University of Southampton

Faculty of Medicine

Medical Education

An Interpretative Phenomenological Analysis of Impostor Syndrome in Medical Students from Low Socio-Economic Backgrounds

Volume 2 of 2: Supporting Documents

DOI:

by

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Thesis for the degree of PhD in Medical Education

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Table of Contents

Introduction to this Volume

This volume comprises two distinct pieces of work: an exploratory study which informed the final PhD project and a full write-up of individual analyses. While the completion for both of these was necessary for the overall project, they are not required for comprehension of the final thesis.

Document A: Exploring Perceptions of OSCEs

The first of these, titled 'An Initial Exploration of Assessor and Student Perceptions of OSCEs', was completed for my First Progression Review. This normally takes place after nine months of PhD candidature, but due to the impact of Covid-19 took place after a year. When this PhD was initially proposed, it was intended to explore reports of linguistic discrimination in OSCEs against students from underrepresented backgrounds; this exploratory study was intended to gather evidence to support or refute these claims and to inform the methods of the main project.

Following the exploratory study, further research into OSCE processes, and feedback from the examiner, it was decided that this project was not viable. This was decided due to three primary reasons:

1) Ethical Issues: Having spoken to the assessment team, it became clear that I would not be able to record summative OSCE assessments. The only option then was to audio-record the formative OSCEs which students take at the end of Y2, but these are students' first experience of assessments of this type and it was considered unfair to add additional pressure by recording students. Also, audio recordings would not allow for non-verbal features to be captured, meaning that subtle gestures and facial expressions which may influence assessors' decisions would not be reflected in the data available.
2) Logistical Issues:
    a. Due to Covid-19, it was unclear whether OSCEs would go ahead in 2021, and if so, what format these would take. This uncertainty made planning and preparation almost impossible, and would have required additional collaboration with the assessment team, who were already under increased pressure due to the pandemic.
    b. For a comprehensive study into linguistic discrimination, transcription would have to be highly detailed to capture nuances in accent, pitch, and other paralinguistic features. While possible, this would render the PhD as primarily linguistic-based, which would inevitably detract from the intended Widening Participation focus.
3) Rationale Issues: After some exploration of attainment data, it transpired that the number of students who had failed OSCEs in recent years was negligible; this meant that tangible benefits to the study were dubious.

Findings from this study were then used to inform the final thesis project; this process, along with the full thesis are presented in Volume 1.

Document B: Individual Analyses

When undertaking analysis of interviews for the main PhD project, I found it beneficial to write up each participant's PETs (Personal Experiential Themes) in full. This helped me to consider the data as a whole, as well as in terms of each theme, and further increased my familiarity with each transcript.

Once each participant's analysis had been written up, it was clear that the analyses combined were too lengthy to include in the final thesis, and so were instead used as references for writing up of the descriptive, linguistic and conceptual individual analyses presented in Volume 1: Chapter 4, and the GETs (Group Experiential Themes), found in Volume 1: Chapter 5.

Summary

Neither of these documents are essential reading to engage with the overall PhD thesis, however both provide additional context and detail which supports the final manuscript. Some overlap in contents is inevitable; the literature review in Document A included research into Widening Participation, which was also then included in Volume 1: Chapter 2; and Volume 1: Chapters 4 and 5 will also share similarities with Document B, although the analyses presented here include exploration of a far greater range of quotes and in far more depth than was feasible to include in Volume 1

An Initial Exploration of Assessor and Student Perceptions of OSCEs

by

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PhD Medical Education

First Progression Review

Submitted October 2020

1) Overview of PhD

This project aims to investigate potential discrepancies between the performance and attainment of students from Widening Participation backgrounds in their clinical assessments in the form of Objective Structured Clinical Examinations (OSCEs). For more information on OSCEs please see section 3.1.2.

Ultimately, this will involve recording and analysing interactions within OSCE stations, and cross-referencing this with the marks assigned to each student by examiners. In this report, however, I will be discussing the small-scale exploratory project undertaken in preparation for the main study in which I have explored the views and perspectives of OSCEs held by examiners and students. The insights gained from this study will inform the methodology and research questions for the main study. The relationship between these two studies is demonstrated in Figure 1 below.

Anecdotal evidence from students on the Widening Participation (WP) Medical Programme at the University of Southampton (UoS), entitled BM6, indicates that during their OSCEs these students feel particularly discriminated against due to their communication styles. This may be related to their vocabulary; many WP students have English as their second language and therefore can struggle with the very technical medical terminology and pronunciation, but also with the nuances of communicating effectively with a patient. Accent may also play a part in this, with students from a variety of geographical and social backgrounds worrying that their accent is not 'professional' enough and that they therefore won't be taken seriously in the formal OSCE setting. It may also be as a result of their own lack of self-confidence and potential heightened awareness of what they perceive to be their own shortcomings.

This exploratory study aims to provide substantive evidence to support these anecdotal claims, thereby underpinning the rationale for the main study.

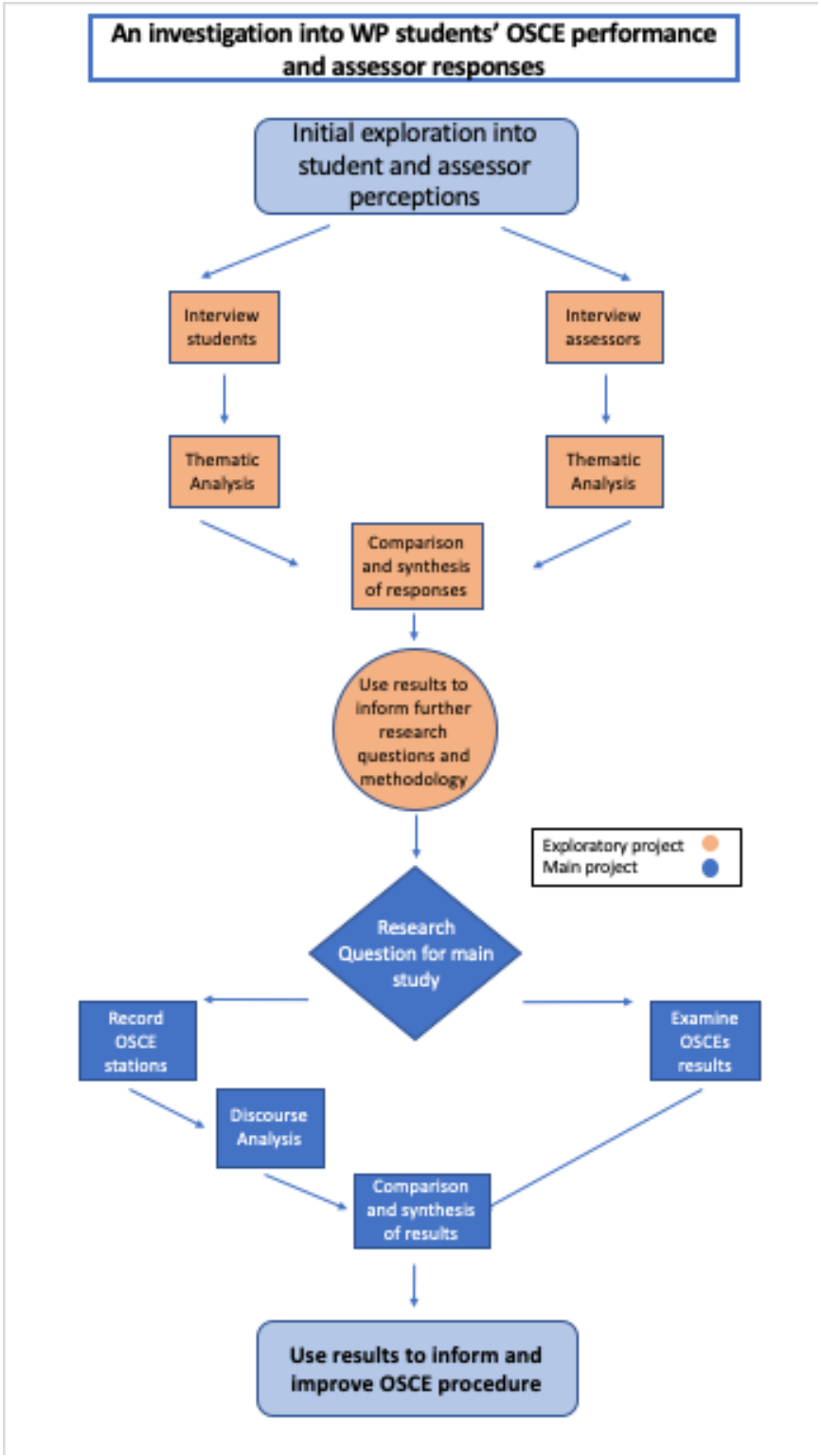

Figure 1: Overview of relationship between exploratory project and main PhD project

2) Introduction

2.1) WP

In this section, I will introduce the concept of Widening Participation[1] and its role within Higher Education and Medical programmes.

The globalisation of Higher Education, along with the introduction of widening participation initiatives, has led to increasing numbers of both international students and students from backgrounds which would not traditionally have yielded academically-inclined individuals. Most contemporary WP initiatives are borne out of the recommendations of The Dearing Report[1], which determined that Higher Education (HE) establishments have a responsibility to expand their recruitment aims in order to increase diversity in their student cohorts, and recommended that institutions which have demonstrated a commitment to widening participation should be prioritised when funds are being allocated.

WP initiatives aim to provide a more diverse learning or working environment, and promote the inclusion of society members who may not fit into the traditional stereotype of that particular environment. While such schemes are generally judged to be successful, there remain some concerns that those who benefit from them are still being treated differently to their more 'traditional' peers, either by their superiors, members of the public, or the peers themselves[2].

The definition of a WP background is dependent on its context; it will change according to the demographics and policies of the particular country, region or institution in question. For example, countries such as Canada, New Zealand and Australia's WP initiatives primarily focus on their indigenous and rural populations[3–5], although low socio-economic status is also considered a WP criterion. In the UK, however, low socio-economic status is generally the main focus for WP initiatives, although this will differ in certain regions of Scotland, for example, where the priority may be the recruitment of students from rural areas. The focus of this study is a UK-based WP programme, and therefore only the UK's WP initiatives will be explored in greater detail.

[1] Widening Access and Widening Participation are frequently used interchangeably, though by definition they have different focuses and priorities. Widening Access is about increasing recruitment of students from under-represented backgrounds to enter into a certain career or further education, whereas Widening Participation recognises the need to ensure that someone is able to fully progress in that career or educational environment[64]. In this report I will be using Widening Participation (WP) throughout, though some quotes may refer to Widening Access (WA).

As seen here, WP priorities differ on a geographical basis, but they also change and evolve in line with society, and societal expectations. For example, in 1986, women made up only 42% of university students, and therefore widening women's participation in Higher Education was a key government focus[6], but by 1992 women's participation matched that of men[7], and by 2017 had surpassed it, with 57% of university students being female[8]. As stated in the previous paragraph, the UK's main objective of WP initiatives is to increase the number of students attending university from low socio-economic backgrounds. While the percentage of students entering Higher Education who are eligible for Free School Meals (FSM) increased from 17.4 in 2008 to 25.6 in 2016, the percentage of students *not* eligible for FSM entering HE also increased (from 34.9 to 43.3), meaning that the percentage point difference between the two has remained largely the same[9]. While it is not an infallible method[10], Free School Meal Entitlement (FSME) is commonly used as a measure of deprivation in the UK[11] and is sufficiently robust enough to demonstrate the intended point here: that generally speaking, students from more deprived backgrounds remain far less likely to enter HE than their more privileged peers. This disparity is amplified in certain programmes such as Medicine, in which 84.9% of students did not receive FSM, and only 8.3% did, with the remainder unsure or preferring not to disclose. The measures being taken to address this considerable imbalance will be explored further in the following section.

2.1.1) Widening Participation in Medicine

Within the field of Medicine, WP is seen as key to creating an empathetic, diverse medical workforce in order to provide the best patient experience and to better represent the societies they serve. Evidence suggests that doctors from WP backgrounds are more likely to opt to work in communities and areas similar to those in which they grew up[12], therefore improving healthcare for those who may struggle most to secure it. It is hoped that this will also mean that younger generations from these areas will now have role models to whom they can look up and aspire to be like, thus perpetuating a much-needed cycle of inspiration. Traditionally, medicine in the UK was seen as a profession for middle-class white males, however in recent years the representation of ethnic minorities and women has increased drastically (Secretary of State for Education, 2004). Despite this progress, the socio-economic barrier continues to exist; in 2014, 80% of medical school applicants were from just 20% of schools[13], and 44% from selective schools, compared to just 11% of the general population[14]. In order to extend the diversification progress being made with gender and ethnicity to still-underrepresented low socio-economic groups, a number of gateway programmes have been created[15]. These programmes typically endeavour to recruit students based on academic potential, rather than prior academic attainment, and to support these students to ensure that they are not academically disadvantaged moving forward[16]. For the academic year 20/21, nineteen UK medical schools have gateway programmes available for students from WP backgrounds[17], although the eligibility criteria will differ by institution. While this is a hugely positive step forward, retention[18] and

attainment[19] figures are still lower among students on gateway programmes than among their traditional entry counterparts.

2.1.2) Differential Attainment

Differential attainment may refer to the gap in attainment between a variety of different groups of doctors, but in the context of this report it refers specifically to the differences in traditional entry (TE) and Widening Participation (WP) students' attainment. While WP programmes are generally successful in producing accomplished graduates[18], differential attainment does still exist between them and their TE counterparts[16]. While A-Level grades are often accurate indicators of undergraduate success[20], the majority of students on gateway programmes succeed, despite having achieved A-Level grades often significantly below those of their TE peers[18]; however, they can struggle to accept adapt to their place in medical school and require reassurance and pastoral support in order to thrive.

2.1.3) Summary

While WP students' progression and retainment are relatively easy to quantify through analysis of university statistics, the more nuanced aspects of their experience are harder to investigate. A few studies have been undertaken which look into WP student experience,[21–23] and there are a number of studies which investigate various aspects of OSCEs[24,25], but to my knowledge there aren't any current studies which look specifically at WP students' performance in OSCEs. The following section introduces the key concepts and associated literature used in this study; in doing so the gap in the literature which this study aims to occupy should be made clear.

3) Literature Review

3.1) WP

The differences in criteria for determining WP status mean that literature relating explicitly to WP students is not that common; rather, much literature instead refers to specific characteristics of WP students. For example, Southgate et al[21] investigated the experiences of medical students who were the first in their family to attend higher education. They found that it was their socio-cultural differences which were felt most profoundly by these students, rather than those rooted in academic ability. Similarly, Haq et al[26] undertook a study in which the assessment outcomes of students from Asian backgrounds were analysed against those of students from white backgrounds, and found that generally, Asian students performed less well in both written exams and OSCEs. A comparable study looking at performance of students from ethnic minority and white backgrounds produced similar results, with the disparity in OSCE marks generally being significantly larger[25]. With this in mind, it seems prudent to further explore the differences in the types of medical school assessments and how these may contribute to differential attainment.

3.2) Assessments in medicine

In this section, I will provide a brief outline of traditional Medical School assessments and the skills and knowledge which they are intended to test.

3.2.1) Professional Standards

The professional standards for medical graduates have been categorised into three primary areas by the GMC[27]: Professional Values and Behaviours; Professional Skills, and Professional Knowledge. Throughout medical school these standards will be assessed in a variety of ways to ensure the competency of each future doctor, as well as to confirm that each students is practising in accordance with the Professional Standards for Doctors prescribed by the GMC[28]. There are currently no national assessments, and so each institution has the freedom to conduct the assessments they deem appropriate to measure the capabilities of their students. However, the Medical Schools Council (MSC) Assessment Association has developed a repository of examination questions to be used by all its member institutions, promoting sharing of best practise and reinforcing standardisation of competency across the country.

3.2.2) OSCEs

Objective Structured Clinical Examinations (OSCEs) have been used as an assessment tool in medical education since their inception in 1972[29]. Their ubiquity is due to their reliability[30], as well as their functionality in assessing a candidate's "clinical, technical and practical skills" within a single examination[31(p200)]. Although there is currently no standard procedure for the way in which an OSCE is run in the UK[32], OSCEs typically comprise between 10 and 25 stations of approximately 5-10 minutes each[31]. Students move from station to station, each

of which requires candidates to demonstrate a particular competency or skill, such as physical examination or history taking, using real or simulated patients, lab reports, photographs, videos or other artefacts[33]. Each station is generally observed and marked by at least one assessor using a standardised marking sheet and as far as is logistically possible, each assessor remains at one station to maximise reliability and reduce potential for assessor bias[30].

Miller heralds OSCEs as being the most effective method of assessing student performance[34], but in doing so acknowledges that it is just that: *performance*. Dweck posits that in a performance-oriented setting, low self-confidence will often manifest as seeming helpless, which is likely to result in a negative evaluation being formed by the assessor(s)[35]. Not only is a lack of self-confidence a common feature of WP students[36], but students educated in state schools are less likely to have enjoyed the generally performance-based extra-curricular activities available to their independently-educated peers[37] and so the performative nature of the OSCEs may be particularly challenging. Woolf et al[25] discovered that on average, students from ethnic minority backgrounds perform relatively worse in OSCEs that in written examinations compared to their TE peers, which supports this theory.

This method of assessment has clear advantages over traditional methods as it gives a much more comprehensive overview of a student's abilities[38], as well as being an effective learning tool, especially when conducted formatively, however it can be particularly stressful on students. Scardemalia et al[39] note that schools' focus tends to be on the academic knowledge which the students, and therefore themselves, are assessed on in national exams, which means that nurturing of 'soft skills' within the curriculum is not a priority. The introduction of a high-stakes simulative assessment at university is therefore, for most students, uncharted territory that will likely cause even higher levels of anxiety and stress than traditional assessment methods.

Communication skills are fundamental to a successful set of OSCEs; while only a small number of stations will focus specifically on communication, almost all stations will have some communicative criteria outlined on the assessment sheet, and poor communication may result in a failed station. In the stations where communication is a primary focus, the examiner will often ask for the input of the simulated patient, and will take their feedback into account when determining the final scores. This means that any discrimination from either the examiner or the simulated patient, whether conscious or not, may impact a student's mark.

3.3) Linguistic Analysis

Both this exploratory study and the main PhD are interdisciplinary, with the context of the research being Medical Education, but the methods of analysis being primarily linguistic.

This section introduces some linguistic concepts in order to explain why these methods are suitable for the project(s) being undertaken.

3.3.2) Language Variation

Language is constantly evolving, and this evolution can be impacted by a multitude of factors, such as its purpose, the culture and age of its users, and the technology available[40]. It is therefore necessary that as language evolves, it also varies, and this variation could either be linguistic (e.g. relating to accent or dialect) or social (e.g. relating to culture, age or class) in nature[41]. There are two primary perspectives from which to view language variation: descriptivist or prescriptivist. Descriptivists tend to embrace variety as a natural part of linguistic evolution, while prescriptivists subscribe to the concept of a 'standard language' towards which all speakers should strive; within linguistics the 'descriptivism-prescriptivism' battlefield is well trod[42], with prescriptivist views generally perceived negatively[43,44]. Generally, those without a linguistic background will also fall somewhere on the prescriptivist-descriptivist spectrum; there are few people who have no opinion on topical linguistic discussions such as 'selfie' being named the Oxford Dictionary's Word of the Year 2013[45], or whether 'scone' rhymes with 'gone' or 'cone'. An interest in linguistic variation is obviously not an issue, however, strong opinions may lead to conscious or unconscious prejudice, resulting in bias against speakers who demonstrate non-standard variation in their language; these attitudes will be discussed further in the following section.

3.3.3) Attitudes to language

The way we perceive others, their "supposed capabilities, beliefs and attributes" is influenced greatly by the conclusions we draw from the language they use, and how they use it[46]. These perceptions may be positive or negative, accurate or inaccurate, but they are undeniable and can have considerably impact on our relationships, whatever form they may take.

3.3.4) Accommodation

Typically, accommodation is thought of as the process by which one interlocutor demonstrates convergent or divergent linguistic behaviour to sound either more or less like the other, respectively. Examples of convergence might be seen at a fancy dinner party, where guests may feel the need to speak in a manner similar to their hosts to be seen as 'belonging' to this social crowd; or when a political candidate drops their usual RP accent in order to seem more 'approachable' to their would-be constituents. Conversely, divergent behaviour may be exhibited as a way of distinguishing oneself from those around you. However, accommodation is more complex than merely making yourself sound more like someone else; Wardhaugh[47] argues that speakers will adapt their speech in order to better conform to or flout the *expectations* of their fellow interactant(s). Therefore in an interview setting, for example, a potential candidate may well adapt their language and/or accent to better suit the role for which they are applying, rather than to converge with that of the

interview panel members. This adds a further complication to the process of accommodation; in order to achieve the desired effects, one must not only correctly determine what somebody else's expectations of them are, but also then alter their own natural linguistic style to accommodate this.

3.4) Summary and Triangulation

In this section I will summarise sections 3.1-3.3 and explain how they interrelate, and therefore how the project fits together as a whole and occupies a gap in the current literature.

In medicine, there remains a stereotype of what a doctor should look, act and sound like. Thanks to multiple 'women in science' initiatives, the male monopoly on the profession has decreased, but its diversification is not yet complete; white, middle-class doctors are still very much the norm. Widening Access programmes are, however, becoming more prevalent in the UK, affording students from low socioeconomic backgrounds and ethnic and cultural minorities the opportunity to progress to and through medical school. Much of the motivation behind these initiatives, beyond simply the quest for equality, is the understanding that people from these backgrounds have qualities and experiences which will make them excellent doctors; that personal circumstances that may have hindered their progress through primary and secondary education will not make them any less competent than their more 'traditional' peers. In fact those very circumstances may make them more compassionate, ethical and empathetic; key qualities typically ascribed to 'excellent' doctors[23].

Medical students from these diverse backgrounds then face something of a dilemma. Should they accommodate to the stereotype of what is expected of a doctor? Or should they embrace the various ethnic, cultural, socioeconomic backgrounds which distinguish them, along with their non-standard linguistic repertoire? Competing discourses of diversity and standardisation have been discussed in relation to professional identity[23], but not with regard to language use.

A further complication is added when it comes to OSCEs. In most OSCE stations, students will encounter both a patient and an examiner, who will both have differing expectations of the student. Of course, all assessments are created with clear, robust marking criteria which the student must adhere to in order to pass; however, while clinical competence can for the most part be assessed through a series of tick boxes, communication skills cannot be judged so objectively. Students are facing what appears to be an increasingly complex task in correctly identifying and then successfully navigating the expectations of both the examiner and the patient, all within a highly stressful high-stakes examination setting.

In 1999, Wass et al[48] conducted a study which investigated the effects of ethnicity in OSCE performance; while WP status does not necessarily entail ethnic diversity, a number of the findings are still applicable. In this study, which used video recordings of OSCEs, it was found that students from ethnic minorities on average scored lower in OSCEs, with the biggest disparity in scores evident in communication stations. In their results, Wass et al claim that there was no overt discrimination evidenced in their recordings, but do not elaborate on exactly what they were looking for or how this was decided. Of the students who did not score high enough to pass the communication stations, 68% were of the same ethnicity, and while there were supposedly no obvious linguistic difficulties, these students were still reported to demonstrate non-standard pronunciation and intonation which was influenced by their first language. Given the disparity in component marks, it is not unreasonable to assume that this non-standard variance impacted the assessors' evaluation of the students. The lack of detail provided about the specific language use of these students is something I will aim to expound upon in the main study, hopefully with input from students and assessors provided by the exploratory interviews.

Language proficiency is fundamental to a successful journey through higher education, which is why tests such as IELTS are used to ensure adequate competency prior to enrolment. However, for courses such as Medicine, where communication skills are vital to success both as a student and as a medical professional, ensuring competency may not be sufficient. 'Native speakers' are deemed, by definition, fully proficient[49], but this does not mean that their communicative styles do not exhibit dialectal variations which are not congruent with what is expected by assessors or patients. This means that studies such as that discussed above which investigate ethnic minority students' OSCE performance, while still relevant to WP research, do not encompass the full range of diversity found in WP programmes. This study aims to look at language use among all students from WP backgrounds, regardless of nationality, ethnicity, gender, etc.

4) Methodology

4.1) Introduction

In this chapter I will address and explain the methodology used for the initial exploratory project, the results of which will serve to inform the methodology for the main study (see Figure 1).

The primary aim of the initial study is to explore perceptions of OSCEs held by both students and assessors, with the principal research question being:

How do BM6 students and assessors perceive OSCEs?

Subsidiary questions to be considered are:

1) What are BM6 students' experiences of OSCEs?
2) Do students identify any particular elements of their communication that impacts on their OSCE performance?
3) What do assessors expect from students in OSCEs?
4) Do assessors identify any particular elements of student communication that impacts on OSCE performance?
5) Do BM6 student and staff views on language use in OSCEs align?

The findings from these questions will be used to refine the research question(s) for the main study, and will inform the choices made regarding methodology.

4.2) Philosophical considerations

Various philosophical considerations must be made when planning and conducting research, regarding the ontological, epistemological and theoretical perspectives held by the researcher, and how these perspectives will affect and inform the research. An overview of the decisions made regarding these can be seen in Figure 2, while a more in-depth explanation of each can be found in sections 4.2.1-4.2.3 below.

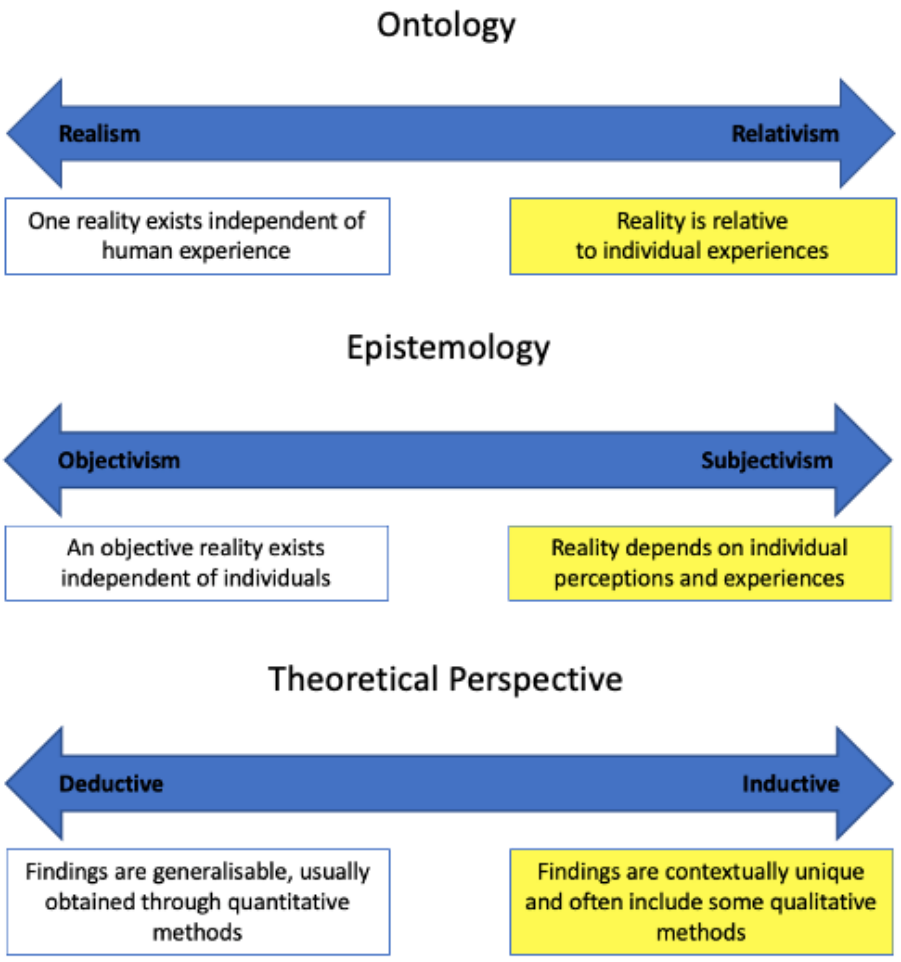

Figure 2: Choices made regarding philosophical considerations

4.2.1) Ontology

The methodological decisions made in the design of this project have been underpinned by a relativist ontological perspective. Relativism posits that reality is defined by individual experiences and beliefs; there is no single objective version of reality, or one undisputable truth[50]. Relativism contrasts with realism, which is based on the premise that there is one reality, or one correct interpretation of reality, and that this can therefore be 'discovered'. Research undertaken from a realist perspective seeks to find the answer or truth to a problem, while a relativist perspective acknowledges that there are multiple potential interpretations and experiences to be considered, all of which will lead to slightly different outcomes. This ontological understanding is necessary for this project, where multiple perceptions are being explored; it is not possible to determine which perceptions are right or wrong, and even if it were, the answer would not be relevant to the research. The purpose of the study is to explore and understand differing perspectives of a process, which requires a relativist outlook to embrace the multiple potential outcomes, without becoming hampered by a realist determination to discover the 'truth' about that process.

4.2.2) Epistemology

A subjectivist epistemology complements a relativist perspective as it is grounded in the idea that knowledge and understanding are dependent on an individual's perceptions of reality; a fundamental premise of subjectivism is that people interpret the world in a way that makes sense to them, based on their own understanding and experiences[51]. Although criteria for the OSCEs are pre-determined and supposedly objective, there is still room for interpretation of them to differ depending on the assessor or student using or studying them. This is particularly pertinent to the criteria which focus on 'soft skills' such as communication; 'correctly diagnoses fracture' can only be objective (i.e. the bone is either fractured or it isn't), whereas 'responds empathetically' may be interpreted in a multitude of different ways dependent on the individual's understanding of empathy, the context of the particular scenario and the individual's past experiences, etc. It is therefore only appropriate, especially given this project's focus on language use, that a subjectivist epistemology is applied to the research.

4.2.3) Theoretical Perspective

Throughout the process of conducting this research a post-modernist theoretical perspective has been employed. Theoretical perspectives help to shape the methods used when conducting research and therefore are important to consider prior to making methodological decisions. Very broadly speaking, theoretical perspectives can be divided up by the researcher's intent in conducting the study, and the method through which they intend to do so. This simplification can be seen in Table 1 below. As the project in question is exploratory in nature, an inductive approach must be taken; this allows for data to be collected without a pre-determined hypothesis, and then analysed with a view to identifying patterns which will help lead to further understanding of the phenomenon being explored[52]. The aim of this element of the project is to deconstruct the views held by both sets of participants in order to gain insight into OSCEs, therefore either post-structuralism or post-modernism would be suitable. Post-modernism can be considered the more political of these two approaches[53] and tends to pose questions which challenge traditionally accepted views[50], and so is appropriate for this study in which established educational assessment practices are being challenged and queried.

Table 1: Theoretical perspectives

<table>
<tr><th>Research Aim</th><th>Deductive</th><th>Inductive</th></tr>
<tr><td rowspan="3">To predict</td><td>Positivism</td><td rowspan="3"></td></tr>
<tr><td>Post-positivism</td></tr>
<tr><td>Structuralism</td></tr>
<tr><td rowspan="2">To understand</td><td rowspan="2"></td><td>Social Constructivism</td></tr>
<tr><td>Interpretivism</td></tr>
<tr><td>To liberate</td><td></td><td>Critical Theory</td></tr>
<tr><td rowspan="2">To deconstruct</td><td rowspan="2"></td><td>Post-structuralism</td></tr>
<tr><td>Post-modernism</td></tr>
<tr><td>Any</td><td colspan="2">Pragmatism</td></tr>
</table>

4.3) Study Design

As the focus of this project is exploring views and perspectives, qualitative methods are most appropriate. In particular, the relativist, subjective nature of the research (as explored in section 4.2) lends itself best to a qualitative approach; quantitative methods would not allow for the scope of exploration and depth of analysis necessary to adequately investigate this topic in the manner desired. This project is intending to investigate a process, for which the best method is to explore the experiences of those who directly experience or conduct it [54]. It is also exploratory, as explained in section 1, and for this type of project, qualitative methods are also recommended as it provides a solid foundation for further research with a more refined research question and deductive methodology[55].

4.4) Institutional Context

This research project is taking place at the University of Southampton Medical School. Within the medical school there are a number of different medical programmes to which potential students can apply depending on their particular circumstances. While the interview framework did not include any questions pertaining to specific programmes, a number of students and assessors referenced them in their responses, so it is important that a clear distinction is made prior to the findings being discussed; brief outlines of each below will serve as reference points for the rest of the report.

4.4.1) BM5

This is the 'traditional' medical programme, which comprises 5 years of study; Years 1 and 2 are primarily lecture-based, Year 3 is project-based with placements, and Years 4 and 5 are mostly practise-based. Applicants for BM5 are usually students who are currently completing A-Levels.

4.4.2) BM4

This programme is designed for applicants who already hold an undergraduate degree, and follows a similar structure to the BM5 but without Year 3. Years 1 and 2 are taught independently of the other courses, though there is a lot of overlap in course content.

4.4.3) BM6

This is the 'Widening Participation' programme at UoS, and is the main focus of this project. The course is the same as BM5, but begins with a Year 0 in which students will attend placements and cover topics including professional development and a general grounding in medical concepts and their real-world application. After Year 0, BM6 students integrate with BM5 for the remaining 5 years of study. The academic requirements for this course are lower than for the BM5, but there are also a number of non-academic criteria, at least 3 of which must be met by applicants for them to be eligible for the course. To meet these, applicants must be:

- First generation applicant to Higher Education
- Parents, guardian or self in receipt of a means tested benefit
- Young people looked after by a Local Authority
- In receipt of 16-19 bursary or similar grant
- Resident in an area with a postcode which falls within the lowest 20% of the IMD (Index of Multiple Deprivation), or a member of a travelling family.
- In receipt of free school meals at any time during Years 10-13 (normally for a minimum period of at least one school term/2 months.)

4.4.4) BM(IT)

This is an International Transfer programme which welcomes students from two international partner universities in Asia to complete Years 3, 4 and 5 alongside BM5, BM6 and BM4 (after Year 3) students following a 12-week introduction module.

4.4.5) BM(EU)

For this programme, students undertake the first 2 years of the medical programme at UoS, before completing Years 3, 4 and 5 at a partner university in Germany.

As the purpose of the main project is to investigate the experiences of BM6 students in their OSCE exams (held formatively in Year 2, and summatively in Years 3 and 5), it is students of this cohort whose views are being explored in this report. OSCE assessors also participated in the study; these assess students from all cohorts, and often will not be aware of which specific programme each candidate is enrolled to, unless they happen to know or have taught the student they're assessing personally.

4.5) Participants

Students on BM6 and experienced OSCE assessors were invited to take part in this study. A number of other participant options were considered, and these will be discussed briefly, and the reasoning for their exclusion explained.

4.5.1) BM6 Students only

Conducting interviews with only BM6 students was considered to allow for an in-depth analysis of their views and perspectives, with the potential to engage in detailed Discourse Analysis of the interviews. However, it was decided that this data would not be sufficiently rich to support the development of research questions for the main project. It would also be impossible to determine whether issues discussed were experienced by just BM6 students or all medical students, and could not be corroborated or contradicted by staff input. Given this, and due to the relativist paradigm being assumed (as discussed in 4.2) it was decided that this project needed more than one set of participants to provide a suitably rich, robust source of data. It was felt, however, that more than 2 sets would be impractical: either the number of participants in each set would be too small to be significant, or the numbers of interviews held would grow too large to allow sufficiently detailed enough investigation.

4.5.2) BM5 and BM6 Students

One option for this initial study was to interview both BM6 and BM5 students about their experiences of OSCEs and undertake a direct comparison between the two. While this would offer interesting insight into the potential different experiences of the two cohorts, there would inevitably be some overlap in experiences, and the sample size would not be large enough to allow for definitive identification of differences between the two perspectives.

4.5.3) BM6 Students and Assessors

Ultimately, it was decided that the best choice of participants for maximising rich data would be BM6 students and assessors. This allows for two contrasting perspectives of OSCEs and while it does not support comparison of experiences of BM6 and BM5 students (in OSCE assessments, the assessor is generally not aware which cohort the student is from), it does provide useful opportunity to discover where student and assessor views differ, and where they align. This should allow for exploration of assessor bias from both assessor and student perspectives, but may also reveal more fundamental misalignments between what assessors expect, and what students believe they expect. If this is the case, further investigation could provide information which will improve OSCE practice and preparation across all cohorts in the medical school.

4.6) Data collection

4.6.1) Recruitment

Once the participant pool had been identified and ethical approval acquired (details in 4.8), recruitment began. BM6 students had already given consent to be contacted by the supervisor regarding partaking in research, and so an email was sent to the cohort giving a brief explanation of the project and asking them to contact me directly if interested in participating (see Appendix 1). In order to recruit assessors, a poster was designed outlining the study (see Appendix 2), also asking interested parties to contact me directly, and copies were placed in strategic areas around staff areas at Southampton General Hospital and in the Medical Education office.

4.6.2) Interview preparation

Semi-structured interviews were chosen to allow the discussion to be sufficiently led, but with scope to further probe and clarify points made if necessary[55]. An interview framework was devised with support from two supervisors; in order to easily compare responses from both participant sets it was important that the questions did not differ too drastically, however some alteration of the framework was necessary to ensure that the questions were pertinent to the role of the participant, whether student or assessor. The questions were designed to elicit discussion of student language use, ideally without being explicitly asked by the interviewer. This was to avoid any potential bias in the responses of the participants: if they felt that the interviewer wanted them to mention language use, they would be more likely to do so, and therefore the responses would potentially be lacking in authenticity, invalidating aspects of the research.
In order to maximise the rigour of the framework, and to practise my own interview technique, a pilot interview was conducted with a medical school alumnus and current member of staff in the department; feedback from this facilitated some minor further adjustments to the nature and phrasing of some questions in the final framework (Appendix 3).

Interviews were arranged with all interested participants at a time, date and location convenient to them, and appropriate rooms identified in which to conduct the interviews. All participants were provided with the participant information sheet prior, and were asked to sign a consent form before the commencement of the interview.

4.7) Data Protection

Following completion of each interview, the file was immediately renamed with the relevant participant code and saved in two separate locations, before being deleted from the portable recording device. A separate file was created with participant names and their assigned codes so that should they choose to withdraw from the study at a later date, their interview can be identified and deleted. This file is password protected, and is only

accessibly by the primary researcher. The consent forms are kept in a locked cupboard in the researcher's supervisor's office, to which only she has access. Throughout the analysis process, only participant codes have been used, ensuring participant anonymity.

