Exploring stories of learning and professional development:

Interactions between GP personal tutors and medical students

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Abstract

Background: The demanding environment at medical school results in some students being prone to a high risk of mental health issues. GMC recommendations include positioning personal tutors for pastoral support and to act as academic role models. Tutors who are clinicians, such as GPs, could help students develop their academic and professional narratives. Our study explores interactions between GP tutors and students and evaluates how personal tutoring can support the ways in which students respond to the medical school culture and its demands.

Method: Six pairs of GP tutors and medical students had three personal tutor meetings over nine months. Twelve meetings were recorded. A dialogical narrative analytical approach was used to assess how students' problems and reflective processes were negotiated with tutors. Three themes were formed to consolidate findings.

Results: Tutors' affirmations helped students develop an alternative narrative to perfectionism focusing on 'doing well' and self-care. Reflection on students' perceptions of a medical career were prompted by tutors who encouraged students to keep an open-minded and enthusiastic outlook. Active participation from students sometimes required tutors to relinquish hierarchical power and share personal experiences.

Conclusion: GP tutors can help reframe student narratives of perfectionism and professionalism by expressing their vulnerabilities and working collaboratively. With clear guidance, there is potential for personal tutors working as GPs, to benefit students in the long run both academically and professionally. However this should go hand in hand with a transformation of medical school culture to prevent sole focus on building student resilience.

Key words: medical school, general practitioners, narratives, personal tutoring

Background

Medical school can be an environment of high demand and high stress with some students prone to mental health issues during this time [1,2]. Naturally, the role that medical school plays in this journey is significant, likely experience by students subjectively exposed to the day to day culture of a given medical school. Culture in this respect includes the way in which factors such as: academic or financial pressures, mental health, student competitiveness and stress as well as the role of power and hierarchy are discussed, dissuaded, encouraged or addressed by a medical school [3, 4]. These demands that are often portrayed within medical schools may have a significant impact on student mental health. One way of establishing a healthy medical school culture, which we explore in this article, could be through effective and sustained student support which may in turn, develop a pipeline of healthy doctors into practice, at a time where there is both strain on recruitment and doctors' wellbeing [5, 6].

In 2013, the General Medical Council [7] identified several opportunities where medical schools could improve their culture and support. Examples of this included providing students with: a positive model of mental health; independent advice and support; a nurturing, supportive learning environment; transparency and trust; and continuity of support [7]. At the heart of these recommendations was the role of the personal tutor, an individual capable of providing students with both academic and pastoral support.

The use of personal tutors within medical schools varies widely in terms of frequency and duration. However, the GMC noted ample ways in which this role could support student wellbeing, including acting as a gatekeeper for necessary referrals to other services or acting as a role model capable of exhibiting values that differ from the dominant medical school cultural norms.

Exposure to role models such as clinicians who are enthusiastic about their practice may have an impact on medical students' career choices and has been an important priority across medical schools following the publication of the Wass report in 2016 [8]. This is pertinent in light of issues recruiting into primary care and the negative views some medical students hold [8]. Having visible role models and using personal tutoring as a potential space for career guidance amongst medical students, may go some way to making students more open-minded with career decisions by making the breadth of future opportunities more transparent [5, 6, 8].

Personal tutoring may afford students with the space for story-telling. People value sharing stories about cases or incidents that are causing them confusion or distress [9]. In times of puzzlement, stories are likely to be fragmented, repetitive and/or vague. The personal tutoring context may be one capable of eliciting medical students' stories that are reflective of both their negotiations with their learning, as well as the development of their professional identity. Additionally, having clinician involvement may act as a way to confirm, disrupt or refute taken for granted assumptions about what it means to be a medical practitioner, providing students with transformational moments or at the very least, a focus for reflection. In this article we explore the nature of interactions between General Practitioner (GP) personal tutors and medical students. We explore interactions in relation to the negotiation of both the professional and the personal, analysing conversations regarding medical students' learning and professional identity. In doing so, we show how the role of the GP as personal tutor may have a place in transforming medical school culture.

