

Comments on: Emotional Intelligence Level Higher in Residents Who Took a Gap Year Before Medical School [Letter]

This article was published in the following Dove Press journal:
Advances in Medical Education and Practice

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Dear editor

We read with great interest the work by Shahid¹ et al with regards to gap year medical residents displaying higher levels of emotional intelligence when compared to their peers. As UK-based medical students, we appreciate the benefits of a - gap year before engaging with medical education proposed in this study. However, we believe there are certain considerations that need to be addressed to better understand how clinicians of the future may use emotional intelligence to better patient outcomes.

Firstly, the relatively low sample size and self-assessment style design of the study warrants further exploration. Only 36.2% of participants completed the survey¹ which showcases a high nonresponse bias. It may be argued that the results of this study are non-representative in regard to the higher levels of emotional intelligence demonstrated by gap year residents.

Moreover, the self-reported nature of emotional intelligence data exposes the risk of response bias which can be termed as the dissimilarity between the responses of surveyed participants and their actual experiences.² These biases reduce the external validity of the study and therefore it can be suggested that the relationship between higher emotional intelligence and gap year residents is more correlational than causal in this instance.

In addition, the term “time-off “in said study necessitates further clarification. This break may have occurred at various points throughout the education of a clinician. Given that these future physicians will most likely be at different ages and life stages when progressing through medical education, it can be assumed that this can affect their emotional intelligence.

In the UK, students and junior doctors take time off for various reasons including further application enhancement for specialty (residency) training or a career break to achieve life goals.^{3,4} All of which may enhance emotional intelligence composites stated in this study, such as self-actualization and empathy.

As the study has not been able to distinguish the specific points where a gap year was taken by participants, further work should focus on the difference in emotional intelligence scores between prospective clinicians at specific points to determine the impact of this potential variable and enhance the strength of this study.

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The question remains on how to integrate emotional intelligence into the medical curriculum for tomorrow's doctors. This may be achieved through the implementation of emotional intelligence assessments for prospective candidates for both medical school and residency programmes as detailed by Dolev et al.⁵

In closing, we recognise the work by Shahid et al¹ exploring the link between gap year residents and emotional intelligence. However, the high non-response bias of invited participants, alongside response bias with self-reported data limit the external validity of the study and thus the impact of the report. We propose two distinct points, between college and postgraduate medical school and between medical school and residency, to compare the emotional intelligence level of gap year participants with a view to establishing a causal relationship. With revised changes, emphasis can focus on how to assimilate emotional intelligence training into medical education.

Disclosure

The authors report no conflicts of interest for this communication.

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