4.8) Ethical Considerations

Ethics approval was sought from and granted by the University of Southampton Ethics Committee, ERGO number 53245 (see Appendix 4).

4.9) Data Analysis

A thematic analysis framework was used for this study, and Braun and Clarke's six-step process[56], outlined below, was followed throughout.

Table 2: The six steps of thematic analysis (adapted from Braun & Clarke [56])

Phase 1	Familiarising yourself with your data
Phase 2	Generating initial codes
Phase 3	Searching for themes
Phase 4	Reviewing themes
Phase 5	Defining and naming themes
Phase 6	Producing the report

Interviews were audio recorded and transcribed by the researcher; this ensured that data familiarity was achieved[55], as in phase 1 above. A semi-naturalised transcription approach was used[57] to allow for potential deeper linguistic analysis, and this was completed using Audacity. A table of transcription conventions used can be found in Appendix 5.

Once transcription was complete, independent initial coding was completed by the primary researcher and the three supervisors on one student interview and one assessor interview. This coding was discussed at length in supervisor meetings and used to create a coding framework which was then applied to the remaining interviews and developed further where appropriate. This process was begun manually, using printed copies of the transcripts and coloured pens before being transferred to Nvivo. Once the framework had been digitised and existing codes inputted, a second pass was undertaken in which all interview transcripts were read through with the refined coding framework in place to ensure that no potential key quotes were missed.
Once all codes were decided, they were grouped into eight categories to facilitate analysis. Cross-tabulation was then used to identify the most frequently and commonly occurring codes; this was then presented to the WP research group who provided insight into how these codes could be grouped into themes. Once four main themes had been identified, key quotes for each were determined and once again presented to the research group with a

view to creating a schematic which could be used to visualise the themes and quotes; this will be presented in section 5.3.

5) Results

5.1) Participants

In total, nine interviews were conducted, with five assessors and four students. Ideally there would have been six interviews with each set of participants, but unfortunately due to COVID-19 recruitment halted earlier than planned. Table 2 below indicates the general demographic data of all nine participants.

Table 3: Participants

Code	Role	Gender	English first language?	Accent (self-declared)	Year of study
AM1	Assessor	Male	Yes	Northern	n/a
AF2	Assessor	Female	Yes	None	n/a
AF3	Assessor	Female	Yes	BBC	n/a
AM4	Assessor	Male	Yes	Grammar School	n/a
AM5	Assessor	Male	Yes	South London	n/a
SF1	Student	Female	No	London	3
SM2	Student	Male	No	Don't know	2
SF3	Student	Female	Yes	Midlands	5
SM4	Student	Male	Yes	Northern	3

5.2) Codes

In Figure 3, you can see the results of the initial coding on all nine interviews; a heatmap has been applied so that the codes which were more commonly identified are depicted in a brighter green, with absent codes remaining white. Some codes are specific to only one set of participants, such as 'stereotype', but it was felt that one codebook for both sets of participants was the most efficient way of depicting this stage of the analysis to allow for effective comparison.

Nodes	AF2	AF3	AM1	AM4	AM5	SF1	SF3	SM2	SM4	Total
Feedback	0	0	2	0	1	2	0	1	0	**6**
Nerves and anxiety	1	1	5	5	4	5	5	5	1	**32**
Self-confidence	0	0	0	0	0	15	4	3	1	**23**
Mitigation of success	0	0	0	0	0	1	0	0	0	**1**
Examiner	0	0	0	0	0	4	2	4	6	**16**
Expectations	2	3	0	0	1	10	3	2	2	**23**
Cultural difference	0	0	0	0	0	6	0	0	0	**6**
Generational difference	2	0	0	0	0	2	0	0	0	**4**
Listening Skills	2	0	3	0	4	0	0	0	0	**9**
Rapport	8	3	1	1	1	6	4	2	1	**27**
Accommodation	2	3	1	1	3	1	2	0	2	**15**
Addressing examiner	1	0	0	2	0	0	0	4	0	**7**
Addressing patient	6	6	4	3	1	5	6	6	2	**39**
Colloquialisms	1	3	1	2	1	3	0	0	2	**13**
Following a script	2	0	7	2	1	3	4	5	3	**27**
Jargon	5	5	1	1	3	0	0	0	0	**15**
L2	1	0	0	0	0	0	0	0	1	**2**
Non-verbal features	1	0	0	2	4	3	6	0	1	**17**
Pronunciation	0	0	0	0	0	5	3	0	0	**8**
Logistics and organisation	0	1	6	4	0	0	1	2	0	**14**
Subjectivity	4	3	7	12	1	13	4	0	0	**44**
as an assessment method	0	1	0	2	1	0	0	0	3	**7**
vs. RL	0	0	0	2	2	3	2	2	2	**13**
Well-being of patient	5	5	1	3	4	1	0	1	3	**23**
BM6 stigma	0	0	0	0	0	0	5	0	0	**5**
Others' percept...pant projection)	0	0	0	0	0	19	7	1	3	**30**
Perceptions of peers	0	0	0	0	0	9	4	0	0	**13**
Power dynamic	0	0	0	0	0	2	0	0	0	**2**
Stereotypes	0	0	0	0	0	11	3	0	0	**14**
Experience	0	0	0	0	0	1	0	1	1	**3**
Sympathy for	0	0	2	1	1	0	0	0	0	**4**
Total	**43**	**34**	**41**	**43**	**33**	**130**	**65**	**39**	**34**	**462**

Figure 3: Coding framework

Categories with the highest code frequencies across all participants were identified and the codes assigned to four primary themes, which will be explored in the following section.

5.3) Emergent Themes

Using the table above, generated by Nvivo, and through familiarity with the data, the primary themes which emerged were: Adapting language; perceptions of how things 'should' be done; OSCEs as an assessment method, and student confidence and self-belief, to which most of the codes could be assigned. Representative quotes were then chosen for each theme, and sub-themes identified to facilitate more in-depth analysis at a later date. A full table of themes, sub-themes and associated quotes can be found in Appendix 6.

When these themes were discussed with the WP Research Group, much of the feedback related to the idea that the quotes and themes could be separated into those which could

be described as surface-level, and those which require deeper investigation to uncover. This prompted the idea of creating a schematic based on the idea of an iceberg with which to present a visual representation of the themes, presented in boxes, in Figure 4 below.

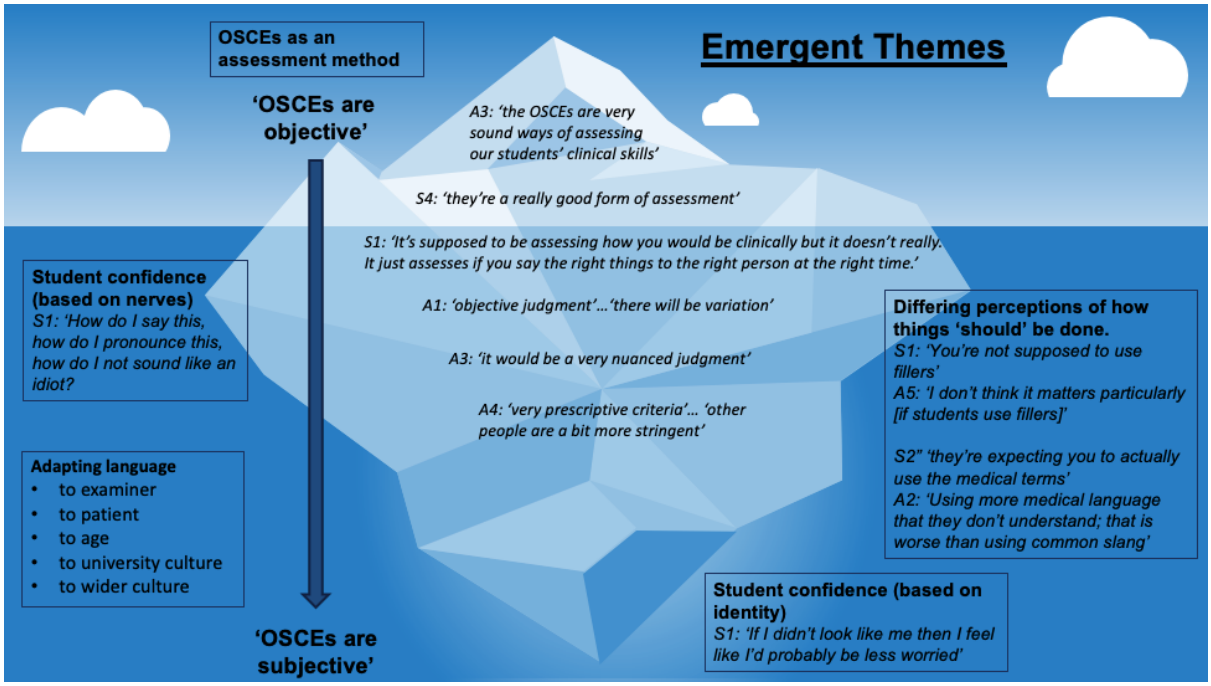

Figure 4: Schematic of emergent themes

As should be clear from the image, the objectivity of OSCEs is what is seen above the surface; 'objective' is part of the name, and assessors and students both claim that they're effective as an assessment tool. However, once perceptions are explored in a little more depth, it begins to become clear that both students and assessors have conflicting views on OSCEs' reliability, as evidenced by the quotes on the lower part of the iceberg. This dichotomy is central to the project being undertaken here; once the OSCEs' reliability is called into question other issues begin to present themselves. Some of these issues are more practical in nature, such as how students and assessors interpret marking criteria differently and therefore could potentially be remedied through curriculum changes or additional training; other issues, however, are more profound. One of the most concerning themes which presented itself centres around student confidence, and a belief held by some students that they are not solely being judged on the assessment criteria at all; that personal features such as their physical appearance or their accent are having a negative impact on their attainment. The analysis that follows intends to explore this further.

5.3.1) Adapting language

One of the few codes which occurred in every interview was that of 'addressing the patient'; the ubiquity of this code across both sets of participants makes it appropriate as a starting point to compare and contrast the perceptions held by assessors and students.

Both sets of participants made a number of comments about medical jargon, and the importance of not overwhelming patients with terminology which they may not understand. Participant AM1 stated '*the idea is that your language is appropriate to the person that you're talking (.) because it is very easy to- (0.5) slip into medical jargon which (.) I will understand as the examiner but (0.9) the patient probably hasn't got the faintest idea*', emphasising the importance of making a patient feel comfortable by making language accessible. This sentiment is echoed by participant SF3 who says that it's important to find a balance in communicating with patients, that it's about '*sounding smart but not [using] (1.1) like medical jargon*'. AF3, however, feels that some students still '*need to be advised not to use jargon in communicating with patients*', indicating that not all students share SF3's awareness. This is evidenced by SM2 who claims that '*in an OSCE […] they're expecting you to actually use the medical terms*'. This contradiction could be due to SM2's relative lack of OSCE experience; SM2 was a 3rd year student and had therefore only been in one set of formative OSCEs at the end of 2nd year, while AF3 was a final year student having completed two summative OSCEs and one formative throughout her medical school journey. It is also unclear whether SM2 is speaking to patients differently in OSCEs to how he would in real life; the fact that he specifically states '*in an OSCE*' does imply that under non-examination circumstances he would not be using medical terms in that situation.

While the questions in the interview were framed around OSCEs, due to the semi-structured nature of the framework, participants would often use examples from general experience, as well as from OSCEs. A number of these comments have still been included in the analysis, as the superiors to whom students report will often also be OSCE assessors, and so students' perceptions of them will remain intact whatever the environment may be.

A number of student concerns arose around the idea of sounding as though they don't belong, with SF1 stating that she uses '*more phrases (0.8) when I'm on placement (.) that (0.9) I don't use around friends and family just because I feel like ºthat's what they want you to say and that's whatº you know like (0.7) your kind of average (0.3) English patient wants you to sound like*'. Here, she is referring to her lexicon, but it seems that the same concerns can also be applied to less easily-adaptable features, with SF3 noting that her '*accent changes when I'm (0.7) trying to (.) ºappear smartº ((laughs))*'. SF3 laughs after this statement, but the decrease in volume when she utters the phrases 'appear smart' 'that's what they want you to say' reveals a vulnerability and genuine concern about not being taken seriously. As a final year medical student, it is saddening that SF3 still feels the need to disguise a fundamental aspect of her identity in an attempt to prove something which is already evident through the very fact that she has accomplished six years in medical school.

This lack of confidence is evidenced not only through participants' concerns about their accent and language, but also about their own backgrounds. SF1 relates an anecdote in her

interview which demonstrates not only the awkwardness felt by students in certain situations, but also the discomfort felt in even acknowledging that awkwardness. She says:

> *somebody will ask you have you ever seen like this play or this theatre and I'm literally like I've ºI've barely gone in my life because my family can't afford tha:tº (1.0) but I'm not gonna tell £you that£ I'll just be like ↑↑oh no:↑↑ but I'll mention the one play I went to ten years ago because (0.5) I just need some way to relate to you:*

Here, SF1's desire to find a way to relate to her patient is admirable; even though the conversation is one with which she is not entirely comfortable, she still endeavours to relate to the patient. It is unclear whether her declaration that she won't reveal to the patient the truth is in order to protect herself or the patient from embarrassment; the quieter voice which she uses when discussing her family's lack of financial security implies some self-consciousness about the topic, but her needing a way to relate to her patient is a reminder that the patient's comfort is her primary concern. It is likely that SF1 chooses to put herself in the uncomfortable position of engaging in a conversation about which she is unfamiliar rather than risk causing distress to the patient by forcing them to realise their social faux pas.

5.3.2) Perceptions of how things 'should' be done

This theme is fairly broad, and has some overlap with others, but is particularly important in demonstrating the lack of alignment in students' and assessors' understanding of certain assessment criteria. In some cases, there were direct contradictions evident, while in others it was apparent that an element of the assessment which students believe to be a big deal was seemingly dismissed by assessors. For example, when asked about student dress code for the OSCEs, none of the assessors gave clear answers, instead resorting to fairly vague comments such as '*I think the standard of dress that students adhere to would be the same standard of dress that we would expect on clinical placements',* given by AF3. It is unclear whether the lack of direction given on this subject is due to it genuinely not being an issue, or a lack of awareness by the assessors. Even if the style of clothing is genuinely not something which will influence the marks given, assessors should be aware that for some students this can be a cause of significant stress, as explained by SF1: '*on the OSCEs like everyone's wearing like designer brand shirts and stuff like that and you're just thinking oh my goodness like (0.8) you know like I already look out of place*'. While one would hope that assessors' grading would not factor in something so trivial as student dress, it is telling that there is clearly a lack of understanding and sympathy for the innocuous, yet distracting, decisions such as what clothes to wear which students have to make. This example is not about language use, but is still useful to include as it clearly demonstrates the disconnect between assessors' understanding of student concerns.

In terms of language use, a feature which was brought up in a number of interviews was the use of fillers in OSCEs and other formal situations, with SF1 stating that '*you're not supposed to use fillers*', followed up slightly later with '*see (.) like 'like''s another thing (.) trying not to say it all the time*'; this was clearly something about which she was very self-conscious. However, when asked specifically how he felt about students using fillers, AM5 said '*I don't think it <matters particularly> [if students use fillers] (0.4) erm (0.5) because often students again will do it when they're nervous when they're (.) when they want to buy themselves some <thinking time> (0.7) erm partly it depends on (.) the word they use (.) so (.) some students (1.1) 'like' is (0.3) one of the better (.) words coz it's fairly neutral*'. This indicates that SF1's concerns are unfounded: not only does the assessor think that generally fillers are not a problem, but he specifies that 'like' in particular is not. Given SF1's confident assertion that they're not 'supposed' to use fillers, it should be questioned from whence this belief came. Students perpetuating incorrection assumptions like this may well be placing unnecessary strain on them in an exam setting; if too much of their focus is on *not* using filler words, they are likely to be paying less attention to the actual content of what they're saying, and therefore be more likely to make an error far more serious than that which they are aiming to avoid.

Similarly, the level of formality expected in an OSCE seems to differ between students and assessors. SM4 claims that '*patients expect a certain (0.3) formality from you so that's why I think in an OSCE it's (.) kind of recip- like replicating that scenario therefore you have to be quite formal in it*', implying that he believes assessors are fairly prescriptive with the formality they expect from students, however AF3 believes that it's not as clear-cut as this, stating that '*if I sa:w that speaking in a colloquial way was appropriate for the patient? (0.5) then I wou:ld see that <they were modifying their> (1.2) communication style (.) to engage with the patient and establish a rapport*'. It is refreshing that AF3's understanding of accommodation and patient comfort is secure enough to acknowledge the merits of non-standard language use, but this is not actually beneficial if the students are not explicitly aware that this flexibility exists.

Another recurring topic within this theme is that of scriptedness; the idea that following a script in certain stations such as 'history taking' was something that both assessors and students brought up, although there was some contradiction about whether this was a positive or negative thing. All four student participants commented on the 'script' which they can follow, with SF1, SM2 and SM4 all seemingly under the impression that this is what is expected by assessors:

Table 4: student quotes on using a 'script'

SF1	*you wanna stick to whatever script they want you to say just because you're scared that it could impact (0.6) on what (0.8) ºmark you get ºat the end of itºº*
SM2	*you have to follow the steps (0.8) you know strategically and systematically*
SM4	*I'd say things just like (0.5) because I know it's part of the mark scheme*

The quotes shown in Table 3 all indicate that the students believe the following of the script to be an integral part of the assessment criteria, however SF3 seems to consider the script as more of an option to fall back on if necessary, which is closer to the assessor's perceptions of it. It is important to note that of all the student participant, SF3 is the only one in final year, so her greater understanding of the script may well have stemmed from experience. She claims that '*there's a nice structure to follow so if you (.) have a blank or you don't know what's going on you can just fall back onto the structure'.* While this is not as misguided as the other students' understanding of assessor requirements, it still shows a lack of clarity as to the purpose of the script.

Assessors tended to be of the opinion that following this structure can inhibit listening and interpersonal skills; AM5 argues that '*they'll have a set of questions that they need to get out (0.6) a:nd (0.4) that's their primary focus and actually the listening (0.5) takes a bit of a back seat*', which is echoed by AM1 who claims that in these situations students '*don't necessarily pick up on cues from the- from the simulated [patient]*'. AF2 concurs, claiming that '*some students they just stick to their (0.9) framework in their head and they're not really listening?*'. While this disparity in perceptions may seemingly be about following a script, it also implies a disparity in comprehension of the importance of listening skills in OSCEs. As seen in Figure 3, 'listening skills' was only coded nine times, but none of these were in student interviews. This, along with other elements discussed in this section, communicates a misunderstanding of priorities which will be explored further in Section 6.1.

5.3.3) OSCEs as an assessment method

While it was not an intended outcome of this study, questions about the objective nature of OSCEs were far too prevalent to ignore. Almost all participants were in agreement that the OSCEs are a good method of assessment and fulfil a much-needed role in accurately measuring students' ability in clinical setting, however there was some cynicism evident about how effective they actually are at achieving this. SF1 questioned the staged nature of OSCEs, claiming that '*it's supposed to be assessing how you would be clinically but it doesn't really (0.3) it just assesses if you say the right things to the right person at the ºright timeº*', revealing her frustration at the scripted nature of the assessments. She follows this up with a comment about assessors' '*reputations for either passing all of their medical students or*

screwing them all over royally'. SF3 clearly shares some of SF1's doubt, as when asked how she would feel if her assessors were aware that she was a BM6 student she responded '*I'd think that they're going to hold me to a (0.8) higher standard or take more scrutiny in how I'm acting*'. Arguably, students are rarely going to be entirely happy with an assessment method, and complaints about examiners are common among all students on all courses, and so SF1 and SF3's concerns could easily be brushed aside. However, when the assessor's responses are explored, it calls into question their own belief in the objectivity of the OSCEs and of their own marking standards and those of their peers. In order to clearly show the contradictions evidenced in assessors' interviews, some responses have been put into Table 4 below.

Table 5: Discrepant assessor quotes on objectivity

Assessor	Objective	Subjective
AM1	*They all have a fairly structured marking scheme which allows some (1.3) kind of objective judgment*	*there will be variation (.) in (.) how examiners perceive student performance […] a performance that might (0.4) pass you on one station might (0.6) fail you on another depending on which circuit you're in*
AF2	*OSCE assessors are doing exactly what they're (.) sticking with the criteria*	*yes it might be slightly different (0.5) examiners might mark it slightly different*
AM4	*we have (0.4) criteria set out (1.0) which is very prescriptive (1.4) on a: OSCE marking form and I (0.7) I do stick to that because otherwise it's not a robust examination*	*I don't fail students very often (0.7) erm other people do (.) other people I think are a bit more stringent perhaps*

As shown in the table above, all three assessors quoted have referred to the mark scheme criteria when claiming that the OSCEs are objective; however, there is little clear acknowledgement that no matter how prescriptive those criteria are, they may still be interpreted differently by different people. AM4's comment about how *he* sticks to the criteria, but acceptance that other assessors do not entails that the OSCEs are not, in fact, as robust an assessment method as he would like to believe. Similar contradictory comments are made by both AM1 and AF2, whose confidence in the system as seen in the quotes in the 'Objective' column is somewhat diminished by their hedging in the 'Subjective' column where they admit that '*variation*' and '*slightly different*' marking is possible, or even probably across different assessors.

It is also interesting to note that despite having been OSCE assessors for over a decade each, both AM1 and AF2 refer to assessors in the 3rd person; this raises the question of whether they are trying to distance themselves from what they believe to be a flawed system.

5.3.4) Student confidence and self-belief

First of all, it is clear from listening to the interviews and reading the transcripts that all participants acknowledge that OSCEs are an extremely high-pressure environment, and that therefore nerves are to be expected. AM1 understands that '*students find the exams stressful (.) I mean properly stressful*'; the additional adverb in the repetitive clause here serves to upgrade the adjective and clarify that this stress is beyond that which would usually be felt in an ordinary exam. AM4 shares this sentiment and sympathises with the students, claiming that the OSCEs are '*still very much a- a scary assessment (0.6) and I think students (0.5) feel vulnerable*'. The fact that the assessors recognise this vulnerability is appreciated by the students; SM2 states that the assessors '*understand why we're a bit nervous from it*'.

It is to be expected that students will be nervous during just a high-stakes examination, however there are other factors to consider which may be specific to BM6 students. Despite the fact that ethnic diversity in medical schools is increasing[26], and female medical students are now more prevalent than males[58], SF1 claims that '*the white middle class male is what medicine looks £like£*'. The fact that this is her belief despite her experience to the contrary demonstrates how deeply ingrained this stereotype is into the cultural paradigm.

Her concerns on this topic were a common theme throughout her interview, in which she worries that '*I don't look like a typical doctor I don't sound like a typical doctor already*', and believes that '*if I [didn't] look like me then I feel like I'd probably be less worried and I'd focus more on like the ºacademics and stuffº*'. SF3 echoes SF1's concerns, stating that '*you see yourself automatically not as smart as a BM5 because (0.6) erm of where you're from and the fact that you're on the BM6 course (0.7) erm and I think an (0.3) element of that (0.8) shows itself during exams because (0.7) you try to overcompensate*'. It is concerning that despite having completed six years of medical school, SF3 still suffers from a lack of self-belief; it is unlikely that this is entirely internal in origin, implying that she has experienced negative input from others which has led her to feel this way. One anecdote she relates supports this theory, where she recounts '*one of the BM6 girls (.) she's a doctor now but (0.5) she had a strong er: (0.4) northern accent and the doctor told her (.) 'if you want to get far in medicine you have to drop the accent*'. While having a northern accent does not equate to being a BM6 student, it is understandable that the presence of this overt accent bias would lead students to worry about other biases which may also exist. This concern about non-standard accents is also mirrored in similar worries about pronunciation; SF1 worries about '*how do I £pronounce this£ (0.4) how I do I not sound like an idiot and stuff*

like that because I'm so self-conscious of that fact that if I say this wrong I've just made myself look like a bit of an idiot'. The fact that she equates mispronunciation with 'looking like an idiot' demonstrates the misconception which is clearly held by some students; when asked if she would avoid using a word because she was unsure of the pronunciation, SF1 responded '*definitely*'. Regardless of whether the vocabulary used by students is of consequence or not, the fact that students feel that they have to adapt their language for fear of being judged for a mispronunciation warrants further investigation into this area.

6) Discussion

6.1) Discrepancies in understanding

As seen from the results, there are a number of discrepancies in the assessor's expectations and students' understanding of them. In particular, these were in relation to: levels of formality and use of fillers; use of medical jargon and reliance on a script. The final year student (SF3) has views which seem to align closer to the assessors' than that of her peers. This implies that progression through the medical programme provides students with a better understanding of the expectations of assessors, however with such a small sample of participants it is not possible to say for certain.

It is hard to say how these discrepancies can be addressed; the obvious solution is to ensure students are better informed of how the assessment criteria are interpreted. However, despite the 'prescriptive' criteria, assessors themselves don't seem entirely clear on their own expectations, often resorting to adjectives such as 'appropriate' in reference to required communicative styles. In interviewing five assessors, the word 'appropriate' was used 13 times in reference to marking a student's performance. This raises the question of how one subjectively assesses 'appropriacy'? In fact, Cameron[44(p234)] argues that 'appropriate' is actually synonymous with 'correct': that it's "the exact same judgment dressed up in functional terms which lend it a spurious air of objectivity".

The discrepancy which, judging by the assessors' comments, may be one of the most damaging should, in theory, be simplest to fix. Reliance on a script seems to be strongly associated with poor listening skills, which may result in a disconnect between doctor and patient due to 'storage failure'[24] or other evidence that patient care is not being prioritised. Due to its ubiquity in all students' interviews, it can only be assumed that this 'script' is something which is taught, or at least referred to, in the medical school curriculum. Indeed, online resources outlining structures and delineating clear 'steps' for all OSCE stations, including those which focus on communication skills, are readily accessible and heavily relied upon by students[59–61]. In order for students to have fair and accurate information about assessors' opinions of these structures, or to at least be aware of the pitfalls, further clarification is necessary as part of their OSCE training.

6.2) Fairness of assessment

Acceptance that OSCEs may not be as robust an examination method as believed would be a positive step forward in facilitating change and improving the protocols and assessment criteria, particularly when it comes to communication stations. As evidenced by SF1 and SF3, some students clearly lack faith in the system, and believe they are being disadvantaged because of it. To some extent, it is almost irrelevant if this is the case; regardless of whether it's true, it is damaging for students who believe it[62].

6.3) Identity conflict

The prevalence of 'imposter syndrome' in WP medical students is not a new phenomenon[21], and it is clearly evidenced in the student interviews presented here. Both SF1 and SF3 made comments which indicate their own lack of confidence, although not explicitly about their ability to perform; rather, they share concerns about their place in medical school, and whether they are accepted there. This may in turn contribute to their perception of being prejudiced against in OSCEs: SF1 made a comment about preferring written assessments to oral ones as they are anonymous, and this is the only way she can feel certain that she is being graded solely based on her knowledge and ability. This lack of confidence may be perpetuated by systemic paradigms which cannot be corrected overnight, but it is hoped that through further investigation of the specific features which may prompt subconscious discrimination, headway can be made in promoting an unbiased, objective assessment with which to measure the performance of future medical graduates.

6.4) Limitations

There were two main limitations to this study: the number of participants, and the ambiguity of the interview contents.

For a study such as this, the greater the number of interviews the more robust the findings will be. However, this was always intended to be exploratory, for which a small number of participants is sufficient. It also cannot be disregarded that recruitment became a lot more problematic once a lockdown situation was declared due to the COVID-19 pandemic.

This study is intended to relate solely to OSCEs and potential biases demonstrated within them, but a number of students discussed issues which they have encountered outside of the assessment. However, the OSCEs are intended to reproduce real-life scenarios as accurately as possible, and assessors are generally also teaching staff, so prejudice experienced on placement is likely to be replicated in OSCE settings. Similarly, should overt discrimination be identified in OSCEs, it can only be assumed that this is also present in the clinical environment, meaning that the results of the study may have greater implications beyond those of medical education, encompassing the wider medical field as well.

6.5) Next stages of this PhD study

This study was an exploratory study to explore perceptions relating to OSCEs, the results of which would then be used to inform the research questions and methodology of the main PhD study.

The main outcomes related to:

- expected levels of formality, including use of fillers;
- racial discrimination,
- lack of objectivity demonstrated by assessors.

The first step in continuing this research is to use the outcomes of the exploratory study to determine research questions. Given that there were three distinct outcomes identified, it would be prudent to use each to develop one research question, entailing that the main study would ultimately comprise three primary research questions. Each will be explored in a slightly different manner, although the data to be analysed will remain the same.

It is hoped that the data will comprise recordings of OSCEs, assessment mark sheets and student demographic information. A number of logistical decisions regarding these data must be made before approval from the ethics board and medical school can be sought: which OSCEs are to be the subject of the investigation; which stations within these OSCEs will be recorded, and whether an audio or video recorder will be used. These decisions will be made in conjunction with supervisors and will require significant liaison with the assessment team. Once approval from the appropriate parties has been granted, assessment mark sheets and demographic information should be obtainable from the assessment office or directly from the students.

The interviews can then be transcribed similarly to the interviews in this study, with particular care taken to accurately transcribe the features indicated above. Discourse analysis (DA) will then be conducted, and the results cross-referenced with the marks awarded to each student and the demographic information gathered to determine if there is any evidence of disparity in marks based on the linguistics choices and/or demographic data of the students. As a qualitative method, DA is effective when investigating covert or unconscious phenomena[63] as the natural talk of participants is being analysed, rather than responses to a questionnaire or survey which will have had the opportunity to be scripted and edited.

There is, of course, a distinct possibility that OSCEs will not take place in 2021, or at least not in their traditional format, due to the COVID-19 pandemic. If this is the case, the project will have to be adapted to suit the updated OSCE procedure, and therefore the project outline and proposed methodology will have to retain some flexibility.

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Appendices

Appendix 1 – Recruitment email to BM6 students

Dear Students,

I have recently begun a PhD in Medical Education and am looking to undertake 30-60 minute interviews with both BM6 students and OSCE assessors to inform my project, which will be looking at student and assessor experiences of OSCEs.

These interviews will either take place face-to-face at a location in Southampton convenient to the interviewee with refreshments provided, or via Skype or telephone.

If you are interested in taking part or would like additional information, please contact me at c.langford@soton.ac.uk.

Best wishes,
Chloe Langford

Appendix 2 – Recruitment poster for OSCE assessors

Appendix 3 – Interview Framework

Semi-structured interview framework

1. Introduction
   a. Introduce myself

2. Background to the study
   a. Research Aim: To undertake an initial exploration of staff and BM6 students' experiences of OSCEs, with a particular focus on language use.

   b. The intent of this initial exploration is to gain information about perceptions of OSCEs which will then inform the methodology used in a PhD project looking at differences in performance of WP and traditional entry medical students in OSCEs.

3. Confidentiality
   a. Remind participants that a digital recorder will be used to record the interview and that all recordings will be deleted after they have been transcribed.
   b. Remind participants that any quotes used will remain anonymous.
   c. Ask participants to complete consent form. If interview is conducted via telephone/Skype, check that they have emailed their consent form and that they still wish to participate.

4. Areas for discussion:
   a. Can you explain what an OSCE is in your own words?
      i. (students) How many OSCEs have you participated in?
      ii. (assessors) How many OSCEs have you been involved in/assessed?
   b. (students) Can you tell me about your personal experiences of OSCEs (best/worst)?
   c. ~~(students)~~ Can you tell me something about how you should communicate in an OSCE (verbal, non-verbal)?
   d. ~~(students)~~ Do you feel like you have to change anything about your communication (Register, vocab, pronunciation, etc.)?
   e. (assessors) What do you expect from students in their OSCEs (behaviour, language, etc.)?
   f. (assessors) Have you noted any specific language use that impacts your evaluation of a student's performance (positive, negative)?

5. Opportunity for interviewee to offer anything else they feel may be relevant

Questions to be explored may be subject to minor changes and additional open questions may be asked, leading on from participants' responses.

Appendix 4 – ERGO approval

UNIVERSITY OF Southampton

23rd December 2019

Dear Chloe,

ERGO 53245 - An exploration of staff and BM6 students' experiences of OSCEs

Thank you for submitting your revised application relating to the above evaluation. I am pleased to inform you that full approval has now been granted by the Faculty of Medicine Ethics Committee.

Approval is valid from today until 17/12/2021, the end date specified in your application.

Please note the following points:

- the above ethics approval number must be quoted in all correspondence relating to your research, including emails;
- if you wish to make any substantive changes to your project you must inform the Faculty of Medicine Ethics Committee as soon as possible.

Please note that this email will now constitute evidence of ethical approval. Should you require a paper signed copy of this approval, please contact the FoMEC Administrative Team via email at: medethic@soton.ac.uk. We wish you success with your work.

Yours sincerely

Appendix 5 – Transcription conventions used

£smiling£	Speaker clearly laughing/smiling while speaking
↑higher↑	Noticeably higher pitch
°quieter°	Utterance quieter than rest of speech/whispered
LOUDER	Utterance louder than rest of speech
<slower>	Utterance slower than rest of speech
>quicker<	Utterance quicker than rest of speech
Rising?	Pitch rises towards end of utterance, as with a question
(.)	Pause of less than 0.2 seconds
(0.4)	Pause in utterance (in 10ths of a second)
((non-verbal))	Any non-verbal sound
Elonga::ted	Elongated sound
Emphasised	Emphasised section of talk
Over[lapping] [overlap]ping	One interactant overlaps another's utterance
Latched= =talk	One interactant latches on to previous interactant's utterance with no discernible gap

Appendix 6 – Extended themes and associated quotes

Adapting Language

Adapting language to ensure it's appropriate for the context and to maximise patient understanding/well-being.

Adapting to examiner

AF3:
I would expect them (.) when they're directly reporting to the examiner (.) to u:se professional (.) concise: (.) language (.) erm so yes I think I would expect them to change I wouldn't just expect them to regurgitate what they (07:00) er in- in- in a more succinct way what they've just said to the patient or received from the patient
SM2:
in an OSCE you can't really say that they're expecting you to actually use the medical terms and I think you do kind of have to cha:nge (0.9) I guess your mindset and the way you speak about certain things to (0.7) the examiner so yeh

Adapting to patient

AF3:
if I sa:w that speaking in a colloquial way was appropriate for the patient? (0.5) then I wou:ld see that <they were modifying their> (1.2) communication style (.) to engage with the patient and establish a rapport and I would (.) view that sympathetically (0.7) if they were: (.) interviewing somebody for whom that sort of- those colloquialisms would not sit well (0.3) then I think I would regard that as being a bit sloppy?
AF3:
there are definitely students who need to be advised not to use jargon in communicating with patients
AM1:
the idea is that your language is appropriate to the person that you're talking to (.) because it is very easy to- (0.5) to slip into medical jargon which (.) I will understand as the examiner but (0.9) the patient probably hasn't got the faintest idea
SF3:
knowing the right (0.4) <words> to explain a condition or how to talk to people (.) erm (0.9) by sounding (0.7) smart but not (1.1) like medical jargon you can still be relatable to a patient (0.9) erm (0.9) and I feel like I don't have that skill

Adapting to age

AF2:
it's actually using more medical language that they don't understand (0.7) that is worse than using (0.8) common slang if you know what I mean (0.9) ↑and it depends on the age of the patient as well↑ (12:00) (0.8) so: er: (.) sometimes language in everyday use in a twenty year old (1.0) is not in everyday use in a eight year old (0.9) and (0.7) they have to be able to adapt (0.6) their communication (0.5) to the person in front of them
AM5:
so they're taught to have v- you know very basic language skills pitched at the level of (.) that the child can understand (.) not to use any medical terminology (.) I encourage my students to actually get down to the level (.) of the child if it means sitting on the floor getting on their knees then they should ↑do that↑
SM4:

I have to make sure I'm (1.0) erm very clear with patients coz we live in an ageing population so a lot of the patients are more elderly (0.3) and (.) therefore they won't (0.3) erm they'll be difficult in hearing so you have to be very clear and concise with them whereas with your friends you can (0.6) talk however you want to and they'll understand what you're saying coz they know you very well whereas this patient has just met you on the first time (.) first time basis so that's why I guess you have to speak (0.3) more clear and concisely
SF1:
I suppose like you do get the accidental:: slip up on going like (.) £innit by accident you're like oh my god I can't believe I've just said that to somebody£ ↑I'm so sorry↑ (0.4) because you know that's not what they (.) expect a doctor to sound like […]and I'm just (0.4) I feel like (0.4) I'm sweating I just feel like so uncomfortable coz I'm like oh my goodness (0.3) I've just said this to this like seventy year old £retiree who's like£ probably now looking at me blankly like I have no idea what that word ↑means↑ or just thinking like (.) well ugh like and they already probably didn't like (0.6) she's already probably not what I had in my hea:d (.) and now I've just perpetuated that stereotype

Adapting to university/medical school culture
SF1:
I suppose that whole (0.5) the sort of image of medicine (.) erm (.) and wanting to (0.6) not stand out as much as º£you canº and using£ (.) like I feel like I use more phrases (0.8) when I'm on placement (.) that (0.9) I don't use around friends and family just because I feel like ºthat's what they want you to say and that's whatº (17:00) you know like (0.7) your kind of average (0.3) English patient wants you to sound like erm
SF3:
I <try to always appear> (0.7) more competent than I am (0.4) and I £try to£ speak (.) more (.) articulately (0.5) than (0.3) I usually do (0.4) and (0.6) I do tend to (.) get tongue-tied a lot and (0.6) erm (1.0) (15:00) I think I just- I sound more (.) common than (0.5) I should (0.3) and it's something that my friends notice they notice that when I'm around doctors and stuff (0.4) I speak a lot more (1.4) ºI don't wanna say- not- more posh?º (0.6) than I would if I was with them and not in a erm exam [environment
SF3:
yeh (.) I know (1.2) erm so I ha- I've definitely noticed that my accents changes when I'm (0.7) trying to (.) ºappear smartº ((laughs))

Adapting to culture
SF1:
somebody will ask you have you ever seen like this play or this theatre and I'm literally like I've ºI've barely gone in my life because my family can't afford tha:tº (1.0) but I'm not gonna tell £you that£ I'll just be like ↑↑oh no:↑↑ but I'll mention the one play I went to ten years ago because (0.5) (29:00) I just need some way to relate to you:
SF1:
they'd be talking about certain benefits and stuff like that and I was like I know £exactly what yhat you're talking abou:t£ like and they'd feel co- comfortable in that way

Perceptions of how things 'should be' done

Examiners talking about what is expected of students, or students talking about what they believe is expected of them.

