Stereotyping of healthcare professionals' personality traits in simulation training

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INTRODUCTION

Medical students and junior doctors' perceptions about medical specialties are influenced by multiple factors. The hidden curriculum describes the implicit influences which shape the attitudes, behaviours and choices of medical graduates[1]. Much of what is learnt through simulation occurs through powerful positive and negative behavioural role modelling that occurs during simulations.

Some doctors, encountering negative attitudes towards a specialty they intended to choose, become defensive or silent. Furthermore, perceptions of prejudice or stereotype aren't always recognised[2]. Almost 25% of students report being likely to change their career choice as a result of these experiences[3]. Simulation-based education (SBE) is an important method for improving the professional development of medical students and junior doctors. We sought to describe the extent and patterns of positive and negative personality traits defined in SBE scripts and discuss the implications.

METHODS

In this multi-centre study, SBE scenario scripts from three UK simulation centres were retrospectively reviewed by two independent assessors. Scenarios for medical students, foundation doctors and core medical trainees were included. Personality traits written into the script were recorded alongside the professional role with which they were associated. Where negative personality traits were identified, the learning outcomes of the scenario were assessed to clarify relevance.

RESULTS

138 scenarios were included in the study. 274 faculty roles were identified within these scenario scripts. 123 (44.9%) of these roles had clearly defined personality traits. The most common role played by faculty members were nurse (124/274, 45.3%) and medical registrar (38/274, 13.9%). Positive personality traits were more common than negative ones (91 vs 32, respectively). Negative personality traits were seen in only 6.9% of nursing roles in contrast to 29% of Acute Care Common Stem (ACCS) specialties ($P<0.05$). Surgeons (23%) and intensive care registrars (50%) also fared badly. In total 32/274 (11.7%) roles were associated with negative personality traits. They were associated with learning outcomes in only 18/32 cases (56.3%).

DISCUSSION & CONCLUSION

Stereotypes around the characters of healthcare professionals are formed early and reinforcement may lead to ingrained perceptions and interprofessional behaviours[4]. It is encouraging that most defined personality traits in our study were positive. However, scripting some specialties as 'dismissive' or 'difficult' may enhance or engender biases to be taken back to the workplace. Role modelling should be explicit in clinical teaching, and clinical teachers need to be able to articulate which aspects they are modelling as these may have implications for professional development, the effectiveness of wider healthcare teams and ultimately the quality of patient care.

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