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Identity, Environment and Mental Wellbeing.

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Abstract

Mental health and career dissatisfaction are of increasing concern to the veterinary profession. The influence of identity on the psychological wellbeing of veterinarians has not been widely explored. 12 recent veterinary graduates were enrolled in a private social media discussion group, and their identities investigated through narrative inquiry: a methodology which enables identity priorities to be extrapolated from stories of experience. Two distinct variants of the veterinary identity were identified: an academic, “diagnosis-focused” identity, which prioritised definitive diagnosis and best-evidence treatment; and a broader “challenge-focused” identity, where priorities additionally included engaging with the client, challenging environment or veterinary business. Contextual challenges (such as a client with limited finances or difficult interpersonal interactions) were seen as a source of frustration for those with a diagnosis-focused identity, as they obstructed the realisation of identity goals. Overcoming these challenges provided satisfaction to those with a challenge-focused identity. The employment environment of the graduates (general veterinary practice) provided more opportunities for those with a challenge-focused identity to realise identity goals, and more markers of emotional wellbeing were apparent in their stories. Markers of poor emotional health were evident in the stories of those with a diagnosis-focused identity.
Introduction

Concerns surrounding mental health in the veterinary profession are widely reported (Cardwell and others 2013; Gyles 2014; Nett and others 2015; Rhind & Grant 2017) and there have been welcome recent advances in interventions to provide support, such as the RCVS “Mind Matters” initiative (www.vetmindmatters.org) and Vetlife (https://www.vetlife.org.uk/). Self-identity, the understanding and satisfaction with self, and the alignment of one’s actions with self-identity values are recognised as having significant influence on health and mental wellbeing (Taylor 1992; Kroger & Marcia 2011; Thoits 2013; Mavor and others 2014; Wald 2015). The concept of identity therefore merits attention as a contributor to the veterinary mental health discourse.

An individual’s professional identity is a complex construct of their moral views, their professional priorities and values, and the way these inform actions, decisions and behaviours. When an individual can take actions that align with their values and help them achieve their goals, a positive sense of wellbeing and satisfaction results. In contrast, being unable to align values and behaviours results in a failure to act “true to self”, and evokes identity dissonance, a sense of unease and dissatisfaction with outcome, and the perception of a lack of control over one’s actions and decisions (Taylor 1992). A well-developed self-identity awareness (being able to recognise one’s own identity values and goals) facilitates psychosocial well-being. In contrast, a lack of a sense of one’s identity results in an inability to determine an appropriate action in a complex dilemma and increases the risk of poor mental health (Luyckx and others 2009). It is increasingly recognised that stress coping strategies (such as maintaining social relationships, eating healthily and exercising) will fail to have a significant impact if the individual is unsatisfied with their identity behaviours (their actions are poorly aligned with their self-values and priorities), or they lack a sense of their self-identity (are unclear of their own values and priorities) (Thoits 2013; Kroger & Marcia 2011). A better understanding of veterinary identity therefore offers a valuable contribution to improved mental health and career satisfaction in the profession.

We have some understanding of the sources of veterinary career stress, which include a heavy workload, high client expectations, the fear of making mistakes, and struggles with work-life balance (Gardner & Hini 2006; Hansez and others 2008; Bartram and others 2009). However, we have a relatively poor understanding of why these stressors affect some people more than others. Cake and others (2017) have recently proposed that the improvement of veterinary mental health lies not only in the development of strategies to support those who are suffering, but also in identifying the attributes of those veterinarians who are thriving in their role. We have previously identified some of the defining characteristics of the veterinary identity (Armitage-Chan and others 2016). Working in challenging environments and complex decision-making (balancing the needs of multiple, often conflicting, stakeholder needs) were seen as important elements of the veterinary role, and key to the sense of identity of the participating veterinarians. However it is also evident that for other individuals, including veterinary students and general practitioners, the prized veterinary identity is constructed around the role and behaviours of the veterinary specialist, with the strengths and attributes of the general practitioner less well defined, and not always seen as a source of pride for those in this role (Kinnison and May 2015; Roder and May 2017). Following Cake and others (2017), if we can define the identity attributes of those individuals who draw a sense of satisfaction and achievement from their work, the resulting identity framework could be used to support students in the development of a professional identity that enables them to achieve satisfaction and wellbeing in their professional role.
The early veterinary career is a particularly important period to study in terms of identity formation. Data from the United Kingdom suggests a high turnover rate for new graduates, with high numbers leaving their first practice within the first year. In a survey performed by the Royal College of Veterinary Surgeons, despite 88% of new graduates responding that their first position met their needs, 74% had left this position within 6 months (RCVS 2013). This issue is clearly multifactorial, with numerous possible reasons for changing practice. However, the number of new veterinarians who are dissatisfied with their career is of concern to the profession (BVA 2015), and a mismatch between the expected or valued veterinary identity, and that which can be realised, may be a factor. Studying the very early career identity may provide insight not only into what the new veterinarian’s identity looks like, but how it develops in response to the responsibilities and challenges of new graduate life.