Methods

This study explores the nature of interactions between GPs and medical students by examining how problems and reflective processes were produced and negotiated by GPs and

medical students in the context of personal tutoring. We asked the following question in our research:

1. How and in what ways do GP personal tutor interactions with medical students impact on their narratives about learning and professional development?

Data collection

Students and GPs participating in personal tutoring commencing September 2018 at a UK based medical school were invited to record their interactions for analysis. Six pairs of GPs and their matched medical student provided informed consent. All participating students were in their fourth (first clinical) year of medical school. Each pair had three points of contact across a nine month period. Not all points of contact were face-to-face and therefore not all interactions were recorded for this study. A total of 12 meetings were recorded between September 2018 and May 2019 with each meeting lasting between 30-45 minutes. This project received internal ethics approval (project ID 13869/001). All recordings were transcribed verbatim and stored in line with GDPR regulations. Participants have been given pseudonyms to maintain their anonymity.

Data analysis

Data analysis followed a dialogical narrative analysis approach (DNA) [10, 11, 12]. DNA analyses both the story's content and its effects on the speakers [12]. Analytical steps involved in DNA are outlined below and have been based on the work of Frank [10, 11, 12]. We explored the conversations between GP tutors and students as they took place in the momentary context of each meeting, as opposed to looking at relationships over time. This decision was made because not all meetings took place over a specific period of time, with some occurring only once. Three transcriptions were coded using Nvivo 11 by both RA and AS which generated a range of narrative themes and an initial, inductive coding tree. The

remaining nine transcriptions were then coded deductively by AS using this coding tree in NVivo 11. These patterns were discussed regularly with RA. Including the emergence of any new developments. Narrative themes were developed and discussed between RA and AS.

Insert Table 1. Data analysis steps here

Findings

We present three themes from the analysis of personal tutoring interactions between GPs and medical student; (1) Refuting the dominant narrative of perfection in medical school; (2) Shifting career perceptions; and (3) Reframing hierarchies and re-positioning collaborative interactions.

Theme 1: Refuting the dominant narrative of perfection in medical school

For some students, the fear of making mistakes or feeling vulnerable in new knowledge created situations of isolation or avoidance in their learning (e.g. not wanting to practise examinations on patients, particularly in front of consultants). As Fred, a medical student, indicates, this fear of not getting things right can hinder learning and progress:

> *Sometimes what happens is you, you're so in fear of doing it wrong that you just don't do it.*

During personal tutor meetings, some GP tutors challenged these fear-based narratives held by students, particularly in relation to student concerns about performing 'perfectly' in medical school. For example, using affirmative language in response to concerns raised by the student and their learning, to boost the student's confidence, acted as a way to both validate and offer a way out of perfection-seeking behaviours.

> *Student: I just want to be able to... to see patients well [laughs]*

> *GP: I'm sure you will because you're very articulate and very friendly and you come across as a very approachable person which is lovely. So I'm sure your patients will appreciate that and not everyone has those skills so I'm sure that you'd do well.*
>
> *Student: Oh, thank you very much I appreciate it. (Sarah (GP) with Thomas (student))*

This type of encouragement seemingly fostered an alternative narrative for students to focus on, namely the construction of 'doing well', rather than being perfect or getting it right first time. This appeared to provide students with much needed encouragement during challenging times, which may be absent or not necessarily forthcoming in other areas of their studies.

The space to discuss ways of being at medical school with a personal tutor with understanding of the demands of a medical school curriculum, as well as the ability to recognise signs of pressure, seemingly provided students with some temporary relief and 'permission' to reflect on their current thinking or practice. In some instances these interactions appeared to support students to build on their sense of self as learners during their medical school journey. For Fred, this appears to show a move away from fears of failure, towards a more attentive way of learning and being with his patients.

