

# Education to combat antifragility should begin in medical schools

**Sir,**

We read with great interest Dr Stacey's article (vol 79(12), 2018, p. 704; <https://doi.org/10.12968/hmed.2018.79.12.704>), where he mentions many valuable skills that should be practised to enable physicians to develop 'antifragility' or emotional resilience in the workplace.

As final year medical students, preparing to embark on our first jobs less than a year from now, this article caused us to reflect on how emotional resilience has, and largely has not, been addressed in the undergraduate curriculum. At medical school we have protected time for sport, our hours at the hospital are relatively flexible, and we reliably have weekends to catch up on lost sleep and social endeavours. We are given our exam and holiday dates a year in advance, allowing us to create a healthy work–life balance.

In contrast to this, while shadowing the junior doctors we have observed how they feel stretched in their roles, as demanding

work hours take precedence over other commitments. The General Medical Council (2018) found in the national training survey that a quarter of junior doctors felt burnt out as a result of intense workload pressures.

There is a valuable opportunity at medical school to attentively address antifragility. We would urge UK medical schools to consider incorporating wellness programmes promoting positive mental health, such as mindfulness-based stress reduction programmes used in the USA and Australia, which have been shown to reduce negative emotions and stress (Dobkin and Hutchinson, 2013). They generally teach meditation, reflective practice and mindful communication, although the role of the impact of shared experiences in a group, combined with role modelling by senior instructors, should not be underestimated.

**Safya Saleem**

*Medical Student*

*Guy's King's and St Thomas' Medical School  
King's College London*

*London SE1 1UL*

*(Safya.saleem@kcl.ac.uk)*

**Mohamed Elbuzidi**

*Medical Student*

*Guy's King's and St Thomas' Medical School  
King's College London*

*London*

**Kalid Karim**

*Medical Student*

*Guy's King's and St Thomas' Medical School  
King's College London*

*London*

Dobkin PL, Hutchinson TA. Teaching mindfulness in medical school: where are we now and where are we going? *Med Educ.* 2013 Aug;47(8):768–779. <https://doi.org/10.1111/medu.12200>  
General Medical Council, 2018. Training Environments 2018: Key findings from the national training surveys. (accessed 6 September 2019) [https://www.gmc-uk.org/-/media/documents/training-environments-2018\\_pdf-76667101.pdf](https://www.gmc-uk.org/-/media/documents/training-environments-2018_pdf-76667101.pdf)

## Training for future generations: active learning

**Sir,**

I read with interest the article by Dr Walker (vol 80(6), 2019, p. 306; <https://doi.org/10.12968/hmed.2019.80.6.306>) on the need to change the way that medical training is delivered to engage with the new generation of trainees.

As a senior UK medical student, I have experienced the change in delivery style of medical education over the past 5 years, where there has been a shift from traditional didactic lectures to peer teaching and e-learning, such as webinars and online simulations or quizzes.

This is a change that many of my colleagues and I have welcomed, as we find such active learning methods to be more engaging. Medical educators are also now tapping into the phone usage habits of medical students to deliver informal teaching

via social media platforms such as Instagram or Twitter. Among my peers, many of us appreciate this move as we find that we are now able to fit in a short revision session during a spare moment even while scrolling on our phones.

However, as Dr Walker mentioned, this style of medical teaching does require greater student motivation for self-directed learning and could leave students who need or prefer a more guided approach desiring more from their training. Having said that, I believe

that the proposed changes by Dr Walker will be welcomed by the new generation of trainees as long as teaching remains relevant and structured, and does not hinder clear learning objectives from being met.

**Katarina Chow**

*Medical Student*

*King's College London School of Medical Education*

*London SE1 1UL*

*(katarina.chow@kcl.ac.uk)*

## Corrigendum

In the article *Obesity and cardio-metabolic health* (vol 80(8), 2019, p. 466; <https://doi.org/10.12968/hmed.2019.80.8.466>), the order of the authors was incorrect – it should have been Marie-Claire Fava, Rachel Agius, Stephen Fava.