The aims of this study were therefore to explore the new graduate veterinary professional identity, and identify elements that were associated with positive and negative signs of career satisfaction and emotional wellbeing. The methodology used a narrative inquiry approach, which is frequently used for the study of identity (Connelly and Clandinin 1990). The conceptual frameworks for identity analysis were based on the concepts of narrative identity (Ricoeur 1991), that elements emphasised in participants’ stories will reflect what is meaningful and significant to their identity, and narrative psychology (Crossley 2000), that the evaluative statements and emotions included in a story will represent the way the storyteller was impacted emotionally by the told experience. From the stories that veterinarians told about their experiences, we could therefore make interpretations about what was important and valued to them in their professional role, and the impact told events had on their emotional health. Similarly, by examining what was omitted, we could draw conclusions about what was neglected from the veterinarians’ understanding of their own identity.

**Methods**

In July 2015, a small group of students from our own institution were contacted by email and invited to participate in the research. Following challenges experienced in an earlier pilot study, the participants were initially purposively recruited, from those expressing an interest in the research during a “Professional Issues” elective module. At this stage, 8 students were contacted and 6 responded positively. In August, following the students’ graduation, these 6 graduates, plus the researcher (EAC) were enrolled in a closed, private social media discussion group (provided on Facebook). Over the next 3 months, the group members requested permission to recruit additional recent graduates, and they were given permission to enrol friends and peers, as long as they had graduated in 2015. The group subsequently grew to 12 members, plus the researcher. The privacy settings ensured that posts were not visible to anyone outside the group, and “friends” of group members were unaware of the group’s existence. The formation of the group, as well as the topics of discussion and planned dissemination of results, were approved by the institutional ethics committee (reference 2014 0121H). All participants were informed that the primary purpose of the Facebook group was for research, and they gave their permission for their stories to be analysed and quoted. At the end of the study period a poll was created to ask participants when they started work.

Group members were informed that they could post questions or comments in the group at any time and about any topic, although they were aware that the remit of the group was to
follow the experiences of early career veterinary surgeons based in the UK. To encourage the
telling of stories, the researcher intermittently posted trigger questions, which were generally
designed to be open-ended, and to invite stories about recent veterinary experiences.
Examples included “What stands out from the past month?” and “Tell me about your first
real case”. Trigger posts were not specifically timed, and were posted when spontaneous
discussion had otherwise decreased. Overall they were provided at a frequency of
approximately one per month.

At the end of the study period (July 2016) the posted comments, questions and discussion
were copied and pasted into tables. For ease of data handling, an attempt was made to
separate discussion threads into individual tables, although because of the nature of social
media conversations, there was considerable chronological overlap (participants would return
to earlier discussions to post new comments). Data analysis was performed in 2 stages,
consistent with the principles of narrative inquiry (Clandinin 2006). Initial data analysis
followed a framework based on Labovian discourse analysis (Labov & Waletzky 1967),
adapted by Polanyi (1985) for written text, and used for analysis in narrative inquiry by
McVee (2005). Conversation elements were broken down to categorize the main story event
(what the post was about), the people (the role of the author and other players), the overall
positive or negative tone to the story, presence of evaluative statements (words or statements
that convey emotions, and the events or experiences to which these referred), and notes
commenting on what may have been “unsaid”: details omitted from the stories that can be
assumed to be present. Examples of the “unsaid” include additional players; for example,
when a story is told about a patient, one can assume that an owner or client was involved,
even if they did not appear in the story.

