

Correspondence

Edited by Kiriakos Xenitidis and Colin Campbell

Contents

- 'The medical self' – a student's perspective
- Author's reply

'The medical self' – a student's perspective

22 February 2022

Dr Gerada provides an important analysis of and reflection on how medical professionals form their identity. This identity can manifest as a mature psychological defence mechanism in the face of vocational and personal challenges but also as a barrier to engagement in help-seeking behaviour, which can influence the professional dynamic when mental illness is being assessed. This pertinent issue has become all the more important as a result of ever-increasing mental health awareness and the seismic pressure on the healthcare system during the recent pandemic. With medical students across the globe being forced to retreat behind screens and the use of online platforms for teaching, there has been a distinct lack of engagement with the 'hidden curricula' highlighted within the article. For many, interpersonal skills have been reduced to simply clicking an automated reaction button during online teaching or using role-play scenarios with peers, as opposed to interacting with patients and professionals. Thus, Albert Bandura's social learning theory, which is based on the idea that imitation and observation of model behaviours can enable an observer to understand, learn and reproduce a desired behaviour,¹ has been curtailed. Formation and embedment of the early stages of the 'medical self' in these initial crucial training years has been compromised. Goldie emphasised the importance of meaningful student engagement in bedside teaching, ward rounds, feedback and mentoring as being central to formation of identity.² The pandemic aside, interestingly, it has been demonstrated that students' beliefs about certain positive 'medical self' attributes, including empathy and idealism, become diminished throughout medical school training.³ As students progress and spend more time observing the behaviour of doctors, and perhaps gain more insight into the reality of the job, the perception of an 'ideal doctor' changes to align much more with that of a 'real doctor'. The 'real doctor' is not as hardened as one may think. At a pivotal time in my final year, this article has allowed reflection not only on the distress faced by doctors, but also that experienced by my peers. Prior to the pandemic, the level of mental illness among medical students was deemed to be higher than that of the general population.⁴ Frighteningly, the prevalence of anxiety and depression in this cohort has increased by 61% and 70%, respectively, since the era of COVID-19.⁵ These data have potentially significant implications for recent and upcoming graduates, as the traditional factors comprising student well-being, namely recognition of mental health symptomology and subsequent access to help, are limited. With 'hidden curricula' being largely inaccessible during this time, we are left with an already vulnerable population being born into the working world with less experience than their predecessors and perhaps less psychological reserve to cope with pressure. In summary, this is a very interesting article that has left me with plenty to ponder. Medical educational institutions must continue to adapt to allow their students to engage with the

intangibles of the profession and gain a wider understanding of patient interaction and clinical activity wherever possible. It is reassuring to read that those in influential positions are taking steps towards eradicating the stigma around mental health disorders in the profession and recognising the compromising position that the illusion of 'medical self' has potential to put doctors in.

Declaration of interest

None

References

- 1 Bandura A. *Social Learning Theory*. Prentice Hall, 1977.
- 2 Goldie J. Identity formation in medical students: an elaboration of a previous conceptualisation and review of the literature. *MedEd Publ* 2013. Available from: <https://www.mededworld.org/getattachment/MedEdWorld-Papers/Papers-Items/Identity-Formation-in-Medical-Students-An-Elaborat/Identity-Formation-in-Medical-Students-A-Review.pdf>.
- 3 Gilligan C, Loda T, Junne F, Zipfel S, Kelly B, Horton G, et al. Medical identity; perspectives of students from two countries. *BMC Med Educ* 2020; **20**(1): 1–12.
- 4 Wege N, Muth T, Li J, Angerer P. Mental health among currently enrolled medical students in Germany. *Public Health* 2016; **132**: 92–100.
- 5 Halperin SJ, Henderson MN, Prenner S, Grauer JN. Prevalence of anxiety and depression among medical students during the Covid-19 pandemic: a cross-sectional study. *J Med Educ Curric Dev* 2021; **8**: 238212052199115.

Katie Thornton, Medical Student, University of Glasgow Medical School, Paisley, Glasgow, UK; email: 2237325T@student.gla.ac.uk; **Thomas McCabe**, Consultant Old Age Psychiatrist, Royal Alexandra Hospital

doi:10.1192/bjp.2022.88

Author's reply

22 April 2022

Thank you to Katie Thornton and Thomas McCabe for their letter about my article and for stressing the importance of the hidden curriculum in equipping future doctors for a life working so close to death, despair and disability. The authors make the very important point that remote working – where caring and learning are reduced to a series of clicks – is not the same as mixing with, learning beside and modelling the behaviours of our peers and trainers. I also agree that online isolated learning is not the same as mixing with others and does nothing towards learning the vital defence mechanisms that sustain doctors in their future careers. The authors mention reflection. I too am concerned about the drive towards online 'reflection', where students and qualified doctors are meant to record their most intimate thoughts about their clinical practice in a sterile, impersonal (remote) space. Surely reflection done as an isolated activity is nothing more than rumination and does nothing to enhance our understanding or fresh ways of thinking about our work. I chose to submit my article to a psychiatric journal in the hope that the specialty most able to bring back the psychological soul into our work must be psychiatry. Given the responses I have had following publication, I am hopeful of this.

Declaration of interest

None

Clare Gerada, Medical Director of Practitioner Health, Riverside Medical Centre, London, UK; email: clare.gerada@nhs.net

doi:10.1192/bjp.2022.87