

Inside The Heart of Medicine: Does an Unfiltered Look at the Emotional Challenges of the Doctor

Help Prepare Medical Students for Future Practice?

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Background

- Models for reflection in medical education are known to be most impactful when emotionally resonant¹
- Our panel, 'The Heart of Medicine', was created in 2017 as a unique reflective opportunity for Third and Fifth Year medical students attending Barts and The London School of Medicine and Dentistry
- We host doctors across specialties and grades to provide unfiltered insight into difficult interactions they have experienced in their careers (e.g. litigation, death, patient/family/colleague conflict, etc.), endeavouring to prepare students for the emotional challenges of the profession otherwise underappreciated by the curriculum

Aims

- We assessed whether our panel as a format of reflective practice is a useful tool for medical students transitioning into the clinical environment (i.e. Third Years starting clinical rotations and Fifth Years entering Foundation training)
- We aimed to ascertain the commonest themes of feedback to understand positive and negative critiques

Methods

- The Heart of Medicine panel was hosted twice a year (once for Third Years in autumn and once for Fifth Years in summer), and was approximately 1-1.5 hours in length
- Panellists, ranging from 3-5 doctors, each shared an emotionally challenging experience from their own practice, followed by a question and answer session
- Attendees provided free text feedback regarding the usefulness and applicability for their own practice
- We retrospectively analysed students' feedback across 18 panels from 2017-2025 via TextBlob, a natural-language sentiment tool, to provide a reproducible baseline score
- This was supplemented with context-aware qualitative scoring to capture emotional resolution otherwise unreliably detected by TextBlob's lexicon-based analysis²

Results

- Students' (n=1053) feedback provided a mean sentiment score of +0.30 in TextBlob and +0.86 in context-aware qualitative scoring (-1 (very negative) to +1 (very positive)), indicating consistently strongly to very strongly positive reception
- Common themes elicited included: session format, applicability/preparedness for practice, honesty/authenticity of the panel, usefulness of the session, wellbeing promotion, the diversity of the panel, and inspiration/motivation (Figure 1)

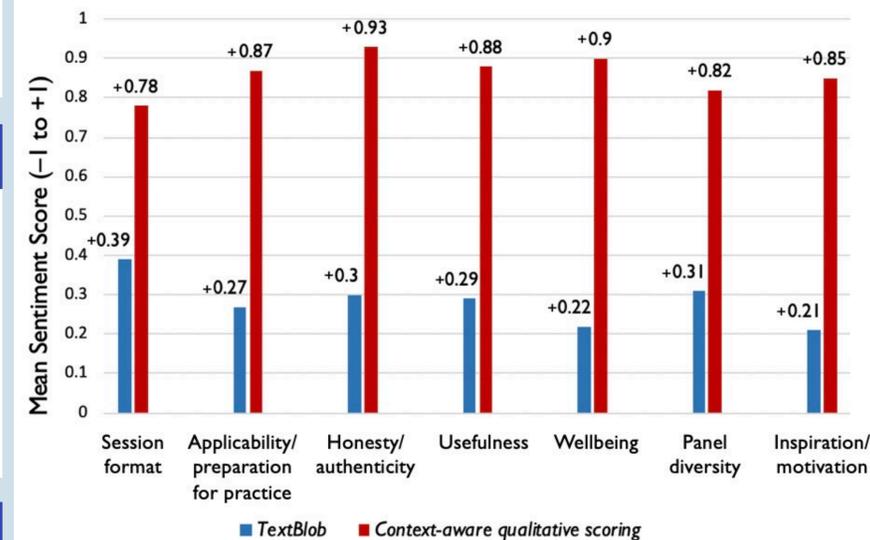


Figure 1: Mean sentiment scores of common feedback domains analysed by TextBlob and context-aware qualitative scoring

- Panellists were praised for emotional vulnerability: "Very grateful to have... open, real and honest conversations", "Made me feel like I'm not alone", "Helped me feel more prepared for work as an FI"
- The main criticism was the brief session length (15% of total feedback), scoring -0.12 in TextBlob and +0.35 in context-aware qualitative scoring, reflecting a desire for deeper engagement and further sessions
- However, 2 students highlighted emotional distress/anxiety during the session: "Makes me feel more anxious thinking about how awful it is likely to be some of the time," "Made me feel generally more worried as felt like there weren't always tangible solutions."

Discussion

- Doctors face tremendous challenges in the NHS, transitioning from medical school into an ever-demanding, and often highly fraught work environment³
- Burnout has doubled since 2019, at 61% amongst trainees⁴
- Mounting evidence emphasises wellbeing initiatives, with the General Medical Council's 2019 report 'Caring for doctors Caring for patients' recognising patient safety as dependent on physician wellbeing⁵
- General consensus of our panel is overwhelmingly positive, especially due to its candid format about the challenges of the doctor beyond clinical acumen (+0.30 in TextBlob, +0.93 in context-aware qualitative scoring) and its emphasis on maintaining wellbeing despite these (+0.22 in TextBlob, +0.90 in context-aware qualitative scoring)
- However, we advise trigger-warnings are essential to limit distress due to its sensitive nature
- Nevertheless, many discover inspiration (+0.21 in TextBlob, +0.85 in context-aware qualitative scoring), renewing their motivation to pursue medical practice

Conclusion

- The Heart of Medicine is a unique format of reflective practice, creating a more holistic undergraduate curriculum
- It provides insight into the emotionally demanding aspects of being a doctor, highlighting human factors that play a critical role in mistakes and conflicts, rather than clinical errors
- Medical students appreciate this intimate perspective which humanises their future colleagues
- The opportunity for discussion further enlightens them on how to approach similar issues themselves should these be encountered in their own future practice

References

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