> *The process of your thinking of what you next need to do, whilst you're doing what you're doing and that in itself can just stall progress. But one thing I learned was, in terms of performing procedures and examinations, I do better when I have a context with which I'm doing those things. I realised when I went away after the first and second one and realising you know, this is the reason why and I'm feeling this for this reason. You become attentive to why you're doing it. (Fred, student)*

GP tutors also encouraged students to do other things with their time as a way of disrupting academic pressures including reviewing extra-curricular activities such as part-time jobs and wellbeing activities.

> *Student: I feel fairly happy, like I have a balanced life as well. I do stuff outside as well.*

> *GP: Which is really important, actually, because, yes because medicine can, kind of, consume you. (Aarav (GP) with Mo (student))*

Having a personal tutor able to challenge some of the perceived ways of performing at medical school also helped to support students in relation to signposting including to relevant learning resources or other academic or pastoral services.

Theme 2: Shifting career perceptions

As part of this study a number of GP tutors offered medical students alternative perspectives on their future career decisions. Some students discussed with GP tutors that the overwhelming nature of medical school had led them to forget their initial motivations for coming to medical school. Some GP tutors reminded students to discuss and focus on why they wanted to be a doctor, or to share areas they'd been particularly excited by so far in their studies.

> *Student: Whenever I get into something new, like for rheumatology at the beginning I was, like, ooh this is interesting... Like, I know what to do in the future. (Louise, student)*

Reassurance appeared to be a common aspect to interactions between GP tutors and medical students. This reassurance was not only about decision-making with regard to careers, but also about jobs perceived as menial by students. For example, some students appeared to be reassured that opportunities to learn how to become an effective clinician were available even through administrative work. This appeared to help some students to develop a more enthusiastic outlook on tasks that at first were perceived to have little value to their development.

Student: I've been told that a lot of F1 is admin work, and that is a bit of a shame.

GP: Yes, but you'll learn more through doing the admin. So, you might be the one who has to go and negotiate the MRI scan for the patient. And yes, anybody can do that, you don't have to be a doctor to do that. But you have the skills and knowledge to convince the MRI person why they should say yes to you. And then you will learn from seeing that patient. So, you will learn, but yes you are also a bit of a PA for your team for the year (Sarah (GP) with Asim (student))

In other instances, such as those between Fred (student) and Sandra (GP), the space given to discussing careers appeared to help cultivate a stronger sense of professional self, helping students to feel more connected to their developing sense of professional autonomy.

Student: I think that my first approach is, is one to, um, not feel like this is a medical interview with the patient and say like I'm trying to understand your story and as much about how things fit together and what's important to you and not. Um, and then towards the end I like to finish by just kind of getting a more picture, a broader picture so that it's not, you know, now about you in the medical and you're finished. Broader picture of like what do you do, uh, those sorts of history and those kinds of things. So that's kind of my current approach but I imagine that will change…

GP: It's a good start because I think the patient story, if you don't allow them that golden minute or that golden few minutes to kind of put context in place, you can miss a lot. (Fred (student) with Sandra (GP)

Another discussion point included the students' choice of which specialty to pursue. GP tutors' experience and perspective at this stage may help students to keep an open mind about alternative opportunities or skills that may present themselves along their career pathway.

Student: I can't really choose between rheumatology and general practice because I like both of them so…

GP: Well you don't have to choose. And you can even do both.

Student: Can you? Is that possible?

GP: Totally possible, the world is your oyster. You can do whatever you want. You could be a GP with a specialist interest in rheumatology…as a GP with specialist interest or you could be a rheumatologist and do a bit of general stuff on the side.

Student: That's amazing. (*Sarah (GP) with Asim (student)*)

Having a practicing clinician to act as a sounding board to particular assumptions about careers and specialties may therefore support students in their decision-making processes in relation to their career and lifestyle aspirations. This appeared particularly common when discussing possible specialisms associated with general practice careers.

