



“But I’m not a doctor”: The quirks and challenges of a PhD in Medical Education as a non-medic

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ABSTRACT

Medical Education is a discipline that presents newly incoming researchers from the social sciences with a distinct set of challenges. One of these is the imposter syndrome that can arise as a result of having a non-medical background. Social scientists new to the field are operating and existing within a discipline that they do not yet feel they belong to. This opinion piece shows how prominent imposter syndrome has been for us as PhD researchers from the social sciences. We then go on to explain that the multidisciplinary character of Medical Education offers an exciting opportunity to start resolving these identity issues. We suggest that more can be done to frame Medical Education as multidisciplinary. This could help social scientists who are already members of the field to understand that their place within it is valid and attracting new social scientists that might wish to pursue a PhD in Medical Education. We conclude by inviting colleagues to develop on our thoughts by opening the dialogue about developing practical solutions that can address the imposter syndrome present in current PhD researchers and encourage social scientists considering a PhD that Medical Education could be the field for them.

Keywords: Medical Education, identity, doctors, academics, non-medic

Entering Medical Education as a non-medic

There is a large and comprehensive literature surrounding the PhD experience, but little has been written about the specific experience of undertaking a PhD in Medical Education (Bryan & Church, 2017; Gill et al., 2009). Medical Education is a relatively new and rapidly expanding field, with the community growing rapidly over the past decade or so (Albert, Hodges & Rogeher, 2007; Cook, 2010). With this new field come some quirks and challenges not encountered in other disciplines. This became apparent to both of us in 2018 when we were invited to attend and meet other Medical Education PhD researchers from across the UK at University College London (UCL). Billed as an informal meeting and networking opportunity, we were intrigued to find that among the non-medical researchers, there were some challenges surrounding identity. In particular, the idea that whilst we perceived Medical Education to be the reserve of medics and educationalists, the reality is that it is not. Although we now know that a PhD and career in Medical Education are both viable and fulfilling, other newly incoming social science researchers might initially find it difficult to agree. We want to emphasise our view, primarily drawing on our experiences as social scientists.

Bryan and Church (2017) explain that PhD researchers within Medical Education can feel isolated from the wider PhD cohort and this is something that we can attest to. As they point out, Medical Education as a research discipline is a relatively new and growing field. So much so, that many from outside the discipline do not understand what your role could possibly be. When talking to others outside of Medical Education, conversation is often punctuated with the caveat ‘...but I’m not a doctor’. Feeling the need to justify yourself in this way can, in our experience, really ramp up the imposter syndrome feelings (Clance & Imes, 1978) so commonly discussed as part of the PhD experience. Beyond this experience of isolation from the rest of the PhD cohort, within the Medical Education department itself the world of medicine can feel dominant and as a result there are moments when social scientists like us can feel like out of place. Acronyms, co-workers’ area(s) of interest and even office space can facilitate these feelings of ‘otherness’. These feelings mean that we sometimes ask ourselves the question: ‘*But I’m not a doctor, what am I even doing here?*’.

All is not as it appears

However, all is not as it may appear. Medical Education is an academic discipline in its own right but, after spending some years in the field, we have begun to truly see the multidisciplinary within it. It may once have been the case that Medical Education was dominated by biomedical and quantitative research methods, and lacking application of theory. But as Albert et al. (2020) point

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out, Medical Education research cannot be comprehensive if its researchers “draw on a narrow range of knowledge, methods and approaches” (Albert et al., 2020). In the last decade, a greater appreciation for the application of social scientific methodology and theory has come to bear (Brosnan, 2013; Rees & Monrouxe, 2010). In light of this, as well as the fact that those from clinical and/or science backgrounds may be less familiar with the application of theory (Brosnan, 2013), we feel confident that social scientists have a place within Medical Education.

We actively encourage social scientists and those coming from non-medical backgrounds to be proactive with the resources offered by their parent discipline. This means embracing a culture of collaboration, not only with staff but also other PhD researchers; those from clinical and non-medical backgrounds alike. Equally, we think that departments themselves have a role to play in facilitating this. Although Medical Education is a home for interrelated disciplines, we wonder whether more can be done to frame it as such. This way, incoming researchers from the social sciences would realise their worth earlier on in their PhD experience. Medical Education is not necessarily renowned for having its own theories and as Brosnan (2013) and Bleakley (2005) argue, social scientific research brings broader methodological and theoretical issues to bare. So, we see some level of interdisciplinary integration between Medical Education and the social sciences as one potential avenue that can bridge the gap and demonstrate where areas of overlap may exist. Another possibility might be to use events and conferences connected to the social sciences to showcase what Medical Education has to offer to other social scientists. This way, newly entering PhD researchers within Medical Education can actively understand what they to bring to the table and how Medical Education can benefit from application of social sciences.

A place for non-medics

The progress that has been made in identifying Medical Education as multidisciplinary is a step in the right direction when it comes to addressing the identity issues of non-medics in the field. Equally, we think that this is hugely beneficial for ensuring that Medical Education is better understood and better acknowledged within the wider research community. We suggest that this progression must continue, with more being done to remind social scientists that Medical Education is not just reserved for medics. Future reflective analysis could further examine how social scientists, and those from other disciplines, feel about their identity within Medical Education and what they believe could be done to strengthen it.

We do not have all the answers in this short opinion piece. But we reiterate that in our view, social scientists should be reminded that Medical Education offers them the chance to apply their theoretical and methodological interests and expertise to a whole host of important issues surrounding how we educate the doctors of the future. Our hope is that in opening up the dialogue about this issue, more in-depth and reflective discussion can begin about the practical ways to help introduce and integrate social scientists into the exciting and expanding field of Medical Education.

Biographies

Jemima Thompson is a PhD researcher at UCL (University College London) with a background in Psychology. She has previously worked in NHS clinical research in London. Her PhD focuses on doctor-patient communication in patient-centred care.

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