



## Business networking in medicine: Medical students' perspectives on a networking assignment

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### ABSTRACT

**Objective:** Networking in business is generally regarded as a highly valued skill. Few will disagree that networking in medicine has a similar value. However, few studies evaluate the use of networking in medicine. The objective of this study is to determine the perspectives of medical students on the use of a networking-based assignment titled "Personalized Resource List (PeRL)", which encouraged trainees to build a network of resources that would support their future practice.

**Methods:** Participants were recruited from a class of first-year medical students who had participated in the "PeRL" assignment. Participants ( $N = 9$ ) were recruited via e-mail and volunteered to complete a structured interview.

**Results:** Thematic analyses of students' responses revealed that first-year medical students valued "networking" as a skill. Two major themes identified that were important to all participants were the "formation of a professional relationship" and the "formation of a professional identity."

**Conclusions:** Medical Students noted the importance of networking in medicine and found a formalized assignment within the medical school curriculum to be beneficial in their professional development. Further studies should look into networking skill-building exercises within the medical curriculum and further assess their long-term outcomes through longitudinal studies.

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## Introduction

Networking is a nearly ubiquitous asset in the field of business. The advent of new social-networking technologies has only made it increasingly important for the new generation of business-people. It is not uncommon to see business programs encouraging their learners to engage in networking events and building social profiles (e.g., LinkedIn and Facebook). However, there is limited literature on networking and its inclusion in the medical school curriculum, despite evidence suggesting it may have a positive influence [1]. As a result, literature suggests that young physicians may face difficulties early in their careers due to a perceived "lack of experience"

with interprofessional networking [2,3]. Despite these data, there are limited studies that evaluated the use of networking-based assignments in a medical school curriculum [4].

The Personalized Resource List (PeRL) assignment was developed by the Faculty of Medicine at the University of Toronto to encourage trainees to engage in professional networking within medicine. The rationale for its introduction was to produce a formalized approach for learners to build upon their networking skills early in their careers. The purpose of this study is to evaluate the perspectives of medical students on the use of PeRL as an appropriate assignment for building networking skills.

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## Methods

### *Personalized resource list assignment*

The PeRL assignment was introduced to medical students within their first year of training. The assignment tasked students to build a network of resources that they believed would support their future practice. Students could simply ask for the contact information of professionals they encounter throughout medical school or they could seek out new contacts. Examples of such networks to be included were contact information for physicians, agencies, and community organizations. In addition, students were encouraged to use their own method for collecting contact information, including and not limited to the use of a Rolodex, notebook, mobile phone contacts list, or the use of online networking (e.g., LinkedIn). This longitudinal assignment was provided at the beginning of the 2-year Health in Community (HC) curriculum that continues throughout the first and second years of medical school. HC focuses on the development and formation of physicians in response to changing the community and societal issues and concerns.

### *Participant recruitment*

Study participants were first-year medical students enrolled during the academic year of 2017–2018, all of whom were introduced to the PeRL assignment in the preceding months. Participants were notified of the study through an e-mail recruitment sent by the Faculty of Medicine's e-mail list which targeted the entire first-year cohort. Recruitment of participants and coding of interviews continued on an ongoing basis. All ethics review board and institutional requirements were followed. The research team obtained written consent from all participants prior to their inclusion in the study. The study received approval from the University of Toronto Research Ethics Committee.

### *Interview*

Participants were drawn from a pool of 225 eligible first-year medical students. Nine students responded to the e-mail inquiry and were invited to a structured interview to be conducted over a 1-hour telephone interview. Participation was voluntary and were notified that they were able to withdraw at any point. An investigator with no relationship with the interviewees or medical school faculty was chosen to conduct the structured interview. Topics central to the PeRL assignment,

such as content, process, and perspectives on networking in medicine, were explored. An identical structured interviewing guide was asked in all interviews. Following the completion of each interview, audio-recording was transcribed by and de-identified by the same investigator. New codes and themes ceased to appear by the ninth interview, thus the investigators were satisfied that theoretical saturation had been met [5]. Given the small sample size ( $N = 9$ ) of this study, this was considered a pilot study.

### *Analyses*

Using an online coding software (Dedoose), each interview was independently analyzed and coded iteratively with ideas being labeled and grouped into themes that emerged [6]. The results were then discussed with all authors to stimulate further discussion which allowed the themes to be further refined. In the event of disagreements, the authors further deliberated until consensus was reached.

