

Day-to-Day Activities of a McMaster Medical Student

Day to day activities of a McMaster Medical Student, prepared by students as a “job description” in support of the policy on disabled students, 1992.

A student enrolled in the Undergraduate MD Programme at McMaster is required to perform and participate in the following activities, or be able to make some accommodation in order to perform and participate.

1. Travel from home to McMaster University Medical Centre (MUMC), the other hospitals in the area and clinics in and around Hamilton. This is usually pre-planned, but occasionally spontaneous participation is expected and fun!
1. Specific familiarity with the layout of MUMC. For the first part of the programme, most sessions, tutorial groups, etc. are held at MUMC. Although the geographical layout of the building and campus makes sense when you have been around a while, initially it appears confusing as there are many rooms tucked away from the mainstream, for example.
1. Knowledge of learning resources is important to acquire as early in one’s stay at McMaster as possible. These resources include print, audio-visual, computer, anatomy modules, cadavers and people.
1. Learning and performing clinical skills at a satisfactory level, such as: auscultation, percussion, palpation, reflex, blood pressure, strength testing, etc.
1. Preparing for and participating in bi-weekly tutorials is a key activity of the entire programme. These sessions are two to three hours each in duration, and it is here that ideas and knowledge are shared in small group discussion format including audio-visual materials as appropriate.
1. Attendance and participation in small group resource sessions (20-30 people) and in large group presentations of up to 100 people. These events take place frequently and regularly.
1. Communicating with patients is a core function of the programme and is built upon from the beginning through into graduate clinical practice. This includes: effective history taking, handwritten reports, order writing, summarizing information and communicating it to others, with both real and standardized patients.
1. Self evaluation: this is a critical skill to master as early as possible. Opportunities to sharpen this skill are available constantly, particularly in the small group tutorial. The other component of this function is the concomitant ability to evaluate others, by providing constructive feedback.
1. Electives: given the self-directed nature of this programme, it is critical that each student be able to plan, initiate and ensure the completion of electives which will often take place away from McMaster and/or Hamilton.

Day-to-Day Activities of a Clinical Clerk in the McMaster Medical Programme

This is an attempt to outline the types of activities which a clinical clerk in the McMaster Medical Programme is likely to encounter. The Clerkship encompasses a broad realm of experience which varies greatly from individual to individual depending on the clinical setting, team and colleagues with whom one is working at any particular time. This allows room for creative organization and planning, should accommodation be necessary for any or all rotations.

Each “rotation” is either 6 or 8 weeks in length. Students work through a rotation each in Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Family Medicine and Psychiatry, as well as Elective rotations to address defined, individual learning needs.

The list of activities for “day-to-day activities of a McMaster Medical Student” still apply to the clerkship, although some details and experiences are necessarily different, as is the relative importance of various activities. Those activities seeming to be worthy of specific mention are detailed below.

1. Going places: Students may be required to be in more than one setting per day: for example, tutorials are occasionally held in another location.
1. Logistical demands: Issues such as mobility, examination of materials, communication with others, assimilation of information and speed, all become continuing and marked challenges of clinical clerkship.
1. Clinics: Students sometimes attend clinics during which they may be expected to see patients on their own, adhering to a sometimes rigorous schedule. Seeing patients may involve some or all of: reading their charts, speaking to them, obtaining a history, performing a physical examination, looking at x-rays, obtaining results of previous investigations, writing orders, contacting other health care providers.
1. On Call: Students on call and those working in the ER as part of another rotation are also sometimes expected to see patients under similar circumstances as in clinics. Occasionally, clinical procedures are required, as is communication by phone with people outside the hospital, use of computer, discussion with patient’s friends and family, etc. Students also learn to start writing admission orders for patients.
1. Tutorials and the “Lectures”: Students still attend large or small “group sessions” (lectures) where they may need to participate by writing notes, answering questions, etc. Tutorials still occur, usually once a week, and the format may or may not be similar to pre-clerkship tutorials. Individuals are still expected to read and otherwise adequately prepare for tutorials, and be involved in the various activities of the tutorial group.
1. Clinical skills become more important during the clerkship, and while mastery is not required or expected, students ARE expected to have sufficient proficiency so that analysis of patient problems and care plans can start to be based upon information obtained through history and physical examination.
1. The Surgical Rotation(s): The surgical rotation may involve admitting patients, caring for patients pre-and post-op, ER work, and work in clinics, as well as the OR. Most people seem to feel that the OR experience is important, but no more so than the above areas. The focus in the OR (depending on the Clerk’s career plans) is on getting a feel for what surgery is, looking at some anatomy first hand, and learning some basic skills such as suturing. Some surgical procedures are also occasionally required in the ER, and here it is important to learn to do some basics.
1. The Obstetrics and Gynecology rotation: The same comments as above apply to surgery in this specialty; a unique component of this rotation is deliveries. The clinical clerk is expected to assist in delivering babies, as well as be involved in other activities surrounding this event.
1. The Rest of Life: It is an important, though frequently neglected fact, that the clinical clerk does have a life outside the hospital walls, which also needs to be sustained and nurtured!