Dress

AF2:
we expect students throughout their (1.1) time at medical school if they're dealing with patients or members of the public (0.8) to be: (.) reasonably (0.9) well-dressed
SF1:
I suppose it's hard because (0.9) like you see some wear- wear something quite flamboyant (0.4) on like the ward or something like that (.) and you're like (.) I'm not going to do that like I'm just gonna be like mute conservative (0.6) no one can question that this is formal wear
SF1:
on the OSCEs like everyone's wearing like designer brand shirts and stuff like that and you're just thinking oh my goodness like (0.8) you know like I already look out of place so you just want to sound like you're supposed to be there and sound like you know what you're doing
AF3:
I think the standard of dress that students adhere to would be the same standard of dress that we would expect on clinical placements

Interacting with patient

AF3:
I would have expected them to sense check that the patient had understood the information that was being given to them (.) I would've expected them to show some empathy I would've expected them to show jargon free (.) language
AF2:
using more medical language that they don't understand (0.7) that is worse than using (0.8) common slang
SM2:
in an OSCE you can't really say that they're expecting you to actually use the medical terms
SF1:
I feel like I use more phrases (0.8) when I'm on placement (.) that (0.9) I don't use around friends and family just because I feel like ºthat's what they want you to say and that's whatº (17:00) you know like (0.7) your kind of average (0.3) English patient wants you to sound like
AF3:
if I sa:w that speaking in a colloquial way was appropriate for the patient? (0.5) then I wou:ld see that <they were modifying their> (1.2) communication style (.) to engage with the patient and establish a rapport
AM4:
students will use (1.0) language colloquialisms like 'you know' 'sort of' when they struggle with iden- with finding- word finding (0.9) and that (0.7) can (0.7) influence (0.5) your overall opinion
SF1:
it sounds so fake£ but then it's like (.) you end up doing it because you feel like ºthat's what they want you to sayº
SM4:

make that bit more formal coz that's the way you should speak to patients
SF3:
I don't think I £should've£ said that
AM1:
The best ones are the ones where (1.6) you see them having to think while they're in the station an- an- (0.6) and (0.8) having to pick up on cues and respond- (.) rather than just going through a very (0.5) mechanistic kind of checklist
SF1:
you're not supposed to use fillers
AM1:
those filler things and (.) and some ti- most of the time people aren't aware that they're doing it (.) would be number one (.) and number two is depending on what their filler is (.) it can be completely incongruous
SM4:
you don't want just (0.5) a student who's just (0.4) knows all the knowledge which is brilliant (12:00) but can't talk to a patient and can't examine a patient
SF1:
see like like's another thing (.) £like the word of like£ and trying not to use it all the time (0.4)
AM5:
I don't think it <matters particularly> [if students use fillers] (0.4) erm (0.5) because often students again will do it when they're nervous when they're (.) when they want to buy themselves some <thinking time> (0.7) erm partly it depends on (.) the word they use (.) so (.) some students (1.1) 'like' is (0.3) one of the better (.) words coz it's fairly neutral
AF3:
they really struggle (.) to erm (0.7) adopt (0.5) professional language (.) which doesn't mean using jargon (.) it just means expressing yourself using common- you know understood terms in the correct way in a succinct manner and I think that that is (0.4) a really difficult skill to learn
AM1:
they shouldn't be using jargon with patients
SF3:
they tell people that (1.2) your- if you've have an accent or you sound like you're from the north you're not smart

Addressing examiner
AF3:
I would expect them almost to translate what they've hear:d into succinct professional language

Perceived bias
SF1:
but the minute I saw an old white examiner (0.4) and then the w- and then that situation happened with the old white examiner I just went (0.8) £all my anxieties just came true£
SF1:
but like the minute that you walk in there and you don't look like they want you to look (1.5) then they're a bit more strict on things
SF1:
you kind of have to just look right and (.) like (0.6) you know (.) look kind of- like you're switched on and you ca:re

Following a script

AF2:
some students they just stick to their (0.9) framework in their head (10:00) and they're not really listening? so the patient has (0.4) told them the answer in- (.) earlier on (0.5) but (0.4) they always ask these questions about this (.) so they ask the- exactly the same question again? and the patient's like 'but I told you' you know (1.4) and that's what breaks those connections

AM1:
oh I've got this list of questions and I've got to ask them all (.) ºboom boom boom boom boom boomº erm and (0.7) and what they don't do is they don't necessarily pick up on cues from the- from the simulated [patient]

AM5:
a lot of students especially if they're nervous (0.4) they'll have a set of questions that they need to get out (0.6) a:nd (0.4) that's their primary focus and actually the listening (0.5) takes a bit of a back seat (0.7) mainly due to their anxiety (.) in the OSCE

SF1:
you wanna stick to whatever script they want you to say just because you're scared that it could impact (0.6) on what (0.8) ºmark you get ºat the end of itºº

SF3:
there's a nice structure to follow so if you (.) have a blank or you don't know what's going on you can just fall back onto the structure

SF3:
I think history taking (.) I like because there's a structure you can follow?

SM2:
you have to follow the steps (0.8) you know strategically and systematically

SM4:
I'd say things just like (0.5) because I know it's part of the mark scheme

SF1:
the ones where (.) I perceive it as- (.) to be good are the ones where I've (0.9) erm:: (.) <learnt> these mark schemes and learnt these: scripts basically of what to ask (.) and then that's kind of correlated into a decent gra:de

OSCEs as a method of assessment
Criticisms and defence of OSCEs.

Robustness
AF3:
I find the: assessments of clinical competence and the OCSE (0.4) very sound ways of assessing our students' clinical skills so (.) it gives me confidence to think that they are a good way (.) o:f assessing (.) whether a student is fit to graduate and work as a doctor
AM4:
it is a safe and (0.9) erm well (1.0) well worked up (0.3) process now (.) that it is a good way of assessing competencies
AM4:
it is a robust methodology
AM5:
I think OSCEs are a good (0.6) way of assessing students
SM4:
I think they're a really good form of assessment if anything (.) because like I said you're replicating (.) real scenarios
SF1:
it's supposed to be assessing how you would be clinically but it doesn't really (0.3) it just assesses if you say the right things to the right person at the °right time°

Subjectivity
AF2:
OSCE assessors are doing exactly what they're (.) sticking with the criteria
AF2:
there's ma:rks for communication and (0.8) and (0.5) there's not rigid 'they must do this this and this' so there's a kind of global impression of 'have they connected' 'have they communicated' (0.7) and yes it might be slightly different (0.5) examiners might mark it slightly different
AM1:
all have a fairly structured marking scheme which allows some (1.3) kind of objective judgment
AM1:
there will be variation (.) in (.) how examiners perceive student performance
AM1:
a performance that might (0.4) pass you on one station might (0.6) fail you on another depending on which circuit you're in
AM4:
we have (0.4) criteria set out (1.0) which is very prescriptive (1.4) on a: OSCE marking form and I (0.7) I do stick to that because otherwise it's not a robust examination
AM4:
I don't fail students very often (0.7) erm other people do (13:00) other people I think are a bit more stringent perhaps
AM4:
perhaps the standing- the standard setting process hasn't (0.8) done what it's supposed to do
AF3: [when discussing whether use of colloquialisms would impact on the mark]
it would be a very nuanced judgment
SF1:
it's supposed to be objective

SF1:
it's literally based on whatever doctor you get (0.4) their moods (0.4) their <feelings> they have reputations for either passing all of their medical students or screwing them all over royally
SF1:
you hear people going °oh yeh but like my° (.) examiner for this helped me or my examiner for that di- and you're just thinking why did they help you like what
SF1:
they just kinda go 'I treat every student fairly it's all based on academic potential' (0.4) ((laughs)) and I'm not sure how true that is
SF1:
there's no accountability: anywhere it's just kind of- like they literally email us and tell you that the faculty's (19:00) decision is final (0.3) they've all been trai:ned (0.7) and realistically if something was to happen (.) and if you feel like there was (.) some sort of unfair bias towards you (0.6) there's nothing you can do about it coz (0.8) it would be your word against theirs
SF1:
if a white middle class male like started going well off on one I feel like the examiner would have to be somewhat fair (.) but I feel like it's about (0.4) forgiving the little thi:ngs
SF3:
it's more subjective because you're not just being judged on (14:00) your knowledge you're being judged on a lot of other things
SF3:
I'd think that they're going to hold me to a (0.8) higher standard or take more scrutiny in how I'm acting

Student confidence and self-belief

Student anxieties in/around OSCEs and potential triggers, whether short-term (eg. Examiner actions) or long-term (perceived stigma, self-doubt).

AM1:
students find the exams really stressful (.) I mean properly stressful
AM4:
it is still very much a- a scary assessment (0.6) and I think students (0.5) feel vulnerable
AM4:
if you do badly in one station then there can be a knock on domino effect in subsequent stations
AM5:
the only sort of negative (1.0) experience (0.3) which can happen in any exam is when a student has completely clammed up
SF1:
but the minute I saw an old white examiner (0.4) and then the w- and then that situation happened with the old white examiner I just went (0.8) £all my anxieties just came true£
SF1:
somethings you're just like °does this sou:nd professional does this sound medicine-like°
SM2:
I was very very nervous and I think the patient and the examiner (.) erm who's normally like a doctor as well (.) also- could also tell and I think they understand (.) as well that it is our first OSCE and (.) they understand why we're a bit nervous from it

Comparing to others

SF1:
I don't feel like a doctor like I don't look like a typical doctor I don't sound like a typi- doc (.) doctor already:: (0.6) so then it's like well if I'm doing things that you're not expecting (0.3) I already feel like that's just another disadvantage that I'm (.) bringing on myself
SF1:
medicine's full of like a lot of people who are quite self-assured quite confident (0.4) erm: (0.4) <people <have>> (0.7) come from backgrounds where they have loads of opportunities for like public spea:king and all this type of stuff an- (0.4) you worry tha:t I don't sound like the::m
SF1:
I don't feel fine (12:00) (0.5) I don't feel like (0.6) I sounds like (.) I'm supposed to: (0.3) and (0.8) like I already feel like I don't look like what you want me to look like (£so how much more sound like£) (0.6) °°want me to look like as well°°
SF1:
if I saw like a younger examiner (.) I felt more ca:lm (0.3) if I sa:w (.) a female examiner I felt more calm (.) if I saw an ethnic minority examiner I felt more relaxed (.) but the minute I saw an old white examiner (0.4) and then the w- and then that situation happened with the old white examiner I just went (0.8) £all my anxieties just came true£ (.)
SF1:
the white middle class male is what medicine looks £like£
SF1:
if I w- w- wasn't (.) doesn't look like me then I feel like I'd probably be less worried and I'd focus more on like the °academics and stuff° (0.5) like you always feel like you have to give a hundred and ten percent rather than a hundred percent (1.5) [°°yeh°°] ((laughs))
SF3:

other people are probably from (0.8) erm (1.8) (20:00) backgrounds where they (0.7) <they know how to talk to people?>
SF3:
I feel like I get very self-conscious of the fact that I'm n: (0.4) a BM6 and not a BM5 (0.8) a:nd (1.4) like particularly in an exam setting or in a social setting (0.7) or (.) no (19:00) not really social just exam settings (0.9) because (0.5) you know already that (0.3) BM6s don't usually do as well (1.1) like our grades are lower (0.5) erm (.) and (1.3) y- (.) you just sort of see yourself as not as smart (0.9) I know the others do (0.4) ºI think the others doº (0.3) but I- you see yourself automatically not as smart as a BM5 because (0.6) erm of where you're from and the fact that you're on the BM6 course (0.7) erm and I think an (0.3) element of that (0.8) shows itself during exams because (0.7) you try to overcompensate (0.4) by (2.1) appearing nicer

Pressure of OSCEs
SF1:
you kind of have to just look right and (.) like (0.6) you know (.) look kind of- like you're switched on and you ca:re (0.4) but you don't care too much and you're not (27:00) all over the place
SF1:
in real life your personality comes out you smile more (.) you know that type of thing but in an OSCE you're literally like I don't want anyone to think that I'm not taking this seriously (0.5) that I think this a joke so I'm just gonna come in and do what I need to do and leave
SF1:
I don't want you guys to think that I'm shaking like £a leaf and that I'm not competent£ and I'm just (0.5) like someone who got lucky coz I someti- I- I used to feel that pre-clinically (.) initially I used to think oh I got lucky to be here (.h) like I came through BM6 and I got lucky to be given this opportunity
SM2:
you feel like you're forgetting quite important stuff along the way feel like you're probably forgetting like a few steps along the way as well that- it does kind of impact your confidence during an examination
SM2:
because it's very much systematic and I don't do well with systematic stuff £really£ so I kind of (1.3) yeh that's why I feel more anxious about like remembering ok what comes next after this what comes this what comes what comes next

Pronunciation
SF1:
how do I say this like how do I £pronounce this£ (0.4) how I do I not sound like an idiot and stuff like that because I'm so self-conscious of that fact that if I say this wrong I've just made myself look like a bit of an idiot

An Interpretative Phenomenological Analysis of Impostor Syndrome in Medical Students from Low Socio-Economic Backgrounds: Individual Analyses

by

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Reference Document for PhD Thesis

PhD Medical Education

Findings: Full Individual Analyses

Introduction

Familiarity with the transcript is a key tenet of IPA, and to ensure this is achieved, it is recommended that researchers read each transcript a number of times and write a summary from memory before beginning initial coding or analysis. This summary does not necessarily form an official part of the analysis, but does provide insight into the researcher's perspective of the interview and serves as a useful tool for the researcher in identifying the richest areas for deeper analysis. These summaries will be included in this chapter as part of each participant's biography before their analysis is presented.

Theme 1 for each participant is *Impostor Syndrome*. As this is the focus of the research, all participants were asked to explain their understanding of the term, and each individual's definition is used to frame their analysis.

Participant 1: Rosa

Reflexive Summary

Participant 1 (Rosa) is a 23-year-old Muslim female from Belgium. Her first language is Kurdish, and her second is French; she learnt English after moving here at the age of 11. Her family lives in North London (mother + grandparents) and she goes to visit when she can.

Rosa decided to apply to medicine relatively late, during Easter of Y12 following attendance at 2 medicine-based Easter schools. Her school had not sent anybody to medical school for several years and so she did not have much support with the application process, relying instead on Google. As she had made the decision fairly late, she had also missed most of the medicine open days and therefore couldn't get much guidance there either. Her work experience was minimal (clinical experience in a care home and some lab experience), but she felt that she had learned enough from these to be able to explain her reasons for studying medicine, and therefore would be offered a place as long as she could get to the interview stage. She was interviewed by 2 medical schools, and was initially offered a place by one, but did not achieve the grades. She therefore decided to take a gap year and reapply to BM6, which she hadn't realised was an option when she originally applied to Southampton. However, 2 weeks before the start of term she was contacted by Southampton Medical School to say she had been placed on the reserve list and was being offered a place, which she accepted. Obviously, she was very happy with this, but it did lead to some feelings of inadequacy and impostorism as she felt she had only been given a place because somebody better than her had dropped out. Despite this, she does go on later to say that she feels it doesn't matter how you get in, or how many retakes you do, as long as you make it in the end it doesn't mean you're a better or worse doctor.

This feeling of inadequacy did have some impact on her medical school journey; Rosa admits that throughout years 1-3 she would not state that she was studying medicine unless explicitly asks. She claims that she was worried about the stigma of being a failed medical student if she ended up dropping out or getting kicked off the course. Similarly, when the no-detriment policy was enacted at the end of her 4th year due to COVID, allowing her to

continue 5th year without technically having passed, she refused to refer to herself as a 'final year medical student' because she felt she had not earned that title, nor the responsibility that came with it.

She refers regularly to personal issues throughout her 1st and 2nd year, and how these impacted her studies, with her being granted special considerations for her retakes in these years. However, when in 3rd year she did not qualify for special considerations, she still needed to retake her exams, which was a huge hit to her confidence. She had led herself to believe that the only reason she wasn't passing first time was her personal struggles, and that without these she would be able to thrive at medical school. Having this disproven was a very unpleasant shock for her. Despite referring to her personal issues a number of times throughout the interview, she never goes into detail. While I never outright asked her to elaborate, she had ample opportunity to do so, and so I believe that her reluctance to disclose further information is indicative of her continued sense of vulnerability and defensiveness.

Her university social networks seem relatively strong, with 2 primary circles comprising housemates and medics. She does not seem to have used these groups much for support when struggling personally though, instead choosing to talk to friends from home. She has since opened up to one medic friend about her issues at the start of her degree programme. Similarly, she doesn't seem to have utilised any institutional support; she has only seen her PAT once outside of the scheduled annual meetings, and didn't find this helpful. She appears fairly disparaging of the PPD meetings and form, claiming that they take place too late in the year to really be of value. She mentions the BM4 and BM6 support and seems almost wistful of the relationship these students have with their tutors, and the small group sizes. When I asked her if she wishes she has applied to BM6 she gave a mixed response, claiming that while she wouldn't go back and change her application because of her positive experiences and the people she's met, she does believe she would have had an easier time and been better supported had she enrolled onto the BM6 programme instead.

In terms of IS, she definitely claims to suffer from it, but doesn't give specific examples, saying that it's in 'a lot of little moments'. She gives a few general examples such as not

knowing the answer to questions and receiving judgmental looks from her peers, but most of her feelings of impostorism seem to be internal.

Theme 1: Impostor Syndrome

Defining Impostor Syndrome

I: What do you understand by the term Impostor Syndrome?

Rosa: Um (3.0) I don't know the actual definition.

I: That's fine!

Rosa: But I understand it as, um (2.0) sort of feeling like you don't belong somewhere because (1.0) you know, maybe you got in (1.0) and (1.0) feel like you don't belong there, you don't quite fit in and that you shouldn't be there. (1.0) And for medicine (0.5) that's very much, you know, sort of getting in and realizing wow, everyone's smarter than me. How did I get in? And actually, maybe I'm not meant to be here and they'll know that I'm not meant to be here. (1.0) And that I'm actually an idiot. That's how I understand it.

Rosa Extract 1

The first thing of note here is the participant's reluctance to answer the question; when constructing the interview schedule, keeping this question as open to interpretation as possible was considered vital, and so it was deliberately phrased as 'what is your understanding of Impostor Syndrome?' rather than 'what is Impostor Syndrome?'. Despite this, participant Rosa's immediate response is that she doesn't know the definition; this is representative of her focus on academic attainment (Theme 4) and lack of confidence (Theme 6).

Upon encouragement she presents her understanding, but not before framing it as such. Despite the interviewer's assurances that not knowing the definition is fine, she still feels the need to clarify that what she is about to explain is what *she* understands Impostor Syndrome as. This could be construed as a defence mechanism employed to avoid the possibility of giving the wrong answer; also stating this at the end of her explanation further reinforces this view and adds further evidence to her fear of failure, regardless of setting or reassurance.

The way in which her definition progresses is particularly interesting. She begins by characterising Impostor Syndrome in the abstract, using 2nd person pronouns to explain and exemplify the phenomenon. She uses hedging adverbs such as "maybe", "sort of" and "quite" to describe the feelings that sufferers experience, and there is a notable number of pauses throughout this relatively short utterance. Halfway through, however, there is a clear shift in the tone and perspective of the definition. She begins talking in 1st person, questioning "how did I get in?", indicating that this part of the definition stems more from personal experience of Impostor Syndrome than conceptual understanding. The use of mitigative language is also minimised in this section; the verb "feel" is replaced with the more assertive "know", and the hedging adverbs are exchanged for their more decisive counterpart "actually". She also comes across much more confident in this utterance, with far fewer notable pauses.

This tonal shift is indicative of the participant's personal experiences of Impostor Syndrome. She knows what Impostor Syndrome is supposed to be, but lacks confidence in her own understanding of it as a broader concept. It is only when she begins to relate it to her own experiences that she exhibits some confidence, evidenced both through her use of vocabulary and the fluency with which she speaks.

The more analysis I do, the more I worry that my analysis is too focused on linguistic elements of the transcript. However, I have followed the appropriate steps for IPA recommended by the methodological literature. With a background in linguistics, it is inevitable that I would be drawn to this element of the analysis more, and to purposefully avoid it would result in inauthentic analysis. Nevertheless, it is something of which I am aware and I will endeavour to ensure that my analysis covers a full disciplinary range.

Concerns about analysis 11/9/21

Reflexivity 1: Defence of linguistic analysis

Impostor Syndrome as a concept

In order to avoid potential researcher bias, this section only includes extracts in which the participant has specifically mentioned the phrase 'Impostor Syndrome'. While a double hermeneutic approach is being taken, and therefore the researcher's own interpretations will be anticipated, at this early stage of analysis it seems prudent to avoid unnecessary assumptions. Later on in this chapter, interpretation will become a more fundamental part of the analysis, but for this section specifically on the phenomenon, only clear references to it by the participant will be included.

In Extract 2, the participant had just asked about the rationale for the study, and so the interviewer's answer to this is included before the response in question to ensure all relevant context is considered.

I: I'm thinking well if Impostor Syndrome is that prevalent in medical students, surely we should be trying to do something about this. And not saying 'oh well, everyone has it, so it's fine'.

Rosa: It's one of those topics that are always mentioned as well. Like, you know, things like you always hear the words, you know, 'burnout', 'professionalism', 'Impostor Syndrome'. It's one of those things that's always mentioned, and you know it's there. But it's kind of almost become- it becomes the standard? It's kind of just 'Oh well. Everyone goes through it, like that's just how it is.' You know, 'everyone will feel tired', you know this and that.

Rosa Extract 2

Here, the participant seems to demonstrate agreement with the interviewer; her suggestion of other similar examples such as "burnout" implies that this is not a case of her agreeing with the interviewer for the sake of it, this is something she has considered previously. Her repetition of the adverb "always" connotes either a strength of feeling towards the topics in question, or the frequency with which they are referred to. Either way, the importance attributed to these phenomena by this unnamed entity is immediately diminished by the following "but". The implication here is that while the importance of these phenomena is, on the face of it, acknowledged by the faculty, profession, or society, the participant

believes that their actual impact on those who experience them is trivialised and goes unchecked.

In Rosa's initial definition of IS, she uses phrases such as "not meant to be here" and "shouldn't be there". Later on in the interview, when asked about the way their sense of belonging to the medical school has increased throughout their university career, she substituted this phrasing with the word "deserve".

> I think a lot of it is feeling comfortable with not just the environment but just yourself and knowing that actually you deserve to be there, which was the main issue in the first few years with Impostor Syndrome. It was always like (1.5) I shouldn't be here or deserve to be here.

Rosa Extract 3

There is something about the verb "deserve" which connotes having *earned* something; this suggests that the participant's sense of Impostor Syndrome in later years is only diminished by the accolades and accomplishments she has collected throughout her journey. While this is a positive step towards overcoming Impostor Syndrome, it remains a shame that this quantifiable reassurance is required for this step to be taken.

Personal examples of Impostor Syndrome

This study specifically relates to feelings of Impostor Syndrome among medical students, and therefore focuses primarily on these feelings while at medical school. However, in order to investigate participants' full lived experience, prior evidence of Impostor Syndrome cannot be discounted. In Rosa's case, Impostor Syndrome is something which she claims to have "always" experienced. This may well be significant to understanding her current perspective on the phenomenon.

> I've had a lot of issues with like self-confidence and self-esteem and that kind of thing all through my life so I've always had some level of Impostor Syndrome. Even when, you know, other people would be like oh, you know, you'll pass or you'll be fine. But you know that never made me feel comfortable because you know you could always fail at any point. So I never had confidence in me at any point in my life, so anything that I applied for, anything else that I would do, I would always feel like I would probably not get it or fail, and then even if I did get it, I would probably think I didn't belong there.

Rosa Extract 4

In this extract, she equates feelings of impostorism with a lack of confidence. While this perspective could probably have been extrapolated from her definition, her explicit mention of it mitigates the need for subjective interpretation. From this extract, it is clear that others' opinions don't hold much sway over her confidence or feelings of Impostor Syndrome; the use of "like" and the ambiguous "or" in her reported speech of said "other people" belies the lack of influence their words have over her. As is seen in Theme 2.3, much of her self-confidence and belief is rooted in academic attainment: she needs tangible evidence of her achievements rather than what she sees as meaningless platitudes from others.

Her assertion that "you could always fail at any point" shows her lack of confidence in the stability of her situation. This corresponds with her lack of willingness to identify as a medical, or a final year, student; she does not have faith that she will succeed and therefore protects herself by equivocating about her status. By overtly maintaining the position that failure could happen at any time, she seeks to protect herself from her own and others' disappointment should this occur.

This defence mechanism is also evident in the next part of the extract, where she admits to assuming that she would be unsuccessful in all endeavours, and that even if she were successful, she would still feel out of place. The fact that she still went ahead with relevant applications or activities despite these negative assumptions indicates the strength of her character, but one does question how much of an emotional toll this supposed protection must have had on her throughout her life.

When asked about particular times when she had experienced Impostor Syndrome, she struggled to give a specific example, instead giving a more general overview of the sort of situations in which she felt like she didn't belong.

> I think anytime you know there's maybe a session like small group teaching or something and I'm lost and I don't know what's happening and everyone else around me knows what's happening (…) Or if I would ask a question and everyone would look at me like don't you know? Why don't you understand this?

Rosa Extract 5

One of the elements of this extract which stands out is her use of "everyone". This exaggeration is very representative of her definition of Impostor Syndrome, that "everyone is smarter than me" and "they'll know I'm not meant to be here". Despite acknowledging this as a symptom of Impostor Syndrome, she still struggles to actually accept it, instead continuing to perceive herself as an isolated, undeserving case surrounded by peers far more worthy than herself.

Another noteworthy element, particularly prominent in the first part of this extract, is her use of listing, and accompanying lack of pauses. Her overuse of "and" could be indicative of a sense of being overwhelmed by her experience; she's lost AND she doesn't know what's happening AND everyone else does. It's as if each of these individual items would be stressful enough just on their own, but the cumulative nature of the experiences creates an environment in which she is forced to question her own status. Similarly, the lack of pauses, which are prevalent throughout the rest of the transcript, implies that this is uttered in a rush, which may be representative of the residual stress she feels when relating this example.

As the question posed related to specific instances of feeling Impostor Syndrome, on the face of it, it seems a shame that the participant wasn't able to give such an example. However, she acknowledged this lack of precision, providing additional insight into the lived experience of Impostor Syndrome.

> It's in a lot of moments. (1.5) Yeah, a lot of moments like that I would say. It comes and goes.

Rosa Extract 6

The lengthy pause following her initial declaration implies a level of reflection which, along with her subsequent repetition of the same sentiment, further emphasises her confidence in the validity of the statement. She is saying that the experience of Impostor Syndrome is not something which can be pinpointed to any one event; it's a cumulative interpretation of events and emotions which create the overall sensation of being an impostor. Her deduction that it "comes and goes" equally lends credence to this theory. The circumstances which lead to her feeling like an impostor are most likely fairly regular; the thing that "comes and goes" will be the way in which she responds to, or interprets, these circumstances. Contradictory statements and discrepancies relating to Impostor Syndrome and feelings of belonging are littered throughout her interview (see Theme 2.2 for further examples) and it may well be that these are tied more to mood than actual events. *The question then, is whether her mood at time of interview, or at time of event is more influential to her experiences of Impostor Syndrome.*

Speculation about Impostor Syndrome

In the interview, Rosa was only asked about her own experiences, or experiences that other people had explicitly told her about. She did, however, provide some unprompted speculative comments about Impostor Syndrome in others, how it may affect them, and potential causes. While it is only Rosa's experiences that are being investigated in this write-up, her perspectives on how Impostor Syndrome may impact others will be indicative of her own perception of the phenomenon, and some of these have therefore been included in this section.

> I think most of the people who do feel Impostor Syndrome are the ones who came from maybe a rough background or who didn't go to good schools or who didn't think that they would be able to make it.

Rosa Extract 7

One of the potential aims of this thesis is to begin to identify a pattern in those likely to experience Impostor Syndrome, and so Rosa's theory regarding this is, while unprompted, too interesting to bypass. What is of particular note is her use of "or" in her listing of potential causes; "and" would be the more natural conjunction in this instance, and so the inherently more exclusive choice of "or" provides insight into her beliefs about Impostor

Syndrome sufferers. The implication is that Impostor Syndrome isn't necessarily caused by a cumulation of influences; any one factor can result in feelings of impostorism. The first two factors she lists here are extrinsic and corroborate this thesis' supposition that a person's background will influence their likelihood of experiencing Impostor Syndrome. The final item in the list is more intrinsic, and the use of "or" indicates that it is not necessarily related to a person's background. Therefore, it can be interpreted that Rosa acknowledges that Impostor Syndrome may sometimes occur as a result of a person's psychology, regardless of external factors. What is not entirely clear is whether she feels that she belongs to any or all of the three groups mentioned; she has alluded elsewhere in the interview to not being happy with her schooling and not feeling particularly self-confident, but she has not explicitly aligned herself with any of the criteria listed here.

Throughout her interview, Rosa regularly made reference to her own unwillingness to confide in others, and in this extract, she acknowledges that this is probably the case for others. However, this contradicts her sentiments in Extract 5 where she contrasted her experience to "everyone" else's.

> It'll be interesting to see how other people feel in terms of Impostor Syndrome coz I'm sure people feel it, but just don't talk about it.

Rosa Extract 8

This extract comes from much later on in the interview, which raises the question of whether this certainty that other people also experience Impostor Syndrome is something which already existed, or whether it has emerged through the course of the discussion. If it is the latter, then this openness of discussion about Impostor Syndrome may prove to be an effective countermeasure against its damaging impact.

Theme 2: Support

Rosa mentions support a lot, both in regard to her own need to support her family, but also the relative lack of support she feels she has received throughout Sixth Form and University. It is the lack of support which will be addressed in this theme, but her commitment to her family and continued desire to support them is important context when considering Rosa's lived experience.

Sixth Form Support

Much of Rosa's description of her journey through A-Levels centres on feelings of isolation, mostly in that she received very little guidance from her school or family around university applications. This period of high stress seems to have been exacerbated by a large number of teachers leaving at the same time, leaving Rosa and her friends essentially teaching themselves key elements of some of their A-Levels. She says of this time:

> I didn't find enjoyment in many things and I barely had teachers so my friends and I would just try to teach ourselves and it was just really, really stressful.

Rosa Extract 9

Rosa clearly struggled greatly with her medicine application, and spoke about the process at great length, frequently reiterating elements which proved particularly difficult.

No one in my school had gone for medicine in a few years, so no one really knew what was happening.

No one could support me or tell me what to do. I had to kind of do it all on my own

But there was no one in my year who applied to medicine and no one for a few years before me, so I didn't know anyone really.

There's no, I don't have any doctors in the family either, so I don't know anything about the process.

I was kind of doing it all on my own.

Rosa Extracts 10-14

These 5 extracts are taken from a 2-minute section of Rosa's response to a question about her experience of the application process. The repetition of "no one" and "on my own" highlight the feelings of isolation Rosa still attributes to this process, and the frequency of these comments implies that this is something which still feels quite raw for her, despite it having taken place 4 years ago. It may well be that her perceived continued lack of support through university allows these negative thoughts to persevere despite the time elapsed.

University Pastoral Support

Unfortunately, Rosa does not feel as though she has been well supported through her university journey. At the beginning of their course, all medical students are allocated a Personal Academic Tutor (PAT), but Rosa struggled to build a relationship with hers, as the initial meeting took place in April, which she felt was far too late in the academic year. She mentions some personal issues which had a particularly negative impact on her mental health and progress on the course, but didn't know where to seek advice. She says now that:

Maybe I should have [gone to my PAT] when I was struggling, but at the time because most of my issues were personal, I didn't feel like I could go to someone like that. I mainly saw them as a source of academic support?

Rosa Extract 15

When she once again began to struggle in her 3rd Year, while undertaking her research project, she did seek support, but had a particularly negative experience.

> I went through the research project, and it was one of the worst experiences of my life. I had a feedback meeting with the- with the faculty member and just to say what went wrong and how badly it affected me. And I literally got told that actually this is going to be a positive thing for when I'm a foundation doctor and I was like, no, no, not this level of stress. Not what I went through. This isn't a positive thing like I can understand trying to spin off, you know, negative experiences into, well, you know at least you know you can learn from this, so you'll be a better doctor because of it. But actually, some negative experiences it just only damages you.

Rosa Extract 16

Rosa did not explain exactly what the issues she experienced during this project were, but they clearly had a profound effect on her, and the staff member's relative nonchalance clearly only exacerbated the issue, and made her reluctant to seek further support, commenting later that "when I tried to go to people for help […] they only made it worse". This lack of support has meant that the isolation Rosa experienced at Sixth Form has continued into Higher Education, and may well be a significant contributing factor to her sense of impostorism. Further references to this will be discussed in 'Theme 3: comparing programmes'.

University Peer Support

As well as her initial reluctance to seek pastoral support, and her subsequent negative experience with it, Rosa admits to also struggling to seek support from her friends:

> Most of the stuff in the beginning I just kept to myself. (1.5) I didn't really go to my friends.

Rosa Extract 17

Even though from very early on she had a relatively tight-knit friend group, and one particularly good friend at university, she admits that:

> I sort of kept everything to myself until it kind of got too much.

Rosa Extract 18

It is not clear what is meant by "too much" here, but Rosa's repeated mention of retakes and failure (discussed further in Theme 4) implies that her personal issues did have a significant impact on her academic progress, and it may be that these repercussions were the breaking point at which she realised she would need to open up to someone, however "intimidating" she may find it.

Theme 3: Comparisons

Comparing self to peers

Much of Rosa's lack of confidence and self-belief is framed by her perception of those around her, and how she feels she compares to them. Analysis of this subtheme presents how these comparisons and Rosa's positioning of herself among her peers alters throughout the interview.

> *Sally suggested that if I were conducting narrative analysis, this would be defined as a 'complex structure' with a turning point. The turning point seems to be when she acknowledges that exams aren't all that important, there are other qualities more necessary for being a good doctor. Interestingly, this epiphany only comes after she has passed her finals exams, raising the question of whether she is actually just 'moving the goalposts'. There are clear contradictions here, and throughout the rest of the transcript in regard to herself vs others. Previously I had been thinking of this as a battle between emotion and logic, with logic slowly gaining the upper hand as the evidence builds up. After this discussion, I am thinking of it in terms of a spectrum of confidence that she progresses along throughout her medical school journey.*
>
> Research group meeting 3/9/21

Reflexivity 2: How to incorporate other methods of analysis

'The only one'

> Obviously I don't know what other people feel so I can't really talk for them, but it just always felt like (1.0) I was the one struggling and no one else around me was. Um (1.0) and in my friendship group, I was the only one who ever had retakes, and I think it just put things in perspective quite a lot, and I always felt like I was the only one struggling. But obviously I know other people did too, but I don't know everyone is just so smart.

Rosa Extract 19

In this extract, Rosa's repeated framing of herself as the "only one" struggling highlights the isolation she felt in her earlier years of medical school. She then elaborates on this by adding "and no one else around me was"; by including others' relative lack of struggle Rosa highlights the extent of the gap she perceives between their experiences.

Her claim that her need to retake "put things in perspective" is interesting; this suggests that she perceives her struggles as the 'reality' about which she was previously ignorant. Despite her acknowledgement of Impostor Syndrome, she still seems to demonstrate a depth of insecurity which goes beyond simply worrying that she is not capable to truly believing that this is the case. This is an example of the apparent battle between logic and emotion evident throughout the interview: Rosa has an understanding of Impostor Syndrome, and demonstrates symptoms of it, but never quite makes the leap to acknowledge her feelings as psychosomatic. This will be explored further in the discussion section.

'Why would you be worried?'

She does recognise others' feelings of insecurity, but dismisses them, because they do not fit with her perception of the person.

> Others just kept saying, you know how much work they had to get through but actually they had done so much more than I had already […] you know me being scared of retakes because I'd already had them, and other people saying the same, but me thinking but you've passed everything first time all the time, like you know. Why would you be worried at this point? Like you're like a machine

Rosa Extract 20

Her use of "actually" here demonstrates her confidence in others, that she *knows* they have done more work than her despite their misgivings. She doesn't seem to realise the irony of this, that others may well be saying the same about her; this lack of awareness is symptomatic of the impostorism she feels. Her frustration at others' insecurity is implied through her repetitive phrasing of "passed everything first time all the time"; it is not necessary to include both adverbial phrases in this instance, and the fact that she does emphasises her idealisation of their achievements compared to her own.

The use of the rhetorical question "why would you be worried at this point?" contradicts her earlier claim (seen in Extract 4) that "you could always fail at any point". This shows how she holds others to a different standard to herself: they need not worry, but she always should.

'Be Kind'

While she doesn't acknowledge this discrepancy, she does reflect on its impact on her own (and others') wellbeing.

> it's quite difficult to be kind to yourself when I think you're in a competitive environment and everyone around you knows what's happening.

Rosa Extract 21

The fact that she has used 2nd person perspective here does indicate some level of realisation that others will also share her insecurities. If she truly believed that she was the only one affected by the competitive environment, the phrasing could easily have been adapted to a 1st person perspective to reflect this. This subtle acknowledgment of the struggles which most people will experience in an environment such as that of a medical school is a step towards accepting herself as a deserving member of that community.

'All in the same boat'

This sense of congruence becomes more evident throughout the interview, until she begins to openly acknowledge their shared experience

> Coz you're all in the same boat, you know, you made it to med school, so then after that it doesn't really matter. You know, you're kind of all in the same year, you're all doing the same thing. It doesn't matter if you came from public or private school. Um (0.5) so (2.0) when you get to that point, I think the playing field kind of becomes a bit more equalized. So even in fourth year and fifth year, when you're going through the placements, you kind of realize that everyone around you, they're your peers, and you could be working with them in the future, you know. So I think people kind of relax a bit more. (1.0) And at that point, I think there's sort of a sense of like, camaraderie, almost coz of all going through it together. So I think (1.5) I think that's why it's also easy to feel like you belong, because at that point you're like, well we've all made it to this point.

