

For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: This month's column provides information about advising medical students from an office-based teacher's perspective and originally appeared as a chapter in *Precepting Medical Students in the Office*. This article is reprinted with permission (Paul Paulman, MD; Jeffrey L. Susman, MD; and Cheryl A. Abboud, MPA, eds. *Precepting Medical Students in the Office* © 2000 [Copyright Holder]. Reprinted by permission of The Johns Hopkins University Press). Laeth Nasir, MD, is an associate professor of family medicine at the University of Nebraska.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to Paul Paulman, MD, University of Nebraska Medical Center, Department of Family Medicine, 983075 Nebraska Medical Center, Omaha, NE 68198-3075. 402-559-6818. Fax: 402-559-6501. ppaulman@unmc.edu. Submissions should be no longer than 3-4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Advising From a Preceptor's Perspective

Laeth Nasir, MD

Key Points

- The advisee-advisor relationship is highly valued by students.
- Students will seek advice about career choices and personal matters.
- Effective advice is tailored to the learning stage and background of the student.

A major part of becoming a physician involves absorbing the advice of teachers. We all treasure memories of timely and valuable guidance given by wise mentors. Many have less-fond memories of advice given thoughtlessly or carelessly by others. Having benefited from good advice in our careers, it is natural

for us to want to provide the same to the students we teach. Giving useful advice requires that you recall your own feelings and concerns as a medical student, while recognizing that in some ways the pressures students face today are unique.

Many students consider a number of possible careers in medical school. Ideally, a field is chosen to match personal talents and interests to the demands of the speciality. In reality, this process is often modified through expectations of family and friends, opportunity, and circumstance. The counsel of an experienced advisor is invaluable in helping a student decide which career might be most congruent with his/her own needs and strengths. Medical students are not exempt from issues such as relationships, lifestyle, and finances and might profit from a mentor's advice.

Preceptors will often find themselves supplying advice on personal matters if a good relationship with the student is achieved.

The most potent but least recognized forms of advice are the attitudes and behaviors displayed by the preceptor toward others. Medical students are disproportionately influenced by this kind of "advice," since they are in the process of assimilating attitudes as well as knowledge. Physicians who are disparaging toward patients or subordinates, and who display racism, sexism, or other disagreeable traits, are transmitting powerful messages. Attitudes that are sufficiently discordant with the student's past opinions and experiences are usually rejected, together with any useful information or experiences that the preceptor may have been able to offer. Conversely, physicians who model traits such as honesty and

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equanimity are often rewarded by seeing their students unconsciously begin to display these behaviors in their own interactions with patients.

Exposure to clinical medicine leads many students to reexamine their relationship to medicine, no matter how well prepared they may be for the experience. Most students revel in the fresh challenges provided by the clinical setting. Others may feel intimidated or disillusioned by their interactions with patients. The most-common reaction students have is expressed in the sentence, "I always thought I wanted to be a . . . , now I'm not so sure." The preceptor may be sought out as a resource to help clarify the student's feelings about the new environment and help the student identify what challenges he/she may encounter in future clinical work.

It is important to consciously set aside some time, ideally after each clinical encounter, but more realistically in a busy office, at the end of the day, to "debrief" the student. Initially, specific questions regarding the encounter are answered. If it seems appropriate, some general questions might be posed. How did the student feel about the encounter? What feelings were engendered by certain patients? Did any case have particular resonance? Did the student have a particular aptitude for or enjoyment of certain aspects of the encounter? This kind of open-ended probe is a useful way to use the clinical encounter both as a tool for teaching medical science and as a catalyst to encourage the student to consider the more subjective aspects of the art of medicine. "Breaking the ice" in this way signals to the student that you are open to discussing important issues.

When asked for advice, keeping some general guidelines in mind will help. First, and most important, what question is being asked? Careful consideration of the content as well as the context of the question is important. Is the student asking for feedback? Is the advisee covertly asking for permission to do something, such as consider a career change? Or is reflective listening the best service that can be provided? The latter option is a useful default that always has some value.

The next point to remember is that good advice should primarily meet the needs of the advisee. Some advisors may use their status to vent or engage in some other self-centered activity. Obviously, this serves the advisee poorly. In addition, attempts at self-aggrandizement are usually transparent to the student.

The final important element of giving good advice is to tailor it to the advisee's background and stage in training. Specific advice given to a premedical or beginning student is different from that given to a senior student or resident. Giving personalized advice is similar to orienting a naive traveler in a foreign land. Specific queries must be answered and individual needs anticipated. Does the country have unfamiliar customs that need to be learned? Are there subtle features in the terrain that, once recognized, offer the voyager unique opportunities to learn and discover? Are there unfamiliar dangers that should be emphasized? It is particularly important to adapt information to fit the individual student's background. Your own knowledge of the individual and his/her stage of training or development is the best guide.

Having considered the above factors, it is important to speak your mind when advice is requested. If the question is of a specific nature, for example, the process of applying to a certain residency program, the answer is usually straightforward. If the question is more ambiguous, such as deciding on a medical specialty, it is important to clarify that there is no "right" answer. You can refer your student to excellent books about selecting a specialty.^{1,2} Your own strong biases (if you have any) should be presented, so long as you make it clear that there may be other points of view that the advisee may want to consider. It is nearly impossible to give what would be considered purely neutral advice on any topic, and it is one of the inescapable hazards of giving or receiving advice.

Second only to the bond between physician and patient, the student-teacher bond is one of the most durable in medicine. In large part, precepting medical students is an endeavor that consists of the transfer of implicit and explicit advice from teacher to student. Planning for the latter and self-reflection for the former will make the process rewarding and productive for both parties.

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1. Iserson KV. Getting into a residency, fourth edition. Tucson: Galen Press, 1996.
2. Taylor A. How to choose a medical specialty, third edition. Philadelphia: W.B. Saunders, 1992.