## Results

Two major themes were identified by the three investigators, the “formation of professional relationships” and the “formation of a professional identity.”

### *Theme 1: Formation of professional relationships*

All participants ( $N = 9$ , 100%) noted the importance of forming professional relationships in medicine. Some excerpts from their interviews are provided:

“I think when I was first introduced to it [PeRL] I was kind of like, well why do I have to have my own list of doctors that I can refer patients to... But I get it more now because I think... you refer your patients to people you trust and people that you actually have met before.” (Interview 9)

Four participants (44%) observed that the formation of professional relationships could enhance their care for their patients. Two excerpts are provided:

“You get to build that network and you need to know who to contact for what, because you are never going to be the specialist in every single field in medicine, so to know who the expert in this or that or what resource I can refer my patient to in this city or that city, that just allows you to provide your patient

with the best experience possible in order to improve their health." (Interview 1)

"I think I appreciate the idea of making sure doctors know more than just a medical aspect of treating a patient. Being aware that there are resources in the community that you can reach out to and having them available to you is incredibly important." (Interview 7)

### **Theme 2: Formation of a professional identity**

All participants ( $N = 9$ , 100%) noted that the PeRL assignment and collecting contacts could be important in shaping their future medical practice. One interviewee noted:

"Having a list of contacts whether it is in a structured or unstructured environment I think it's important, because ultimately these experiences and preceptors will shape your decisions later on, so it is always good to connect and have people you can shadow, and even do research with or have clinical encounters that will shape your ultimate practice later on." (Interview 8)

Similarly, an interviewee remarked on the reflective aspect of the assignment, and forming a deeper appreciation and understanding of the role of a physician:

"[On PeRL] I think it allowed us to take a moment to really understand that not everyone who lives in the downtown core surrounded by academic hospitals. People live in certain communities and don't have access to everything and it opens your eyes to what needs to be done." (Interview 3)

Two participants noted the importance of having their mentors show them the utility and benefits of having a PeRL in practice. An excerpt from the interview is provided:

"[On PeRL] I thought it was a really good idea because I have a personal interest in family medicine and I can see that a lot of the family doctors I shadowed they have a stack of resources for themselves that they hand out to their patients." (Interview 5)

The same interviewee noted:

"I found that if I can create a list for myself I'd know what I am doing in the future if I do become a family doctor." (Interview 5)

## **Discussion**

We aimed to examine the perspectives of medical students who utilized a PeRL. Our study demonstrated two key findings. Students recognized that networking in medicine allowed them to develop connections that they could trust that could be beneficial to their professional careers as well as their patients. As shown in previous studies, students understood that forming connections and networking was an important method to access skills and support from other community members [7]. In addition, students reflected on the importance of interprofessional collaboration and scope of practice on clinical effectiveness, as supported by previous literature [8].

The formation of a professional identity in the medical profession was another key finding of our study. As observed in previous literature, the formation of a professional identity in the medical profession is important in "being able to find your own voice, being able to understand others, being able to navigate your work environment, and being able to be shaped for one's future practice" [9]. As Olive et al. characterized, the aim of teaching professionalism in medical school is to ensure the development of one's professional identity [10]. Six participants ( $N = 9$ , 67%) noted that the PeRL assignment allowed for reflection and deeper understanding of the medical profession, and that all participants ( $N = 9$ , 100%) believed the PeRL assignment had positively benefited their future careers. Previous literature on professional identity supports this finding, as identity formation in medicine will help, through clarity and logic, to ensure that future physicians possess ideal qualities [11].

A limitation of our study is that we had a small sample size at one medical school, and as such, the findings here may be specific to our institution and our sample population. A prospective design is necessary to assess the overall outcomes of PeRL upon finishing medical training and beyond.

Despite its importance in business education, networking in medicine has not been widely implemented in the medical curriculum worldwide. While first-year medical students recognize the importance of networking in their future careers; it is important for medical schools to provide the skill-building exercises necessary for them to succeed. We suggest further implementation of networking skill-building exercises for medical students, and further investigation into their outcomes long term.

### Conflict of interest

The authors declare that they have no conflict of interest.

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