Rosa Extract 22

Her repetition of "same" early in this extract is a stark contrast to her earlier distancing of herself from others, who she refers to here as "peers" for the first time. She acknowledges this shift as being endemic to the progression through medical school – she claims that the playing field "becomes" more equalised, indicating that this has been a palpable change in the dynamic, rather than in her own outlook.

The description of the "camaraderie" also marks a difference in the way she perceives the relationship between her and her peers: previously there had been a sense of 'me vs them' in her description of the relationships which starts to dissipate here, culminating in her use of 1st person plural "we" in the final line of this extract. This is the first time in the interview that she uses this form when referring to the more holistic elements of the medical student body; previously it had only been used in reference to her social groups or specifically curriculum-based comments about her cohort (e.g. "we had exams in January"). While subtle, this does convey a shift in attitude to her being more accepting of her place among the other medical students.

'Actually…'

This shift to "we" continues when she moves on from discussing how they're in the "same boat", "same year" and doing "the same thing" as seen above to actually stating "we're all kind of the same" in Extract 13.

> the more people you meet, I think the more you realize, actually we're all kind of the same. You know, some people are probably just better at retaining information, or, you know, picking things up. But apart from that, you know, everyone's got their own lives, so I think you end up kind of thinking yeah, actually I do fit in here.

Rosa Extract 23

Again, this shift is subtle, but significant. She is acknowledging not just that she and her peers share similarities, but that in a lot of ways they *are* the same. This stems from the realisation that they all have different strengths and weaknesses and personal issues, and that what they all share is that this difference exists between all of them. This does seem, on the face of it, somewhat counterintuitive, and it is therefore no surprise that the realisation has taken time and the application of logical reasoning. In fact, she doesn't even frame this as a realisation, instead claiming it's something you "end up thinking". Avoiding the verb 'realising' in favour of "thinking" makes the statement less decisive and fits with the lack of confidence exhibited by Rosa throughout the interview. The removal of agency implied by the phrase "end up" also contributes to this; the participant's claim that she fits in has come about through an acceptance of irrefutable logic rather than any actual self-belief on her part. Should her belongingness be revoked, this mediation protects her from being exposed as 'wrong', when instead she had been led to think something which turned out to be false.

'But I <u>really</u> don't'

The shift in the way participant Rosa talks about others and her relationship to them is subtle, but clear when extracts are laid out chronologically. The final extract pertaining to this theme finally recognises the two-way nature of the potentially misguided reverence she feels towards her peers.

You know, people look at me and think 'she's got her life together', but I really don't.

Rosa Extract 24

Here, she admits that others' perceptions of her competence are misguided, with her emphasis on "really" suggesting just how wrong they are. While she still doesn't acknowledge the similarities between this and the way that she views others, thus making the connection that these are probably sentiments which are felt by the majority of people, this utterance does begin to bridge that gap.

Comparing curricula and programmes

Throughout the interview, Rosa exhibits resentment towards a number of things, such as the lack of support described in Theme 2. As a follow-on to this, Rosa also shows some frustration at the positive support she believes members of other medical programmes receive, as well as certain elements of the curriculum.

When discussing the lack of support she received from her PAT, Rosa mentions that she knows "loads of other people on the medical programmes found their tutors really, really helpful". This awareness of others' positive relationship with their tutors may well have made Rosa's negative experience all the more frustrating and isolating. She goes on to discuss the merits of the BM4 and BM6 programmes, and how having much smaller cohorts means that they are much better supported than those on the BM5 programme, describing their tutors as "more proactive compared to with us". The other benefit that she describes of the BM6 course is the gateway year; a lot of Rosa's personal issues took place in her first year, and so she understandably compares her experience in BM5 to how it might have been had she been in BM6 Year 0 at the time.

It's more support in the first year; when I was having all these family issues, at least then it would have been in the year that didn't really (1.0) um (.) that wasn't so difficult.

Rosa Extract 25

Her false start here suggests that she was going to say "the year that didn't really count", but she self-corrected. This may have been to avoid making a statement which could potentially undermine BM6 students' experience, which was not her intention. While

Rosa did struggle with the academic side of her first year, she believes that her whole experience could have been improved by the level of overall support given to BM6 students, going on to say that if she had been in BM6:

> It probably would have been a lot (0.5) easier (0.5) and a lot of a nicer [0.5) experience at uni and also integration (1.0) um with the medical school and just university life.

Rosa Extract 26

This indicates that while there is an element of Year 0 being 'easier' academically, it is the more holistic, pastoral elements which Rosa regards as the real positives of the BM6 programme.

There is also a slight element of jealousy evident when Rosa discusses certain aspects of the course structure. One issue she had was with retakes being so late in the year, she had to start 4th year placements not knowing whether or not she had passed 3rd year, or would have to resit the year. She says that:

> They've now changed it in the curriculum based on feedback so that you actually know whether or not you've passed before you start.

Rosa Extract 27

Rosa's phrasing here indicates her level of upset at her experience; her use of "actually" shows an element of ridicule for what admittedly does seem like an odd system. It is understandable that Rosa felt frustrated by this; as someone who openly admits to feeling like an impostor much of the time, being on year 4 placements without knowing her actual status would have been especially difficult. That this was then changed for subsequent years would have only added to this sense of frustration.

Theme 4: Perceived failure and rationalised success

This themes centres around Rosa's frequent discussion of exams and retakes, as well as other setbacks which she refers to as "failures". Despite her negative view on these experiences, towards the end of the interview she does begin to exhibit some

acknowledgement of her successes, and backtracks slightly on the significance she placed on exams earlier.

Focus on Attainment and 'Failure'

While the majority of Rosa's discussion around exams referred to those taken in Higher Education, some interesting comments are made about her earlier education, which provide relevant context. She speaks at some length about her primary education, which she undertook in Belgium, and is very complementary of the Belgian education system:

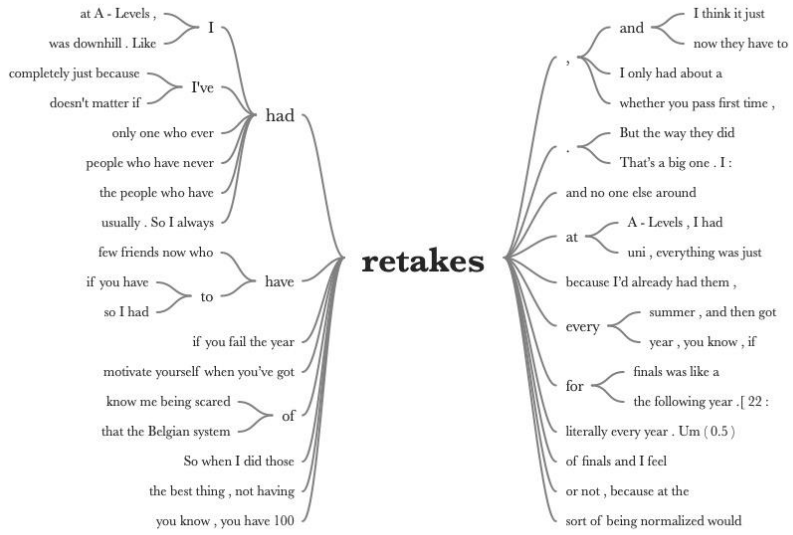
> The education system there is like really good. Like if you don't pass the year, you retake the year.

Rosa Extract 28

This frequent exposure to significant exams and tests so early in her life is almost certain to have had an impact on her perception of assessments as she progressed through her secondary and tertiary education. She is particularly disparaging of the UK system, stating that "it's shocking here, education wise". While this could simply be an indictment of education, it also could be a defence mechanism on her part; she claims that before moving to the UK she didn't struggle with school. While this could justifiably be due to the simple fact that moving to a new country is difficult, especially when you don't speak the language, accepting this would also be accepting her own failure to adapt. By also condemning the schooling system, she provides another very valid reason for her difficulties throughout secondary school and university.

An interesting point to consider is Rosa's use of the word "fail". Despite getting good grades at A-Level, she didn't get the grades required by her University choices first time round, about which she says: "I didn't meet my offer so I failed". Her attribution of this as a failure, despite the grades themselves being passing grades, emphasises the high standard of attainment to which she holds herself.

Rosa mentions the word "retake", or a variation thereof, 26 times throughout the course of her interview, and largely attributes her impostorism to her continued requirements to retake exams and modules. A word tree showing her frequency of "retakes" is shown in the figure below.



Similarly to as seen in the 'Comparing self to peers' subtheme, Rosa particularly struggles with the notion that she was "`the only one who ever had retakes`" in her friendship group. This isolation exacerbated her negative feelings around exams and attainment, with her acknowledging that "`it's really difficult to motivate yourself when you've got retakes and no one else around you does`". It is easy to see how this experience would have increased Rosa's self doubt and feelings of impostorism.

Rationalised success

Despite her ongoing focus on exams and retakes, Rosa does go on to acknowledge that retakes are not the 'be all and end all' that she appears to portray them as earlier in the interview.

> As long as you pass the exam whether, you know, you have 100 retakes, whether you pass first time, it doesn't mean that you're going to be a good or a bad doctor.

Rosa Extract 29

> Also going over the topics a lot more (0.5) makes you better because you just understand things a lot more.

Rosa Extract 30

Reading these, one would assume that she is, while maybe not necessarily pleased to have retakes, at least able to see the positives in the situation. She acknowledges that there are in fact benefits to retakes in that they force you to engage with the topics of assessment more, thus increasing your understanding of them. She also seems to accept that the journey one embarks on to become a doctor doesn't really matter, that as long as you pass eventually, the path you have taken is of little consequence, and passing exams first time doesn't necessarily correlate to being a good doctor. This positive philosophical outlook is logical, and one can see how she has reached these conclusions; however, it is not corroborated by the intense focus on exams, retakes and failure exhibited elsewhere.

As well as these revelations about retakes, Rosa also exhibits a shift in attitude towards her position as a legitimate medical student, 'realising' that:

> I'm four years deep into a five-year course. Actually at this point like, you know, (1.0) as long as I work hard I should be OK. So I think at that point I realized I have actually come like sort of almost 60% of the way here, if every year is 20%.

Rosa Extract 31

This rationalisation of her position may seem somewhat obvious from an external perspective, but much of Rosa's self-doubt and isolation thus far has to some extent defied logic, being rooted instead in the emotions of isolation and self-doubt. She is also able to make similar steps with regards to her place as a medical student from a widening participation background:

> I think a lot of it is feeling comfortable with not just the environment but just yourself and knowing that actually you deserve to be there, which was the main issue in the first few years with impostor syndrome.

Rosa Extract 32

The growth shown in these last two extracts show the benefits of self-reflection. Throughout the interview, Rosa has not been provided with any new information about herself, the medical programme or Impostor Syndrome, and yet she had exhibited a distinct change in attitude towards herself and her status in the medical school, purely through reflecting on her experiences and how she perceives them.

Theme 5: Logic, Luck and Fate

As shown briefly in the previous section, Rosa does show some positivity in the interview, but this is still mostly reached through logical reasoning, or a belief in 'luck' or 'fate', rather than through genuine self-belief.

Logic

Throughout the interview, Rosa applies logic to most of her negative feelings or experiences, implying that this is a form of coping mechanism for her. In Extracts 23 and 32 she showed how she could rationalise her own sense of belonging, although this does not necessarily ensure that she genuinely believes this. In Extract 31 she demonstrated her ability to defend her status as a 5th Year medical student, going on to say:

> I've worked too hard not to be here and it (1.5) it doesn't matter if I've had retakes or not, because at the end of the day I'm still here.

Rosa Extract 33

As with Extract 29, this also shows her acceptance of her retake history as not defining her ability to be a doctor. Even regarding smaller, seemingly inconsequential events, such as other students knowing answers to things which she does not, she acknowledges that:

> Sometimes you realize that actually someone had revised that topic the night before, which is why they know the answer.

Rosa Extract 34

Again, this probably doesn't help her self-esteem in the moment, where she feels like she alone doesn't know something, but her ability to rationalise her peers' supposed advantage to herself is still an important step.

Luck and Fate

Rosa also has a tendency to attribute positive outcomes to 'luck' or 'fate'. As seen in Theme 4, she defined her grades being insufficient for University as a 'failure', yet when this decision was reversed, she sees it as fated:

> And then a few weeks down the line I got the call from Southampton saying we put you on a reserve list so I was like maybe it was meant to be.

Rosa Extract 35

It seems that Rosa ascribes negative outcomes to her own failings, whereas positive outcomes are ascribed to some sort of 'fate'. Similarly, even when acknowledging her ability to get accepted into Medical School (albeit belatedly), she does not give herself due credit, instead claiming that:

> I've been lucky enough that I had a really good education when I was growing up.

Rosa Extract 36

She has already lauded her early education in Belgium, and while sound schooling early on will certainly have appositive impact further down the line, it is not enough on its own to make a good doctor; success is ultimately the responsibility of the student themselves. Rosa's habit of not taking credit for her own accomplishments is continued in the next theme, where her tendency to 'minimise achievements' is discussed with regards to confidence.

Theme 6: Confidence

Rosa's lack of confidence in herself and her abilities is palpable throughout the interview. This is something she acknowledges about herself, saying:

> So I never had confidence in me at any point in my life, so anything that I applied for, anything else that would do, I would always feel like I would probably not get it or fail.

Rosa Extract 37

This extract shows Rosa's assumptions of her own failures, and she goes on to give some more striking examples of this and how it has impacted her.

Lacking confidence: expecting the worst and minimising achievements

Rosa's lack of confidence results in her tendency to assume the worst outcomes, and disregard better outcomes. She admits that:

> For the first three years I wouldn't even tell people that I was a medical student just because I thought that I wouldn't pass and I would actually just drop out or maybe be kicked out because I wouldn't pass each year.

Rosa Extract 38

This is a particularly extreme stance to take, to not even acknowledge your status as a medical student. Rosa's lack of belief in herself made it impossible for her to take pride in what she had accomplished, because she was so fearful of the future. Even once she had progressed to final year, she would still only introduce herself as "one of the medical students" due to the status afforded to final year students, which she felt she did not deserve.

She also undermines her positive achievements; when asked about her medical school application journey she listed a number of activities she had engaged in to support her application, all of which were very impressive, especially considering the lack of guidance she received. However, she immediately followed this by saying:

> It's difficult to get in, but a lot of it is just sort of applying to a lot of things, being really smart and proactive (1.0) and just first of all figuring out that you do want to do medicine. Because if I really didn't want to do it, there was no way I could have done all that.

Rosa Extract 39

In suggesting that getting into medical school is "just" about doing these additional things, Rosa effectively minimises her achievement in doing so, although arguably being "proactive" and assertive are what make the application process so challenging.

She has a very similar response when discussing the fact that she passed her final exams first time:

> Not having retakes for finals was like a big achievement for me just because I was always expecting to fail again.

Rosa Extract 40

Passing medical final exams is a huge achievement and is the product of 5+ years of exceptionally hard work, of which anyone should be proud. However, while Rosa is obviously pleased with this outcome, she frames it around the fact that passed *despite expecting not to*, rather than acknowledging it for the accomplishment it is. This recurrent overlooking of her achievements is undoubtedly one of the reasons for her continued low confidence.

Indecision and uncertainty

Aside from examples where Rosa's lack of confidence is explicitly discussed, she also exhibits other signs of low confidence through indecision and uncertainty. As seen in Extract 1, Rosa prefaces her definition of Impostor Syndrome by clarifying that she doesn't know the actual definition. This is indicative of her reluctance to commit to providing an answer which may be considered 'wrong'. Similarly, when asked why she chose to study medicine, she replies:

> It's never just (1.0) one thing and my answer always changes all the time depending on what comes to mind.

Rosa Extract 41

Given that the decision to study medicine happened several years prior to the interview, one would expect Rosa to have a relatively concrete answer to this question in mind, even if it's not the one which was true at the time of application. It does seem as though Rosa had a difficult time deciding which course to pursue, admitting that "by the time I decided to medicine, it was so late that I missed most of the Open Days". The relative lateness of this decision may well have been influenced by Rosa's lack of confidence in her ability to get to medical school, but equally it may also have influenced her lack of confidence. As seen in Extract 39, Rosa believes that proactivity is necessary to get to medical school; by choosing this path late, she may worry that she had not shown the initiative necessary to be seriously considered a strong applicant.

Faking confidence

As alluded to in Extract 24, Rosa feels that she appears outwardly confident; this may be due to something her and her friends "keep saying all the time, which is like

'fake it 'til you make it'". She goes on to explain this with regards to oral exams such as OSCEs:

> If you appear confident with what you're doing then you know the examiner kind of switches off. Coz they're like 'oh they know what they're doing' and it's- it's true. I think if you fake it then you will actually end up making it. You know, if you fake confidence, people always feel like you're really confident, even if you don't feel like it.

Rosa Extract 42

This highlights the importance that Rosa and her peers place on appearing confident, which may explain some of Rosa's reluctance to divulge her insecurities to her friends. It also serves as a reminder that students who are struggling may not show it at all, and that care should be taken to ensure they feel well supported at all stages.

Theme 7: Stress, burnout, depression and lack of motivation

This theme is relatively small, but is important to discuss as it highlights the mental health difficulties Rosa experienced throughout her education.

Stress and burnout

Examples of stress have already been discussed in Extracts 9 and 16, but another key example is given when Rosa is explaining a situation where she was granted an extension due to having to start her project over just three weeks before the original deadline (due to of issues beyond her control). Her new deadline was the day she was supposed to begin placement, and due to the amount of work she had been expected to catch up on in a short space of time, she wasn't able to complete it.

> I was still working on the report coz I had that extension for the Monday and I went to the induction for the placement at 9:00 AM, at 10 it was finished then everyone was going to meet their consultants (0.5). I told the two people I was with that were going to meet the team that actually I had an appointment. My appointment was my deadline, I didn't say it was a deadline. Um (0.5) I went off to the common room, which thankfully was empty. Finished my report, submitted it. (0.5) Um (1.0) and then threw up and went home and slept ((laughs)) My- my sleep pattern had completely changed. I was, I was awake at night and sleep during the day. So I think at that point those last few days I was barely getting any sleep at all. I had been awake for like, I don't know, 27 hours, 30 hours at that point it was horrendous. I just needed to get it done, it was just one of those things.

Rosa Extract 43

The stress described here is not manageable, and is clearly impacted Rosa's mental and physical wellbeing. She describes how she was "completely burnt out" by the end of her 3rd year project, and admits that when:

> The words 'systematic review' and 'randomized control trials' were like uttered I literally felt my heart racing and feeling nauseous just because I just couldn't deal with it. It was horrendous. I- I think it traumatized me for a while.

Rosa Extract 44

This visceral response, along with the logistical issues around missing the first day of placement, highlight the knock-on effect that can occur in modular courses, especially when time constraints are so relevant.

Depression and lack of motivation

When describing her experiences in 6th Form, Rosa mentions how she "lost motivation" and "was a bit aimless and lost", going on to state that she believes she was depressed during this time. While she does not explicitly say the same of her time at university, it can be inferred from some of her comments about struggling with personal issues at the same time as university work:

> I think med school is hard enough as it is, but when you've got your own issues on top of it, it's almost impossible. You just feel like you're drowning all the time because there's just so much to do.

Rosa Extract 45

The 'drowning' simile is not an uncommon one in descriptions of depression, and her comment that there's just "so much to do" aligns with her experiences of stress and her reference to burnout.

Participant 2: Noah

Reflexive Summary

Noah is a 24-year old 4th Year medical student who grew up in South London. His parents did not attend university, but his older sister attended medical school, so it is unclear whether Noah classifies as FiF. He talks relatively little about his motivation for studying medicine, and seems to have had a relatively positive application experience, despite being the only person in his school year to attend a Russell Group University, "let alone study medicine". He attended a Harris Academy school which, while state funded, is renowned for delivering a high quality education and achieving good results. He mentions a particular member of staff a few times throughout the transcript, who was responsible for forming a network of students across the federation who intended on applying to university. It sounds as if she took a particular interest in Noah and helped him greatly with his application – they still keep in touch now.

He acknowledges knowing little about IS, but describes it as feeling inadequate, or that you don't belong in certain environments. He believes "on reflection" that he has experienced it, but almost solely in academic situations rather than social. The 2 examples he's able to provide are related to being a male med students on OB/GYN placement, and being a med students in the Emergency Department. Both of these feel like very rational situations in which someone may feel out of place, because frankly, they probably are. Male students often report spending whole days sat in OB/GYN corridors unable to observe any appointments, and it stands to reason that in emergency scenarios, doctors are going to have less time and inclination to include medical students.

Part of my own definition of IS seems to relate to it being irrational, and therefore I seem to have reached the conclusion that Noah is not describing experiences of IS as such, more just times when he's felt out of place.

He talks about feeling comfortable in social situations, attributing this to 2 primary causes: 1st being raised in London and therefore being very accepting of diversity, and 2nd having positive role models. The first of these definitely needs further exploration – is he suggesting

that by being accept<u>ing</u> one is more likely to feel accept<u>ed</u>? The 2nd has obvious links to the SS paper (not least the fact that one of the people he explicitly mentions is one of the returning graduates in the SS study).

Noah comes across as very 'together', and having an exceptionally good work-life balance. He plays for the university football team, has multiple groups of friends, enjoys nights out, works hard, maintains a relationship and manages other hobbies too. When asked about the stereotype of med students having little time to do anything but work he calls this "nonsense". While I have come across multiple students who admit that medical school isn't as hard as people think, this is the most derisive I have heard someone be about this.

His friend groups seem fairly intertwined – when he initially listed all the groups he didn't mention other medics at all, but when I raised this with him he said that he had lumped them in with the football group, and that he actually has a really strong relationship with 3 other medics with whom he lived for 3 years. I am sure that this oversight(?) gives an interesting insight into his priorities and outlook.

He only mentions failing one set of exams, in 2nd year following a bereavement. From this I assume that he has not failed any others.

Theme 1: Impostor Syndrome

Defining Impostor Syndrome

Noah defines Impostor Syndrome as "`feeling inadequate within an environment due to maybe your, like, intellect, or in a professional environment, if you don't think you belong`". This definition is split into two parts, the first relating to feeling inadequate, potentially due to your intellect, and the second specifically to a professional environment, and feeling as though you don't belong there. Arguably, concerns around intellectual capacity are also more likely to impact you in a professional environment, so it is not clear to which environments he is referring in the first part of this definition.

He admits to having "`never looked into it in as much detail as [he] probably should`" and so it stands to reason that his definition is not particularly

comprehensive. It is unclear whether he feels that he "should have" looked into it more from a professional or personal point of view, though his admissions later in the transcript that he's "really bad" at talking about "stuff like this" implies that he means it personally. He claims that he's only really heard other people using the term, but that it's "coming up" quite a lot at the moment, especially in the wake of the Covid-19 pandemic, and that he often sees it "pop up" on the sidebar of YouTube, or in wellbeing related communications from the Students' Union. The use of these verb phrases suggests that he is not actively seeking out this information, nor is he particularly inclined to, despite its ready availability.

When asked if it is something he experiences, he responded "yeah, reflecting on it, definitely". This suggests that it is something that he has reflected on, but also that it was something that required reflection for him to realise.

Professionally-oriented Impostor Syndrome

The primary example he provides of feeling IS relates to his experience on his obstetrics and gynaecology placement. He describes his experience of spending entire days sat in the corridor because patients aren't comfortable having him present during their consultations or examinations. He acknowledges that it's "understandable" that patients aren't comfortable with him being there due to them viewing it as something "sexual" and "intimate" which happens "once in a blue moon", but still finds it frustrating as it's "normal" and "a hundred percent medical-based" for him. He attributes this experience to his being male, as his female colleagues "didn't have a problem, learnt so much"; he says that the faculty do make male students aware beforehand that they are likely to experience this discrimination from patients.

Another example he provides relates to ethnicity, when he says:

> some other places where I might have experienced it, maybe just like working in the areas where not a lot of people look like me. Um, just kind of that sort of, so, when I'm on placement in places like the New Forest and stuff, and there's just not many, not many brown; er, you know, North African Arab males just working or whatever, so, that.

Noah Extract 1

The way he ends this example may be perceived as quite dismissive; this could be because he is uncomfortable discussing this topic, and wants to move on. However, if this is an experience which he feels has had little impact on him, then this dismissal could be just that. He goes on later in the interview to say: "I'm not someone who is so superficial and thinks, oh, like that's me, because he looks like me […] I can relate to him". If this is the case, then it stands to reason that his experience of being the only person of his ethnicity in the New Forest placement would not have been problematic for him.

He does however further contradict this view, when he admits that:

> if I was practicing as a medical student, in, back in Morocco, where my parents are from, and I was treating people and looking after people who looked like my parents, and reminded me of my grandparents […] I think it would be easier for me to kind of you know look after those people, because there're more of an inherent relatability.

Noah Extract 2

This back and forth between the importance of ethnic relatability may be suggestive of a lack of clarity within his own perception of himself. His comment about not being "superficial" belittles the potential difficulties faced as an ethnic minority, while his acknowledgement of the "inherent relatability" of treating people from a similar background concedes the benefits of ethnic similarities.

Another example he provides is of being on wards and feeling "like a burden" due to having "inferior knowledge". He acknowledges that this is particularly prevalent in environments such as the emergency department where there is "so much going on" and the Impostor Syndrome "kicks in". The use of the verb phrase "kicks in" is comparable to those used earlier about IS "popping up", indicating that for him, IS is not a constant feeling, rather something that only occurs in specific circumstances.

Gender-specific Impostor Syndrome

He talks about how female students will also have rotations in which they feel the impostor, such as in surgery:

> I've been on rotations and in Surgery for example, where with one of my partners, and they don't want to go into anything, because they say to me that the surgeon has got a stick up his arse, basically, and they don't like being around him, because all he wants to talk about is boyish things and just wanna do, you know Orthopaedics and just kind of excludes.

Noah Extract 3

He seems to talk about this as being comparable to his experience, but doesn't acknowledge the different between feeling excluded by patients, and by superiors or colleagues. He goes on to say:

> and then I think oh, well that's, so they're not that bad, and then so, it's yeah, small. I think what a lot of it is inherent, like, it's just the experience you get really.

Noah Extract 4

His assertion that these experiences aren't "that bad" trivialises them, and shows a lack of awareness around the dynamics at play in the two examples given. Female patients not being willing to be intimately examined by a male medical student is very different to a surgeon making his reporting students feel uncomfortable as a result of his behaviour. Claiming that this is "just the experience you get really" undermines both his own and others' experiences, and normalises it, feeding into the discourse of IS as something which one should just learn to deal with.

> *(Reflexivity: I have been putting off writing this section for a long time, because I knew I would find it hard to not get emotionally invested. However, I realise that this is part of the interpretation, and having spoken to H about it, I do not think my interpretation is misplaced in this instance.*
> *Thinking about it, this is not something I would categorise as IS, but the fact that he does says a lot about his interpretation of the phenomenon. He felt that he didn't belong in the ObGyn ward, and therefore has labelled the experience as IS. However, his lack of sense of belonging was not as a result of poor self-esteem or social exclusion, but a biological factor over which he has no control.)*

However, among all the contradictions, he does manage to summarise his reflections about experiences of IS in professional environments, claiming that:

> Regardless of anything like race-wise, gender, religion, I think, fundamentally, medical students experience impostor syndrome. Um, but then I do also think that it's, it's more, er, the experience is more enhanced, and felt stronger, from people from certain demographic.

Noah Extract 5

While this extract comes from relatively early on in the interview, it's a relatively conclusive statement of his views. He mentions a few times about medical students feeling IS simply by virtue of being a student in a professional environment, but also alludes to the way that this may be "amplified" for students from ethnic minority backgrounds. A pictorial interpretation of this concept is depicted below.

This concept seems to be based on a perception of others' experiences, rather than something he has experienced first-hand. Throughout the interview he continues to separate IS as experienced in a professional environment to that in social situations. This difference will be explored further in the following section.

Socially-oriented Impostor Syndrome

He specifically acknowledges that all his examples of feeling Impostor Syndrome are from professional environments, explaining that:

> there's been a few tricky situations at Uni, like especially on placement, I would say. Nothing to do, like socially, or anything, more, more placement focussed.

Noah Extract 6

His labelling of IS as "tricky situations" may be interpreted as another example of trivialising the issues faced, showing his relative ease in overcoming them. He also clarifies that IS is not something which he experiences in social settings, explaining that this is because he is "able to get along with other people". He attributes this largely to his background and upbringing, claiming that:

> being from London, you see so many different people, and you meet so many different people from different backgrounds, so, I've always been an accepting person. My family have always raised me to be accepting. Um, but I know some other people struggle with that. (255)

Noah Extract 7

There are several instances throughout the transcript where Noah refers to 'feeling accepted' or 'being accepting', and implying that these are counters to feelings of impostorism. These will be explored in the next section, which considers the Experiential Theme of 'acceptance'.

Avoidance and Isolation

For others, he believes that Impostor syndrome is much more debilitating, suggesting that:

> there's certain situations er where you know they would just rather avoid being the impostor, so, maybe not showing up, not, not being present, not, you know making themselves vulnerable and whatnot, because they're afraid. (262)

Noah Extract 8

He does not offer an overt judgment or opinion on this course of action, merely stating that he believes it's something that others do. However, the claim that this may be because they're afraid does connote a slightly negative perception, and this theme of 'fear' does continue throughout the transcript.

Later on, he admits to employing a similar tactic himself:

> places where, I feel like, I feel maybe a bit more of an impostor, personally I would just, just try to like get through safely, don't cause a ruckus (490)

Noah Extract 9

While this is not complete avoidance of a situation, it is a method of distancing not dissimilar from that which he believes others rely on.

When asked whether his experiences of IS are something he shares with friends or peers, he admits:

> I don't talk about it. I'm really bad with the talking about stuff like this with other people. Um, it's probably why I can't really articulate a lot of what I'm saying, but, um, I just spoke to my girlfriend about it really, to be honest. When like I'm home, just let out, vent, if there's something which I felt, ah, I felt like shit just being there, because I just don't feel like I belong. Um, but then I would never talk to someone else about it, because, but, so half the time I know that a lot of other people like are experiencing it too. Um, so, it's er, it should be spoken about, definitely, but I just haven't had, I don't have the courage to approach other people, because sometimes it feels like I'm complaining.(633-649)

Noah Extract 10

In this section, Noah begins to show some vulnerability, acknowledging his own lack of courage in speaking out about his IS, despite his confidence that he's not alone in these feelings. Most of what he says in the interview about medicine and his experience as a medical student is positive, so his admittance that somethings he feels "like shit" and that he doesn't belong creates a strong contrast.

Theme 2: Acceptance

Feeling accepted as a counter to Impostor Syndrome

Noah makes a few references to 'being accepted' which suggest that he sees this as the opposite of impostorism. He talks about how there are "situations where I feel like an impostor, and then there's situations where I feel actually more accepted", implying that these two impressions cannot coexist. He provides an example of his relationship with a member of faculty staff, claiming that "I've never felt that element of impostor syndrome around her, because I always knew, from the beginning, that she accepted everyone for who they

were". The implications of this are that he believes Impostor Syndrome can be negated by the feeling of being accepted, and that this is what he has experienced with this staff member.

Of course, one of the problems with this is that many people who experience Impostor Syndrome have low self-confidence, and therefore will struggle with the notion of being accepted too. This once again brings into question his understanding of Impostor Syndrome – not feeling accepted may be an element of it, but there is a lot more too it which he seems to have disregarded in these extracts, and throughout the interview. For most, feeling accepted isn't the problem, it's the worry that they have been incorrectly accepted, or that they don't deserve that acceptance.

Legacy acceptance

Noah attributes much of this self-confidence to the people around him, particularly those who he views as role models. When asked whether he feels that he belongs to the medical school, he talks about a group of students "before him" who helped to break down barriers and increase feelings of acceptance. He admits that many students in years below him probably also see him that way, because of his work with the football club. This, and the extracts to follow, have been labelled as 'legacy acceptance' because of its longitudinal nature.

> Um, I think there were some people before me, who, when I was a fresher, did a lot, and one of them is John here, I don't know if you know who he is, yeah. So, people like John, a lot of his group, and some in the years before me, and some might even say I have, so, some freshers might say even say I have, because of football, I've broken I think, personally I've broken a lot of barriers down. I started to say with football we have border, I I was at Uni, um and it was, like the big thing when I first started it, and I made sure, a hundred percent, that people, people from all different backgrounds, football-wise.

Noah Extract 11

This extract is very fractured, with a much higher volume of false starts and dependent clauses than seen elsewhere in the transcript. This could indicate that, despite his apparent confidence, Noah is still not especially comfortable talking about his achievements.

He later goes on to talk about the influence these students had on him, stating:

> I saw everyone accepted them, no problem whatsoever, and everyone liked them. Um, and I always knew it was okay to be myself. I didn't have to you know put an act on to feel accepted. Um I didn't have to act smarter than I knew I was.

Noah Extract 12

Noah has observed others being accepted and used this to rationalise his own position. His lack of mitigation in phrases such as "I knew it was ok" and "I didn't have to act smarter" once again show his confidence and conviction. He seems not to worry about the variables in the two situations, instead he just assumes congruence and uses this as a rationale for his own pragmatic attitude and behaviour. He does acknowledge how others "really struggled" with this, and felt the need to put on an "act", but that "that aspect of everything just came natural" to him.

Despite coming across as incredibly confident and self-assured, when asked why he joined the Medics' Football Team as a fresher, rather than the University Football Team, Noah explained that it was "because there was like that cohort of people who just kept, open arms, told me come and join them". Given his ambitious nature and apparent skill at football, it is surprising that he opted to join the less celebrated team. The reasoning he gives implies that the notion of being accepted and welcomed into a team was, at least at first, more of an incentive than the potential for success offered by the University team.

Generating Acceptance for self

As well as working to create a generally accepting environment, Noah does talk a little about elements of his behaviour which he believes helps generate acceptance towards himself. For example, when talking about his South London accent, he says that:

> [it's] one of the things I'm really proud of, and I always wear that on my sleeve, because I think that helps me, helps me get through, because there's aspects of relatability with everyone, and I use that, I use that as one of my tools when I'm communicating with people, trying to get things done, for sure.

Noah Extract 13

Reflexivity: Part of the reason this extract stood out to me is because of the work I did on linguistic discrimination. In that research, students often felt that they were judged negatively because of their accents (some students in particular used London accents as an example) and believed that they didn't 'sound like a doctor is supposed to'. To then hear Noah talking about the relatability of that same accent, and his use of it as a communicative tool, is really interesting because of the contrast in perceptions.

Noah's pride in his background really comes across, and is clearly linked to his confidence. He also talks extensively about building a rapport with supervisors and using his positive relationship with them to his advantage. He particularly talks about how, when working with staff who are passionate about football, he uses his own knowledge and skill in this area to develop a relationship with them and to "get as many signoffs with that person as possible". He goes on to clarify that he doesn't feel that this favouritism detracts from his clinical ability, that instead he uses it "to actually enhance my experience and enrich the process" and that "if I feel like I'm only getting a good treatment based on the fact that, for example, I'm good at football, I wouldn't be happy, within myself".

He does acknowledge that this social ability to build on relationships and use this to his advantage does make him feel "slightly superior to others"; this subtheme of superiority is explored a little further in the next section.

Superiority

When talking about Medics' Football Team, Noah states that:

> Other people have said to me, from their perspective, that we always, as a group, always had like this, oh, better than you syndrome, whatever, that, just call it a syndrome, just a characteristic, which is like, yeah, we're better than you. We're, apparently, we give off energy, we used to, that we were better than everyone else. Not just in football, but also like academically. Um, but when I went to the Uni team, it was definitely more accepting, more, different groups of people.

While he doesn't offer an explicit opinion on whether he agrees with these perceptions, his own experience that the University team is "more accepting" implies some level of

agreement with the sentiment. Interestingly, when asked about the social differences between the teams, Noah exhibits some evidence which feeds in to the 'medic superiority'.

> There are people who were in the Uni team, who are doing courses which, maybe, I don't wanna be rude here, but like they don't require as much, so, they were from, they were a bit more like, their character was a bit more, like they weren't as, I don't know, I don't wanna be rude, I don't wanna say. They weren't as sharp as like some of the Medics freshers, and we used to see that.

Noah Extract 14

The number of pauses and false starts in this extract is significant and indicates that Noah was uncomfortable during this utterance as he was trying to avoid articulating his point in a way which may be deemed offensive. It is likely, therefore, that the phrasing his ultimately uses is euphemistic, and can be considered an understatement of his true views. If this is the case, it is very much a valid representation of the 'better than you' attitude which medics are perceived to have towards non-medics.

This perspective is also shown when he was asked about whether his status as medical student has impacted his relationship with his friends back home. This question was asked because a number of students feel that when they return home from medical school, their friends treat them differently, and I was interested to see if this was also the case for Noah. However, his response was striking, that "There's definitely a gap, but I like them for who they are and not just because of like what they do". While the sentiment here is positive, the direction of the potential discrimination is opposite to what was expected. Instead of there being concerns about whether his friends would still accept him, Noah interpreted the question as being whether he would still accept his friends, despite their different paths. A similarly interesting comment is made when asked whether his girlfriend is also a medic:

> So, she wanted to do Medicine, she didn't get in. Um and then, yeah, so, that really just, she doesn't wanna do Medicine anymore. She's doing a Masters at the moment, at Uni. But we still like engage in, you know intellectual conversations, still the same kinda things, um, yeah.

Noah Extract 15

The part of this that really stands out is his use of "but". The implication of this is that *even though* his girlfriend isn't a medic, they are still able to engage in intellectual conversation, evidencing his view that medicine is a superior pathway.

The pride, superiority and confidence evidenced in these extracts may indicate why Noah generally doesn't feel like he struggles with being accepted. There are only a few times throughout the interview where he talks explicitly about not feeling accepted.

Not feeling accepted

The only clear mentions of not feeling accepted, or not belonging, come from when Noah is asked whether he feels like he belongs to the institution. This question is left intentionally vague to see what students intuit the 'institution' to be. In this case, Noah interpreted the question as being about his belonging to the NHS, which prompted a number of negative views.

> I was on placement, and then I saw how little actually the NHS does in return for the work of you know medical staff, nurses, doctors, healthcare professionals, everyone. So, I don't know if I fully feel like I belong. It's not something that I am a hundred percent passionate about giving, sacrificing my own self to get very little in return.

