Why students might lack interest in careers like psychiatry

Editor—I write in response to Boodell's letter regarding a lack of interest in psychiatry among medical students.[1] It is my experience that such a lack of interest is not restricted to psychiatry but also applies to care of elderly people and general practice. I wonder if this is because these careers contain the largest element of social work as opposed to straight application of clinical skills and knowledge taught in didactic teaching sessions.

Although today's medical courses are structured to stress a holistic approach to patients, the unequivocal nature of much of the practice of the medical and surgical specialties will always mean that these attract more students than psychiatry, care of elderly people, and general practice, which focus more on problem solving in a broader, more socially oriented sense. Whether this discrepancy is something that can be examined and redressed by medical educators or is related to the deeply held preferences of those that are selected as medical students is unclear. However, the figures quoted in Boodell's brief study point tantalisingly towards the former.

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1 Boodell K. Students lack interest in careers in psychiatry. *studentBMJ* 2003;11:166. (May.)

Don't single out Dundee students as "dishonest"

Editor—It will, I hope, be seen as a rather entertaining juxtaposition: an article declaring that students should stop taking oaths side by side with an article suggesting students accept academic dishonesty in May's *studentBMJ*.[1]

I was in my first year at Dundee University when a fourth year student presented us with a questionnaire for her fourth year project, a year long research special study module. I can assure your readers that my classmates and I never thought that the results of the study might be published and would come back some day and haunt the participants by suggesting, to a national audience, that we are dishonest. I draw only a little comfort from the fact that out of the students who participated, my year was the most "honest."

The defence of the students at the time of first publication was pretty lame. The robust response of faculty secretary Walter Williamson this time might be related to the slant the current reprint has taken: the students became more dishonest whilst passing through medical school; cheating is learned perhaps by modelling, and is not congenital.

But what grates most with the students who took part is that the study makes no comparison with other medical students. There is an implication that Dundee students are dishonest, but maybe students elsewhere aren't. It would also have been appreciated if the faculty of medicine, who are always delighted to see their students' work published, had shown a little more foresight in this instance or at least apologised to the affected student body for allowing an (over) eager classmate to besmirch our name.

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1 Goldie S. Scottish medical students accept acts of academic misconduct *studentBMJ* 2003;11:138. (May.)

Deceitful behaviour is not justifiable

Editor—I was shocked to read Bhangu's comment that to introduce yourself as a doctor when you are a medical student is another lesson in how things are done differently and not a lesson in deceit.[1]

Introducing yourself as a doctor when you are not one is deceitful. It is also disrespectful and denies the patient any right to make an informed choice regarding their participation in your training.

I have been introduced as a doctor to a patient by one of my clinical teachers. I did not object at the time (as did none of the other eight students in my second year ward group), but was left wondering what this action meant for the patient and for the doctor-patient relationship.

If I had been that patient, I might have wondered why those wearing badges proclaiming themselves to be medical students were being introduced as doctors. I might have wondered why these "doctors" were so hesitant in their examination of the cardiovascular system. I might have wondered what else my doctor wasn't entirely telling me the truth about.

I fear for the ethical development of students who find deceitful behaviour justifiable in order to progress their training. We must all remember how we would feel if we were the patient.

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1 Bhangu A. There are too many restrictions on medical students. *studentBMJ* 2003;11:211. (June.)

NLP is important for medical students

Editor—I read with interest your article "Neurolinguistic programming: temperament and character types."[1] It is interesting how little we know about ourselves, let alone trying to understand the cause of illness in our patients. Indeed this area of "psychology" is slowly creeping its way into medicine with more universities now incorporating "sociological" and "psychological" modules into their curriculum.

This is a good thing because medicine is not all about curing disease but trying to understand an integration of physical, psychological, and social factors, which all need to be dealt with for complete and successful treatment of a patient. Neurolinguistic programming is an interesting field as it teaches you how to change your attitudes and behaviour to obtain the maximum benefit from the environment you are in. It combines behaviour and body language with attitudes and previous experiences, which influence the human mind. It helps not only doctors but anybody wishing to tap into their maximum potential.

One aspect of neurolinguistic programming is that behaviour is a direct result of the mind state at that point in time. For example, sadness generally results in a "depressed" facial expression, a slouching posture, and possibly an avoidance of others, but happiness generally results in a smiling expression, alertness, and a more interactive behaviour. Neurolinguistic programming teaches you that one can reverse this process so that if you are sad, if you behave happy, you will become happy, and your state of mind will change as a result of the behaviour.

I suppose this is the psychology behind telling a crying child to "give me a smile." In this light, I wonder how neurolinguistic programming can be used in the care of our patients as it would be an important asset to be able to explain to patients how they can also help themselves on the psychological and social side, while we deal with the physical part.

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1 Walter J, Bayat A. Neurolinguistic programming: temperament and character types. *studentBMJ* 2003;11:204-5. (June.)

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