The overall tone to the stories and the evaluative statements included were used to make
interpretations about the research participants’ satisfaction with each told event, and whether
it contributed to feelings of positive psychological health, or dissatisfaction and mental ill-
being. This approach has been used previously and performed well as an assessment of
mental health when compared to psychometric assessments (Severinsson 2003; Brazier and
others 2014).

In the second stage, a reflective analysis of the text was performed, as described by
Hollingsworth (1992) and McVee (2005). The individual stories told by the research
participants were reconstructed into a narrative form (a cohesive “story”), from the individual
text elements identified in stage 1. It is this reconstruction that distinguishes narrative inquiry
from thematic analysis of narratives (Polkinghorne 1995). Rather than identifying common
themes across the story extracts, the purpose of narrative inquiry is to create a storied
“whole”, incorporating the meaningful elements of the identity of each participant. To
achieve this, the process benefits from the subject expertise of the researcher (narrative
inquiry is carried out by researchers investigating their own field of practice), and what they
have learned through participation in the generation and discussion of stories during data
collection. The reconstructed narrative therefore represents the interpretation of the
participants’ stories in the context of the researcher’s knowledge of the wider discourse on
the subject. In this case, story analysis and reconstruction were performed in the context of
Castellani and Hafferty’s model of multiple, co-existing sets of identity priorities within a
profession (Castellani & Hafferty 2006), and Marcia’s identity statuses and their relationship
to emotional wellbeing (Kroger & Marcia 2011), as well as our earlier work identifying the
complexity of the veterinary identity (Armitage-Chan and others 2016). Extracts from the
reconstructed narratives form the results section of this manuscript.
Results

Of the 12 participants in the group, 4 never posted or posted only a single comment. The remaining 8 participants posted stories in at least 3 discussions over the study period, and most commented monthly. Conversation remained active between September 2015 and April 2016, during which time 169 comments and stories were posted to the group (not including trigger posts). Although the Facebook group remained in existence for a full 12 months, there was a sharp decline in contributions after April 2016, and therefore the data were considered to have been collected over an 8-month period. Two participants started work in July, one in August, three in September and one in October, with the remainder not providing this information. These responses suggested that the early posts contained stories from participants with a maximum of 2 months of graduate experience.

Early stories: a focus on patient diagnosis and treatment.

It was evident that during the initial stages of the veterinary career (particularly the first 2-3 months of practice), participants prioritised a focus on diagnosis and treatment in their stories. The owner was typically either absent from the story, or had only a small role:

“My first proper case is a 2-year old Springer Spaniel with enlarged sub-mandibular lymph node but no other clinical signs. FNA followed by biopsy… possibly sterile lymphadenitis… The results of the biopsy didn’t give a definitive diagnosis. The owners don’t want further investigation so a little frustrating!” Participant W, 1st month of work.

“My very first consult was a vaccine consult, but noted on exam that there was some mild hair loss around the lumbar spine. Lots of grooming that spot at home. Painful on palpation. Suspected some hyperaesthesia. Owner wasn’t too bothered and didn’t want to pursue any work up.” Participant F, 3rd month of work.

“Worked seven overnights in a row, but had Christmas Eve off. Saw septic peritonitis, traumatic diaphragmatic hernia with an open chest, acute CHF, aspiration pneumonia, and some good old vomiting/diarrhoea.” Participant F, 5th month of work.

The prioritization of clinical diagnosis and treatment was evident not only in the selected content of the stories (what the participants chose to write about), but also in how they evaluated their experiences. There was an overall positive tone to stories if there had been successful management of disease; in contrast, evaluative statements described frustration and disappointment with outcome when circumstances had prevented diagnosis and/or treatment.

Stories that included broader contextual features.

For some individuals, stories subsequently started to be told with the inclusion of information beyond an exclusive focus on the patient and its disease and treatment:

(Discussing sad cases): “My one that I won't ever forget was a horrifically aggressive 55kg malamute (so aggressive he recently broke his owners arm and has to be sedated for his
kennel cough) owners noticed a mass over his submandibular ln which came back on histo
as malignant mass likely secondary and o opted for euthanasia. It was a huge challenge to
be able to get the biopsy and I was terrified of the pts as so worried about how I could do it
nicely for the owner when all the dog wants to do is pin you in the corner and eat your
face! So many emotions and really put my communication skills to the max!” Participant
T, 7th month of work.