Noah Extract 16

It is interesting that Noah's only real example of feeling like he doesn't belong doesn't come from not feeling accepted, but rather feeling undervalued. It is not that he feels unable to cope with the pressures of the job, but instead that he recognises the negative impact those pressures would have on him, and isn't prepared to do that.

He goes on to say that within the NHS "there's a structure for everything and sometimes it feels like everyone's designed to be the same, like a robot, like there's very little room for your own, you know personal character to shine out". These two quotes showcase Noah's perception and understanding of what it means to 'feel accepted'. For most people, they feel like they don't belong because they don't fit in with their environment; for Noah, the institution doesn't fit with him, and his values.

Theme 3: Football

Noah makes many references to football, often defaulting to this topic in response to questions which were more intended to be about his academic life. When posed the question "do you feel as if you are sort where you are meant to be, in terms of more sort of philosophical, in terms of your ambitions and goals and hopes and dreams?", he gave a relatively lengthy answer but didn't mention medicine or academia once. In one part of his response, he talks about missed opportunities, but these relate to sports, rather than his course.

> Playing sports I've experienced losses, and I know I can never get those opportunities back again. Like there's been certain finals where I've lost and I can't do that anymore because I'm leaving university and I always wanted certain awards to go with my experience. And I've had some, but not, not all the ones I wanted, so, there's that kind of you know bittersweet taste, which is like, ah, you know you missed out. But that's just a personal thing. No-one else judges me by that, it's just a personal thing. So, some of that is a bit shit, but I think that just comes with sports and from being competitive, doing something you really like, missing like an opportunity to you know win something in particular can, you know you can carry that on with you.

Noah Extract 16

The fact that Noah's first thoughts when asked about his sense of purpose relate to sports rather than his course may be indicative of his priorities; that he values sporting achievement over academic. It could also be an avoidance technique; if Noah is unhappy with or unfulfilled by his academic choices, he may find it easier to revert to a topic he is more comfortable and confident talking about.

Football is much more than a hobby for Noah; it is an integral part of his life, and of his personality. He admits that he's "played football since I was really young. I watched football, enjoyed it and supported it as fan", and that without it he struggles. He reflects in particular on his experience during lockdown:

> obviously without football it was like, that's when I felt it, for sure. Like when that happened, I said, well I was angry for no reason, and snapping at my girlfriend for nonsense, like because I'm not getting the exercise, getting the release.

Noah Extract 17

He goes on to clarify that this need to play is not linked to achievements or praise:

> It's more about, that exertion, that, you know passion, so, just all of that, and that's a way that I cope with stress. Other people can sit around and talk, in groups, and you know do other things which entertain them, but for me it's that, that emotion that it helps me release, and I think I will always play football, even when I'm a doctor.

Noah Extract 18

Noah acknowledges here that playing football is a mental health strategy for him; it's a method of coping with stress without which his mood can deteriorate to the point where it impacts his relationships. The fact that he can recognise this is important as it will support his wellbeing moving forward.

Comparison of University and Medics' football teams

The University has two different football clubs, one for medics and one which is open to everybody. This is common practise at universities with a medical programme due to the complications of scheduling for medical students. Noah joined the medics' team in his first year, and his description of the way they welcomes him can be found in the previous section (extract 12). However, after a few years he joined the university team:

> 3rd Year, I was like, I need something new, I need a new challenge. And then I joined the Uni First Team, and then ever since then I've been playing with them.

Noah Extract 19

The implication here is that the University 1st team is more competitive and higher level than the medics' team; it goes against the stereotype of medicine programmes being incredibly stressful that Noah required additional extra-curricular challenge.

When asked about the social differences between the two teams, he makes an interesting observation about the difference in diversity:

> [the medics team] is sort of more diverse, very weirdly, like there just seems to be more like brown people to white people – it's more like an even balance. It's like, Asians, Arabs, er English, and then like European, and it just seems to, there seems to be equal numbers of every type of person. But with the Uni team, there was just a strong core of you know, English players, um but I think that's just chance though.

Noah Extract 20

The increased ethnic diversity in the medics' team may be due to the medical programme itself being more diverse than other university courses, and therefore the teams are both demographically representative of the students at which they are aimed. When this theory was proposed to Noah, he agreed, and then went on to make some enlightening observations about the university team:

> There are people who were in the Uni team, who are doing courses which, maybe, I don't wanna be rude here, but like they don't require as much, so, they were from, they were a bit more like, their character was a bit more, like they weren't as, I don't know, I don't wanna be rude, I don't wanna say. They weren't as sharp as like some of the Medics freshers, and we used to see that. They were way more sharp. They knew what they wanted. And then you had some of the Uni boys who were just there, like doing this random course, and then they were like, happy to just mess around and, there was more like sort of that kind of, like my, my home school friends' banter and behaviour, and not taking themselves as serious. And I think that's more representative of the rest of university as a whole, 'cause in Medicine you don't get characters like that as often.

Noah Extract 21

This extract is littered with false starts and pauses, indicating the discomfort Noah felt while articulating this thought. The attitude demonstrated here links back to the subtheme of 'superiority' discussed in the previous section; Noah clearly associates the university team with people enrolled onto "random courses" who aren't "as sharp" as their medics' team counterparts.

When asked about interaction between the two clubs, Noah comments on their segregation, saying:

> a lot of the students [on the medics' football team] try their hardest to make sure it's just tightknit within a group

Noah Extract 22

This is obviously not something which impacted him massively, as he moved freely between the two clubs, but this unwillingness to mingle does suggest that others in the medics' team may hold a similar attitude to Noah regarding the university team members.

Theme 4: Overcoming Adversity

Throughout the interview, Noah was mostly positive about his experiences, however, there were a few sections where he reflected on the more negative aspects of his journey to and through university.

Overcoming adversity prior to University

Noah went to a school which, in his words, "wasn't an ideal school for like, you know classical pathway to Medicine"; none of his other classmates ended up going to Russell Group Universities, "let alone studying medicine", which he describes as being difficult for him. He does however speak very fondly of a particular staff member who was "really supportive" of him who provided guidance with the application process and interview technique. He talks about how she set up a network of students from sister schools in the region who wanted to "aspire academically" which meant that he wasn't "completely alone" in the experience.

He acknowledges that due to his background he felt that his choices for higher education were limited.

> I had good grades and stuff, but just like, coming from where I'm from, I didn't really have the privilege to pick and choose, and there wasn't, um, like a long family history of doctors, or anything along the lines of that.

Noah Extract 23

This meant that his whole application strategy was based on where would accept him, and so he only applied to WP medicine programmes, apart from to apply for the standard entry

course at the university where his sister was studying medicine at the time, as he was told that this would increase his chances of getting accepted. He says that his sister actually began studying BioMed, but was able to transfer to medicine in her 3rd year. Both siblings were still living at home at that time, and Noah describes watching her go through the transfer process as very "motivational" for him.

Overcoming adversity at university

Once at university, the challenges Noah faced became more to do with the workload, but were no less difficult. Despite his overall positivity, he does provide some negative examples of his experiences.

> I've had shit months, where all I've done is study nine to nine. And, but you know everyone who is an academic has. It's tough, you know, like nothing was given to me. There was no free pass. Once you get in, it's a challenge to maintain.

Noah Extract 24

This negativity is, however, immediately mitigated by the acknowledgment that his experience is not unique to him: everyone in his field has the same struggles of going through periods of intensive work. He does then go on to comment that his journey was hard in that "nothing was given" to him; the subtle implication here is that while everyone struggles, the additional stressor of having an atypical journey into medicine may exacerbate those difficulties.

Later, he elaborates on some of the difficulties which affected him in particular, namely two bereavements: one of a friend to suicide, the other of an aunt. He acknowledges that due to this he "wasn't in the right frame of mind to be as efficient as [he] could be" and failed a set of exams in 2nd year. He goes on to say that he "didn't let it faze [him] though, straightaway on the resits", demonstrating incredible resilience and strength of character.

Interestingly, he also believes that "medical school is not as hard as people say it is"; he talks about this at some length, but there is no acknowledgement that just because he doesn't struggle, others still might. He goes so far as to posit that students claiming medical school is tough is "nonsense" and that they only say that for "sympathy

votes". He does then go on to say that "it's challenging for sure, but it's rewarding, so, anything that's rewarding is gonna be difficult". This feels like a more realistic interpretation of the medical school experience; rather than it's not actually difficult, it is difficult, but it's worth it.

Participant 3: Jaishun

Reflexive Summary

Jaishun's family is from India, but he was born in Singapore and moved to England around age 3. His dad remains in India for work, but visits regularly (pre-Covid), and he lived with his mum and elder brother growing up. His mum has health problems related to her knees and spine and has limited mobility, so Jaishun was essentially her carer growing up; his brother is autistic and attended a special needs school, only reaching a place where he was able to assist with the care of his mother when Jaishun was at university. This care experience is what motivated Jaishun to apply to medicine. He attended a grammar school with a solid record of sending pupils to medical school (he thinks 8 applied in his year, and 6 were awarded places), so he was well supported with the application process. His only work experience was a single day with one of his mum's consultants, but I presume his caring responsibilities also counted for a lot. His original application in Y13 was withdrawn when he was required to do two years of national service in Singapore. After this, he worked for a few years before reapplying as a mature non-graduate and gaining a place at Southampton. He speaks very positively of his experience of an Open Day at Southampton; he was particularly complimentary of the student ambassadors who guided the tour, and he received lots of information and advice about the interview and medical programme from a medic ambassador.

At the Open Day, he happened to get chatting to 3 BM6 students about to go into Y1 who were in private accommodation with an extra room, which he ended up taking. He then lived with this same group for 3 years, becoming good friends with them and a number of other BM6 students. Due to placements and many students intercalating this group has drifted apart socially, though they still share resources and support each other with revision, etc.

His definition of IS related to not feeling 'good enough' and comparing oneself to those around you. When asked if this is something he experiences, his response is somewhat hesitant. He says that he was raised in a culture where humility is highly regarded, and therefore he finds it quite difficult to separate this from actually feeling like an impostor. We

discussed the potential relationship between low self-esteem and humility, and how one could be used to mask the other.

Most of the ways in which Jaishun feels out of place relate to being a mature student; he worried a lot about struggling with the workload after 5 years out of education, accepting that he might have to put in far more hours to keep up with his peers. He also struggled somewhat socially, referring to the language that some of his peers used in social situations and how it sometimes felt that they were of a completely different generation. In the corridors outside of lectures he didn't know who to speak to as everyone already seemed to be in their groups, so he would stand alone and then go straight home after the lecture. When a group invite was sent out for a house party he made himself go as he knew he wouldn't be able to get through med school without friends. However, he ended up leaving early as he didn't like having the same conversation about why he'd taken a gap between secondary and tertiary education. He briefly worried that he would create a bad impression by leaving early, but reasoned that with all the people there, nobody would notice or remember him going. This rationalisation seems to occur fairly regularly.

The other example he provides is of his second placement, where the consultant wasn't especially welcoming or nurturing, making P5 concerned as to whether he was doing the right thing and making demoralising comments. However, he stuck with him and learned a lot, later finding out that he was one of the only students to ever stick with this consultant for an entire day.

He also talks about being on acute care wards and feeling overwhelmed and not knowing what to do. It was difficult for him to find the balance of not just standing around doing nothing, making a bad impression and getting in the way, but also not performing tasks you're not supposed to do, or making a mistake and creating problems for the 'paid staff'. He uses the phrases 'taking up space' and 'wasting space' in this context, giving some indication about his perception of himself in those situations.

He speaks particularly fondly of his 'med family'. This is a structure put in place by the university to help integrate first year students – they are assigned 'siblings' from their year and 'parents' from years 2 and 3. Jaishun is still in regular contact with his 'family', though both parents have graduated. They even set up a society together, which seems to have

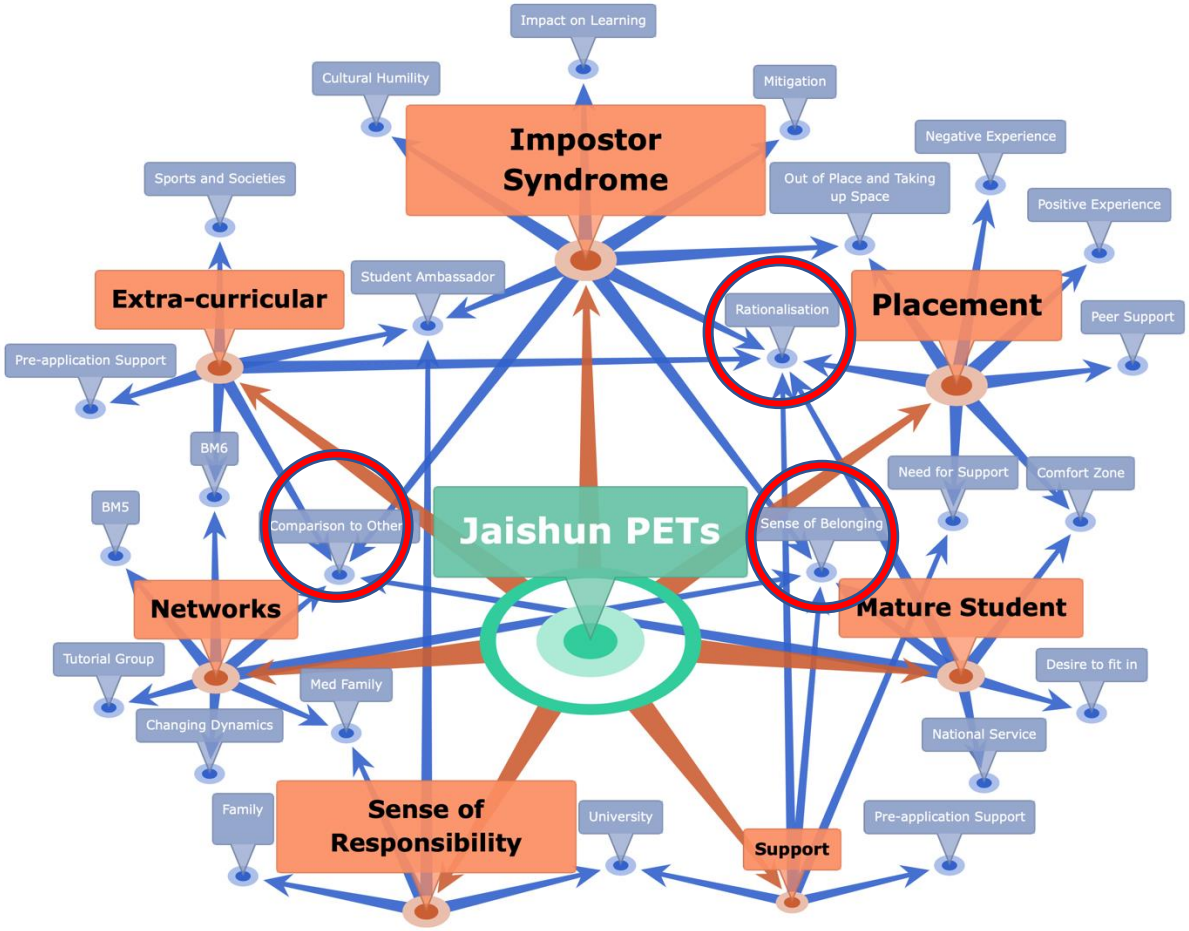
been successful. He also took on a lot of work as a student ambassador, partly to earn some money, but also due to the experience he had at the open day. He says that this sort of took the place of attending clubs and societies, but that it helped him gain (and sustain) a sense of belonging to the university, even beyond the first 3 years, after which medical students often feel fairly distanced from the university itself.

Family is obviously incredibly important to him. The only lectures he missed in his first 3 years were due to taking his mother to appointments, and he managed to arrange (with the help of his PAT) to be on placement close to home so that he could continue to care for his mother and brother easily.

Jaishun's overall attitude is very positive and rational; he doesn't complain about anything, merely stating negative occurrences as fact, without ascribing or assuming any blame. He does seem to experience some examples of impostorism, but doesn't seem to let these have a detrimental impact

Introduction

There was a lot of interrelation between themes and subthemes in Jaishun's transcript. In order to visualise these, I developed the below diagram. In this section, I will write about each of the themes in turn, and reference where subthemes interconnect with other themes. I have attempted to structure the write-up in such a way that there is a natural flow (e.g. the final subthemes I write about for the first theme, Impostor Syndrome, is the first subtheme I talk about for the second theme of Placement). However, it has not been possible to follow this format entirely throughout. There are three subthemes which connect to four or more themes; I have called these super subthemes (circled in red on the diagram) and will write about them after the theme sections, explaining how they fit within each theme. I will also make a note in each theme where these super subthemes occur, so that it is clear that there is more to be discussed within this theme. This will make the analysis easier to follow, and the significance of their interrelation clear for the reader.



Theme 1: Impostor Syndrome

As with all participants, the first theme to be discussed is that of Impostor Syndrome. This includes the participant's definition of Impostor Syndrome and other specific references to the phenomenon. The definition provided is then used to frame the lived experience discussed by the participant.

Definition

Jaishun prefaces his definition with "`I'm probably wrong`"; this mitigation is unwarranted given that he had been requested to provide his *understanding* of the term, but gives some insight into his lack of confidence around the topic, or of providing definitive answers. He goes on to give his definition:

> it's kind of like um (1.0) the sense of feeling um not good enough in a certain situation, probably through comparing yourself to either what's being done in a situation or like the people around you that are working in a similar environment to you.

Jaishun Extract 1

His phrasing here, that it's a *sense* of *feeling* not good enough demonstrates his acceptance of IS as something which is something one feels which may well not be accurate; it's very much an interpretation of what is perceived. The notion of "comparing yourself" is one which is prevalent throughout the interview, and fits within the first super subtheme of 'comparing yourself to others'. Interestingly, both examples in his response denote the situational nature of IS as he sees it; it relates to what's being done "in a situation" or by those "in a similar environment", rather than something which is always present. He also implies that IS can relate to either the actions one takes (comparing yourself to […] what's being done) or one's more general ability or position (comparing yourself to […] the people around you).

Cultural Humility

Jaishun likened the concept of Impostor Syndrome to humility: something which is particularly relevant to his culture. He claims that in the Asian culture in which he was brought up, others' experience and expertise is something to be appreciated and learned from, rather than competed with.

> I'm brought up in like an Asian culture, and um you know the way that my parents, especially my mum kind of raised me, is that you kind of, you learn humility through trying to um (1.0) obviously, um not trying to doubt yourself, but in a sense, to try to say, you know what, people may know more than you, to just try and learn off of them, and that will teach you how to be humble um in life

Jaishun Extract 2

He then went on to describe humility as more external, in that it is something which may be "projected" as a defence mechanism, admitting that this can "take over you" and have the "unfortunate" effect of portraying yourself as lesser

Student Ambassador

Jaishun credits his Student Ambassador role as having helped, in a practical way, to ease his sense of feeling like he doesn't belong. This is due to the information he receives from the faculty and imparts to prospective students, much of which involves details of the recruitment process. This allowed him to better understand why he had been selected, and therefore why he was deserving of his place.

> I think sometimes er when you are lacking in self-confidence and you're almost convincing yourself that you are definitely out of your depth for this, I think sometimes you can project this humility as way of like you know saying, oh well, you know um please don't be mean to be because I don't know what I'm doing, and it kind of is, er, a bit of, a bit of a false safe I guess, but at the same time, it's really unfortunate, because you know, that low self-esteem, that low self-confidence, can kind of take over you, and you know, you probably um (1.0) kind of um project yourself er as a lot, um as a lot less than you actually are

Jaishun Extract 3

***Rationalisation**

[See super subtheme]

***Comparison to Others**

[See super subtheme]

Out of Place and Taking up Space

When asked to provide an example of feeling like an impostor, Jaishun describes one instance where, despite reservations, he attended a party despite not really knowing anybody in attendance. He explains how he felt "out of place", and ended up leaving the party early, rationalising that it was unlikely any of the other attendees would remember. This example will be discussed further within the 'Mature Student' theme.

Theme 2: Placement

The other explicit example of Impostor Syndrome which he provides occurred during his second placement and will be discussed in due course. Placements in general make up a substantial theme within Jaishun's interview, particularly within this subtheme of 'out of place and taking up space'.

Out of Place and Taking up Space

Much of Jaishun's discussion about placements include lots of negative language, including concerns about being "a bother", "in the way", "a waste of space", or "taking up space". He claims there is a fine balance to be struck between staying out of the way, but not learning as much, and getting involved and risk getting in the way, but ultimately having a better learning experience.

> You make this judgement where like you're not going to learn much, or you're going to be in the way of the team.

Jaishun Extract 4

He acknowledges that by standing around, it reflects badly on him, and may cause him to "feel like you know you're either a bother, or you're taking up space, and things like that". However, he is reluctant to take the initiative and get involved as "it might um affect the patient's care, or it might affect the care plan that the doctors have for them". Sometimes, this dilemma can be solved by asking for help:

> you kinda ask people, like oh, do you want me to fill out this request form, or do you want me to do this, and some of them say, yeah, yeah, why not, and then they take you under their wing - you learn what you have to do as an F1 and so on.

Jaishun Extract 5

But other times, this strategy is not effective:

> But then some of them would be like, oh, you're alright, it's fine, and then they take the work on themselves and you're just there, standing and thinking, well that's the least I could have done for that, but like now I can't even do anything.

Jaishun Extract 6

He feels that the only way to successfully navigate this is to find the "right people" to offer support.

Need for Support

When starting a placement, Jaishun believes that the first week is primarily spent "working out which consultants are the best to go and speak to, and which ones to kind of avoid", admitting that this is what tends to "make or break your placement". He mentions several times the need to have someone "take [him] under their wing", demonstrating how much he values being supported and guided in these unfamiliar, high-stress environments. Jaishun's experiences of his support networks will be explored further in the Support theme.

Comfort Zone

Despite these concerns about getting in the way and making errors, Jaishun also acknowledges that needing to leave your comfort zone is an inevitable part of the learning experience of placements which "a lot of medical students experience". The second example he gave of feeling like an impostor was during a placement where he had an unpleasant experience with his consultant:

> There was a consultant that just, that just ripped into me. Like, from 9.00 to 5.00 I was with him, and I forced myself to be with him, because I thought that's the only way I'm going to learn, just go out of your comfort zone and just stay with him, just take whatever he hands out to you.

Jaishun Extract 7

(cont. in Theme 3: Mature Student)

While this specific example doesn't seem as closely aligned to his definition of Impostor Syndrome as the other examples he gives from placement, it does show Jaishun's response

to those experiences. Jaishun states that he "forced" himself to stay with a consultant who "ripped into" him, showing his determination to make the most of this learning opportunity, no matter how unpleasant, when it arose. He recognises that this may not be the standard response to a challenging situation, acknowledging that:

> I'm quite happy to put myself out of my comfort zone, but I understand not everyone's going to be like that.

Jaishun Extract 8

His rationale for this will be explored in the following theme.

Theme 3: Mature Student

Comfort Zone

Jaishun is a mature student, having started university at 23. He recognises that his resilience may well be helped by his maturity and life experience:

> maybe it's possibly because um you know um I've had breaks in my education, between Higher, I mean Sixth Form and Higher Education, and you know I've had, I've been in work environments, where things haven't really gone my way, um, but I understand that some school-leavers may have these, may be in these situations and kind of like doubt themselves, um, and like, but I think doubts are quite normal.

Jaishun Extract 9

Here, he acknowledges the potential benefits he has reaped from his time between Sixth Form and University due to being in work environments, although he remains empathetic to students who have not had this experience. While he realises the benefits of his age, he also had a lot of misgivings. Most of these will be discussed within the super subtheme of 'Comparison to Others', but aside from concerns about his time away from education, he also worried about the more social element of university.

Desire to Fit in

Jaishun does imply some regret about coming to university as a mature student, saying that he "wanted the Uni experience as a school-leaver"; this is what drove him to

attend the party mentioned in the first theme. Despite initial misgivings about attending, he pushed himself to go by arguing "it won't kill me – let's just go". Once there, however, he found himself feeling incredibly out of place. In order to demonstrate the tone in which he narrates this experience, I have constructed the following I-Poem based on his every use of the 'I' pronoun and the accompanying verb phrase within this section of the interview:

I decided
I need to get my footing.
I felt like
There was no way I was getting through.
I just felt so out of place.

What am I doing here?
I don't get half the things they're saying,
I feel I've missed a whole generation.
I guess I just didn't feel like… normal.

I did kind of feel out of place;
I just walked off.
I still remember
I was walking off,
I thought: 'no-one's going to remember'.

Through presenting the data in this way, the essence of his experience at the party can be succinctly demonstrated. It is important to note that this extract is not representative of the transcript or interview as a whole; it is taken from a relatively small extract in which he specifically relates one unpleasant experience. The tone of this section is wholly different from that in the rest of the interview, which is largely very positive. However, the melancholia evidenced here is an important illustration of Jaishun's specific experience of feeling like an impostor at a party, which is why this method has been implemented here.

The pairing of his desire to fit in and his mature outlook is what makes this extract so poignant: he wants to fit in, but knows that he doesn't. Rather than staying and not having a good time, he makes the mature decision to leave, realising that his absence won't be noted and held against him by his peers. This is probably an accurate assessment of the situation, nevertheless it is upsetting to consider.

***Comparison to Others**

[see super subtheme]

Theme 4: Support

Jaishun's commentary on the support he has been given can be largely separated into 'pre-university', and 'post-university'; however, he does speak at some length about his experiences at the University Open Day. The first subtheme is entitled 'pre-application support' to include support from the university prior to his enrolments, while the second is 'University Support' and will then link to the Sense of Responsibility theme in the next section, in which he talks about providing support to others.

Pre-Application Support

Jaishun attended a Grammar School, and he describes it as "really supportive" of his application; he believes that there were eight students in his year applying for medicine, and so there were a number of extra-curricular support systems available to him. These included a Medicine Society and "medicine meetings" which took place after school, in which applicants were given advice and guidance on the application process.

He also found the UoS Open Day particularly beneficial, mostly in regard to the information and reassurance provided by the Student Ambassadors (SAs).

> I enjoyed the fact that the student ambassadors kind of showed us around and told us about the campus and told us what's on offer

Jaishun Extract 10

One of the SAs he spoke with was a medical student, and he was able to ask her questions about the interview, as well as share his concerns about having been away from education for a few years, which she was able to alleviate:

> she was like, oh, it's fine, because we have this whole module called Foundations of Medicine, so, people who have done Music or something before um Medicine, will be up to speed within the first two months. I was like, okay, that's fine, that's a relief.

Jaishun Extract 11

Post-Enrolment Support at University

When asked about support while at university, Jaishun immediately begins by talking about a member of the administration staff:

> Every time you go to her, [you] just have a lovely conversation with her. And there was one time I went to do my travel claims, we realised we had quite similar backgrounds, […] and we just had a long conversation […] When I go to Southampton, I make sure I see her, if she's working, and just have a conversation with her.

Jaishun Extract 12

While this is not a formalised support network, the fact that this is Jaishun's instinctive response to the question says a lot about how he perceives the relationship. Obviously this person provides practical support in terms of administration, but Jaishun obviously feels that the support provided goes beyond that. He doesn't go into any detail about the nature of their conversations, but given that they realised their similar backgrounds it is safe to assume that they feel able to have relatively informal discussions, and he obviously finds this supportive.

Jaishun then goes on to talk about his Personal Academic Tutor (PAT), after a few moments of consideration.

> we'd always speak to each other, like once or twice a year, in Year 1 and Year 2, just to get all those professional development stuff done as well, but in 3rd Year, when I, when I failed the formative exams […] he was like reassuring […] And then after that, we have, we talk to each other after every specialty that I've done. So, in Year 4 I've spoken to him like a good five, six times, so, he's been really good.

Jaishun Extract 13

Towards the beginning of Jaishun's degree, it seems as though he perceived his relationship with his PAT as fairly bureaucratic and necessary to pass certain elements of the programme. However, after a confidence knock in third year, he found the relationship to be much more valuable, and the PAT became somebody he felt he could "rely on". Jaishun talks about how the PAT was "instrumental" in helping him secure a placement near to his family so he could continue to help his mother when necessary; this Sense of

Responsibility he feels will be discussed in the next section.

Theme 5: Sense of Responsibility

Family

> I have been a young carer for my mum for many years, um, since the age of about thirteen. I have an older brother as well, um, and he is um, he's on the autism spectrum, and so, um, it's, um, he doesn't need - he's always had special needs school etcetera, but um, I've always had to kind of like um be the one to help mum with her knee problems and her um spine problems, so, it's like, it's been um, er (1.0), it's been like, since the age of thirteen, like taking her to the hospital and back, and just being with her.

Jaishun Extract 14

Jaishun seems fairly reluctant to talk about his caring responsibilities towards his mother and brother; he uses a high number of fillers in the extract above and doesn't elaborate further on the nature of his mother's ailments or the support his brother requires throughout the rest of the interview. However, he does allude to wanting to be able to get home easily on a number of occasions, and how this impacted his Sixth Form, University and placement choices.

Despite the apparent impact these caring responsibilities have had, Jaishun demonstrates no resentment or ill feeling towards the situation, tending to frame everything in a positive manner.

> I didn't have to travel much to get like back home, and you know there were only some days of Uni I had to take off to take my mum to hospital

Jaishun Extract 15

While only brief, this extract gives an insight into Jaishun's outlook: instead of complaining or worrying about missing days of university, he frames it in a positive way, stating that there was "only some days" he had to take off to help him mum. It would be very reasonable for him to garner sympathy or additional support from his situation, but the readiness and positivity with which he accepts it implies that this doesn't cross his mind.

University

This sense of responsibility he feels towards his family is mirrored in his dedication to the university, compounded by his genuine pride and high opinion of the institution.

> I really like the university, so much that I wanted to um, I've been telling a lot of people that I've come, that I've met now, who either wanna do Medicine or other courses, like look, apply to Southampton, because this is just really good.

Jaishun Extract 16

This, as well as his positive experience at the Open Day, led him to become a Student Ambassador for the University.

Student Ambassador

> I kind of felt like I wanted to become a student ambassador in Year 1, especially after the way people helped me in the interview day that I came in.

Jaishun Extract 17

This notion of 'paying it back' is something which crops up a few times, and really highlights Jaishun's sense of moral obligation: if he benefits from something, he finds a way to ensure others benefit from it also. This role also helped with his sense of belonging:

This role is clearly something he takes great pride in and is highly committed to, and the way he talks about it demonstrates the sense of responsibility he feels as a student, and also as a member of the wider university community.

> you get that sense of you know what you say could have an impact on a prospective student […] you have that sense of responsibility for the university

Jaishun Extract 18

Med Family

The Student Ambassador scheme was not the only one he was inspired by; he also had an incredibly positive experience with his 'med parents' and 'med siblings' as part of the Med Family scheme. In order to give back, he says that going on to be a 'Med Dad' was

something he "definitely wanted to do", again demonstrating his commitment to providing for others the opportunities and experiences he himself was afforded.

Theme 5: Sense of Responsibility

Family

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Jaishun Extract 19

Jaishun seems fairly reluctant to talk about his caring responsibilities towards his mother and brother; he uses a high number of fillers in the extract above and doesn't elaborate further on the nature of his mother's ailments or the support his brother requires throughout the rest of the interview. However, he does allude to wanting to be able to get home easily on a number of occasions, and how this impacted his Sixth Form, University and placement choices.

Despite the apparent impact these caring responsibilities have had, Jaishun demonstrates no resentment or ill feeling towards the situation, tending to frame everything in a positive manner.

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Jaishun Extract 20

While only brief, this extract gives an insight into Jaishun's outlook: instead of complaining or worrying about missing days of university, he frames it in a positive way, stating that there was 'only some days' he had to take off to help him mum. It would be very reasonable for him to garner sympathy or additional support from his situation, but the readiness and positivity with which he accepts it implies that this doesn't cross his mind.

University

This sense of responsibility he feels towards his family is mirrored in his dedication to the university, compounded by his genuine pride and high opinion of the institution.

> I really like the university, so much that I wanted to um, I've been telling a lot of people that I've come, that I've met now, who either wanna do Medicine or other courses, like look, apply to Southampton, because this is just really good.

Jaishun Extract 21

This, as well as his positive experience at the Open Day, led him to become a Student Ambassador for the University.

Student Ambassador

> I kind of felt like I wanted to become a student ambassador in Year 1, especially after the way people helped me in the interview day that I came in.

Jaishun Extract 22

This notion of 'paying it back' is something which crops up a few times, and really highlights Jaishun's sense of moral obligation: if he benefits from something, he finds a way to ensure others benefit from it also. This role also helped with his sense of belonging:

This role is clearly something he takes great pride in and is highly committed to, and the way he talks about it demonstrates the sense of responsibility he feels as a student, and also as a member of the wider university community.

> you get that sense of you know what you say could have an impact on a prospective student […] you have that sense of responsibility for the university

Jaishun Extract 23

Med Family

The Student Ambassador scheme was not the only one he was inspired by; he also had an incredibly positive experience with his 'med parents' and 'med siblings' as part of the Med Family scheme. In order to give back, he says that going on to be a 'Med Dad' was something he '`definitely wanted to do`', again demonstrating his commitment to providing for others the opportunities and experiences he himself was afforded.

Theme 6: Networks

Med Family

The 'Med Family Scheme' places incoming students with students in later years in order to help them integrate with the medical school and give them a point of contact for support. Jaishun refers to his med family as his "best friends in medicine" and speaks a lot about the evolving relationship he's had with them.

> it started off you know as just a Medic family just sending up each other, like resources and going out sometimes, and then eventually the three of us kids, as well as one of the parents, decided to form a Society

Jaishun Extract 19

Here, he talks about how his med family's relationship progressed from one based on practicality, to more sociable, and ending as something much more meaningful, whereby they were able to accomplish something substantial as a group. Stability seems to be something particularly important to him in terms of maintaining relationships. When asked which friend group he feels most comfortable with, he replies:

> I'd say probably my Med [siblings], because um, because none of us are intercalating, we're all in the same year

Jaishun Extract 20

He also says that:

> because of placement, everyone being scattered around, I think I'm most in touch with my Med family

Jaishun Extract 21

Having a group of friends of whom a number choose to intercalate and therefore change year group, or have placements in remote locations can create difficulties in maintaining relationships; Jaishun clearly feels that the stability of his med siblings' journeys being similar to his means that the friendship is easier to nurture. The positive effect the relationship has had on Jaishun is also impacted by the fact that his med siblings are also mature students; he says that this has really helped his sense of belonging, and this will be explored further in the Sense of Belonging super subtheme.

BM6

Despite being on the BM5 programme, Jaishun only talks about his BM6 and med family friendship groups. He describes how when he came to look at accommodation, he met a group of BM6 students who were heading into Year 1 and the "conversations rolled". They showed him their accommodation and he ended up taking their spare room and living with them for Years 1-3. The language he uses to describe the initial interaction with them is very positive, saying that they "hit it off", that he "really clicked with them" and that they've become his "really good friends". He notes that they also:

> introduced me to other BM6 students […] they're really friendly and like they really have like involved me throughout Medical School.

Jaishun Extract 22

This shows the power of networking; if Jaishun hadn't happened to engage with those students by chance, his whole university experience would have been very different, down to where he lived and who his primary social group comprised of. He did have some concerns about whether he would be accepted by this group though, mostly due to a lack of shared interests.

> I didn't really have an interest in sports, to be honest. And that's another thing I felt like I wasn't going to fit in with the BM6 group, but they were fine about it. Like they didn't really mind.

Jaishun Extract 23

It's evident from this extract that Jaishun had preconceived ideas about his peers' interests and resultant concerns that he would be excluded for not sharing them. While he was right about their interest in sport, his concerns were clearly misplaced as it did not seem to impact their relationships in the slightest.

Theme 7: Extra-curriculars

Sports and Societies

Not only does Jaishun not have much interest in sports, he also says that he did not have the time to engage in societies in the early years. He instead prioritised attending lectures, studying, and working as a student ambassador.

> Because most of the time in Year 1 and 2, and 3 as well, I was working for the university as a student ambassador […] and they kind of give you shifts, and I just decided, most of them kind of clash with Society meetings

Jaishun Extract 24

Although aware that extra-curricular engagement grants opportunities, and would have helped him to feel less of an outsider as a mature student, he made the decision not to pursue this beyond medicine-specific societies so as not to "spread [himself] too thin". This is another example of how his maturity has manifested itself throughout the programme.

Student Ambassador

Jaishun's role as a student ambassador has already been touched upon within the themes of Impostor Syndrome and Sense of Responsibility, but is important to include within this theme too as it makes up the majority of his extra-curricular activities. Particularly once the lecture-based years were over, Jaishun found his student ambassador role helped keep him connected to the university and maintained his sense of belonging.

> I do some ambassador work online, and so, I do feel part of the university. But I can see how students at this stage may not feel part of the university

Jaishun Extract 25

He acknowledges that without this he would be less likely to continue feeling a part of the university, and appreciates that for many of his peers this will be the case.

Super sub-theme 1: Comparison to Others

This sub-theme appears in 4 different Personal Experiential Themes.

Theme 1: Impostor Syndrome

One of Jaishun's examples of Impostor Syndrome came when talking about his attainment; despite passing most of his exams, he didn't achieve particularly high grades, and had moments where this began to cause him to doubt his suitability:

> you do the minimum to pass, but if you're doing that yearly, you kind of feel like, and you're working hard as well, you kind of feel like maybe you're just about scraping the minimum and maybe this course was meant for someone else who was probably going to do a lot better. Things like that go through your mind, I suppose.

Jaishun Extract 26

Although Jaishun for the most part comes across as very self-assured and resilient, this quote suggests that he does have moments of self-doubt, where he allows a lack of confidence to affect him. His concern is that "someone else" might be more deserving of his place and this attitude is typical of Impostor Syndrome.

Theme 3: Mature Student

As a mature student, Jaishun naturally compares himself to school-leavers, as he felt he would be disadvantaged by having been out of education for several years.

> Coming into Medical School, I felt you know, at twenty-three, I'm probably not going to be as, at the time, I thought I'm not going to be as sort of fresh off of school, like ready to learn.

