SUMMARY ART OF DOCTORING GROUP 2 SESSION 4 12/2/03

Discussion commenced with A summarizing key issues from the last session. In particular, she mentioned differing perceptions of the prevalence and severity of "anti-role models" in medical training; and the related tendency to negate or diminish those whose perceptions differ from ours. However, since only one participant from the previous group was present at this session, it seemed unnecessary to linger on these points. This individual B did share feelings of discomfort and distress resulting from the apparent "splitting" of the group.

Four students presented a brief role-play in which a resident and an attending argued in the presence of two medical students about which student was the more deserving to observe a surgical procedure. Most of the students participating in this group were currently on Ob-Gyn. They confirmed that incidents such as portrayed in the role-play "happened all the time." They elaborated that students were treated as unimportant, even invisible. Students recounted many instances when residents and/or attendings discussed issues of relevance to students without involving or indeed paying any attention to students. Others commented that students were expected to put in long hours without any redeeming educational value, and were often prevented from participating actively in deliveries and other hands-on experiences. They complained that their time and their perspective were treated as irrelevant, and that there seemed to be no awareness that students might have academic, physical, and emotional needs while on the clerkship. Two students (B and C) noted that even though they had expressed strong interest in ob-gyn, they were still ignored. Another student (D) observed that residents actually often took an interest in students, and tried to advocate for them. In her opinion, the worst offenders were certain attendings, who made harsh, judgmental, and demeaning comments about students (and sometimes about patients) (for example, ridiculing students for appearing tired after 30 straight hours on call). Another student (E) shared that their group was considered "the best so far," but had been given the label of complainers when they expressed their concerns. A commented on the parallel process between the treatment of students and the treatment of patients: i.e., patients are sometimes ignored on rounds; their time and perceptions can be devalued; and when they express their concerns, they are labeled as "whiners" and "complainers."

F noted the underlying theme of helplessness and disempowerment, the sense that students perceived themselves as passive victims of an uncaring system. We then explored different options for dealing with such situations. D expressed the importance of not internalizing criticism or mistreatment, and not taking such behavior too personally. B contributed an example of how she had approached a resident, and skillfully "reversed" her concerns so that instead of saying, "I'm not learning anything here," asked, "How can I be more helpful?" and "What are your expectations for me?" F suggested using the power of numbers, registering concerns as a group rather than on an individual basis, and recommended working through class representatives. A noted that student opinions are listened to, especially if a respected faculty member can be enlisted to advocate for their position. She emphasized the importance of jump-starting dialogue on these issues to overcome the inertia of the status quo. G expressed the opinion that each student must

reclaim some level of personal power, and learn to trust his or her own judgments and voice to some extent. B echoed this sentiment, noting that students generally gave away all ability to determine what was right and wrong, important/unimportant, relevant/tangential to the all-powerful "higher-ups" in the system. This led to some comments about how the evaluation process intimidated students and stifled their ability to express their concerns and points of view. D found value in taking "small steps" that had an acceptable risk, but still confirmed personal integrity and represented meaningful efforts to exert a beneficent influence on the prevailing culture. There were some final observations about ob-gyn faculty being "beyond Type A" (H) and needing to be in complete control, so that turning over any responsibility to students was simply too anxiety-provoking. , so Concern was also expressed that the culture of medicine was vertical and hierarchical, so that questioning and dissent from less powerful constituencies (ie., students) was systematically stifled.