“I had 2 cases recently, both cats, both with masses, one possible FIP. They came in on a
weekend when I was on my own and having chatted to my boss later in the week when they
were both back in for scans I was pleased that my diagnostic approach in each case had
been as he would have done. I had difficult conversations with both sets of owners as it was
not good news in either case but they both thanked me for everything. I spend a lot of time
thinking and feeling that I don't really know what I am doing! I am not doing a
particularly good job but these cases reminded me that although I don't know as much as
the senior vets I am working with, I do know some stuff!! And I am lucky that my bosses
are approachable and happy to help.” Participant W, 3rd month of work.

These extracts both demonstrate that although the clinical outcome was poor, the participants
recognised that helping the client was something from which they could draw satisfaction.
They also demonstrate that the ability to communicate compassionately to clients in difficult
situations formed a meaningful part of the participants’ narrative identity. Broader elements
of the veterinary role that appeared in stories from other participants included the ability to
manage a busy clinic (and handle multiple challenging situations simultaneously), and
working as part of a veterinary team (the implications of sharing cases, specifically when
client expectations had been influenced by communications with another veterinarian).

The implications of a broad or narrow focus.

When the participants wrote stories which incorporated the broader elements of the
veterinary identity (i.e. they included information beyond the patient and its disease), a
distinction was apparent between those participants who could draw some satisfaction from
these broader elements, and those who saw the broader elements only as a source of
obstruction to being able to diagnose and treat their patients. The sense of satisfaction or
frustration with broader contextual elements was most apparent when the complete narrative
of each individual’s experience was constructed, and it was the repeat contact with the
participants over the 8-month study period that enabled this distinction to be identified. The
narratives of two individuals in particular demonstrated the extremes of this different
approach to story construction, and are useful to exemplify similar differences observed in
individuals across the group.

In one individual (participant T), stories were consistently constructed in such a way that
broader contextual elements were always included. Although these were often described as
challenges of the role, which were stressful or difficult, the purpose of the stories appeared to
be to demonstrate the management of such challenges, and the prioritised (and valued) part of
the experience was the challenge itself:

“[A case] where I have felt totally out of my depth and I was put in [an] awkward situation
by other vets.... An elderly dog that had been presented to one of our branch vets...
lethargic, not eaten for a week, white mm… The branch vet was on a half day [and he told
me] just take bloods and do an abdo tap... having never done a tap before myself! It's easy
when you have done things before and I think that’s what older vets forget! PCV was about 10, got blood on tap so clearly bleeding internally… discussed all the options with the client including pts which owner opted for so came down to the practice with her 20 year old daughter who point blank refused to let her mum pts dog and wanted to take the dog home to die in his sleep. Cue an hour of the dog sat on daughter lap in quiet room and mother, daughter, father, brother, best friends boyfriend… all arguing between themselves over who was going to drag daughter away from the dog to allow the dog no more suffering! Very stressful day along with it being my first time sole charge with full consults and 2 other emergency cases to deal with!!”

In another conversation, it was evident that this individual (and others) were constructing their identity based on the complexity of their role. The conversation was in response to a trigger post, asking participants to define what they do:

“Try to provide the best medical care for our patients within the constraints of client expectations, client finances, time and my own knowledge and skills.”

“…How much [time] I spend caring for client mental wellbeing as [well as] patient physical wellbeing!”

When looking for evaluative statements, although it was clear that Participant T found the told experiences stressful and demanding, she demonstrated that she felt satisfied by her career choices:

“My perspective on being a vet has changed… I am now happy just being as good a vet as I can be but have a life outside of work too.”

This contrasted with the approach to story construction taken by another individual, who exemplified those who tended to prioritise the disease, diagnostic work-up and treatment in their stories. Returning to a story from participant F quoted above, the full story was as follows:

“The trickiest case I have had so far has been a premolar extraction on a young brachycephalic cat. I had little dental experience, had been put on sole charge at a clinic I had never worked before, and had some older equipment… I thought [the teeth] would come out easily but boy was I wrong. My flap was a disaster, my instruments were dull and too big and I felt so bad for this little kitten… It took me forever to get them out. By the time we got through to the spay it was about two hours… then I found out she was in heat and had massive blood vessels everywhere. I think the total anaesthesia time was three hours, I was so shaken at the end and I felt like a total fraud.”