Jaishun Extract 27

His use of the phrase "at the time" in this extract implies that this was not still a concern at the time of interview. In fact, Jaishun was able to appreciate the benefits of being a mature student:

> I also went into Medicine thinking, oh, if I went in at eighteen, would I have passed my exams, because I felt like I would have easily just said yes to everything and gone out every night. Um so, um, I kind of preferred coming into Medicine at this age.

Jaishun Extract 28

This shows that Jaishun was able to make positive comparisons between himself and his peers; he realises that he is less likely to succumb to peer pressure and therefore is probably more likely to pass than he would have been had he joined as a school leaver.

Theme 6: Networks

Jaishun states that another benefit of making comparisons to peers is motivation:

> You don't want to compare yourself sometimes, but unfortunately you have to, you feel the need to, because it kind of paces you, and tells you, look, like exams in two weeks, like come, don't watch Netflix and so on.

Jaishun Extract 29

The example he gives here shows the positive impact these comparisons can have, that it makes you more likely to hold yourself accountable and less likely to procrastinate if one of your peers is working.

Theme 7: Extra-curricular

In one of the few instances where he exhibits some resentment, he talks about opportunities he's missed, but quickly acknowledges that this is not down to favouritism, but is instead due to his peers being more assertive and proactive in seeking them.

> there are some days where I feel like oh well, why, you know, why them, why are they being given these opportunities and not me, and so on. But I feel like the opportunities are there, it's just that I didn't go for them.

Jaishun Extract 30

He makes particular note of certain students who are engaged in multiple extra-curricular activities, and voices his concerns that he should be more like them.

> I compared myself as a university student to other people, who are doing way more university stuff, way more MedSoc stuff, and I thought is that what makes a good medical student, like you know doing all of this and being involved in all of this and so on? But eventually, I just thought to myself, like, I didn't want to spread myself thin to try and be kind of on the same level as you know most of the people that I've been studying with.

Jaishun Extract 31

Again, in this example Jaishun shares doubts about his own suitability, and whether his lack of extra-curricular engagement stops him from being a 'good' medical student. This concern is quickly rationalised, however, and he acknowledges that if he were to do all of these extra things, it would most likely impact his grades, and that was not a trade he was willing to make. This rationalisation is something which is seen throughout the transcript, and is explored as a super subtheme in the next section.

Super sub-theme 2: Rationalisation

Jaishun's ability to rationalise negative experiences, or to see the positives in a bad situation is a common thread throughout his interview.

Theme 1: Impostor syndrome

When talking explicitly about Impostor Syndrome, he manages to theorise both why people experience it, but also why they shouldn't feel this way:

> But I can see how [Impostor Syndrome] can affect a lot of people, not just in Medicine, a lot of different walks of life, because, you know, you are kind of thrusted into this world where people have like worked for tens of years, and you're kind of like, not expected, but you like you think you may be expected to perform to their level, but you're just starting out.

Jaishun Extract 32

His reasoning for why people experience Impostor Syndrome is valid; they key part of this quote is "you think you might be expected". This implies that, to him, Impostor Syndrome comes from a misunderstanding of what's expected of you. So when a medical

student is on a ward, they think that their performance is going to be judged against the established clinicians around them, and so they begin to compare themselves to those individuals and end up feeling inferior. Jaishun rationalises this by acknowledging the fact that they are at completely different stages, and so are not going to be compared to those around them by others, so shouldn't do it to themselves.

When asked whether he feels like he belongs in the medical school, in terms of whether he feels he deserves to be there, Jaishun responded:

> I've proven myself academically to them, I guess. Um and non-academically, as well, in the interview, I suppose. So, um, yeah, I think I do deserve to be here, yeah.

Jaishun Extract 33

While this response showcases his ability to rationalise, ie. 'I got in, therefore I must deserve my place', his mitigation throughout may indicate a lack of confidence in what he's saying. His use of "I guess", "I suppose" and repetition of "yeah" implies a distinct sense of discomfort. This could either be that despite his logical reasoning, he still doesn't truly believe what he's saying, or that he is just uncomfortable with saying something which would often be socially regarded as arrogance. The latter explanation would also make sense given his explanation of the importance of humility in his culture: overtly stating that he deserves something may run counter to this.

Theme 2: Placement

Earlier, Jaishun's experience of having to step out of his 'comfort zone' in order to complete his placement with a consultant he didn't get on with was discussed. This placement was spoken about a lot during the interview, and clearly holds many negative memories for Jaishun, but he still recognises that the importance lies primarily in the outcome:

> He said some very demoralising things, but I got the sign-off in the end, I learnt a lot, and that's all that matters.

Jaishun Extract 34

While the negative memories do still persist, Jaishun is able to acknowledge that despite this, he learnt a lot and passed the placement, which is what he set out to do. Clearly he

would have preferred a placement in which he felt comfortable and valued, but he is able to step back and appreciate the positives, without letting the negatives continue to affect him.

In the 'out of place and taking up space' subtheme, Jaishun spoke a lot about worrying that he was inconveniencing staff. However, he did eventually manage to take a more pragmatic view of the situation:

> and it kind of took me like a couple of months into placement to realise like these things [such as teaching] are already put in place, like the University pays placement coordinators for this to be put in place.

Jaishun Extract 35

He doesn't talk any further about his placement experiences after this realisation, but once he has acknowledged this, it can be assumed that he felt less uncomfortable in those placement settings, and more able to seek support.

Theme 3: Mature Student

Similarly, despite his reservations about being a mature student and not fitting in with his peers as well as he would have liked, Jaishun does eventually acknowledge:

> it doesn't matter um whether I'm not like your typical medical student. Like it's, eventually, it's about getting the degree at the end of the day

Jaishun Extract 36

Throughout the interview, Jaishun has referenced the fact that he's not a "typical" student, either because of his mature student status, or because of his National Service. By making it through medical school, and by making friends and building support networks of other 'not typical' medical students, he has realised that the differences in starting point don't really matter.

Theme 4: Support

In the Comparison to Others super subtheme, an extract was presented in which Jaishun sometimes felt that others were offered more opportunities than him. However, he does later admit:

> I acknowledge I have the same opportunities as everyone, and it's just what I do with them and what suits my personality and so on

Jaishun Extract 37

Jaishun could easily have used this as a chance to blame the university for a lack of opportunities, but instead he is able to appreciate that just because opportunities are presented, they don't have to be taken, and for him, taking those opportunities may not have been the right decision. But that doesn't mean that the support wasn't available, had he felt differently and wanted to pursue a different course.

Theme 7: Extra-curricular

When talking about extra-curricular activities, Jaishun does talk about how he was concerned that he wasn't doing enough to make himself stand out. He considered doing more to improve his EPM (Educational Performance Measure) points, but decided against it:

> I thought oh maybe if I do that, maybe I can get more EPM points or whatever, and you know um get into a hospital for my Foundation group and so on, but er I just thought after the 1st Year exams, I just thought, you know what, these exams are so tough, I just need to pass

Jaishun Extract 38

Jaishun realised fairly early on in the programme that passing ought to be the primary priority, and that all other desired accolades and accomplishments could take a backseat. In the competitive world of medical school, this would have felt like quite a bold stance to take, but again demonstrates his maturity and ability to apply logic to decisions which others may make emotionally.

Super sub-theme 3: Sense of Belonging

Theme 1: Impostor Syndrome

Arguably, this extract could fit within the themes of Networks, Mature Student, Rationalisation and/or Extra-Curricular, but the underlying message relates to Jaishun's Sense of Belonging:

I'd say in Year 1 and Year 2 I didn't really feel like I belonged in that university setting, in the sense that, firstly, I was a mature student, and I didn't feel like I was part of any of the, like, 'it' groups. But then at the same time, I didn't really put myself out there, so, I can't really blame any of that on the groups, I suppose, as well as I didn't really do much Societies as well, because I was applying to become an ambassador in the 1st Year and I just did loads of shifts in the 2nd Year.

Jaishun Extract 39

Here, he attributes his lack of Sense of Belonging to his status as a mature student, and seems to suggest that it was because of this that he wasn't included in any of the "'it' groups". However, he does then acknowledge that this was also due to a lack of engagement on his part, both with those groups, but also in that he elected to pursue his Student Ambassador role rather than the more sociable university clubs and societies.

Theme 3: Mature Student

Part of the reason why Jaishun felt so out of place at the party described earlier was specifically due to what he perceived as an age barrier between himself and his fellow party-goers. He shares that he didn't get "half the things they're saying", and that this made him feel as though he'd "missed a whole generation", rather than just a few years. This feeling of not belonging was so strong that, in this case, he opted to leave the party early, rather than remain in an environment in which he felt so out of place.

However, this sense of socially belonging was greatly improved by a different network:

> The whole Med family group that they had at the start kind of helped with [my sense of belonging], because I met other graduates, non-graduate mature students, like a person who is a thirty-seven-year-old, single mum, who is in my Med family, and another who is, he's a graduate, but he was like thirty-five, and they both are really smart.

Jaishun Extract 40

This quote shows the importance of his med family, and of meeting other mature students, to Jaishun's sense of belonging. He had assumed that by being a mature student, he would

be at a disadvantage; meeting students older than him, and seeing their achievements helped him to realise his own potential, in terms of both academic success and socialising.

Theme 4: Support

Sense of belonging is explored in a number of ways throughout the interview; Jaishun gives quite difference responses depending on whether he's referring to his belonging within the university, or the medical school more specifically:

> Us Medics, we feel like university students up until Year 2.

Jaishun Extract 41a

> With the institution, I think there are some days I fit in, and there are some days I actually don't fit in at all

Jaishun Extract 41b

In these two quotes, Jaishun begins to explore the changing nature of his sense of belonging within the university. He accepts that in the first two years, he (and his peers) do feel that they belong. Presumably these two years have been singled out as they are primarily lecture-based and take place on campus, which makes it feel like more of a 'normal' degree. However, this sense of belonging does seem to fade after this point, although it seems to come and go. This changeability may well relate to Jaishun's role as a student ambassador, which he had said helped to make him feel a part of the university.

His response is much more positive when talking specifically about the medical school:

> I do feel like I belong to Med School, because so far, I don't feel like I've been treated any differently to anyone else.

Jaishun Extract 42a

> Even though I may have missed opportunities, I feel belonged, because we're kind of really looked after here, in Medical School, like you know, in terms of placement, and like things like getting emails regularly.

Jaishun Extract 42b

He is much more convincing in these quotes, where his sense of belonging to the medical school is discussed. Interestingly, in the first quote he seems to associate 'belonging' with

being treated the same as everyone else; this suggests that he perceives a sense of belonging as something which is very much externally driven. He also says that this is the case "so far", showing uncharacteristic scepticism, and potentially ongoing insecurity about how he is perceived. He does, however, go on to see that he feels well looked after by the medical school, at least in terms of practical elements like helping to arrange placements and being provided with email updates. Having said that, he had spoken earlier about his PAT's assistance in facilitating a placement near to home, so that he could help with his mother's care; this could be the sort of 'looking after' he is referring to.

Theme 6: Networks

It seems that when he first started at university, Jaishun felt uncomfortable in social situations, potentially due to his anxieties about his maturity. He speaks specifically about the period before lectures, when students are waiting to enter the lecture theatre:

> there is always this waiting period in front of like lectures, where people are just stood outside, and everyone is in their little groups, and you just feel, hmm, I'm just waiting for the lecture, and it's just awkward, like who do I talk to and so on, and you just kind of stand at the side.

Jaishun Extract 43

Given the generally confident tone of Jaishun's interview and how self-assured he comes across, it is hard to imagine him feeling uncomfortable in this situation. The awkwardness he describes suggests that he has come a long way from those early years where he chose to "stand at the side" rather than risk engaging in conversation with a stranger. Again, he seems to indicate that a sense of belonging is something which is externally granted:

> The people that I've met, thankfully like I feel like, they give me a sense of like belonging.

Jaishun Extract 44

The sense of belonging which he refers to here seems to have had a real impact on his overall demeanour. It is interesting that he refers to a sense of belonging as something which has been 'given' to him, rather than something he feels. This suggests that, as with the example in Extract 3.42b, a sense of belonging is, to him, something which comes from the outside more than an internal shift in perspective.

Participant 4: Kari

Reflexive Summary

*Kari grew up in North London with her mother and elder brother; her mother doesn't speak English. She went to a school with "`no white people`" and did very well; she claims the teachers were all very supportive, but that there was little talk of career paths, etc. When she went to college (a very large college in London), she struggled to engage, preferring to work independently in the library rather than attend lessons. This affected her attendance record, and led her tutor to question her predicted grades of A*A*A, going so far as to email her teachers to check whether they had made an error. Students were given one session with an advisor to get help with their personal statements, which Kari says was helpful.*

Kari applied for medicine because she knew she was academically gifted of achieving the grades, and also she wanted a 'good' job to help her family. Her first application was rejected (including a UoS BM5 application), and she was offered a clearing place to study Economics, but turned it down thanks to her brother's advice to take a gap year and re-apply to do something she actually wanted to do. She then reapplied for medicine, this time for BM6. She says that the BM5 and BM6 interviews were vastly different, with BM5 being far more science- and experience-based and seemed to want her to sell herself as something she wasn't. By contrast, the BM6 interview was far more about getting to know her as a person, which she appreciated.

It seems as though Y0 was a bit of an odd time for Kari, socially. She wanted to go out and live the uni lifestyle, but her BM6 peers weren't into that, resulting in something of a culture clash, and she didn't know the BM5s. She was worried about being stuck in "the BM6 cage" and so tried to join the medics' netball team, but was the only BM6 who joined and she felt left out by the other members who couldn't even bother to learn how to pronounce her name, and so eventually she ended up quitting. She made friends with her housemates though, and lived with them again for Y1. The first few years seemed to go well academically; Kari is very confident about her own ability and was never concerned about not passing.

She said that placement was a bit different; while she still didn't question whether she was smart enough, she did worry that she wasn't white enough, or rich enough to be there. She gave the example of her peers often having rowed or sailed, which for her would never have been an option ("`where would I row?!`"), and of white clinicians tending to gravitate more to her white peers. She acknowledges, however, that she would probably gravitate towards a Turkish doctor, so this may only be natural, but that the prevalence of white doctors and students makes this very obvious. She worries about what would happen if she ever needed to report anything – a combination of the importance of "`not snitching`" in London culture, and being a minority student makes her worry that any reports or whistleblowing would backfire on her and result in her getting kicked out somehow. A consultant once made a comment to her about how she'd probably been supported by her parents all her life, but that that would change now; this immediately made Kari think that she would never be able to relate to him, or him her, and so he had burned that professional bridge with just one comment. When comparing herself to her peers she also wonders how much they benefit from having medics as parents to provide advice and guidance; her mum doesn't speak English so is little help when it comes to her studies.

Kari enjoys being pushed to work with other people outside her friendship group when on placement, but struggles to build "`meaningful relationships`" with anyone who isn't a BM6 or an ethnic minority; she is not sure why this is. She does admit that when she sees someone who she knew from her brief time in the netball club she won't even bother because she already knows what they're like.

When speaking about belonging to the medical school, she is adamant that while she fully deserves her place, she does not fit in with the medical school and her peers; she doesn't feel valued by the medical school, and she believes that if she belonged she would have made more friends. She also doesn't feel as though she fits in to the NHS itself and is concerned about the lack of support provided for trainees. She is not committed to devoting her life to being a doctor, and talks about maybe working parttime, but also undertaking a Masters to move towards a career in medical tech instead.

When asked about Impostor Syndrome, she says she believes it to be when you think that others would be better off if you weren't there, and that you don't belong somewhere.

Theme 1: Impostor Syndrome

Kari describes Impostor Syndrome as:

> The feeling of being somewhere where you feel like you're not supposed to be there, or like you're not good enough to be there, and that you would be better off not being there.

Kari Extract 1

This definition can be split into 3 distinct sections; the first relates to a lack of sense of belonging, and the second concerns perceived aptitude. The third is not so easily summarised due to its ambiguity. When asked to elaborate further on this point, Kari explained:

> Maybe not me better off, but everyone else might be better off if I'm not there, sort of thing. Or that they would prefer someone different, to me, near them.

Kari Extract 2

The ambiguity of the phrase "better off" remains, but Kari clarifies that she meant that it was other people who would be better off, indicating that this element of the definition is similarly self-deprecating to the notion of not being good enough. However, she goes on to say that this may be due to the other person's preference rather than necessity; this could imply that IS in this instance could be more due to others' bias than her own ability.

Another thing to note in this quote is Kari's shift to first person; when defining IS she used generic 'you', but then moves to 'me' and 'I' when talking specifically about this element. This could be coincidental, but it could also suggest that this is an element of Impostor Syndrome which she specifically can relate to.

When asked if IS is something which she experiences, or has experienced in the past, Kari gave a lengthy response. This has been split into separate extracts below in order to clearly delineate the themes, but are all taken, in order, from the same response. Within this extract are quotes which have been used as 'key quotes' for 4 of the 5 remaining themes, and so will only be briefly explored here to provide context, and will be analysed further in the relevant sections.

Kari began by acknowledging that yes, she does experience IS, but that she hadn't felt it prior to her clinical years. She explained that this was because in these years:

> You start to meet doctors and um you realise that the demographic of doctors is one, usually one sort of thing, they're usually White males.

Kari Extract 3

This statement immediately provides insight into the sort of Impostor Syndrome Kari feels as an ethnic minority female. The prevalence of white males is given as the first example of why she might feel like an impostor in clinical settings, rather than a lack of ability. She goes on to explicitly state that she doesn't experience IS due to a lack of belief in her own abilities, but rather due to her ethnic minority status and disadvantaged background.

> I never feel like I'm too dumb, luckily I have that, I never feel like I'm not smart enough, but sometimes I feel like I'm not White enough or I'm not rich enough.

Kari Extract 4

This quote shows the confidence Kari has in her own ability; she does not doubt that she is more than capable of succeeding at medical school, showing that her sense of IS is not rooted in concerns about her aptitude. This will be discussed further in the theme of 'assertiveness'. She does, however, feel that the colour of her skin and her perceived lack of wealth have a negative impact on her experiences, leading her to feel impostorism. This will be explored further in the theme of 'disadvantage'.

> I can't relate to anyone because they don't, I don't understand them or they don't understand me. Um, like sometimes even hearing little anecdotes about other medical students having really good conversations with their supervisors and stuff, and I'm just like, that has never happened to me. I just feel like I can't make very meaningful relationships, um, (2.0) yeah, and that's, that's with the doctors and with the other medical students too, I feel like I've spent university just making really superficial relationships, because I just don't know how to relate.

Kari Extract 5

Kari worries that the differences in her background mean that she can't relate to others, particularly staff, and this impacts her sense of belonging. She hears about conversations between her peers and staff and feels isolated due to not experiencing that sort of relationship herself. This sense of isolation from others will be explored further in the theme of 'belonging'.

Not being able to relate to others also negatively impacts her relationships with both staff and other students. While she gets on with others, throughout the interview she spoke frequently about her difficulty in building "meaningful" relationships, and this will be explored further within the theme of 'relating and relationships'.

The themes of Disadvantage; Relating and Relationships; Belonging; and Assertiveness have been introduced here. The final theme of Fears and Anxieties was not evident in Kari's explicit discussion of Impostor Syndrome but will be introduced after the other themes have been explored in depth.

Theme 2: Disadvantage

> sometimes I feel like I'm not White enough or I'm not rich enough or I can't relate to anyone because they don't, I don't understand them or they don't understand me.

Kari Extract 6

This quote encapsulates a lot of Kari's thoughts about her place at medical school and in the medical profession. Due to the environment Kari grew up in, there was little support in getting to medical school. She claims that at school "nobody actually spoke about careers", and all the information and preparation about university interviews came "from books, and from the internet". She was also unable to secure any medicine-related work experience:

> I emailed everyone, just like GPs, hospitals. I couldn't, I didn't know how to get in. Like I think, yeah, I didn't know how to open the doors.

Kari Extract 7

Her family's financial situation influenced her choice to pursue medicine; she claims that one of the reasons she chose this path was "to get [them] out of the street". She

had moral support from home, but acknowledges that this was less to do with her decision to study medicine, and more to do with job security:

> Obviously my mum is very happy that I chose Medicine, but I also feel anything else that was highly-paying, she would have been just as happy.

Kari Extract 8

The theme of family support throughout the programme is something which Kari also brought up later in the interview:

> Another thing that I've been thinking about recently is, how many of these medics have parents that are also medics, and what benefits does that bring them. As in, as in does that, how much easier does that make their lives or not.

Kari Extract 9

Kari makes the assumption that having medic parents has benefits; she asks "what benefits" that brings, and self corrects from "does that" to "how much easier does that make their lives?". She contrasts this to her own situation, in which her mum "doesn't even know English", and so is very limited in the support she can provide. When asked what benefits she thinks students with medic parents have, she suggests:

> So, then someone with a parent who is a doctor, they must be able to, I don't know, share a lot, get advice, support. If you have a bad day at placement, they tell you it's gonna be fine and they give you a solution to your problems.

Kari Extract 10

Kari clearly feels that by not having this support system at home, she is further disadvantaged compared to her peers. The importance of having solutions to problems is one that recurs throughout the interview and will be discussed further in the theme of 'Belonging'.

Kari claims that the difference in economic status was one of the main things she noticed when starting University:

> I mean economic status was the biggest difference. Yeah. Because I've never, honestly before university, I never knew people with money. Like you go to school in Tottenham, everyone's kind of got the same background, and it's quite um, it's quite lower class.

Kari Extract 11

She also feels that there is an assumption that medical students have similarly affluent backgrounds. Kari talks about one interaction with a clinician on placement where he said to her:

> "Your parents have probably been supporting you all your life, it's gonna all change next year", or something like that.

Kari Extract 12

This exchange understandably upset Kari; while she accepts that "most medical students are well off", she finds it particularly frustrating when "they assume that about everyone". Interactions such as this one provide examples of why Kari struggles to relate to her supervisors and peers, and will be discussed further in the theme of 'Relationships'.

The extracts provided so far have pertained to financial disadvantage; the examples regarding ethnicity are a little more nuanced and subjective, but provide interesting insight nonetheless. Kari gives the following as an example:

> Let's say, okay, so, I'm on ward round with a consultant, it's me and a White girl and a White boy, I, and then, like not that I just sit there and try and analyse it, but you inevitably can see who they're making eye contact with, or who they're asking questions to, who they're asking to go to their clinic afterwards, stuff like, that. And then um, yeah, and then I realise that they're not, it's not like that they're excluding me on purpose, but maybe they just prefer people who are like them. The same way maybe, so, I'm Turkish, if I saw a Turkish doctor I would gravitate towards them, the same way they might gravitate towards me, so, maybe it's just like that, but on a whole other scale, because everyone is White.

Kari Extract 13

This is a really interesting interpretation of this phenomenon. First of all, Kari believes that White students are favoured by White doctors, due to subtle cues like eye contact and questioning. Regardless of whether this interpretation is accurate or not, Kari believes that it is the case, and this feeds into her wider concern that she's not "white enough". She also raises the interesting point that in a parallel situation, as a Turkish student, she would be more inclined to gravitate towards a Turkish doctor, implying that this favouritism is innate. She goes on to reason that even if this is the case, the prevalence of white doctors and students is such that it's "on a whole other scale'; suggesting that while gravitation to people like you is expected, it is more reasonable for minorities and should somehow be redressed among the white population.

Theme 3: Relating and Relationships

> I can't relate to anyone because they don't, I don't understand them or they don't understand me.

Kari Extract 14

Kari feels that because of her disadvantage, she can't relate to her peers and superiors, and they can't relate to her either. In Extract 12, a misinformed comment made to Kari by one of the doctors on placement was shown regarding her having had financial parental support. Following this, Kari said that:

> As soon as he said something like that to me, I just knew that we're never gonna relate, we're not gonna be able to talk, you've just ended our professional relationship just like that.

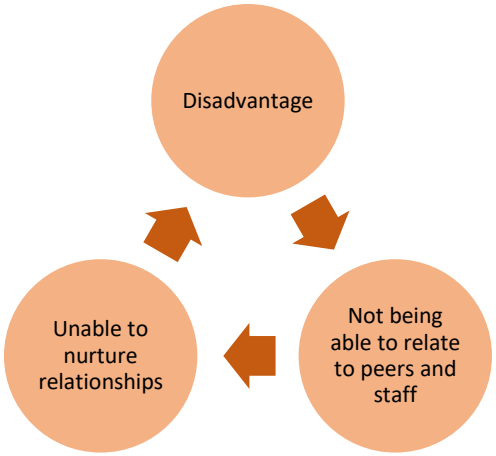
Kari Extract 15

Kari clearly views the ability to be able to relate to someone as fundamental to forming a relationship with them. There are a few other examples given later in this section which also allude to this opinion, but in this example, Kari also goes on to explain the lasting impact of this lack of relatability:

> I think not feeling rich enough to be able to relate to them, so, then feeling as though my opportunities, like professional opportunities are just not as existent and maybe that they won't be in the future, because I'll never be able to form meaningful relationships with people who I can't relate to.

Kari Extract 16

This notion can be simply demonstrated through use of a cycle, as shown below.



This is not a phenomenon limited to Kari's experience at university; she also spoke in the interview about her poor relationship with her college tutor, who did not "get her".

> My predicted [A-Level] grades were A*, A*, A, I think, and she emailed each and every one of those teachers, and asked them if they were sure […] she saw me as someone who was late all the time, and I think a few times my attendance record, I'd missed a few lessons, I don't know, but she just judged me based on that, so, I didn't really get any support.

Kari Extract 17

Kari goes on to explain that she found it much easier to study independently and so would often choose to go to the college library rather than attend lessons, resulting in a poor attendance record. She believes that her tutor judged her on this without making the effort to understand her reasoning, hence her being incredulous of Kari's predicted grades. While Kari laughs this off in the interview, it is hard to believe that this wouldn't have impacted her self-esteem. She also believes that a poor reference from this tutor was part of the reason she did not get accepted to University in her first year of applying, although she admits that she has no evidence for this.

Relationships with Peers

Kari's comments about her relationships with her peers are particularly interesting, and will be discussed within their own subheading. When asked about making friends at medical school she said:

> I can make friends with the BM6s or anyone who's ethnic, so easily, and then um everyone who's from like a British background, I find it really hard, and I don't know why. I don't know why. Until this day, I don't know why.

Kari Extract 18

When asked if this was something she had experienced before joining university, she responded that "there were no White people in [her] school", confirming that the difference she is discussing is primarily between White and ethnic peers.

> I can make friends with the ethnic people really easily, and they're quite deep, meaningful relationships […] with the British people, um it's just quite hard, I dunno, I find them quite difficult, but that's only in Medicine, so, I don't know.

Kari Extract 19

Kari's confidence in this clear difference in her relationships between the two groups and her apparent confusion behind it (in these two short extracts she says "I don't know" five times) is an interesting combination. She does go on to clarify that this phenomenon is isolated to medicine:

> The ethnicity thing is only isolated to Medicine, where I haven't managed to make friends outside of what I'm familiar with. And then outside of Medicine, just normal Uni, it's everyone, so, I don't know what's going on there.

Kari Extract 20

Her comment about struggling to make friends outside of what she's "familiar with" is reminiscent of her comment in Extract 13 regarding the natural propensity to gravitate towards people like yourself. The fact that this is only limited to within medicine is interesting; is there something about White medical students which makes Kari feel further removed from them than she would White students on other courses? This could relate to

Kari's comment in Extract 11 regarding the difference in socioeconomic status between her and her peers, suggesting that it is affluent White peers with whom she struggles to build relationships with, while she is able to find a connection more easily with those from ethnic minorities, or white students who do not come from affluent backgrounds.

Kari's difficulties in making friends extends beyond ethnicity, however:

> When I came to Uni I wanted to like party or whatever, and a lot of the BM6s in my Year, were like not into that, so basically there was so many like culture clashes, because I wanted to live the life that like the BM5s were living, but then I couldn't get along with them, and because I was like trying to, I don't know, fix it all, I probably, strayed away from the BM6s a bit more. And then I kinda just got stuck kind of on my own.

Kari Extract 21

This extract seems to fairly comprehensively demonstrate the difficulties Kari had with building friendship groups. Despite being able to befriend BM6s easily, the cultural differences between her and them meant that she drifted away from them when seeking more of a social group. However, she didn't get on with BM5s (some reasons for which will be discussed in the next extract) and so got "stuck" on her own. Her use of the word "stuck" is telling here: she frequently refers to "trying" to make friends and ingratiate herself with other social groups, and the use of these verbs confirm her portrayal of her experiences as being beyond her control.

Much of Kari's negative feelings towards her BM5 peers come from her experience of joining the medics' netball team.

I tried to join the [medics' netball team], I went in BM6, I went again in 1st Year. Okay, this is gonna sound so silly, so, first off, I really, I wanted to go so bad, because I love netball, and I just wanted to do it, and I wanted to make friends, and I didn't wanna get stuck in the whole BM6 thing, like the cage, whatever, I tried to, I tried, right, so, I went. I got along with people, but it was so superficial. Um, it was harder integrating when you're a BM6, and I was the only BM6 there, nobody else wanted to go. So, it was hard integrating, because everyone's talking about you know the course and all the friends they saw. I dunno, like they, I just kind of, okay, so, right there, I don't even think it was impostor syndrome, I think I was actually left out. I think that was, yeah, so, in BM6 it was like that. And then in BM5, I went a few times, and then um, (2.0) it was kind of the same thing, because I didn't have anyone there with me […] I think I felt very left out every time I went, but I didn't wanna give up, so, I kept going, and then every time I would get more and more upset, until a point where I just stopped trying. And then all those girls, there are so many of them, you see them in lesson or like on placement, and inevitably you just end up thinking yeah, I met you there, so, I know what you're like, so, I'm just not gonna try again. That's why I didn't make many BM5 friends, because of that [netball team] experience.

Kari Extract 22

The first thing which stands out in this extract continues on from the previous point about Kari's very real and continued attempts to build friendships. She joined the team two years in a row, despite a negative experience the first time, and only then did she give up. Her use of the phrase "BM6 cage" is interesting, as is her desire to not get stuck in it. While she did not expand on this, it is another example of how intently she was trying to move away from her comfort zone.

While the experiences she relays here are objectively unpleasant, Kari's statement that these are why she didn't make many BM5 friends seems a little single-minded; we can assume that the netball team is made up solely of females, and only a relatively small group of them at that.

Kari goes on to speculate as to the nature of friendship, and talks about the differences between superficial and meaningful relationships.

> I don't know how to judge friends. I mean I've made friends, but I'm not texting them now, or like catching up with them.

Kari Extract 23.1

> I feel like I've spent university just making really superficial relationships, because I just don't know how to relate.

Kari Extract 23.2

> I just feel like I can't make very meaningful relationships […] that's with the doctors and with the other medical students too.

Kari Extract 23.3

From these extracts, it would seem that Kari is mostly missing "meaningful" relationships with her peers. She gives an example of what she would consider a superficial relationship:

> But at placement, if I see like a BM5 that I have um, you know formed a friendship with, I'd be very pleased to see them, and we would be friends, but then we just wouldn't continue that, so, it's not very, it's not very um meaningful, but it's just a nice friendship to have.

Kari Extract 24

This example of a superficial relationship seems to be based on circumstance; the friendship lasts for the period of time in which they are in proximity, but does not extend beyond that. From the comments shown throughout this section, it would appear that Kari believes that the key to these relationships becoming meaningful is the ability to relate. It is possible that in a fast-paced, intense environment such as placement, relatability is hard to find and therefore she assumes that these relationships could never progress beyond superficiality. It is this (in)ability to relate which also plays a key part in Kari's sense of belonging, which will be discussed in the next section.

Theme 4: Belonging

> Um, like sometimes even hearing little anecdotes about other medical students having really good conversations with their supervisors and stuff, and I'm just like, that has never happened to me.

Kari Extract 25

The way in which Kari compares her experiences to those of her peers indicates her sense of difference from them. Here, she claims that she has never had what she would describe as a "really good conversation" with her supervisor, while her peers have. This difference in relationship is one of the things which affect her sense of belonging at medical school.

Sense of Belonging

When discussing the lecture-based years, Kari explains:

> I felt like I was meant to be there, like wherever I was. I think it's because I never feel like I'm too stupid, ((laughs)), so, that's like in the pre-clinical years where it's just about your knowledge […] like even when I hadn't prepared and I didn't know the answers, I would always have that belief that 'oh, I'll learn then later though, so, even if I don't know it now, I'll be fine'.

Kari Extract 26

Due to her confidence in her academic ability, Kari felt that she belonged during the earlier years, when the content of the programme was predominantly knowledge-based. This attitude shows that she associates belonging with success and confidence; both of which she had in those earlier years. This is something which she appears to have lost in the clinical years of her programme.

Lack of Belonging

When asked if she feels like she belongs 'here', Kari responded with:

> I feel so out of place. I don't feel like this is my place to be.

Kari Extract 27.1

> I don't feel like I belong here at all.

Kari Extract 27.2

> I think I'm meant to be somewhere else. ((Laughs)). And I'm trying to find it. Like somewhere where I feel happy and confident and liked.

Kari Extract 27.3

The first two parts of this show a stark contrast from her claim in Extract 26; while she felt very secure in her place in the earlier years, at the time of interview she did not feel this way at all. Strikingly, there is no mitigation in her language, indicating the certainty she has around her lack of belonging, and potentially also suggesting that this is something she has considered before, as there is no hesitance in her response.

In Extract 27.3, Kari implies that a sense of belonging is not just about confidence, it also pertains to feeling happy and liked. However, by suggesting that she wants to be somewhere she feels "happy and confident and liked", she implies that she no longer feels the confidence of her earlier years, as expressed in Extract 26. This could relate to the general shift in clinical training to more practical skills, where students can no longer rely solely on their ability to learn, which is what gave Kari her earlier confidence. The introduction of happiness and 'feeling liked' indicate that mental wellbeing and the social aspect of medicine also has an impact on a sense of belonging, and Kari feels that these elements are lacking.

When asked what sort of place she envisaged when describing "somewhere else" that she might belong, Kari's response was poignant:

> Maybe a small change in just like um (2.0), like (2.0), so, a small change in peoples' perception of other people, so that they can understand that not everyone is from the same background, […] Or somewhere where they can say my name, or at least ask me how to say my name, or if you don't understand it, ask why it's pronounced the way it's pronounced. I don't know, just small stuff like that.

Kari Extract 28

Kari feels like she would belong somewhere that people's perceptions were adjusted to acknowledge differences in background, and where her own cultural background would be respected. For her, this could manifest as simply as people making the effort to pronounce her name correctly. It is worth noting that Kari does not attribute her lack of belonging to any shortcomings of her own; she clearly believes that it is others' attitudes and behaviours which account for the way she feels.

Despite the emotional nature of the topic, Kari remains very logical and stoic, with only one brief expression of frustration in the interview, which will be explored in Extract 33.2. Extract 29 clearly shows this pragmaticism:

> if [I belonged here], I would probably have more medic friends by now, and I don't, so, judging by the numbers and the, judging by the numbers, no.

Kari Extract 29

Kari's attempt to "judg[e] by the numbers" is a highly incongruent way of looking at the subjective phenomenon of 'belonging'; this juxtaposition could suggest a desire by Kari to distance herself from the emotional impact of her words. Having few friends is something which cannot be easy to divulge, but Kari shows no overt emotional response to this statement, resorting to a more methodical articulation to express herself.

'Easy fix'

On two occasions, Kari makes a reference to problems and solutions. The first is when she's discussing her relative sense of belonging in the lecture-based years; she knew the content, and if she didn't know something, she could learn it. She refers to this as an "easy fix" which meant she felt that she belonged. This changed in the clinical years, when there is no longer an easy fix, and that adds to her lack of belonging.

> So, there was an easy fix, so, I always felt like I belonged. And then in the clinical years, um, yeah, there is no easy fix

Kari Extract 30

The other instance relates to the comments discussed in Extracts 9 and 10, where Kari is questioning the extent of the benefits felt by having medic parents. She believes that for people in this position, when they are struggling with something they can call their parents and:

> They give you a solution to your problems. But then, and then there's other people who, like me, who, I mean I always have to find my own solution.

Kari Extract 31

There is an assumption here that solutions can be easily provided; for Kari, who doesn't have that level of support, it probably does feel that way. While she doesn't explicitly mention belonging in this extract, given the link made in Extract 30 between 'easy fixes' and belonging, her own difficulty in finding solutions may well amplify her feeling that she doesn't belong. This would be further compounded by her peers, who she perceives as belonging and their relative ease of having solutions provided by parents.

Theme 5: Assertiveness

Kari's interview contains a number of contradictory elements; she comes across particularly assertive in parts, almost to the point of arrogance, and yet she also shares a number of fears and anxieties. The theme of 'assertiveness' is relatively small, but provides important insight into her strength of character.

Confidence in Academic Ability

As seen in Extract 4, Kari does not have any doubts about her academic ability:

> I never feel like I'm too dumb, luckily I have that, I never feel like I'm not smart enough

Kari Extract 4

Despite her self-proclaimed lack of belonging, she acknowledges her own strengths, going so far as to refer to herself as 'academically gifted'.

> I was always quite academically just um a bit gifted, I guess, um, so, it came easy to go down this path.

Kari Extract 32

This subtheme has been included to highlight the incongruence between Kari's sense of belonging and self-belief. Her conviction that she does not belong does not come from a position of low confidence in her academic abilities, it seems to be rooted almost entirely in social factors.

Name

A particularly interesting topic which was raised a few times relates to Kari's name[2], as discussed briefly in Extract 28. This seems to be a recurring issue where both peers and staff struggle to pronounce it. Extract 33 is taken from Kari's explanation of the issues she had when trying to join the medics' netball team.

> So they couldn't say my name, which really used to mess me up, as in, they couldn't pronounce it, and they wouldn't try to learn it.

Kari Extract 33.1

> So, they would read it how they used to see it on the stupid paper, and it used to piss me off so much,

Kari Extract 33.2

First of all, Kari explains that the girls' inability to say her name used to "mess her up". She doesn't go into any further detail, but this may have been particularly upsetting because the mispronunciation was a constant reminder of her 'difference' to them. She goes on to say that they "wouldn't try to learn it'; this lack of effort must have been something Kari felt very keenly, especially when she had made such an effort to ingratiate herself and attend the sessions and made. In Extract 33.2 Kari elaborates on how her teammates would pronounce her name as it is spelled, and exhibits for the first time clear signs of her frustration, referring to the "stupid paper" and how it used to "piss her off". Given the negative nature of the various experiences she's recounted thus far without expressing her emotions, it seems that this mispronunciation, which may appear trivial to many, is clearly something which deeply affects her. While their inability to pronounce her name wasn't the only issue she had with the girls at Netball, it is definitely a large part of her ill feeling towards them, which she maintained throughout her degree. As seen in Extract 22, she talks about encountering the same girls later on in placement:

[2] 'Kari', as with all participant names, is a pseudonym. The participant's name is Turkish, and is not pronounced as it is written.

