



Commentary on 'Actions speak louder than words'

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This commentary is in response to the reflective student narrative "Actions speak louder than words" which can be accessed at www.rhime.in/ojs/

The reflective narrative "Actions speak louder than words", published in this journal and referred to above, reminded us of our own days as gangling, cocky, know-it-all MBBS students.

Plus ça change, plus c'est la même chose.
[The more things change, the more they stay the same.]

Jean-Baptiste Alphonse Karr

Indian doctors are famed the world over for their mastery over clinical skills and their good judgment.[1] It is our belief that, to a large extent, this has been possible due to the constant availability of innumerable "real" patients. Ever since we can remember, poor patients who could not afford private hospitals sought treatment at educational institutions and public health services, where, even if the infrastructure was lacking, there was no dearth of good doctors and nurses. In return for receiving subsidized or free treatment, patients allowed themselves to be subjected to

multiple physical examinations, often simultaneously, by multiple learners. The narrative brings out this element quite eloquently.

The healthcare education model that India adopted many decades ago, though based on an uneasy quid pro quo, has nevertheless served healthcare professionals and the community quite well. Compared to their counterparts across the globe, Indian medical students have a rich (strictly value-based use of the word) array of "clinical material" to hone their skills on. It was, and possibly continues to be, a win-win situation for all the service-users and service-providers.

However, all is not rosy and picture-perfect in the description above. The model has flaws. What this student has penned – disrespect to patients – tops the list. More often than not the juggernaut of learning, in its inimical self-indulgent style, has trampled humaneness and compassion. Time and

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again, our students' desire to become "better" doctors has objectified patients as if they are rare specimens in the zoo.

Preventing the dehumanizing of healthcare doesn't need a knowledge of rocket science or state-of-the-art infrastructure. All it takes is a change in attitude and behaviour. Merely focusing on good learning outcomes does not absolve us of our responsibility towards treating patients with the respect due to any and every human being. Before we blame the system (tempting as that might be) we should introspect and see where we can be the change we want to see. Within the limitations of infrastructure non-availability, there's still plenty of scope for individual doctors and nurses to do much good for their patients.

As teachers, we must encourage learners to work at building trust and enhancing communication with patients. We must show the way. Narratives such as this one (Actions speak louder than words) - and even reflections solicited from our own students - can be used to initiate discussions around issues that often receive little attention during the overcrowded curricular years.

This narrative brings to mind the other flaw in our medical education system: our obsessive focus on "clinical findings". From the word "Go" we train our students to look for nuggets in clinical medicine, to the point that it becomes a Pavlov-like reflex. The appreciation of subtle or soft signs, the ability to discover patterns in clinical presentations, the aptitude to take in the larger picture (the Gestalt view), are all waylaid in the hysterical rush to present "a murmur". It is as if we are making "auscultatologists" of our medical graduates instead of clinicians. Clearly, while there is much that is good in the system, there is much that is not so as well.

While we do talk to learners about their 'future' role in building the doctor-patient relationship, we could also focus on the learner-patient relationship - this is an important, underutilized tool. Their

involvement in multidisciplinary healthcare teams is seen to enhance learners' workplace-based, patient-centered skills and this improves patient outcomes.[2,3]

Should we revamp the clinical medical education model or should we just plug the holes? It is possible that in our haste to demonstrate change, we might be throwing the baby out with the bath water? You don't have to change for the sake of change, nor for the sake of showing that change is occurring. The reference to the "checklist" by this student-author is the point we are trying to drive home. We seem to have embraced "documentation" as an embroidered silk brocade, to be worn more for external appearances than for the benefits of internalization.

One doesn't have to change what's working well, one only needs to find what's wrong and then fix it. While we are trying to change the system believing it to be flawed, we fail to realize that the problem lies within us - our lack of dedication to the noble aspects of our profession; our lack of adequate expression of respect to each patient; and our inability to keep sociocultural and economic issues outside the purview of healthcare delivery, are gnawing at the fibre of our medical education. If the problem is within us, surely the solutions should be there too.

The point made by the author on the ABC attributes (availability, behaviour and competence) of a medical student are praiseworthy. The Medical Council of India's most recent major initiative to push for a paradigm shift in medical education towards competency-based and outcomes-based systems, while laudable, may still not be the perfect solution. The perfect solution might be a hybrid or mix-and-match of the old and the new. What's noteworthy, however, is that within the newly notified competency-based framework, there is the induction of modules on Attitude, Ethics and Communication (AETCOM) across the span of the undergraduate medical course. For too long now, medical education has focused on cognitive and psychomotor skills, completely

side-lining the simultaneous development of affective skills in our basic doctors. Hopefully, in the coming years this will change. It is heartening to see that there are

learners who recognize these lacunae and are willing to write about them in an attempt to bring about awareness and to advocate for change.

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