Theme 3: Reframing hierarchies and re-positioning collaborative interactions

The interactions between GP tutors and medical students in the context of personal tutoring appeared to be a collaborative effort of sense-making and knowledge sharing. In order for a GP tutor to provide support, students first had to be willing to divulge information that they may have felt to be private and individual. When this effort was made by the student, personal tutor meetings appeared to become collaborative problem-solving scenarios. This collaboration also required a GP tutor to relinquish a degree of hierarchical power in their position of experience and be vulnerable themselves in order to share with and support students effectively. We see this arise in the example below.

GP: It's something that you have to go through the pain. [Laughs].

Student: Yes, yeah. I agree with you.

GP: You know, it's a bit like you know you can't run a marathon unless you train for it. And if you don't expose yourself to it…And a lot of students don't…..They don't expose themselves to it. They don't go and actually, um, examine patients…On their own. Or demonstrate in front of consultants...Who can rip them to pieces, because they don't do it, their learning is delayed.

Student: And, just to have that mentality is a big step to kind of making progress.

GP: But I think it's more to say rather than... Reframe your mindset to actually say actually the process we're doing it is about getting better…Rather than…You know, not doing it to get worse. If that makes sense.

Student: Yes, exactly. (Hannah (GP) with Nathan (student))

This dynamic may create feelings of exposure amongst GP tutors in that, responding to students queries about career decisions, particularly about general practice, they may be called upon to discuss their own sacrifices or career choices.

It's the burnout. General practice is tough. I only do it three days a week and I wouldn't do more than six sessions, but it allows me to have a more flexible life because I can do other things. I can teach two days a week, I can look at doing other things. I might get a special interest, I can do more out of hours. ….But I think it's more the flexible lifestyle that people like. The pay is decent. It's flexible in terms of how you want to manage your life. (Aarav, GP)

While this may suggest a particular set of skills required of GP tutors involved in personal tutoring, it also points to the active participation and engagement of students, encouraging both parties to see this interaction as an enriching experience.

Discussion

This study explored the interactions between GP personal tutors and medical students. Our findings suggest that a GP acting as a personal tutor may have an important role to play in the support offered to students, provided there is an opportunity to discuss both personal and professional issues in areas of uncertainty. The coping strategies students use at the beginning of medical school may be unlikely to change without appropriate intervention [13]. Many students may feel the pressure to maintain a 'perfect' performance level academically and professionally given that the medical profession is considered one of the highest achieving career paths [14]. A proposed method of changing a student's outlook is by supporting students to reflect on their concerns, for example, by encouraging them to increase their clinical contact [15]. Our findings support this by demonstrating the way in which students presented certain topics for conversation such as the demands of medical school culture, and how GP tutors encouraged students to reflect upon the notion of what a "successful" medical student means. Expanding these narratives earlier in a medical student's career may prevent them from experiencing significant distress later in their programme.

The GMC [5] suggests that effective personal tutoring within medical schools has the ability to act as a catalyst for culture change. Encouraging the participation of clinicians such as GPs in medical school personal tutoring schemes may provide another avenue to address medical school student mental health issues in a preventative manner. Our findings suggest that GP tutors provided students with different perspectives on how to manage some of the demands of medical school and how to combine their professional interests. For some individuals this may act as a useful method to develop counter-narratives that enable a healthier engagement with what it means to be a medical student and clinician.

The effectiveness of these narrative interventions may depend on the relationship between the student and their personal tutor. Good rapport with a personal tutor may be a driver of mental health help-seeking behaviour amongst students [16]. Our findings support this concept by showing that GP tutors shared personal struggles they faced in order to show empathy with students. Indeed, students find better affiliation with those that have had similar experiences [17]. Emotional transparency may help students feel comfortable speaking openly and help meetings to become collaborative. Having students interact with a tutor who has encountered similar challenges and overcome them could help students feel less isolated and for struggle to become normalised as a point of professional development. This sharing of relevant experiences may act, as demonstrated in our study, as a way to cultivate a trust-based rapport and an environment where vulnerability is encouraged. This appears to be achieved when the student feels able both to confide in and see their tutor as a peer as opposed to a role model [17].