> Those girls, there are so many of them, you see them in lesson or like on placement, and inevitably you just end up thinking yeah, I met you there, so, I know what you're like, so, I'm just not gonna try again. That's why I didn't make many BM5 friends, because of that [netball team] experience.

Kari Extract 22

Kari's negative experience with the netball team has influenced her relationships with those peers moving forward, even outside of the netball context. She claims that she "knows what they're like" so she doesn't try to befriend them when she sees them in class or when on placement. This may come across as somewhat stubborn; people do have the ability to change and maybe Kari shouldn't hold earlier actions against them to the detriment of her professional relationships. However, the impact of those earlier actions of Kari cannot be underestimated; she clearly still harbours resentment, and the rejection she felt from the actions of these girls should not be trivialised. If anything, this shows the importance of demonstrating cultural sensitivity, and the damage which can be caused through micro-aggressions, whether intended or not.

Theme 6: Fears and Anxieties

Extract 34, where Kari talks about her decision to take a gap year, gives some insight into her perception of failure, and her drive to succeed.

> I got into Economics in clearing, and I remember my brother being like, why, I was about to accept them, and then I remember my brother being like, do you even want to do that, and I was like, no, and he was like, take a gap year then. And I was just like okay, that makes sense. ((Laughs)). I think I just needed to hear someone say it's okay to take a gap year. Because I think I felt like a failure at that point, and I'd never felt that way before, so, as soon as he said, like it's okay, don't do something you don't wanna do, I just took that, immediately.

Kari Extract 34

Despite applying for medicine, following her A-Level results Kari was offered a place on an Economics degree through clearing, and was going to accept. It was only when her brother asked her if that was what she really wanted that she considered other options, and took

her brother's advice to take a gap year and reapply to medicine. This was the first time she'd felt like a 'failure', and she needed someone (in this case, her brother), to grant her permission to not pursue a course she wasn't interested in. The importance of her brother's support here cannot be understated, and corroborates the notion that her relative lack of support at university may be a contributing factor to her discontent.

Overthinking

A number of times throughout the interview Kari refers to overthinking, usually when she is discussing the way she feels she is treated differently. Extract 35 provides a number of examples of this:

> I don't know if they think about it. I probably overthink it. (5.0) I definitely overthink it.

Kari Extract 35.1

> that's probably how they treat every other medical student, so, I don't know why I'm, why I think about it so much

Kari Extract 35.2

> But nobody's actually meaning to upset you or be bad to you or whatever, it's just, yeah, you overthink it.

Kari Extract 35.3

> And that's not really a thing; that might just be in my head. ((Laughs)). Maybe I just want more attention.

Kari Extract 35.4

In each of these examples, Kari has been describing a negative experience; her propensity to blame herself for overthinking betrays the lack of confidence she feels in her own reflections of these. By passing off her responses to these incidents as "overthinking", she is essentially invalidating the emotions she feels, and puts the blame for those emotions back onto herself. This is akin to 'gaslighting', although this term is usually used to describe what one person does to another, rather than being self-imposed.

Whistleblowing

When asked about specific examples of feeling Impostor Syndrome, Kari gave the following example:

> This one's about like being able to report, if in, like whistleblowing and stuff. I never feel like I can do that, as in, I just, I feel like me whistleblowing is so risky, and that it's just gonna come back to bite me in the arse,

Kari Extract 36

While it is not immediately clear how this is an example of Impostor Syndrome, this is the example which Kari chose to provide, and so it will be considered in full. When prompted, she admitted that she had no evidence to support her idea of whistleblowing being risky; while she knew of positive outcomes where BM4 or BM5 students had made a complaint, she was not aware of any negative repercussions for any students, BM6 or otherwise.

She acknowledges that this fear has more of a cultural basis:

> it's kinda like getting the system involved is always dangerous […] I guess that comes from also growing up in London, where you're taught to don't, just don't snitch, it'll always end badly.

Kari Extract 37

While it is positive that Kari is able to acknowledge that this is most likely the root of her concerns, it doesn't mean that they will have any less of an impact. As she continues, her language becomes more emotive, supporting the theory that these fears come more from within herself than from any external experience:

> I'm scared of like the official processes […] like the system, I'm just scared of it, I don't wanna be anywhere near it. ((Laughs)). I'm scared that they're gonna, I don't know, somehow kick me out.

Kari Extract 38

Kari has gone from claiming that "whistleblowing is risky" in Extract 31, to repeating "I'm scared" in Extract 33; this shift indicates her own acceptance of the source of her fears as being more internal, and her laughter may suggest her realisation of the irrationality of this. It must be reiterated that this is not intended to trivialise Kari's feeling about this: any reluctance she shows to raise systemic issues is something which must be acknowledged, regardless of the source. She worries that were she to make a complaint, she would be kicked out; whether rational or not, this fear could have a hugely damaging impact on her whole medical school experience.

Faking It

Kari also acknowledges that fears and anxieties are shared by her peers. She perceives that among the cohort there appears to be an expectation of stoicism, and a desire to mask any vulnerabilities:

> I think everyone just wants to seem like they have it all together. I'm, I'm, I do that sometimes as well, as in I'll be having the worst day, but I wouldn't tell anyone […] And I think everyone's just trying to keep it together, 'cause if they show any signs of weakness, it's all gonna come falling down, especially in final year.

Kari Extract 39

It is not clear what she means by "falling down", but the belief is that showing weakness is not an option if you wish to succeed. However, she realises that this is something which "everyone" subscribes to; if this is the case, why don't Kari and her peers feel able to lean on each other for support? Avoiding showing weakness to one's superiors may make students feel more secure in their position, but maintaining such a culture among peers seems counter-intuitive.

Future Fears

The anxieties Kari has around medicine are emphasised when she talks about her plans for the future; she particularly worries about continuing with a career in the NHS due to a perceived lack of support for junior doctors.

> It makes me think, 'oh maybe I should have a back-up plan', that sort of stuff. But I always come back to Medicine, so. It would be nice to have a back-up plan […] for the day like you're burnt out and you don't want to do it anymore, and it's just depressing you or something, there should be, it would be good to have a back-up plan.

Kari Extract 40

While a desire to have a "back-up plan" in itself isn't particularly unusual, Kari's use of the definite article "the" when describing "the day you're burnt out and don't want to do it anymore" is alarming. This implies that she sees burnout as an inevitability, rather than a possibility, and that is why she needs a back-up plan.

Participant 5: Zaman

Reflexive Summary

Zaman is an Asian Muslim who grew up in Blackburn; he was a 4th year medical student at the time of interview. His home community means a lot to him, and lot of his choices are geared towards returning home and making a contribution to his society and helping to address the health inequalities that reside there. A career in science or medicine was always his plan, but the desire to become a doctor came from being involved when his mother was diagnosed with a heart condition. He had always been interested in the scientific side of medicine, but being exposed to the more therapeutic, holistic elements of his mother's care and her interaction with clinicians is what convinced Zaman to apply to medical school. He was able to secure work experience with a GP, along with other voluntary roles in healthcare settings, but support from school was minimal; he says his personal statement was 'shocking'. This is part of the reason he became involved in WAMSoc, to support others in similar situations. He had three As at A-Level, and chose BM6 as his insurance, but is now very glad that he came this route, as he believes Year 0 provided him with a lot of necessary skills to stop him being 'overwhelmed' by Year 1. He also essentially had 2 gap years, one in which he resat an A-Level and another in which he suffered from health problems and had to defer his university entry; he believes that BM6 was especially useful in helping him to ease back into education.

His definition of IS begins by him claiming to have never experienced it, but knowing those who do. The definition is then explained from 'their' perspective: 'they feel inadequate' etc. He credits his lack of IS largely to having the grades necessary for BM5, but does acknowledge that he fully expects to experience it at some point in the future, whether later in his studies or when he's a junior doctor. He knows a lot of people who experience IS in medical school, and cites a number of potential reasons for this, low-confidence being one, and lack of support from those around you being another. By the end of the interview, he does realise there have been two instances where he has felt this way: once during his first simulation, and after coming back to placement from lockdown and feeling unprepared for

placements after months of self-learning. In both of these instances, he took a very pragmatic approach, saying 'I've just got to deal with it' and put in additional work and learnt from his mistakes to ensure that those feelings of inadequacy retreated.

He spoke at length about relationships, and the subtleties of forming relationships with others. He sees having relatability is key, and acknowledges that the majority of his friends are Muslim medics as this means they have lots of shared experience to draw on. He clarifies that this is not something through which he decides friendships, but that shared background and experiences makes it easier for relationships to form. He also acknowledges that not drinking probably does impede this as he believes alcohol facilitates finding that relatability with others, and not being 'on that level' can make socialising harder to navigate. Despite all this, he does say that sometimes you will find someone with whom you have very little in common, but you will still click. Or you won't get on with someone with a very similar background; there is little explanation for this.

His sense of belonging is fairly strong, although he has never seen Southampton as 'home' as he has always intended to return to Blackburn. He feels like he has a role within the medical school and, to a lesser extent, within the university as a whole, and associated his sense of belonging with making a difference. His work with WAMSoc has definitely played a large part in this.

Theme 1: Impostor Syndrome

This theme encompasses both implicit and explicit references to impostor syndrome. Zaman claims very early on to not have experienced IS himself, so several quotes presented here are from his interpretations of others' experiences. Zaman's definition of IS will be analysed first and will form a framework for later analyses.

Definition

When asked what he understands by the term impostor syndrome, Zaman provided the following response:

> Impostor syndrome I think for me is when someone doesn't feel adequate for the role that they're in, if that makes sense. So, I hear a lot from other students. Personally, I don't ever say that I've had to deal with this, but I've just heard it a lot from other students, saying that they've had to deal with impostor syndrome, and when they explain it to me, it's like they don't feel that they're good enough, or that they're in the right place. They don't feel like they know enough to be in the position that they are in. So, for example, when they're on the wards they feel like 'I'm just a medical student, but I don't know enough', or 'am I even good enough to be a medical student?'. So, that's what my understanding of impostor syndrome is, and yeah, it's quite a weird one, 'cause when I look at them, I'm like you're absolutely fine to be a medical student, like you've got all the qualifications, you've obviously shown you're competent enough to be here, so, why do you feel like that. But I guess for them, it's like inside they feel something's not right, like they feel they don't know enough, or maybe their confidence levels aren't high enough, or maybe it's just that people around them aren't appreciating them enough and making them feel included, maybe, I don't know, but there's all these reasons that they have that they feel like they're inadequate then. So, that's for me, what impostor syndrome is.

Zaman Extract 1

Zaman's consistent use of third person in his definition says a lot about his perspective on the phenomenon. His initial comment relates to what IS is "`for him`", but he then immediately establishes that he hears about it a lot from his peers, suggesting that most of his knowledge and understanding of the phenomenon comes second hand. His statement "`I don't ever say that I've had to deal with [IS]`" is interesting; taken at face value it implies that IS isn't something which he experiences, but the additional phrasing of "`I don't say`" could suggest that this is something which he *does* experience but doesn't talk about. However, from comments and realisations later in the interview, it does seem as though the former interpretation is more accurate. Pronoun use throughout the rest of the section is almost entirely "`they`" when explaining the effects of IS, again distancing himself from the phenomenon.

His definition is split into three clear sections: manifestations of impostor syndrome; his own rational approach to it, and triggers. The manifestations Zaman suggest closely relate to his definition, incorporating feelings of inadequacy and being out of place. The rationality expressed and triggers mentioned will be discussed later in their own subheading within this theme. His closing remark in this section, "there's all these reasons that they have that they feel like they're inadequate […] for me, what impostor syndrome is" is a good summary of Zaman's understanding of IS. Throughout the interview he refers to there never just being one possible cause of something, whether it be a student's feeling of inadequacy or a patient's presentation of an illness; he believes that it is the combination of these reasons which build into Impostor Syndrome.

Rationality

Throughout most of the interview, Zaman exhibits a very rational approach to IS. As he stated in his definition, he questions why his peers feel a sense of inadequacy: "when I look at them, I'm like you're absolutely fine to be a medical student, like you've got all the qualifications, you've obviously shown you're competent enough to be here, so, why do you feel like that?". This outlook, while valid and pragmatic, overlooks the fact that emotional responses are not always rational. It is very easy for Zaman, who claims not to have experienced IS, to question those who do in this way; but feeling like an impostor *despite evidence to the contrary* is part of the nature of IS.

He applies this same rational process to his own lack of impostorism, saying that:

> I've never felt like okay I'm not good enough to be here, 'cause I always try my best, I've always given hundred and one percent, like whenever I'm interested and why I want to be a medical student, why I want to be a doctor. I've shown always that I'm competent enough. I've never failed an exam. So, all these reasons together, it shows like to me that I'm good enough to be here.

Zaman Extract 2

Here, Zaman again refers to the cumulation "all these reasons" and how they lead to him *not* feeling like an impostor. He does not express how he would be affected if just one of those were not true, but the implication is that all of these positives are necessary to

support his sense of self-esteem. He does go on to acknowledge that this won't always be enough, and that changing circumstances are bound to have some impact, saying that "even if someone has passed, they can still, yeah, have that feeling, that in the future maybe I won't be good enough, or right now, I don't feel like I'm good enough to be here – does that make sense?". This acceptance of impostorism as a fluctuating element shows Zaman's attitude to it to be more based in rationality or logic than any arrogance or misplaced confidence.

Triggers

In his definition, Zaman lists a few potential reasons why people may experience impostor syndrome: "they feel they don't know enough", "their confidence levels aren't high enough", "people around them aren't appreciating them enough and making them feel included". He goes on to point out that another potential cause of impostor syndrome is that "historically, medical professionals or physicians are normally White, middleclass individuals" and that those who do not fit these demographics may feel elements of impostorism because of that. Zaman repeatedly acknowledges the compounding effect of numerous triggers, both internal and external, arguing that:

> So, I think that's why I have never ever said to somebody, oh yeah, you feel inadequate, you feel like an impostor because you've failed your exam or you're not good enough. It's never been that's the case for me, it's been probably a whole background to why they feel like an impostor, whether that's just to do with Med School or their family life, where they come from, so, it's about really going through that.

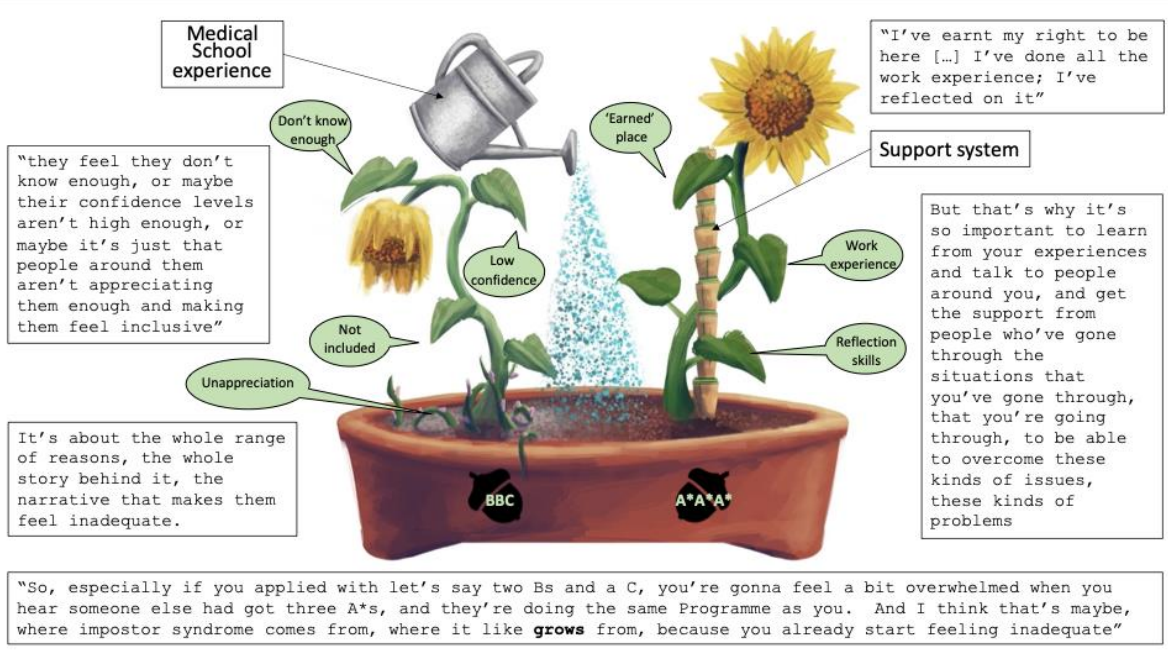
Zaman Extract 3

Despite Zaman's hypothesis that IS is a result of someone's "whole background", he does go on to acknowledge he potential impact of A-Level grades, and the difference between BM5 and BM6. He says that:

> Especially if you applied with let's say two Bs and a C, you're gonna feel a bit overwhelmed when you hear someone else had got three A*s, and they're doing the same Programme as you […] I think that's maybe, where impostor syndrome comes from, where it like grows from, because you already start feeling inadequate, saying okay, I've managed to get onto the same course, it's an intense course, really complex and competitive course, and I only needed to get in with B, B, C.

Zaman Extract 4

His use of the word "grows" here elicited the idea of a schematic to represent Zaman's views on IS as a whole and the different elements which impact a student's experience of it.



Another rationale for putting together this representation is Zaman's assertion that someone's experience of Impostor Syndrome is "about the whole range of reasons, the whole story behind it, the narrative that makes them feel inadequate". This is represented in the figure above; without the 'seeds' of perfect grades, and without adequate support, 'thorns' or 'weeds' of unappreciation from others can impede a student's growth, leading to them feeling excluded, unknowledgeable, and having overall low confidence. However, students with perfect grades and a solid support system, despite having the same curriculum, will grow to be much more confident in their own abilities. His point is that there will be multiple reasons why a person feels the way they

do, or experiences life in a certain way, and it will never be a case of fixing one element. He compares this to the importance of taking a patient history:

> You see this in Medicine when you take a history, and that's probably the most important part of Medicine, because you're getting the whole narrative behind their problem, and it's the same with impostor syndrome I guess, you want to get that full history behind it, get that whole understanding.

Zaman Extract 5

External Pressure

One element which the thorns in the above picture could be said to represent is that of external pressure, and how that will likely have a greater impact on someone with low self-confidence. Zaman claims to have never had negative external input, but acknowledges that an experience such as this would "take a lot more time to deal with" compared to doubts and concerns raised solely on one's own. This stands to reason, as external confirmation of one's own doubts will only compound existing feelings of inadequacy.

Experience

Despite claiming a lack of IS experience when defining it, Zaman does go on to remember two occasions where he has experienced what he describes, saying "I didn't realise that I've probably been through it, until now".

Example 1:

The first experience of IS which Zaman relates occurred shortly before the interview took place. Below is his account of it:

> I'm trying to think, maybe there is an experience where, actually there probably is one time, where I've felt maybe a little bit of impostor syndrome. That was quite interesting, it was quite recent as well. I was in Year 4, so, obviously this year, and we do something called Simulation. So, it's when a fake patient comes in, obviously, and you have to deal with it. It's like a doll. So, in this one, this patient presented with bleeding, and I had to be the junior doctor on call and say how would I deal with this situation in a real-life scenario. I'd never done this before.

Zaman Extract 6.1

> So, I came, in, I was like okay, it's quite nerve-wracking because everybody else is watching via video, and you are like, trying to deal with this patient, so, that's (??? (00:32:47)). I'm doing my whole A, B, C, Airway, Breathing, Circulation, taking the history. I'm really nervous and I'm not doing what I normally would do, because it's my first time. So, instead of like writing it down like I normally would, I'm trying to remember all this, and when it's an emergency scenario so, you're feeling the adrenalin pumping, and I forgot some really important information, like I never wrote it down properly, so, when I was trying, when I was escalating, because I knew obviously this patient is going into shock, he's haemodynamically compromised, so I was like okay, I need to call in the Registrar, and when I was doing the handover, afterwards in the debrief, they picked off a list, and were like you missed some really vital information, and even the handover later on, they were like you did this, and this wouldn't be a good thing to do in real life.

Zaman Extract 6.2

> And I think that was probably the one time where I think, I was like if this was me in real life, I would have, this patient would have been like seriously affected by what I've done. I think that was the one time where I've felt like 'am I good enough to be a doctor then?', like I questioned myself. That was the one time I've probably ever questioned myself.

Zaman Extract 6.3

As this extract is quite lengthy, I have split it into three paragraphs comprising context, experience and reflection. When beginning to talk about the experience itself, Zaman immediately describes the situation as "nerve-wracking because everyone is

watching"; it is unclear whether he attributes the mistakes he makes in the simulation to the nerves caused by being observed or not. This external pressure could be viewed as similar to that discussed in the previous section. Interestingly, in describing the scenario, Zaman shifts into using the present tense: "I'm really nervous", "I'm trying", etc. The implication of this is that in describing this negative experience, Zaman is to some extent reliving it, and allowing the panic that he felt at the time to affect his language in the retelling. Throughout most of the interview, Zaman remains calm, collected and articulate, and the change in demeanour and language during this extract is striking. For example, at all other points in the interview, Zaman explains any medical terminology he uses, such as the 'A, B, C approach' at the beginning of this extract, however he does not pause to explain "haemodynamically compromised" here.

His comments after relating the experience show a shift back to the register he uses throughout the rest of the interview, most notably including pauses and self-reflection. His reflection isn't on why he panicked or didn't do his best, it instead focuses on the potential outcomes of these mistakes and how their potential magnitude reflects on his ability as a doctor.

Example 2:

Zaman's second example of experiencing impostor syndrome came after a discussion around the impact of COVID on his studies; it is not as detailed or as specific as the first, but incorporates some key ideas around IS such as inadequacy and comparison to others.

> That's probably another point where I did feel inadequate, when I did start 4th Year, I was like I do not know anything in comparison to what intercalators know, do you know what I mean – so people who'd done 3rd Year properly. So, I did feel lesser, compared to them when I did compare myself to them. That's probably another time. That's interesting, so, yeah, that's probably another time that I have felt like a bit of an impostor.

Zaman Extract 7

Zaman's experience here is very understandable in the context of COVID-19; having had an interrupted year of study during 3rd year, Zaman and his peers then went into the predominantly placement-based 4th year feeling very underprepared. As most of his peers

were in the same boat, he instead compares himself to those who intercalated; these students would have had an uninterrupted experience of 3rd year before taking a year out to undertake their MSc's. They therefore seemed, at least to Zaman, far more knowledgeable than him and his peers. It's interesting that Zaman doesn't mention that all of his cohort is in the same position as him; this lack of rationality is out of character for him, highlighting the negative impact incurred by feelings of inadequacy.

Counters

An interesting element of Zaman's interview is his focus on ways to counter IS; these reflect his predominantly positive outlook which will be explored further in the 'Pragmatism' theme. He says:

> Even if you did feel like, an inadequate individual, an impostor because you weren't good enough, if you can do that same thing and improve yourself, then that'll lessen, if that makes sense.

Zaman Extract 8

Zaman's hypothesis here is that if a person continues to practise something and subsequently improves, then their sense of impostorism will lessen. This does, however, rely on their ability to apply rationality to their own situation; while Zaman seems adept at this, it is not something which all students, particularly those who experience IS, are able to do. He does go on to acknowledge this, adding that

> That's why it's so important to learn from your experiences and talk to people around you, and get the support from people who've gone through the situations that you've gone through, that you're going through, to be able to overcome these kinds of issues, these kinds of problems.

Zaman Extract 9

This focus on communication and sharing of experiences is something which recurs throughout the interview and is explored further within the themes of Community and Background and Relationships. It is important to refer to it here as well, so that it can be directly associated with Zaman's interpretation of Impostor Syndrome.

Inevitability

Despite Zaman's relative lack of impostor feelings, and strategies for overcoming those that do arise, he does still acknowledge their inevitability, stating that "there's probably gonna be a time in my life where I will go through feeling like an impostor and feeling like I'm not good enough". This is where his confidence in his abilities as a medical student can be distinguished from arrogance; he has concerns for his future competence, sharing that "when I start being a junior doctor maybe I will feel a bit inadequate, that at that point I'll feel like I'm not good enough for whatever reason". This acknowledgment of vulnerability demonstrates Zaman's understanding of the nature of Impostor Syndrome; while he is able to suggest potential triggers and propose countermeasures, he is also aware that there are elements outside of his control or rationalisation, as evidenced by his addition of "for whatever reason".

He also recognises the impact of external pressure, stating that "when you become a doctor, that's when you might feel a bit more serious, in terms of impostor syndrome. Because then you've got patients' lives at stake, you've got their health in your hands". He is able to use this recognition to reflect on his own experience, adding "I think that's why the Sims scenario really got to me, because I did not think at that point, I was good enough to handle someone's health". This aligns with the literature on the prevalence of IS in medical professionals, for whom errors and inadequacy may result in life-altering consequences for their patients.

Although this sense of inevitability could be viewed as a pessimistic perspective from Zaman, it doesn't come across as something he is overly concerned about. He is essentially stating that Impostor Syndrome is something which may occur in the future; this highlights his pragmatic nature, and it is this same pragmatism which allows him to anticipate potential triggers and employ countermeasures when the need arises.

Theme 2: Pragmatism/Outlook

This pragmatism shares overlap with much of Zaman's general outlook and perspective. While this is quite a broad theme, all elements demonstrate the way that Zaman interprets his own actions and the world around him, and the actions he takes as a result of this.

Luck

Zaman uses the word "luck" several times throughout the interview, but in a somewhat unusual context. For example, when discussing socio-economic diversity, he provides the following insight:

> 'You know, nobody chooses to live on a hill in Blackburn, in a terraced house, with three generations of family. Do you understand where I'm coming from; nobody chose that life, that's what they've been given, so you have to deal with it and that's just the way it is. Whereas you know someone's been the given the cards that place them in a nice rural estate in Guildford, that's, that's their luck isn't it, at the end of the day.'

Zaman Extract 10

The thing which stands out in this quote is Zaman's lack of resentment. Despite belonging to the group described in the first part, he doesn't refer to himself as 'unlucky'; he simply declares that "that's just the way it is" and "you have to deal with it". He doesn't use this observation to garner sympathy or make excuses. When he goes on to compare this with someone who grew up in a more affluent area, there is no evidence of him begrudging them this. It is described as just "their luck" and his use of the phrase "at the end of the day" highlights that this is not something he will dwell on. This aligns with the pragmatism seen earlier; while it would be perfectly reasonable for Zaman to harbour some resentment towards those who have come from a more advantaged background, he is able to set this aside as a fact of life that cannot be changed and is not the fault of either party. It stands to reason that he is able to apply this same logic to his own circumstances and not blame himself for situations outside of his control; this could be an indicator of why he is little affected by the impacts of Impostor Syndrome.

'Target minded'

Even in situations where Zaman does feel out of place, he is able to address any issues with this same pragmatic, positive attitude. When recounting a particular placement in an affluent area, he describes "definitely not" feeling comfortable there and yet he still claims that:

> 'It wasn't an issue though for me, like it didn't affect me, 'cause I had, that's where I'm very target-minded, like I'm like okay, what do I need to do here, what do I need to achieve, and how am I gonna reach my goal, so, as long as I can do them kinda things, it didn't affect me. So, it just became like something that I'd just deal with, but it wasn't like causing me stress or anything like that.'

Zaman Extract 11

His description of himself as "target-minded" aligns with the descriptors used previously such as pragmatic; he does what he needs to do to achieve his goal and doesn't allow himself to be dissuaded or distracted by any negative elements which occur. His ability to recognise this in himself gives him the confidence to trust in his instincts and push through hardship or disadvantage.

Acceptance

This same characteristic manifests in Zaman as incredible compassion and acceptance. In the interview, Zaman spoke at length about health inequalities, and how older members of his community typically don't help themselves with regard to maintaining a healthy lifestyle or managing their medication. When asked if this was frustrating for him, both as a member of that community and as a medic, he gave this response:

> No, because it's a result of the life that they've been given […] obviously it's annoying cause you've got people who you know who aren't listening to the news, but at the same time, they've grown up, why would they change at forty, fifty years old, when all they've known is what they've known previously […] I know it's not their fault, like, it's just what they understand.

Zaman Extract 12

The lack of judgment here and the acceptance demonstrated gives a good indication of Zaman's outlook. As someone from the exact same background as those to whom he is referring, he could be forgiven for exhibiting some elements of superiority, but this does not come across at all. Compassion is something one expects to see in doctors, and so this example may not be all that surprising given Zaman's vocation and training, but he also shows that he can apply this same acceptance to his own situations.

Even when discussing things which have had an objective negative impact on him, Zaman does not show any signs of complaining:

> I took a gap year, because I didn't get the grades that I wanted to, so, I had to resit like one of my As, to get my third A, so, I took a gap year, and I didn't get any offers. Um and then during my gap year I got the offer from Southampton. But then I had some health problems, so, I had to defer then after that.

Zaman Extract 13

This extract provides a good example of two negative experiences: one which was arguably Zaman's 'fault', and one which was definitely not. Regardless, he describes them in much the same way, as something which happened, and that then had to be dealt with. Many people would use this run of bad luck to garner sympathy or to make excuses for subsequent negative outcomes, but this is not at all the case here.

Learning Experiences

Key to Zaman's positive outlook is the importance he places on learning from negative experiences. Following his description of the simulation practise which prompted feelings of impostor syndrome, he said the following:

> I think simulation is such a good way to learn. Just the fact that you're in a safe environment to make mistakes, and I think it's really important how they debrief afterwards, in terms of simulations. Because that's what it is, it's to be able to learn from your experiences, so that you don't make those future mistakes.

Zaman Extract 14

Rather than be disheartened by the negative experience of the simulation and his subsequent feelings of inadequacy, Zaman sees his experience as a way to learn, anticipating that the mistakes he made in that first attempt will not happen again. For many people, negative experiences would be interpreted as 'proof' that they aren't good enough; Zaman instead sees them as learning opportunities to make him a better doctor in the long run. He later sums this up more generally:

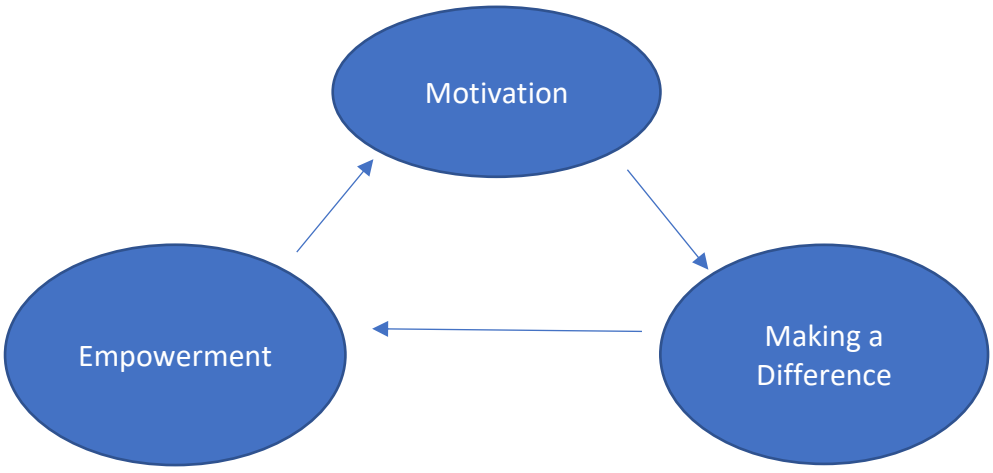
> nothing in life is like- nothing in Medicine, it isn't going to be perfect, you're not gonna do everything right, so, you're going to have times where you do things wrong, and it's about learning from it, and it's about learning from that experience, so that you don't do it again.

Zaman Extract 15

While he corrects to make this quote relevant to medicine, his initial false start of "nothing in life" may well be a Freudian slip; it stands to reason that he will apply this same attitude to all experiences, not just those associated with medical school.

Theme 3: Empowerment

This strength of character comes through in several ways, one of which is Zaman's sense of empowerment, both in terms of empowerment to *do* things, but also empowerment *by* doing things. The subthemes of motivation and making a difference are interwoven within this, as depicted below:



Much of his motivation comes from his desire to make a difference; when he achieves this, he feels a sense of empowerment, which motivates him to continue to work to continue to make a difference, whether this is within the medical school, among his peer group, or in his community back home.

Motivation

Some useful context can be gleaned from Zaman's original motivation to study medicine. While he was always interested in science, and particularly biology, at school, he believes that "when I really started getting interested into [medicine] was like when my mum got diagnosed with angina". He speaks at length about attending doctor's appointments with his mother and doing his own research on all elements of the condition, from medications and treatments to causes and symptoms. He credits his interest in the holistic nature of medicine to this experience.

This interest was further developed when undertaking work experience on an orthopaedic ward:

> like seeing yeah the roles of doctors there, I think that pushed it further than that experience, just to say okay, I'm seeing what these doctors, on a daily basis, I'm looking after patients, I'm learning how to care for them, I'm seeing both sides of the story, not just the doctor's side, but also healthcare assistants and the nurses and all that patient care, you know patient-centred care, and the importance of that.

Zaman Extract 16

This wider view of medicine and all those involved once again highlights Zaman's compassionate nature, and his drive to ensure the best possible care for all patients. This is a key motivator for him and comes through repeatedly in his interview.

Importance of reflection

It is unsurprising that Zaman acknowledges the benefits of reflection. His own reflection skills, hopefully evidence throughout this analysis, are very astute, and are a part of what made this interview and subsequent analysis so enjoyable. While reflection is a key part of the medical school curriculum, it seems as though this is something which Zaman was able

to do beforehand. When applying to medical school, his personal statement was, in his words, "a shambles", but he speaks very positively about his interview experience.

> I actually had good experiences to talk about, even though nobody had helped me, so, I could talk about my background, I could talk about my experience working as a healthcare assistant, I could talk about my mum, so, I think fortunately, things worked out nicely, and so that I could actually reflect on those experiences, and show that okay, this is why I'm a capable medical student, because of these experiences. But yeah, so, I couldn't put that into words in a personal statement, but when it came to those three questions, I guess I was able to do that, so, yeah, I think that's why I managed to get through the Med School application process.

Zaman Extract 17

He goes on to say that while he had a few 6th Form peers who also applied to medical school, who he believes were more than capable, he thinks that the reason that he attained a place and they didn't was their relative inability to reflect on their experiences, which is something they were not provided guidance on during the application process. His ability to reflect on experiences both negative and positive is part of what makes Zaman such a grounded individual and may well be a part of the reason that he is not hugely impacted by Impostor Syndrome.

Making a difference

Making a difference is important to Zaman, and occurs within the themes of both Empowerment and Community and Background. Making a difference is something which empowers him and motivates him to continue to make a difference in any way he can. This is shown in his realisation that medical school is not just about passing and becoming a doctor:

> Medicine is more than that, it's the impact you have on like the society around you, what work you can do with the Faculty of Medicine to improve the individuals' experiences within the Med School, that's when you realise, okay, it's more than just passing and progressing my exams.

Zaman Extract 18

Zaman's desire to help and make a difference extends to his peer group, the Faculty to which he belongs, and future cohorts, but the largest motivator seems to be making a difference to his community through his status as a medical professional, saying that "I can actually make a difference in the society I live in with the knowledge I have. And to be able to do that, I think it's quite empowering". His acknowledgment of this empowerment highlights once again his reflection skills and shows how these augment his motivation and desire to make a difference.

Theme 4: Community and Background

Zaman spends a lot of time talking about his background and his home community in Blackburn, primarily in contextualising his experiences.

Making a difference

WAMSoc is the UoS' Widening Access to Medicine Society, of which Zaman is a member. He says of his involvement:

> With WAMSoc, that's where I felt like I'm actually making a difference into my community, even though this isn't really my community, but it's because it's similar, it reminds me of where I come from, so, I'm still making a difference

Zaman Extract 18

In the previous section, his desire to make a difference to his society was noted; he goes on to clarify that this applies to a community which is not necessarily bound by location, but by cultural and socioeconomic similarities, and that WAMSoc enables him to do this. Similarly, working with the charity Football Beyond Borders, Zaman was able to engage with disadvantaged students and support them, using a shared passion for football to connect and bond with the students.

"The society that I live in"

Despite his acknowledgement that 'his society' extends beyond a geographical location, Zaman is still adamant in his desire to return "home":

> Because I'm so far away from home, I always do have in the back of my mind that I wanna go back up to North West Lancashire, so, that I can live there for the rest of my life, be a doctor there, so, that's where for me it's like this is only somewhere temporary. Southampton has never been home for me.

Zaman Extract 19

Zaman's desire to return home isn't just about moving back to somewhere that he feels comfortable; as seen in numerous other extracts, he wants to be able to help the people of his society, and the best way to do that is for him to become a doctor and work within that society. It also makes Zaman's confidence and self-assuredness even more impressive, given that he was, at the time of interview, living somewhere which he has never seen as "home".

Support

Part of the reason Zaman is so invested in WAMSoc is because he himself received a lack of support with his application to medicine, and he wants to do what he can to help others in ways that he wasn't. He says that:

> Things like writing a personal statement, like I didn't know how to do that, it was just Googling random stuff. I had nobody to ask […] My college, it wasn't amazing the support they gave. They gave us like the basics, like a template. But then I went to like the careers adviser, and she gave advice to over a thousand students, and she just gave me the same advice that she'd give to everybody else.

Zaman Extract 20

Again, it says a lot about Zaman's attitude that he is using this experience as motivation to make a difference and help others, rather than arguing than since he managed without it, future students should be able to as well.

BM6

Despite having the requisite grades for BM5, Zaman is very glad that he was on the BM6 programme and had an extra year to acclimatise to Higher Education following 2 years out of education due to illness and resits.

