OVERLOOKED AND UNDERVALUED

The fourth-year of medical school and open learning space

Richard Curtis Godby, MD

Dr. Godby (AΩA, University of Cincinnati College of Medicine, 2016) is a resident in the Tinsley Harrison Internal Medicine Residency Program at the University of Alabama at Birmingham.

From biochemistry and gross anatomy lab to psychiatry clinic and the operating room, the first three years of medical school were two-to-four week snapshots of concepts in the classroom or in the clinic. It was often dizzying and fractionated to live in so many different worlds for such short periods of time. Although a great deal of discussion has revolved around the momentous adventure of entering clinical rotations during the third-year of medical school and the associated maturation that takes place, I have found the fourth-year of medical school to be where the true magic of different concepts coming together began to happen. This was a critical point along the spectrum of my ongoing development into a physician.

As fourth-year medical students who have already submitted their applications for residency, we have the fleeting luxury to lean in, make mistakes, and ask questions without the repercussions of a poor grade. These low-consequence apprenticeships provide the liberty to begin developing higher-level clinical instincts and responsibilities by tackling more complicated patients in shorter amounts of time while taking more ownership of the assessments and plans. Open learning spaces make it easier and more enjoyable to learn because they make it possible to grow from mistakes with little-to-no repercussions. The purgatory between being a medical student and resident physician can be empowering.

During the third-year of medical school, most students manufacture a rehearsed carbon copy of a resident's presentation tailored to the attending's preferences—minimal work with the best chance of a great grade in regards to a skill judged primarily on style. This is an efficient starting point in the nebulous construct of patient presentations, however, open learning spaces provide the opportunity to develop personal styles and strategies toward patient care and team communication. As fourth-year medical students we can consciously begin to establish personal methods and preferences for how to approach different aspects of patient care, including refining our data assimilation as well as our communication skills within the health care system. Open learning spaces allow for the exploration of stylistic preferences, and the discovery of personal approaches that define future leadership strategies.

As we hone our skills throughout these open learning spaces, we also discover and define the physicians who we aspire to become by incorporating favorable practices. How and when to round; how to treat trainees and patients; how to teach; what to value; and other nuanced aspects of clinical medicine that are never formally taught suddenly become apparent and subsequently criticized or

praised on a daily basis. We are hungry to find ourselves, and the larger the buffet of styles and experiences to sample, the more likely we are to find what it is that fulfills and satisfies us. Diversity is so powerful at this point in training because it provides the basis for personal opinions while offering miniature experiments for trainees on a daily basis.

What did or didn't we like; what would we do differently; and why; what was well received by the other team members, and what wasn't?

The fourth-year of medical school is all about curiosity and personal refinement—themes that will continue throughout our careers. Even when we find a required rotation irrelevant to our upcoming residency, we should attempt to get everything possible out of our time with those patients and teams. If we don't, then we fall into the all-too-common stereotype, and thus the self-fulfilling prophecy, of the fourth-year medical student who does the minimal amount of work to pass that rotation. This takes place, in part, because we find ourselves at a unique junction where we mentally define ourselves as a certain type of physician, and declare that identity to those around us–we begin to specialize without understanding the different specialties aside from those two-to-four week snapshots, and we mentally check out. Moreover, if we design our schedules with only cush rotations, the fourth-year of medical school serves as nothing more than a very expensive victory lap. It is thus our responsibility to design and engage in a fourth-year schedule that provides a well-rounded education and prepares us for residency.

This ideal of broad clinical exposure and engagement requires fourth-year medical students to carefully design their schedules with a high degree of rotational diversity. The various personnel throughout the diverse clinical settings foster personal growth and balanced autonomy. By sampling different clinical concepts and patient populations, we encounter the broader, puzzling extent of humanity's burdens that serve to remind us why we want to become physicians. The fourth-year of medical school provides depth to a rising physician and leader, but more importantly, it provides depth as a human being. This year provides perspective on where we have been, where we are going, and who we are becoming to help us shape our identity as a physician. The open learning spaces simply provide the ability to listen a little more intently and follow curiosity with impunity.

The astronomical costs of medical education have become a discussion point for eliminating the fourth-year of medical school.[1] The costs of a medical education are dictated by myriad influences, intricacies, and politics, making them difficult to ameliorate. Distracting financial burdens may go on to play a role in some individuals' choice of a specialty and influence the current generation's counsel to younger generations considering medical school. Not only are we losing potential income, but we are simultaneously accruing large amounts of debt with compounding interest during a prolonged training period. Debt creates thought-provoking questions regarding medicine's hierarchical structure, incentives within the health care system, its values, and how we should best address its flaws, including the appropriate length and/or composition of medical training.

I can attest to the benefits of the fourth-year of medical school, and encourage higher-level discussions tackling the etiologies behind the astronomical costs of medical education while simultaneously generating dialogue regarding its utility and worth moving forward. For now, the fourth-year is an expensive year of education, and we should attempt to take advantage of it because if approached correctly, the fourth-year of medical school is useful and may influence how gracefully we set sail into intern year.[2]

By no means am I advocating for the fourth-year of medical school to be overwhelmingly taxing, but the realization of self-limits should be established to the point of driving a self-enforcing curiosity and framing the attitude of a life-long learner as this is a unique time when we can design our own schedules to reflect a desire for self-growth.[2] Fourth-year medical students should relish all of the experiences that come along with new travel destinations during interview season; meeting inspirational colleagues; catching up on movies and Netflix series; visiting local art museums; and trying new restaurants, in an effort to nourish those ischemic components of our personal being. It is a time to recalibrate.

Fourth-year medical students have the unique window of opportunity to lean in while leaning back–how liberating and refreshing it is to be ourselves and learn while having fun.

References
1. Emanuel EJ, Fuchs VR. Shortening Medical Training by 30%. JAMA. 2012; 307: 1143–44.
2. Richards CJ, Mukamal KJ, DeMelo N, Smith CC. Fourth-Year Medical School Course Load and Success as a Medical Intern. J Grad Med Educ. 2017; 9: 58–63.

The author's e-mail address is godbyrd@mail.uc.edu, or rgodby@uabmc.edu.