HYBRID RESEARCH ROUNDS

Monday, October 23, 2023
12:00 – 12:45 pm

In Person: The Wilson Centre, Toronto General Hospital, 200 Elizabeth St, 1st floor Eaton South Rm 559, Toronto, ON

Please register to obtain zoom link:
https://us02web.zoom.us/meeting/register/tZckcu2grzgjH9ElyF6m0vH-rFlLJE0FnAJ7

What makes a good doctor? A critical discourse analysis of perspectives from medical students with lived experience of illness and disability

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Abstract: What constitutes a ‘good doctor’ varies widely across groups and contexts. While patients prioritise communication and empathy, physicians emphasise medical expertise, and medical students describe a combination of the two as professional ideals. We explored the conceptions of the ‘good doctor’ held by medical learners with chronic illnesses or disabilities who self-identify as patients to understand how their learning as both patients and future physicians aligns with existing medical school curricula. We conducted 10 semi-structured interviews with medical students with self-reported chronic illness or disability and who self-identified as patients. We used critical discourse analysis to code for dimensions of the ‘good doctor’. In turn, using concepts of Bakhtinian intersubjectivity and the hidden curriculum we explored how these discourses related to student experiences with formal and informal curricular content. According to participants, dimensions of the ‘good doctor’ included empathy, communication, attention to illness impact and boundary-setting to separate self from patients. Students reported that formal teaching on empathy and illness impact were present in the formal curriculum, however ultimately devalued through day-to-day interactions with faculty and peers. Importantly, teaching on boundary-setting was absent from the formal curriculum, however participants independently developed reflective practices to cultivate these skills. Moreover, we identified two operating discourses of the ‘good doctor’: an institutionalised discourse of the ‘able doctor’ and a counter-discourse of the ‘doctor with lived experience’ which created a space for reframing experiences with illness and disability as a source of expertise rather than a source of stigma. Perspectives on the ‘good doctor’ carry important implications for how we define professional roles, and hold profound consequences for medical school admissions, curricular teaching and licensure. Medical students with lived experiences of illness and disability offer critical insights about curricular messages of the ‘good doctor’ based on their experiences as patients, providing important considerations for curriculum and faculty development.