VMBARS MEDICINE FIELD GUIDE

Shadowing Guide

Turn observation into a disciplined test of fit, understanding, and professional growth.

CORE IDEA
Shadowing is not a performance. It is structured observation: how clinicians reason, communicate, coordinate, and carry responsibility in real settings.

1. Define what you are testing

Before arranging a day, write the question you are trying to answer. A useful question is specific enough to change your next step.

Weak goal	Stronger learning question
See what a doctor does	Which parts of this clinician's day create energy, strain, and meaning—and why?
Confirm I like surgery	How do preparation, teamwork, uncertainty, and follow-through shape work in this specialty?
Get hours for an application	What evidence would increase or decrease my conviction about medicine?

Before day one

- Confirm time, location, arrival instructions, attire, identification, and any required documentation.
- Ask what patient-consent and confidentiality procedures apply. Never assume access.
- Read enough about the setting to follow the day without trying to display expertise.
- Prepare three thoughtful questions and a simple note-taking plan for after the encounter.
- Plan transportation, food, and phone use so logistics do not become someone else's problem.

2. Observe the work beneath the work

Lens	What to notice	Question for reflection
Clinical reasoning	How information is gathered, weighted, revised, and translated into a plan.	What changed the clinician's mind?
Communication	How options, uncertainty, emotion, and expectations are handled.	What helped the patient understand or trust?
Teamwork	Who notices problems, owns handoffs, and makes the day function.	Whose contribution would be easy to miss?
Work rhythm	Documentation, interruptions, waiting, follow-up, and invisible administrative work.	What consumes time outside the encounter?

Professional responsibility	Boundaries, consent, privacy, fatigue, and accountability.	What responsibility comes with access?

Questions that invite insight

- What decisions in this field are hardest to learn from a textbook?
- How has your understanding of a good day changed over time?
- What do students misunderstand about this specialty or setting?
- Which colleagues make this work possible?
- What tradeoff do people need to accept to thrive here?
- If you were evaluating fit again, what evidence would you seek earlier?

BOUNDARY
Do not ask for identifiable patient information, offer opinions on care, take photographs, post about the day, touch equipment, or enter a conversation unless invited. When uncertain, step back and ask.

3. Evaluate fit without romanticizing the day

1. Separate the specialty from the host. A generous clinician can make any field look unusually attractive.

2. Separate the exceptional case from the ordinary week. Ask what is routine.

3. Name both attraction and aversion. Fit is not only what excites you; it is what burdens you are willing to carry.

4. Look for system conditions. Staffing, schedule, ownership, geography, and patient mix can change the same specialty dramatically.

5. Compare evidence across multiple settings before drawing a conclusion.

Post-shadowing reflection

Prompt	Your notes
Three moments I can describe precisely	
One assumption that changed	
A responsibility I had underestimated	
What attracted me—and what it would require	
A question for the next setting	
My next action and date	

Close the loop

- Send a concise thank-you within 24–48 hours. Name one specific lesson.
- Do not ask for a recommendation simply because you observed. Build a real relationship over time.
- Record dates, setting, contact information, and your reflection while memory is fresh.
- Translate insight into action: another setting, a conversation, a course decision, or a revised hypothesis about fit.

A NOTE ON SCOPE
This guide is educational. It does not provide medical, legal, financial, or admissions advice, and it does not promise a particular outcome.