

Personality Differences Among Junior Postgraduate Trainees in the United Kingdom

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IMPORTANCE: An early understanding of the personality profiles of junior trainees may be valuable for supporting the professional and educational development of tomorrow's doctors.

OBJECTIVE: This study aims to describe the personality profile of junior trainees and to explore whether the personality profiles differed according to the level of training, specialty choice, or gender.

DESIGN: The Mental Muscle Diagram Indicator was distributed electronically.

SETTING: South West London, Health Education England South London.

PARTICIPANTS: A total of 157 junior trainees completed the personality questionnaire. Specifically, there were core surgical ($n = 40$), core medical ($n = 24$), and foundation trainees ($n = 93$).

RESULTS: The preferential profile across all groups was Extroversion (E), Sensing (S), Feeling (F), and Perception (P). More foundation doctors favored an extrovert and sensing personality when compared with core trainees (72% vs 60.4% and 77.4% vs 57.5%, respectively). More core surgical trainees appeared to prefer Extroversion when compared with their medical counterparts (66.7% vs 54.2%). More core medical trainees favored an intuitive behavior when compared with their surgical colleagues (50% vs 35%). Significantly, more female trainees (83.3%) displayed an extrovert personality than male trainees (66.7%) did.

Author contributions: All authors contributed to the study concept and theory. Stella Vig and Eirini Martinou were involved in the study design. Eirini Martinou and Stella Vig were involved in the data acquisition. Statistical analysis was performed by Eirini Martinou. All authors contributed to the drafting and performed the critical review of the manuscript for important intellectual concept. Stella Vig and Hayley Allan supervised the study.

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CONCLUSIONS: According to the Mental Muscle Diagram Indicator analysis, this work shows that the more junior the trainees are in their career, the more they tend to enjoy human interaction and to favor acting before thinking. The most junior trainees tend to be slightly more interested in dealing with facts rather than ideas and favor a flexible approach of life. The reducing ratio of Extroversion and Sensing in the core trainees when compared with foundation doctors may suggest that clinical experience has an effect on personality. As trainees begin to progress, they may tend to reflect more on their practice and to start thinking about more long term. These results suggest that a greater understanding of their personality preferences and how they might change with experience may help trainees to develop a greater personal and professional insight. (J Surg 72:122-127. © 2014 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: surgical trainees, postgraduate trainees, personality profile, Myers-Briggs Type Indicator, Mental Muscle Diagram Indicator

COMPETENCIES: Professionalism, Interpersonal and Communication Skills, Systems-Based Practice

INTRODUCTION

Postgraduate training in the United Kingdom is an extremely complex and time-consuming process during which trainees rotate through a range of roles and are selected into their preferred specialty to reach the final level of completion of training. The postgraduate training system comprises 3 levels of training and the overall duration is 8 to 10 years. Foundation training (2 y), core training in either medical or surgical specialties (2 y), and specialty training (4-6 y) are the essential components of the postgraduate training system. Foundation doctors (FYs) in their initial period of training are medical graduates, with a provisional license to practice, who are rotating into different surgical and medical specialties so as to decide which pathway they prefer to follow: medical or

surgical. The second level of postgraduate medical education is core medical or core surgical training. Core trainees are doctors with a full license to practice and they rotate into exclusively medical or surgical specialties. The third and most senior level is specialty training in which senior trainees have chosen their medical or surgical pathway from a wide range of specialties and they continue to train within that area for 4 to 6 years until they reach completion of training. At this point, they are considered to be independent practitioners eligible for consultant appointment.

Postgraduate medical and surgical education has undergone a revolution since the inception of competence-based training models in the United Kingdom in 2006. Junior trainees are expected to demonstrate and develop expertise beyond medical knowledge and technical skills. Personality and insight are considered to be vital to the development of professional behaviors. Personality plays a pivotal role in establishing positive relationships at work and in developing insight into professional performance.¹

Personality questionnaires are perhaps the most widely known methods of analyzing an individual's personality type. The personality model developed by Myers Briggs from Carl Jung's⁴ work consists of 72 dichotomous questions and aims to understand how people perceive the world and make decisions.² Its results are based on 4 preferences or dichotomies: Extroversion (E) vs Introversion (I), Sensing (S) vs Intuition (N), Thinking (T) vs Feeling (F), and Judgment (J) vs Perception (P).

The Extroversion/Introversion attitude concerns a person's preference of interacting with the external environment and with other people.³ Sensing/Intuition and Thinking/Feeling describe how new information is understood and interpreted and the way in which decisions are made. The fourth dimension of the personality model is Judging/Perception, which describes the character

of an individual's lifestyle⁵ and organizational preferences (Table).

The role of personality in postgraduate medical education and training is underexplored.⁶ The aim of this study is to represent the personality profiles of a sample of postgraduate junior trainees in South West London and to explore whether the personality profiles differed according to the level of training, specialty choice, or gender.

METHODS

For our study, we used a free online personality questionnaire that is alternative to the traditional Myers-Briggs Type Indicator, the Mental Muscle Diagram Indicator (MMDI), which is widely used in the United Kingdom.⁷ The MMDI questionnaire has been written by Steve Myers and is based on the Myers-Briggs theory and it produces the same 4-letter personality code as the Myers-Briggs questionnaire.⁷

At fixed points of time between 2012 and 2013, the MMDI personality questionnaire⁷ was administered to 64 junior surgical and medical trainees in South West London (40 core surgical trainees [CSTs] and 24 core medical trainees [CMTs]) as part of the London Deanery Leadership and Management Course. CMTs and CSTs were asked to complete the questionnaire online, and the information was kept on confidential record. In addition, 93 FYs at Croydon University Hospital in South West London were given the choice to complete the online questionnaire. After all participants completed and submitted the online personality questionnaire, they immediately received a report of their personality preferences and relevant behavioral characteristics. The report included the percentage score in each of the 4 personality dichotomies. A score of more than 50% was considered as being favorable toward one end of the dichotomy. The data were retrospectively reviewed and analyzed. The mean

TABLE. Characteristics of Personality Dichotomies. (Adapted With Permission From Charles R. Martin. *Looking at Type: The Fundamentals*. CAPT; 1997.)¹⁸

Preferred Mode of Interaction With External Environment

Introversion (I)

Getting energy from active involvement in events and having a lot of different activities
Seen as "outgoing"

Preferred Mode of Understanding New Information

Sensing (S)

Paying attention to physical reality—see, hear, touch, taste, and smell
Thinking about the present

Preferred Mode of Decision Making

Thinking (T)

Finding the basic truth or principle to be applied, regardless of the specific situation involved
Being impersonal

Preferred Mode of Lifestyle

Judging (J)

Prefer a planned, organized life
Appear task oriented

Extroversion (E)

Getting energy from dealing with the ideas, pictures, memories, and reactions that are in the inner world
Seen as "reserved"

Intuition (N)

Paying attention to impressions or the meaning the information given
Thinking about the future

Feeling (F)

Making the best decisions by weighing the points of view of persons involved in a situation
Being caring, warm, and tactful

Perception (P)

Prefer a spontaneous, flexible way of life
Appear loose and casual

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