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Article in Press

A peer once described professionalism for medical students on clinical rotations as a strategic “pageantry”. Like a trapeze artist I am consistently toeing the line between formal yet relaxed, demure yet approachable, knowledgeable yet teachable, and all the while trying to bring a unique sense of personal style and zest that meets (but doesn’t overstep) the subjective expectations of a wide range of preceptors and their patients. This whole song-and-dance act leaves me open to *constant* evaluative critiques that I’m not doing something right and need to change it. And at the end of a long day, I feel like a modern-day Sisyphus, exhausted from pushing my personality up a mountain of professionalism in an effort to keep it alive. A partial explanation for the friction I’m experiencing is the fact that I am very unapologetically myself – extroverted, silly, and dare I say it, loud – and I don’t like to be told to be different. But unfortunately, I have chosen a career that is the opposite of those qualities, and I have gotten feedback to “be myself less” more than once, leaving me feeling disenchanting and disconnected to the career I’ve decided to dedicate my life to.

From a young age I have been confident, bold, and brave enough to be remembered with a big personality. And until recently, I believed that my personality could be one of my strongest qualities as a medical student. I envisioned it helping me to connect with and care for patients swiftly and effortlessly, in the same way I have with so many peers and colleagues over the years. However, after completing more than half of my clinical rotations, I have learned that instead of being seen as a refreshing energy and asset to my medical career as I had hoped, it is seen by many of my superiors as one of my most fatal flaws and a problem to be evaluated and corrected.

After completing my pediatric rotation, I received a performance evaluation from an intern which read “*Continue to work on gathering a history and physical from the patient/their family in a respectful manner while using professional language*”. I remember feeling my face flush and my blood run cold after reading it. I thought back to the mere 2 days she and I had worked together and searched my memory desperately, wanting to remember if I had done something worth frowning upon. But the

only thing I could think of was the fact that our professional styles were very different; she was very stern and serious, whereas I am very casual and laid back. I tried to let it roll off my back, but this testimony's wording felt unfair and unwarranted. I reached out to the pediatric course coordinator over concern that this feedback (which had the potential to end up on residency applications) would be misconstrued as profanity or something else truly inappropriate, and she comforted me that everyone occasionally gets bad feedback and that sometimes professional styles can really clash, and that I should keep this in mind moving forward.

What stayed with me after that was the fact that I no longer felt allowed to be myself freely in the clinical setting. I felt like I needed to censor or muffle the shine that makes me *me* and I felt at the absolute mercy of my overworked and under-slept supervisors – once victims of this culture of professionalism themselves – who clearly did not want to connect with me in the way I was looking to connect with them. And more to the point I felt that this was an indication that a personality is not seen as an asset but as a liability, informed by the power politics that lead so many medical trainees and attending physicians to believe their way of practicing medicine is superior to those subservient to them.

Over time, I forgot about my experience on my pediatric rotation, until this feedback reared its ugly head on my evaluations during my family medicine rotation. This time the feedback was *“change how much energy I bring into a room.”* I was once again embarrassed that I had had the audacity to be myself. In my opinion, being bright, enthusiastic, and extroverted is also professional and it felt demoralizing to me that I once again felt like my personality didn't fit nicely into the preconceived, cookie-cutter qualities dictated by the medical power-figures that be.

This feedback would feel warranted if I were unable to titrate my energy to match that of a patient, but I have never felt this to be the case. I enter the exam room with my best self on display and if a patient is in acute pain, or if the topic of a conversation migrates to more serious topics – e.g. mental

health or social stressors – I lower my volume and replace enthusiasm with active listening and supportive head nodding, mirroring their energy and leaving space for a patient to feel heard. Therefore, who is this feedback to be “different” for? Who is it benefitting? It seems like it is less of critique to be a better doctor, and more of a subjective personal preference. In other words, it’s something *they* wouldn’t do, but that does not mean it’s wrong.

It’s moments like these where I wonder, am I not cut out for medicine? There are already very few people in this field with a background like mine or a body like mine, and now I’m being told I shouldn’t have a personality like mine either. What I’m getting at with all this is that maybe it’s just *me*. And if I must change so many things about myself just to satisfy this personality criteria I never even wanted to fit into in the first place, then I can’t help but feel disillusioned in my career choices. Medicine already asks me to pay six figures in out-of-state tuition and almost never see my family, what else do I have to give up? Is the expectation that I must perform life-long code switching in order to be successful? Being different and being unique is both important and brave, and it is hurtful and disappointing to me to hear my superiors chastise me for it.

Maybe it *is* that I’m letting myself get too comfortable. Or maybe it’s that I am trailblazing a new kind of informal and colloquial style of medicine that will benefit a distinct set of patients. Either way I am urging those in evaluative positions of power to stop insinuating medical students should not feel free to be themselves in the name of toxic professionalism. If a patient were to be harmed by a personality, then of course this should be corrected. But to claim that I need to change simply because I am different or am not you, reader, is both harmful and untrue. To put it plainly, I am not open to feedback on things I am not interested in changing, and my personality is one of my favorite things about myself. So no, I will not “be myself less” with patients as a student, as a resident, or as an attending. Patients deserve to have a doctor like me one day and they deserve the best version of myself and nothing less.