Like the stories above, the story was written about challenges of the role. However the message here was about what had not been achieved (a more satisfactory tooth extraction), rather than what was achieved (managing the challenges of being alone and working with suboptimal dental equipment). In this individual’s narrative, a consistent message was that the challenges of the role were impeding the potential for what was perceived to represent a higher standard of veterinary care. Similarly, in other stories, limited client finances, client attitudes towards veterinary treatment, and even the individual’s own expertise were presented as frustrating obstructions to the desired veterinary identity. In response to the trigger post above (asking participants to define their role), this participant responded:
“I think I have summed up my new graduate feelings: I spent my veterinary education standing on the shoulders of giants, and now that I’m on my own I am frustrated that I can’t see as far as I used to.”

Discussion

The analysis of short stories told in social media conversations during veterinarians’ first eight months of practice revealed two different ways of conceptualising identity. In the first, and particularly evident very early on, the focus tended to be on the veterinarians’ ability to diagnose and treat their patients. Being able to carry out diagnostic tests and provide treatment were important to this diagnosis-focused identity of the veterinarians, and when context prevented this, frustration was evident. In some individuals, an alternative identity construction could be seen, through a preference for telling stories emphasising the challenges of the veterinary role. Although the participants did not find managing these challenges to be easy or universally successful, and they felt some disappointment when they were unable to treat their patients, they simultaneously recognised that they had achieved something of value: managing a difficult conversation or overcome a demanding clinical situation.

Ryan and Deci’s (2000) model of self-determination highlights that personal satisfaction can be achieved by overcoming environmental challenges to achieve one’s goals (rather than simply through the goal achievement), and we could see evidence of this in the way the challenge-focused stories were constructed. In some cases, the veterinarian’s sense of satisfaction with outcome was facilitated by a client or senior colleague commenting positively about an element of the situation, even if the patient’s outcome was poor. Exploring new ways to think about one’s own identity results in a vulnerable period for mental health (Erikson 1994). The potential for this client and colleague “feedback” to provide scaffolding for a broader, challenge-focused identity, enabling satisfaction with a larger range of outcomes, should therefore not be overlooked.

The “diagnosis-focused” identity appeared to be modelled on academic clinician role models (Apker & Eggly 2004). Modelling a professional identity on an academic clinician results in a prioritisation of technical competence, as demonstrated by Castellani and Hafferty (2006) for the medical profession, and by Roder and others (2012) in academic veterinarians. In this study, the consequence of nurturing this academic/diagnosis-focused identity for those destined for a general practice environment was an identity-environment disconnect: those who had made identity preferences based on their academic educators faced contextual obstructions to behaving in an aligned manner, raising the risk of identity dissonance.

It is perhaps predictable that veterinarians will draw a sense of satisfaction from being able to treat their patients, and that they may show signs of frustration when this is not possible. The more valuable observation related to the context dependency for achieving this goal, those with a diagnosis-focused identity struggling to find opportunities to demonstrate aligned behaviours in their general practice employment environment. Hypothetically, they may find it easier to align their values and behaviours if they work in an environment in which the clients’ priorities and expectations for treatment are more similar to their own, such as in veterinary referral and specialist care. If such an individual successfully moves into this area of the profession, they may therefore find it easier to achieve career satisfaction and
wellbeing (although contextual challenges to this identity will remain). However, it is important to acknowledge that a failure to replicate the diagnostic and treatment pathways modelled in referral institutions is a source of career dissatisfaction and distress, even for those veterinarians who wish to work in general practice, perceiving that the care they offer is inferior as a result (May & Kinnison 2015, Kinnison & May 2017). Since the vast majority of veterinary students enter general practice after graduation (RCVS 2013), for their career satisfaction and wellbeing, it is essential that they develop a professional identity for which aligned behaviours are achievable in this environment.