He says that:

> I think the BM6 course was really good for me, in the way like it just prepared me for the rest of Med School […] the small tutorial groups, I think that really helped me a lot, just being able to make sure okay, yeah, do I understand this, do I need help with this. [...] it just really prepares you well for the rest of your Med School journey then. So, yeah, when I started, like BM5 Year 1, then, or BM6 Year 1, I didn't feel overwhelmed, I just went into it a lot more easily, and I felt okay, this is fine for me, I'm prepared for this now, I'm right there, I don't have anything to worry about.

Zaman Extract 21

From these extracts, it seems as though BM6 Y0 provided Zaman with the reassurance he needed that he was capable of succeeding in medical school. It may well be that his attitude and confidence levels would have been very different without this year to support him in his journey.

Common ground

As well as the curriculum structure, Zaman also found that in BM6 he found "people from similar backgrounds to me, people who I can relate to, people who reminded me of my mates from back home". He says that most of the close friends he has made have been fellow Muslims, and that their bond is close, in part because of the cultural similarities they share, such as going "to the prayer room together […] sharing food with them, meeting outdoors, socialising with them". While these examples may seem trivial and everyday, Zaman goes on to say that "these kinds of things helped me then make those friendships which I now have, like helped me get through the later years", showing that shared common ground as a starting point can easily lead to more meaningful relationships.

Theme 5: Relationships

The theme of relationships has been touched on in previous themes, but is significant enough to warrant a section in itself, though there is some overlap with earlier extracts.

Common Ground

In the previous section, the building blocks of some of Zaman's relationships were discussed, but he went on to discuss more poignant, meaningful elements which he shares with his friends, as well as further exploring why it is that the majority of his friends are Muslim.

> It's like, relief, that you know somebody who has been through similar stuff to you and lived a similar life to you, so, that you don't have to develop that understanding of why you do something, or why you act certain ways, or why you do certain things. So, say for example, as a Muslim, I pray five times a day, or whatever, or I fast during Ramadan, I don't need to explain to them why I do these things.

Zaman Extract 22

While this example still pertains to Islam, it provides insight into why these relationships are about more than just sharing similar day-to-day lives; for Zaman, it's about being around people who understand him on a deeper level, for whom he doesn't need to pretend or explain anything he does. While Islam is a good example of this shared understanding, it isn't the only example he provides:

> it's being similar backgrounds, from like Asian heritage, North African heritage, Arab; them kinda things that I've grown up with – I understand it really well. Even White people, like when I grew up in like the council housing, and they were from a similar background, they're not Muslim as well, but they understand the lifestyle I've grown up with, 'cause they've grown up with me.

Zaman Extract 23

Zaman's explanation begins to expand here to include various types of shared background beyond just religion, including ethnicity, culture and socio-economic status. All of these things provide a common background from which a relationship can be built upon. This relates back to the extract seen under Impostor Syndrome > Counters, where Zaman discusses how important it is to "get the support from people who've gone through the situations that you've gone through […] to be able to overcome these kinds of issues". Having this relationship meant that when Zaman did experience feelings of inadequacy following the impact of COVID on his year group, he

was able to go to his friends and ask them "what's the plan, like what are people doing? […] We're just gonna have to pull our socks up and get this done, basically". Being able to admit that vulnerability to your friends, especially in a course as competitive as medicine, shows a real strength of relationship which has certainly provided many benefits throughout the years.

Fitting in

Finding friends to bond with in this way came as a pleasant surprise for Zaman, who was anticipating having to adapt to "fit in" with his peers, saying "I came in with that intention, thinking oh, I'm gonna have to change, I'm gonna have to adapt, but in the end, it was, it wasn't, like I once I started Year 1, I was like I don't need to change for anybody, if that makes sense". This realisation went a long way to helping him with his confidence in his own identity, saying he is "always felt comfortable" and has "never felt like I've not been able to match anybody else, in terms of my personality, or in terms of my interests, or in terms of my religious beliefs". Feeling comfortable and confident socially will have helped Zaman a lot with his overall confidence and may well have had a significant impact on his relative lack of Impostor Syndrome. Given that he is able to find connections with "anybody", this suggests that he will not struggle to build relationships with future colleagues, or even superiors, which can often lead to feelings of incompetence.

With Patients

While Zaman's ability to build relationships with peers is relevant to the topic of Impostor Syndrome, it is also important to note the impact on his interactions with patients. In earlier extracts, his focus on the holistic nature of healthcare was discussed, particularly regarding how his relationship with his mum was a motivator in engaging in her treatment. He goes on to say how he really enjoys "talking to patients, seeing how the patients develop over time, building that therapeutic relationship with them and seeing how they change over time". This notion of engaging with patients on a more personal level is something that students can overlook when in medical school, as their focus tends to be on the scientific, pathological elements of the course. Zaman's early

recognition of the importance of the doctor-patient relationship shows once again his compassionate nature, and feeds back into the cycle of motivation>making a difference>empowerment discussed earlier.

Summary

Zaman's ability to reflect and articulate himself made for a really interesting interview. His experiences of Impostor Syndrome came as a surprise even to himself, as he began the interview claiming that it wasn't something he experienced. The fact that he can retrospectively identify two specific periods of time where he felt like an impostor brings into question the nature of Impostor Syndrome itself – is it something which can come and go, as seems to be the case for Zaman, or is it something which is always present? In Zaman's case, it seems as though his overall self-confidence allows him to take negative experiences and learn from them in a positive way, without letting the negative elements have a lasting impact on him. Negative experiences seem to be something which he uses as motivation, and he then channels this motivation into making positive change, both for himself, those around him, and his wider community.

Participant 6: Richard

Reflexive Summary

At the time of interview, Richard was an intercalating BM5 (i.e. had completed the first 3 years of medicine and was completing his Masters year). He is of Ghanaian heritage, was born in Germany and moved to England aged 10, with L1 German, L2 Ghanaian and L3 English.

Richard has always been ambitious; when growing up he wanted to be a doctor, astronaut, writer AND football player. While he still enjoys writing, he has given up on astronaut and football player to focus on medicine. He referenced a quote from his father "do something which makes you happy and proud, and you will make the whole family happy and proud". His pursuit of medicine was further influenced by friends' psychological issues, which nurtured a further interest in psychiatry and psychology. He took his A-Levels during the KS5 restructure and because of this was discouraged from pursuing medicine as he didn't believe himself capable of achieving the requisite grades. However, upon abandoning a chemistry taster talk to attend the medicine talk instead, his desire to study medicine was further strengthened and he was able to convince his teachers to predict him the grades he needed. His final A-Level results were what he needed, due partly to his hard work, and partly a reassessment of the grade boundaries.

His understanding of impostor syndrome is that it's like "you're sitting in a chair that somebody else should be sitting in". This mostly relates to academic abilities, but can be prompted by anything that makes you different. He acknowledges feeling this in first year, but despite repeatedly stating that it was primarily due to concerns about academic ability, most of the comments and examples given relate to race or other cultural attributes which apply to under-represented students.

Having grown up in Luton, Richard acknowledges that he had little understanding of the demographic makeup of the UK, and was surprised at how few Black people were in his cohort (he is one of three). However, he quickly adds that he now knows that this is in fact representative of the UK's 3% Black population, unlike his hometown. The implication here is

that once he realised this, his own sense of impostorism was mitigated; he says that since this first year, he has "never felt out of place". He uses the phrase "knowledge is power" in his explanation of this.

It is important to note Richard's multiple extra-curricular activities. He has worked as a student ambassador throughout most of his first 4 years, is part of Medics' Football, the Medics Revue, WAMSoc and MedSoc. He also has a number of roles as Faculty representative. He did initially also engage in non-medic activities such as Film Club and Surge Radio, but wasn't able to fit these in alongside the medicine course beyond Semester 1. He has differing levels of friendship with members of all of these organisations, but his closest friend is a housemate who is a fellow medic from a similar background.

When asked about support networks, Richard mentioned having good relationships with his PAT and supervisor, but that if he really needed support he tended to speak to other faculty members with whom he also has a good relationship as a result of his various roles. In this section of the interview he realised that he should have mentioned his girlfriend earlier, who is the person he feels closest to. She is also from Luton and they have maintained a long-distance relationship throughout the course.

He doesn't mention religion at all, but does refer to his 'charismatic' church back home and the support he can get from there. He also refers to a group of friends who remind him of his church, with whom he feels comfortable discussing more culturally specific topics, eg. Jollof rice or plantain, although he doesn't clarify how he knows this group.

One thing Richard refers to as a "combatant" against Impostor Syndrome is professional dress. He feels very comfortable in formal wear (shirt and trousers) and he says that on placement this helps him to feel like he belongs. He acknowledges that this works as a combatant as it is a combination of how he feels about himself, and how others perceive him. He says that it's almost like a uniform, and allows you to avoid being mistaken for someone in a different role and that this helps to feel in place.

Introduction

5 key themes emerged from Richard's transcript; Impostor Syndrome; Attitudes and Beliefs; Confidence and Doubt; Networks and Social Interactions; and Belonging and Value. Scattered among these themes was another potential subtheme of 'Philosophies', which pertains to Richard's tendency to make somewhat philosophical statements or guidelines, often introducing them with variations on the phrase 'as they say'. As these cannot be classified as Personal Experiential Themes on their own, they have instead been clustered with the themes to which their content aligns. However, it is an interesting linguistic pattern in Richard's transcript, and so quotes which fit this category will be presented in *italics* within their relevant themes.

It is worth noting that there are a number of times throughout Richard's interview that his utterances seemed to exhibit elements of 'rehearsal'. It could be that his dramatic training and good communication skills are what gives his speech this effect, or it could be that through his work with the university as Student Ambassador and Faculty Officer, some interview topics are very familiar to him and therefore are, to an extent, rehearsed.

Theme 1: Impostor Syndrome

Within this theme, Richard's given definition of Impostor Syndrome is presented as a subtheme. Within this definition, he refers to 3 'stages' of Impostor Syndrome; these stages will be presented as further subthemes, with extracts from Richard's interview which correspond.

Impostor Syndrome Definition

> So, what I understand of impostor syndrome, it's the experience of, I always sum it up as, you are sitting in, you are sitting somewhere, and you feel like someone else should be sitting where you are, because you don't have the abilities or the know-how to be in that position, so you are the impostor in that scenario.

Richard Extract 1

Richard uses a simile to articulate his understanding of Impostor Syndrome: the idea of sitting in a chair which somebody else should be in. The reasons he provides for why someone else should be there are "you don't have the abilities or the know-how". It is interesting that his go-to response to the question relates to competence; as seen throughout this analysis, most of his discussion of Impostor Syndrome relates instead to identity factors rather than ability. His use of the phrase "I always sum it up as" implies that this is something he has talked about previously, and therefore it could be that when discussing the topic of Impostor Syndrome more casually, he adheres to the simpler, more 'typical' causes. However, when given the opportunity to discuss this at greater length, he may find himself considering more nuanced and less-discussed aspects of Impostor Syndrome relating to characteristics such as race and background, rather than knowledge or ability.

Although he doesn't talk about any specific examples of friends or peers experiencing IS, Richard does say that:

> I think a fair amount of people have experienced impostor syndrome when they go through [Medical School], and I think different things just kinda trigger it, and then spur it on, to get to the point where it is, but I think most people do get to come to terms and grips with it.

Richard Extract 2

This interpretation proposes the Medical School experience as a bilinear one, where students either have their Impostor Syndrome triggered or not; this then determines whether students consider certain experiences to spur their IS, or be considered innocuous.

Triggers of Impostor Syndrome

Richard provides a broad explanation of what can cause Impostor Syndrome, which is "anything that makes you feel different from another person". He clarifies that:

> Those can be, colour, culture, language, ability, um, even the way we, even the way we talk or walk, um all of that are differences between us, that can make you feel like, oh, I'm not like everyone else, so, therefore I shouldn't be here, and all of those fit into impostor syndrome.

Richard Extract 3

His reference to "ability" here mirrors his initial definition, but the other elements are all arguably more factors relating to identity than competency. He claims to have experienced Impostor Syndrome when first starting university, due to the comparisons he could draw between himself and his peers:

> Yeah, I experienced it in my 1st Year, definitely in my 1st Year 'Cause um (0.5) everyone had like A*'s, or went to a private school, or their dad was a doctor or their mum was a doctor, and I was like, 'really?!'

Richard Extract 4

The inclusion of grades as a differentiator aligns with the notion that a difference in ability plays a key role in triggering IS, but the other elements described here relate more to familial culture and, tangentially, socioeconomic status. Richard's exclamation of "I was like, really?!" is indicative of his surprise and frustration at this difference between him and his peers. He talks later about the "bubble" that he lived in prior to attending university, and so describes finding himself surrounded by the people described was a "culture shock".

He also considers a lack of self-belief to be a trigger in itself:

> I also think it's like a lack of um (2.0) belief in self, as a kind of concept, so, belief in yourself and your ability to pass exams etcetera, etcetera, and having that doubt creep in, I feel like leads to you having some impostor syndrome, because you start to think if I can't do this, then I'm not meant to be here.

Richard Extract 5

Again, this self-doubt is regarding ability, rather than any other more nuanced characteristics, but equally he doesn't reference any specific cause of this doubt, such as failed assessments or other negative experiences.

From these extracts, it seems that the "triggers" to which Richard refers can both internal and external. However, the only trigger which he explicitly refers to as having experienced himself is that of comparing himself to peers who had greater academic or cultural capital than him.

Spurs of Impostor Syndrome

One thing which Richard claims as a distinct exacerbator of IS is specific to medicine, in which "they always tell you how many people applied for your place". This "constant" reminder of the competitive nature of medical school applications and the low success ratio reinforces students' self-doubt, causing them to question "Why did I get chosen and they didn't?"

The other spur mentioned relates to the more identity-related experiences of IS; Richard believes that his interest in and knowledge of the Widening Participation has helped him to not feel the impacts of race- and culture-related IS as much. He posits that students who belong to these underrepresented groups but who do not have the knowledge and understanding that he has may well have their IS "prolonged" as a result.

> the er (1.0) WP kinda interest that I have, definitely does help with that. And I think for students that don't know about that, it definitely does make their, probably prolongs their impostor syndrome, because they just don't get to the point where they realise that it's not about them, it's about the numbers. […] yeah, definitely I think having those, um that knowledge and um interest definitely did help.

Richard Extract 6

Further extracts pertaining to this will be explored further in the subtheme of Impostor Syndrome: Knowledge is Power.

Impostor Syndrome: Dealt with

Richard's adamance that IS was something he only experienced in his 1st year is reiterated a number of times throughout the interview. He says "it was only my 1st Year, because after that, I think (2.0) I never felt like I didn't fit, fit in with everyone else". However, beyond gaining a greater understanding of

demographic representation, there is little clarification of *how* Richard progressed from the "culture shock" he felt at the beginning of 1st year to the sense of belonging he felt at the end. The closest he comes to an explanation is when he says:

> Yeah I did struggle with it like at the beginning. But then as you kinda get used to it and you get used to your ability and capacity to do the things, like with the scenario in Medicine, you start to kind of lose impostor syndrome, because you start to think, you know, yes, I can do this, I do belong here, I do deserve to do this.

Richard Extract 7

While the idea of "getting used to it" does not provide great detail, it does indicate that there is a process to overcoming feelings of impostorism. The implication of the phrasing here is that losing IS is something which happens over time, rather than something which needs to be worked on. This suggests a lack of agency on the part of the student; this may have been his experience, but he also seems to assume that the same is true for his peers.

As seen in Extract 2, he also believes that IS is something which his peers do "*come to terms and grips with*". However, there is little exploration of how this "dealing with" is achieved, beyond gaining an awareness of demographic representation.

However, in the same way that he presents self-doubt as a trigger for Impostor Syndrome, he presents self-belief as a counter, or a way to "deal with" it.

> *Having that kinda conviction, and the belief, and philosophy, that I can do Medicine, it means that the idea of impostor syndrome kinda falls on the backseat, because it's like, I'm meant to be here, so, I shouldn't, I shouldn't feel like an imposter.*

Richard Extract 8

This extract is also an example of the 'philosophies' subtheme mentioned earlier; Richard holds certain dogmas from which he seems to gain solace, and one of these is that he *can* do medicine. By following this belief, Impostor Syndrome "falls on the backseat", and isn't able to impact him. Whether this is something he was aware of and held to prior to

this interview, or whether it emerged through the reflective process of discussing IS is unclear.

Impostor Syndrome: Knowledge is Power

When directly questioned about whether his heightened awareness of underrepresentation may impact his perceptions of Impostor Syndrome, Richard responded with "as the saying goes, knowledge is power". This was followed by the quote shown in Extract 6, where he acknowledges that others' lack of engagement with this knowledge is likely to prolong their experiences of Impostor Syndrome.

Richard takes a very pragmatic view of his initial culture shock when beginning medical school. While initially he was surprised by the lack of diversity among the medical cohort, claiming "initially, I wasn't as aware of the outlook of what the UK was like", but that when he started university he realised "oh, okay, this is what it's actually like for the rest of the UK". Once he left his "bubble" he soon learnt that his experience of diversity growing up on the outskirts of London was not representative of the overall UK demographic.

> The truth of the matter is the fact that the UK is seventy percent White, so, the cohort of medical students is going to be seventy percent White. It's gonna be like um, twenty, maybe twenty percent Asian, and it's gonna be like three percent Black. So, for me, for example, I'm one of three Black students in my whole Year.

Richard Extract 9

Richard claims that this understanding is important to not feeling out of place, that having accurate knowledge of demographic statistics "changes the whole conversation".

> Because it doesn't become a matter of, um, you know 'Black people can't do Medicine', it becomes more a question of, 'there's not a lot of Black people in the UK, that's why there's not a lot of Black people doing Medicine', which is a much, much better way of thinking about it, and a much more healthy way of understanding the whole idea behind it.

Richard Extract 10

Presumably, it is this "healthy understanding" which he has achieved, and which helped him to "deal with" the sense of impostorism which he initially felt when beginning first year.

However, this explanation deals primarily with race, while much of Richard's earlier definitions of Impostor Syndrome relate to culture and ability. While understanding of cultural demographics may be explained by similar means to those used to address racial diversity, exactly how Richard managed to "deal with" academically-triggered Impostor Syndrome is not clearly addressed.

Impostor Syndrome: Combatant Clothing

One thing that he does explicitly say can "act like a combatant against any Impostor Syndrome" is professional dress. He says that he is "really comfortable" in smart clothes and he treats this almost as a "uniform" while on placement. He acknowledges that this comfort might come in part from being used to wearing smart clothes to school and to church, and when asked whether it's about feeling comfortable or looking professional, he responded:

> It's a mixture of both. I wear the things that make me feel professional and also make me look professional, and those two combined make me feel more comfortable, because for me, it's important that um (1.0) other people aren't confused about your place.

Richard Extract 11

From this extract, taking within the context of discussing Impostor Syndrome, it can be interpreted that Richard perceives impostorism as stemming from others' projection, that if you *look* out of place, then you'll be *treated* out of place, and that this will make you *feel* out of place. The concept of 'professionalism' is one which is covered extensively in the medical syllabus, but which students often declare is an element of uncertainty for them.

Theme 2: Attitude and Beliefs

This theme demonstrates Richard's attitudes and beliefs which influence his perspective on medical school and his place within it.

Ambition

Richard's ambition to be a doctor began at a very early age, and influenced his educational choices from Primary School.

> Then we moved to England, when I was around ten. And from there, that's, around that age, I knew I wanted to do Medicine, I wanted to be a doctor. Um so, I went through Primary School with that kind of goal in my mind […] went through Primary School, went through High School, obviously picking the right GCSEs and the A-Levels.

Richard Extract 12

Choosing the "right GCSEs and A-Levels" in order to pursue medicine shows his commitment to his goal and a good level of foresight, rather than the alternative of deciding on a medical career due to having the requisite qualifications. He says that:

> for me, it's always been important that if you have a goal to work towards, you'll always be able to refine, hone your efforts a lot better, so, I've always had that kind of goal in mind

Richard Extract 13

Richard's commitment to this principle is evidenced through his continued academic and extra-curricular efforts. Even when his A-Level grades were in doubt he didn't give up on his goal of studying medicine, convincing his teachers to predict him higher grades and "sneaking in" to medicine talks at university open days. Once at medical school, he then opted to pursue a Masters in order to have "as strong a CV as possible". The conviction and ambition shown throughout the interview demonstrates Richard's strength of character, and may well be part of the reason he is able to so thoroughly discard the negative effects of Impostor Syndrome.

Positive framing

Another key component of Richard's attitude is his positivity and ability to both see and seize opportunities. Much of this is conveyed through his frequent use of the verb phrase "get to", leading to a positive framing of experiences. For example, during his work experience in a hospice charity shop, many of his interactions were with people donating

clothes of loved ones who had passed away. While these are inherently sad and potentially difficult encounters, Richard states that it's "really nice […] you get to see people who are donating clothes […] you get to have a lot of conversations with people". The inclusion of "get to" in this extract, and others, is not a grammatical or semantic requirement; rather, it simply adds insight into Richard's attitude towards the experience. Framing it in this way demonstrates how he sees encounters such as this as opportunities beyond that of just gaining necessary work experience.

Similarly, he says that he enjoys being on placement because "you get to hear so many different perspectives and views, and you get to see so many different ways that doctors do things". Seeing the different ways doctors do things is one of the primary purposes of placements and is vital to a medical students' development. Once again, the way that Richard phrases this indicates his genuine enjoyment of this experience beyond simply gaining the requisite knowledge.

Advocation

Another element of Richard's character which is evidenced throughout his interview is his tendency to advocate for others; it was his school friends' psychological issues which really focused his desire to study medicine, and specialise in psychiatry and psychology. His work as a faculty officer had allowed him insight into issues around student wellbeing, but he was frustrated at how little could be done to effectively address this with only anecdotal evidence. He therefore chose a Masters project focusing on medical student wellbeing as he felt that it:

> would be a great way to kind of address the issues that I've heard about, and see what we can do about it, and learn a little bit more about it.

Richard Extract 14

Another more interpretative example of advocation is seen through Richard's discussion of race. When asked directly about how both race and academic ability impact Impostor Syndrome, he responds that "race does definitely have an impact, but I think for me, it's mostly been um (1.0) the academia side". Despite this, he doesn't mention his academic attainment at medical school at all during the

interview, instead spending the majority of his time discussing racial and socio-economic issues. It may well be that through his recognition of his own heightened understanding of demographic representation (as evidenced in the 'Knowledge is Power' subtheme), Richard realises that for other students from ethnic minorities, race may still be a strong trigger of Impostor Syndrome. It is potentially because of this that he chooses to spend so much time discussing it in the interview – just because he feels it doesn't necessarily apply to him, he knows it is an important issue for others, so uses the interview platform and subsequent research to advocate for them.

Holism

Richard is a staunch believer in the importance of a holistic approach to medicine. When asked why he chose the University of Southampton, he said that it:

> does the wishy-washy, or the soft stuff, better than other Medical Schools. So, the talking, the listening, the empathy, the patient communication, the patient talking, all that kind of stuff, I think that Southampton does really, really well.

Richard Extract 15

While these skills are assessed in medical school, the focus tends to be on clinical knowledge rather than on subjective abilities such as communication skills. Richard's recognition of the importance of these elements could be an indicator of why he doesn't address the topic of academic attainment as much as might be expected: he knows that this is not necessarily the most important factor in being a good doctor.

This attitude is also shown in the example he gives of interactions in the charity shop (following on from extract discussed in the subtheme of Positive Framing).

> [Working there] you get to have a lot of um conversations with people, who you don't typically get to see in Medicine, like the people who um also suffer, but don't suffer directly from it, because they're not the ones with the disease, they're the ones seeing what is happening. It's kinda nice to get that perspective.

Richard Extract 16

Here, he recognises the duty of care which doctors have not just to their patients, but to the family and friends of their patients too. While patient care should always be the priority, it is important to acknowledge the suffering experienced by those around them, and to be sensitive to that. Richard's assertion that these are the people "you don't typically get to see in medicine" implies some level of regret, that as a future doctor, he would like more opportunity to interact with patients' support network to provide more holistic care.

Theme 3: Confidence and Doubt

Throughout his interview, Richard comes across as very articulate and confident, but there are a few areas where he exhibits some self-doubt and self-deprecation.

Downplaying

One way in which he does this is through downplaying achievements. It is unclear whether this is modesty, or a genuine lack of appreciation of his success. To speak to Richard, you would have no idea that English wasn't his first language, but during the course of the interview it transpired that his first language is German, second is Ghanaian, and English is third, having only started to learn it the summer before moving to England aged 10. He eschewed praise at this, claiming that he is:

> naturally good at picking up languages, because that's how I learnt Ghanian, so um I learnt it quite quickly. So, after the summer, I had a good conversational level, but then I had to get the reading and writing tip-top up.

Richard Extract 17

This quote is said casually, with no acknowledgement of how impressive it is to reach a conversational level of fluency after just a summer of watching cartoons in English. In fact, his only comment is that his reading and writing skills weren't at the same level.

Doubt

As mentioned, Richard makes no comment of academic attainment while at university, but he does discuss the difficulties he had with A-Levels. He was in the first cohort who took A-Levels after the KS5 restructure, and struggled with the increased difficulty.

> There was even a point where I was like, argh, I don't think I can do Medicine, because I'm not going to get the grades for it.

Richard Extract 18

As seen in the earlier subtheme, Richard is generally very driven and ambitious, and to almost give up on studying medicine seems very out of character based on the resilience exhibited throughout the interview. Fortunately, he was able to attain the required grades, but it is important to highlight that Richard is not unfamiliar with self-doubt.

Another display of doubt was evidenced when discussing the importance of balancing practise-based and lecture-based medicine. In a very rare expression of antipathy, he says:

> I hated going on placement not knowing what's going on, so, not having a clue what disease it might be, not having a clue what question to ask next, because it's I'm not learning anything, 'cause I don't know what you're doing, so, how am I going to receive any information, how am I going to be able to interpret any of this, 'cause that's not something I can learn on the spot there and then.

Richard Extract 19

This quote stands out from the overall positivity shown throughout the rest of the interview. The use of the verb "hated", the repetition of "not" and the back-to-back rhetorical questions give this extract a distinctly negative feel which is not seen elsewhere.

Doubt → Confidence

As mentioned, following the KS5 restructure, studying for A-Levels was particularly difficult in Richard's year, due to a combination of new syllabi and unknown grade boundaries. However, due to the exams being graded on a curve, the increased difficulty led to reduced grade boundaries.

> The exams were ridiculously hard, and everyone struggled with them. So, obviously because the grade boundaries came down, it turns out I wasn't as dumb as I thought!

Richard Extract 20

This quote demonstrates Richard's genuine concern about his ability, and how this was quickly resolved once objective evidence of his success was provided. This initial self-doubt could have pervaded beyond the release of results, yet Richard was able to grasp the logical reasoning of the grading system and, subsequently, proof of his own ability.

Confidence

Despite these examples of self-doubt, for the most part, Richard presents as a highly confident individual. He was able to persuade his A-Level teachers to predict him much higher grades than he was achieving in his mock exams, arguing that:

> 'you know me, I'm not gonna tell you to predict them for me, and then I'm not going to work towards them.'

Richard Extract 21

While the primary message of this extract is Richard convincing his teachers that he would put the necessary work in to achieve the grades predicted, the real indicator of his confidence comes through in the phrase "you know me". To use this as a persuasive technique highlights both Richard's perception of his own work ethic and his positive relationship with the staff which allows him to trust in their recognition of his sincerity.

Theme 4: Networks and Social Relationships

This theme incorporates professional, social and support networks, as well as various aspects of socialising and social relationships which are fundamental to Richard's lifeworld.

Support

Richard seems to have a very positive, supportive relationship with his family.

> I remember when I was young, um my dad always used to tell me, do something that you'll be happy with and you'll be proud of, and you'll make the whole family happy and proud.

Richard Extract 22

This extract comes from near the beginning of the interview, when Richard was asked about his motivation for studying medicine. It would appear that there was no familial pressure to become a doctor, but instead to do something which he would enjoy and take pride in, which are among the reasons he ultimately chose to pursue a medical career. He has also maintained a good relationship with his family while at university, saying that it's a "personal rule" to phone his mother weekly to "check in on her". However, he tends to only interact with his siblings when he visits home, due to being a "bad texter".

As seen in earlier sections, Richard had a good relationship with his teachers while at school and had a lot of support with his medicine application despite his Sixth Form being "not the greatest". They put him in touch with an alumnus who had gone on to study medicine who was able to provide "a lot of advice", and in regard to his personal statement he says "we had someone in the Sixth Form that was like really on that – that really helped". Interestingly, Richard doesn't mention medical school interview preparation or support; this omission, coupled with awareness of his own communication skills, could imply that he was more confident in this area and less likely to require or request support.

When asked about support at university, Richard mentions a number of people who he feels he can approach. Some of these are mandated support systems, such as his Personal Academic Tutor and his Masters supervisor, but he admits that he has a "list of other people" who he would generally go to for more specific help. He says that this is because:

> I talk to members of the faculty quite often, just because of all the different roles that I have, so just talking to them casually. I think in like a colleague/working relationship, kinda thing, so, talk to them quite often.

Richard Extract 23

Essentially, his formal roles within the faculty mean he has been able to nurture relationships with staff which most students are not able to access, giving him a greater

support network within the medical school and wider university. All in all, he says of his experience so far:

> The whole experience has been good, so, even though there's been like difficulties here and there, that I've like dealt with, and I've been supported through them.

Richard Extract 24

Overall, Richard seems to feel very well supported, both by family and faculty. Interestingly, he doesn't talk about support from friends, and in terms of Impostor Syndrome specifically, he only mentions others talking to him about it, rather than the other way around. It may be that he just forgot to mention it, or that he doesn't see his friendship groups as such an explicit support network, but its omission is important to note.

Extra-Curriculars

Richard speaks a great deal about the variety of extra-curricular activities he is, and has been, involved in. When questioned about the time commitments of these, he insists that he is very good at time management, and still has plenty of time left for himself. He does admit that sometimes he would "prefer to stay indoors and play games", however:

> my mum has always told me to get outside and do something else, so, I kinda have to stick to that philosophy, otherwise, if she finds out, I'll be in big trouble.

Richard Extract 25

Despite the way this is phrased, he does then concede that she was right to encourage him in this, and that it has benefitted him greatly. This commitment to extra-curriculars started at school, when he was on the School Council, Chairman of Sixth Form Executive Committee and a Sixth Form ambassador. He also speaks very enthusiastically about taking part in the Shakespeare Schools Festival, which he credits with greatly improving both his confidence and his communication skills.

He separates his university extra-curriculars into 'social' and 'professional' categories. Socially, he is part of the Medics' Revue, through which he has made some "really good

friends". He also loves football, and is a part of the Medics' Football Team, but admits that he is "not very good", and so is lower down the social hierarchy at the club, allowing him to take more of a quiet, background role.

He is also part of WAMSoc (Widening Access to Medicine Society) and MedSoc (Medicine Society), which are more serious and require a more 'professional' relationship between members. In these environments he says that he presents as "'the professional Richard'", describing this persona as "clear-cut, still jokey, but um on, on, on task, gotta get it done, kinda thing".

When asked about non-medic societies, Richard acknowledged that he joined Film Club and Surge Radio when he first started, but that these created too many conflicts with the medicine course and so he was unable to continue with them beyond the first semester.

As mentioned, he is also a student ambassador (and at the time of interview had been in this role for almost 4 years) and a faculty officer, but he does not acknowledge these positions when discussing extra-curricular activities. This may be due to his literal interpretation of 'extra-curricular', as these roles are both strongly linked to the medical school and its curriculum.

The importance of these activities to Richard is clear, both due to the skills he gains from them, such as confidence and public speaking, and the social aspects they offer. As discussed previously, Richard is a highly sociable individual, and flourishes in environments which nurture this characteristic.

Social interaction

A number of times throughout the interview, Richard mentions how much he "love[s] talking to people". Even when asked about why he chose to study at Southampton, a key factor was that it's a campus university, and this allows more contact with others.

> 'Cause I like the (0.5) interactions I get, from like random interactions you get from being on campus and you randomly bump into somebody you haven't seen for ages, and you have, you have a nice little catch-up.

Richard Extract 26

Richard's positive attitude towards these random encounters belies his extroverted nature, similarly to the way he frames the interactions he "gets to have" with people in the charity shop seen in the subtheme of 'Positive Framing'. He is similarly positive when discussing his experiences on placement, saying that:

> I really enjoyed it. I love talking to people. I love talking to patients. So, it's a really, really great experience, and hearing different perspectives, hearing patients that frustrate you, because they're doing completely the opposite of what you want them to do, or you hear a patient that you can hear are making like a very concerted effort to try and do something, it's, it's nice.

Richard Extract 27

The fact that this is his primary take away from placement shows once again the value he places on the holistic nature of medicine. Rather than discussing the benefits of being able to apply clinical skills in a real-life setting, or experiencing a doctor's workload first-hand, it is the interactions with patients which Richard deems as the most memorable element of placements, proving once again the importance to him of social interaction.

Other perspectives

A major reason he gives for enjoying social interactions so much is the opportunity it provides for gaining other perspectives. Following on from the previous extract, he says that while on placement:

> you just get to hear so many different perspectives and views, and you get to see so many different ways that doctors do things.

Richard Extract 28

Again, the interactions with patients is mentioned before the clinical learning which takes place through observation of a doctor. This perspective in itself gives a lot of insight into Richard's attitude to patient care, and gives a sound indication of the type of doctor he aspires to be.

This engagement with other perspectives is also the case in social settings; he says that part of the reason he enjoys taking more of a backseat within the football club is because it gives

him more opportunity to speak to people he doesn't know as well, such as freshers, and "get their perspective" on things.

Homophily

Despite his apparent passion for interacting with an array of people, Richard does seem to gravitate towards people with whom he shares some commonality. When speaking about his friends at university, he says:

> I've got one really good friend, who does Medicine with me. Um, so we've lived together for the last couple of years. Um so, we're from kinda like the same background, so, like I just mentioned before. So, we're really good friends, we get on really, really well.

Richard Extract 29

Richard had already mentioned this friend and their shared background earlier in the interview, so it is interesting that he once again mentions their similar background in this context. He goes on to speak further about this friend, and so this information is one of the first comments he makes. It cannot be confirmed to what extent their similar background is a foundation of their friendship, but Richard's use of the word "so" after this comment implies that this could be the case. "Background" is also a somewhat vague term, and it is unclear which of many characteristics could be being referred to here. In an extract discussed later, he does allude to the fact that both he and his friend come from less affluent backgrounds, but many others could also apply.

He then speaks about another group of friends, and particularly mentions how comfortable he feels with them.

> I have got some friends that are also Black and are also from the same kinda background – I'd say with them I'm a lot more the way I am in my house, like at home.

Richard Extract 30

Again, the use of "background" here is open to interpretation, but as he also specifies that these friends are also Black, it would seem that race is not one of the background characteristics he refers to elsewhere. There is little else said about this friend group, such

as how he knows them, and so we cannot know what other interests they may share. As these have not been mentioned, we can infer that it is this shared race and background which makes Richard feel so comfortable with them.

'Us and them'

While background is something which comes up throughout the interview, it doesn't seem that different backgrounds cause a barrier, rather that shared backgrounds create a bridge to relationship formation. However, there is one point in the interview when discussing financial issues where Richard says: "people will talk about money so differently from the way we talk about money". This use of "we" indicates a dissociation from this 'other' group; this is then compounded by a follow-up statement that "And that's the reality, about so many people that do Medicine with us, is that they talk about things, they experience things so differently from the way that we do".

While this is the only extract coded within this subtheme, it was felt that it provided an interesting alternative perspective to the majority of the interview. From this, it can be interpreted that socio-economic status is potentially something which Richard is more sensitive to than other demographic categories. This interpretation is reinforced by Richard's involvement with WAMSoc; although he doesn't go into detail about this society, its primary purpose is founded on socio-economic equality, and the desire to address this within medicine.

Theme 5: Belonging and Value

This theme is short, but the extracts included are particularly poignant and relate to Richard's sense of belonging and worth.

Belonging

When asked whether he feels that he belongs to the medical school, Richard asked for clarification of the question, as there are many different interpretations. The question is intentionally asked with ambiguous phrasing as the way participants interpret the question provides its own insight into their sense of belonging, along with their response. For Richard

to immediately query this suggests that the topic of belonging is one which he has considered previously; in fact he comments "belong is a very interesting word". He goes on to clarify "I definitely feel like I have found my place here", demonstrating his acceptance of his position as a medical student. When asked more specifically about whether he belongs to the university, he also affirms, saying "I'd say I belong; I feel like I belong to the University, more so than other medical students may say". He explains that he believes this is due to his various roles and interactions with the wider university beyond the Faculty of Medicine, which not many students have.

When asked whether he feels he belongs here on a more philosophical level, in terms of his personal goals and ambitions, he reflects that:

> *life works in mysterious ways, so, I'm gonna say that I wouldn't have ended up here if I shouldn't have ended up here. Um, so, if I was meant to end up somewhere else, I would've been rejected.*

Richard Extract 31

While this doesn't explicitly answer the question asked, it does once again give insight into the attitude Richard takes to his own sense of belonging. This philosophy of trusting that things happen the way that they are meant to may also be a reason why Richard was able to "deal with" his Impostor Syndrome with relative ease: he can't be an impostor because he is where he is for a reason.

Adding value

Following on from the extracts above, Richard was then asked whether he feels he belongs to the medical school in terms of does he deserve to be there. Once again, he responded in the affirmative, but provided some further information which bears considering.

> I'd say I deserve to be here. I feel like the Medical School would be a worse place without me, that's an interesting thought. Um (1.0) so, I feel like I provide the Medical School value, definitely, is something I would say. So, I would say, I do feel like I deserve to be here.

Richard Extract 32

Firstly, it is interesting that his acknowledgement of how the medical school benefits from him comes as a surprise, with his comment "that's an interesting thought" added in a quieter tone, almost to himself. Secondly, his use of the word "so" implies that the reason he deserves to be there is *because* he adds value. He doesn't clarify the way in which he feels he adds value, but given his focus on his formal roles within the faculty and university, it could possibly be as a result of these, rather than simply his position as a medical student. Given the association he appears to make here, there is an argument to be had that the reason he engages so much with these activities is in order to feel that he belongs and is worthy of his place. This interpretation, however, is somewhat incongruent with the confident persona and positive attitudes presented throughout the rest of the interview. Setting aside speculation regarding intent, this quote is a lovely representation of Richard as a medical student who has a strong sense of belonging and has conquered Impostor Syndrome.