Practical Implications

The table below offers guidance, based on our study findings, to tutors wishing to have collaborative conversations in a personal tutoring context. We provide examples of the possible topics students may wish to discuss and the opportunities these present. We support this with an additional, exemplar quote from our data. These may act as useful prompts not just for GP tutors but any tutor or medical school running personal tutoring schemes. However for medical schools seeking to implement personal tutoring as a way of creating counter narratives intended to support student wellbeing, there must first be an acknowledgment that an existing medical school culture may need to be transformed [4]. The power to do so may exceed what is possible at an individual level and instead require engagement at broader institutional, societal and political levels.

Insert Table 2. Guide to productive conversations during personal tutoring here

Limitations and Strengths

This study did not speak directly to GP tutors or students about their experiences. This would be a helpful triangulation for future research to undertake, for example through the collection of both qualitative and quantitative data on both student and tutor expectations about and experiences of the personal tutor meeting. This study also only involved tutors working within a primary care setting. Our findings are therefore confined to the interpersonal dynamics between GPs and medical students only. Future research may explore whether and how this might differ from the involvement of other medical specialities and professions within a medical school context, and how this might qualitatively develop longitudinally. While both parties will have been aware the audio recording was taking place, this study obtained data with minimal disruption to the dynamics occurring during a personal tutor meeting between tutor and tutee, reflecting a typical conversation and range of topics.

Conclusions

This study explored the interactions between GP tutors and medical school students during personal tutor meetings. Personal tutors may help to disrupt student narratives of perfection and the perceptions held by students during their future careers. This process became apparent during shifts in the nature of the interaction from role model to collegial peer, enabling legitimate exchange of more personal and experiential knowledge. By acting as a peer, students appeared able to consider alternative counter-narratives that supported them to reframe both current and future experiences of medical school and the medical profession. With appropriate training, available avenues for signposting and referrals, clear role boundaries and willingness, personal tutoring that includes individuals working in practice

may benefit students in the long run both in terms of their academic coping strategies and career-making decisions.

Word Count- 3,539.

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Table 1. Data analysis steps

Step	Process
1. Identifying the story	Indwelling (i.e. familiarisation with the stories): look for shifts in conversation, context settings, actions and resolutions, declarations
2. Identifying narrative themes	Patterns within data: look for common themes, threads, repetitions, key words
3. Identifying narrative structures	How the story is compiled: look for direction (i.e. progress or decline), crossroads/ intersections, evaluative comments, changes in tone, strategies

Table 2. Guide to collaborative conversations during personal tutoring

Conversation topic	Opportunity	Exemplar quote
Medical school experiences including culture and work-life balance	• Negotiating and producing helpful counter-narratives together • Signposting or referral to other services as needed • Boundary setting *with* the student (i.e. limits to tutor knowledge/ ability to help) and *for* the student (i.e. discussing when to take breaks)	*GP: And you mentioned football, is that next… Football season's over, it is next season, next September?* *Student: Yeah, I might actually take it up next year because we're going to miss that. This year I took a break just for work reasons, but I feel like, why not next year? Especially if you know how to balance clinics and socialise, so it's quite good. Yeah, I'm going to take it up. I've missed it. I miss football, yeah.*
Career prospects	• Exploring career (mis)perceptions • Exploring and reconciling developing interests • Signposting to enhance or further professional learning and development	*Student: Yeah. I see a lot of diabetes and um, and lots of a few thyroid things which is good, but most of it is diabetes from what I've seen so far.* *GP: Okay, you know that would have done you in good stead because as you say, common things are common, and that's the sort of thing that will come up in your exams and in life in general. So, that's good to know.*
Professional stories of growth and failure	• Addressing hierarchy, sharing vulnerabilities • Peer-to-peer dialogue • Student empowerment • Normalising challenges	*GP: It's, it's a big, big jump. And some people really struggle with it. And I struggled with it...To be honest with you, when I was, um, at this stage of my career. I was very lost. Um, so I kind of… I'm very attuned to how difficult it can be.*