The broader, challenge-focused identity, which seemed better aligned with the general practice environment, is more difficult to fit to the clusters of priorities on which Castellani and Hafferty’s model is based. It might be expected that professional autonomy, or the ability to use discretion in applying professional knowledge differently in different situations, would be prioritized more highly in those with a challenge-focused identity. Using professional autonomy and judgment is necessary for the veterinarian to individualize clinical decisions and adapt clinical reasoning to client and context. It is also inherent in defining more widely the notions of a successful case outcome, not only achieved through patient survival or the application of best available evidence, but also through meeting a client’s needs, aligning a decision with their personal values, and managing practice limitations and wider contextual influences. In this study, the stories written by those with a challenge-focused identity seemed to suggest engagement with aspects of commercialism (defined by Castellani and Hafferty as the application of business principles to medical practice). The stories described value being placed on meeting the needs of the client (or customer), the business and the practice team. There is no identity amongst either Castellani and Hafferty’s groupings, or those identified by Roder and others (2012), which ranks highly professional autonomy, commercialism and interpersonal competence (skills in communicating well with patients/clients and others). We therefore suggest that a veterinary general practice identity may represent a novel set of identity attributes, requiring veterinary-specific curriculum attention (Armitage-Chan & May, in press).

The methods used in this study merit further comment to aid the interpretation of the results. Although based on a small population, this is not abnormal for a qualitative study, and the number of participants exceeded those in the narrative inquiries on which the methodology was based (Hollingsworth 1992; McVee 2005). The qualitative analysis of narrative text has been shown to identify nuances of mental ill-health that were missed in larger scale quantitative assessments (Brazier and others 2014), but the extent of data interrogation and analysis that are required to obtain this depth of understanding mean this can only be achieved with a small number of participants. Whereas the purpose of quantitative, large sample-sized studies is to describe general characteristics of a wider population, the aim of qualitative and narrative studies is to better understand an identified phenomenon (Mishler 1990). The findings of this study should therefore be used to contribute to the veterinary mental health discourse, guide veterinary education and provide deeper understanding when career dissatisfaction and mental ill-health are encountered in new veterinary graduates.

The use of Facebook for data collection is another area that merits discussion. In a pilot study, participants had been enrolled in a private reflection space, where they could write about their experiences without fear of critique or judgment from others. The lack of success of this approach, with very few stories contributed, was attributed to participants’ need for social reflection, shared construction of stories and validation from peers, a phenomenon which has been identified by others (Baernstein & Fryer-Edwards 2003; Bernabeo and others
2013). It is possible that in the social media setting, a participant might construct their stories inauthentically, to portray an identity they perceive to be more socially acceptable or valued by the group. Rather than representing “untruthfulness”, this possibility is valuable to the narrative researcher (Bruner 1987). Although the authenticity as a true representation of “self” is undetectable, such stories would indicate the professional values perceived by veterinary graduates to represent professional culture, being the most beneficial for obtaining social acceptance from their professional peers.

Conclusions

New veterinary graduates appeared to demonstrate two different identity conceptualisations when writing about their experiences. In one, those with an academic and diagnosis-focused identity placed greatest value on patient diagnosis and treatment. They could draw a sense of satisfaction from their work when they were able to demonstrate the technical competence required to achieve these goals. In the second, those with a challenge-focused identity prioritised technical competence alongside value placed on decision-making in contextual complexity and managing a challenging environment. These individuals demonstrated more consistent satisfaction with their role as they encountered more opportunities to achieve their goals.

The findings imply that the environment of a new graduate’s employment destination is important for whether their chosen set of identity priorities can be realised. In a general practice environment there are more opportunities to demonstrate behaviours aligned with a challenge-focused, rather than a diagnosis-focused identity. Constructing this identity appears to enable a higher degree of emotional wellbeing and career satisfaction, and emphasises the need for greater attention to identity formation and non-technical skills development at both undergraduate and early career stages.

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References


Armitage-Chan, E., & May, S. A. Developing a professional studies curriculum to support veterinary professional identity formation. *Journal of Veterinary Medical Education, in press.*


Rhind, S. M., & Grant, A. (2017). From Studying the Rain to Studying the Umbrella: Mental Health and Well-Being of Veterinary Medical Students and Graduates.


