worried, so there is no need probe further at this point.

Scenario 11:

It is coming to the end of the week and you have been asked to fill out an anonymous end-of-placement feedback form.

A) You did learn a lot of useful skills this week. Although there were a few things that also went wrong, you decide to focus on the positives and say the week went fine, without giving lots of negative details since it is not within the medical school's power to improve poor staffing issues.

B) Although you did learn a lot of useful skills this week, there were things that also went wrong. You decide to speak about your experiences in full - including the negative ones.

Scenario 7

Scenario 8

Scenario 9

Scenario 10

Scenario 11

Discussion:

To be handed out or turned over only after the game has been completed and when the facilitator has said so.

Reflection Checklist:

Which of the following statements did you or your partner do during the course of the game:

- Think about what you've done
- Think about what you did well
- Think about what you could do better next time
- Think about the effect your actions have had on yourself and others
- Explored how you've approached situations in a critical light

Reflection Consolidation Questions:

1. Why do you think reflection is important as a medical student on placement?
2. When did you specifically use your learning of previous scenarios to improve the ways you improve approached subsequent scenarios?
3. What could the repercussions of you not reflecting be? on yourself and others?
4. What is unconscious bias, and how could it affect your immediate decisions?
5. How does one deal with unconscious biases?
6. What is the importance of feedback?

Open Discussion