



EDITORIAL

Knowing when and how to ask for help: an essential competency in medical education

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We all recognize that, in an emergency, asking for help is the appropriate course of action. When someone is drowning, we call a lifeguard; when there is a fire, we call the fire department; and when confronted with a dangerous situation, we seek assistance from someone with the knowledge, training, and resources necessary to address the problem. In such circumstances, recognizing our own limitations and turning to those who can provide assistance is a rational and responsible response.

In professional practice, however, this behavior is not always encouraged. Medicine, in particular, has traditionally fostered a culture in which competence is closely associated with the ability to solve problems independently. As a result, physicians may attempt to manage challenging situations on their own, even when involving another professional, such as a specialist, a more experienced colleague, or another member of the healthcare team, could lead to better outcomes.

Seeking assistance may be interpreted as a sign of insecurity, limited knowledge, or incompetence. This creates a paradox: although clinical decisions may have irreversible consequences, the prevailing professional culture of medicine may discourage physicians from openly acknowledging their limitations and seeking help when necessary.

This phenomenon may partly arise from a false sense of security inherent in medical practice. Unlike many other professional activities, clinical decision-making is not consistently subjected to systematic evaluation or audit. Moreover, clinical outcomes do not necessarily indicate whether a particular management decision was appropriate. A disease may progress despite appropriate treatment, whereas a favorable outcome may occur despite an inadequate clinical decision.

This difficulty in establishing a direct relationship between the decision-making process and clinical outcomes can create a false sense of security. When an unfavorable outcome is attributed exclusively to the natural course of a disease, an opportunity may be lost to consider whether an alternative approach or a second opinion might have changed the outcome. Therefore, an important distinction exists between accepting responsibility for patient care and assuming responsibility for managing every aspect of care independently.

Contemporary medicine is too complex for a single professional to master all the knowledge and skills required to provide patient care. Specialization, interdisciplinarity, and teamwork are not signs of weakness within the healthcare system; rather, they represent necessary responses to the increasing complexity and breadth of medical knowledge.

In this context, knowing when and how to seek help should be recognized as an essential medical competency rather than as a sign of incompetence. However, this competency involves much more than simply acknowledging a lack of knowledge. It encompasses several interconnected dimensions of awareness, judgment, and action:

1. **Knowing:** Possessing sufficient knowledge and skills to recognize and manage problems that fall within one's scope of competence;

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2. Knowing what you know: Recognizing situations in which one's knowledge and experience are sufficient to assume responsibility for clinical decisions;
3. Knowing what you do not know: Recognizing one's own limitations. This is a fundamental metacognitive competency that involves identifying when a problem exceeds one's knowledge, experience, or level of preparation.
4. Knowing where to find help: Understanding the network of available expertise. Recognizing the need for help is not sufficient; physicians must also know whom to approach and who has the knowledge, experience, or resources required to complement their own abilities.
5. Knowing how to ask for help: Requesting assistance clearly, objectively, and in a timely manner while providing the information necessary to understand the clinical situation and maintaining responsibility for patient care. Asking for help does not mean transferring the entire clinical decision-making process to another professional; rather, it means sharing responsibility appropriately.
6. Knowing how to learn from help: Transforming collaborative experiences into learning. A colleague's assistance should not merely resolve an immediate problem for a particular patient; it should also strengthen the physician's ability to recognize and manage similar situations in the future.
7. Knowing how to regain autonomy: Using supervision and support according to the needs of the situation without allowing assistance to become a source of permanent dependence. The purpose of supervision is to strengthen competence and autonomy rather than perpetuate an inability to make independent decisions.

This sequence demonstrates that seeking help is not the opposite of autonomy; rather, it is one of the conditions that enables responsible autonomy. The problem, therefore, is not that one physician requires the assistance of another. Rather, the difficulty arises when a physician fails to recognize when such assistance is necessary⁽¹⁻⁴⁾.

This perspective has important implications for medical education. Traditionally, we value students who can answer

questions, establish diagnoses, and make clinical decisions. However, equal value should be placed on the ability to recognize the complexity of a clinical situation, acknowledge one's limitations, and seek assistance at the appropriate time.

These skills should be explicitly taught, practiced, observed, and assessed throughout undergraduate medical education and residency training. Physicians must understand that consulting a colleague, discussing a case, requesting supervision, or referring a patient does not necessarily represent failure. On the contrary, under certain circumstances, these actions may represent the most technically appropriate and ethically responsible course of actions⁽⁵⁻⁷⁾.

Medical education should not aim to produce professionals who believe they can solve every problem independently. Instead, it should prepare physicians to recognize which problems they can manage, which exceed their current capabilities, and when additional expertise or assistance is required. Perhaps one of the priorities of medical education should be not to train physicians who do not need others, but rather to train physicians who know precisely when they need others—and, equally importantly, when they do not.

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