Response to “Behind the Mask: Emotion Recognition in Healthcare Students”

Edward James Andrew Lockhart¹ · Abyrami Sivanandarajah¹

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Dear Editor,

We read with great interest the article by Bani et al. on ‘Behind the Mask: Emotion Recognition in Healthcare Students’ [1]. This study explores how recognition of emotion is affected by facial masks and its subsequent implications on medical education and practice.

The emerging Covid-19 pandemic resulted in many medical schools halting or minimising face-to-face contact on placement. Drastic changes also included the adoption of facial masks. The article by Bani et al. explains how facial masks impede our ability to discriminate between different emotions and this poses as a potential barrier to patient-centred care [1]. Facial masks are most likely to remain mandatory in all clinical settings and we support the author’s stance in recommending interventions to benefit emotion recognition as part of medical school training. As final year medical students, we have faced new pressures and expectations to correctly identify masked facial expressions of patients in both clinical and examination settings. At Peninsula Medical School, new integrated structures clinical examinations (ISCEs) have incorporated the added complexity of patient stations with facial masks, eye goggles and gowns. We can agree that due to limited exposure and curriculum teaching on this subject, we have found ourselves misjudging emotions and inappropriately responding to masked facial expressions.

Readability of emotions places the greatest emphasis on facial expressions and gestures [2]. Wearing facial masks redirects this emphasis towards other aspects of communication including the eyes, body language and verbal cues. Resultantly, as medical students, we worry of how facial

masks may dampen our perceived emotions by patients and we exaggerate our expression of emotions to compensate for the burden of facial masks. Though this article focuses on how facial masked emotions can be improperly received, we would suggest studies to consider how students are adapting to facial masks in regard to minimising emotion ambiguity.

Moreover, we would like to recommend the author consider how certain demographics are more adversely affected by masked facial expressions in comparison to the greater population, for instance, the paediatric population, those with hearing deficits or those that rely on lip-reading to identify emotions [3]. Ambiguity of emotion is even more dramatic in these subgroups, and can mitigate their access to good healthcare amidst a pandemic. Though these disadvantaged groups are often overlooked, we think its pertinent that studies explore these healthcare inequalities further.

Declarations

Ethical Approval NA.

Informed Consent NA.

Conflict of Interest The authors declare no competing interests.

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✉ Abyrami Sivanandarajah
Abyrami.sivanandarajah@students.plymouth.ac.uk

Edward James Andrew Lockhart
Ed.lockhart97@gmail.com

¹ Faculty of Medicine and Dentistry, University of Plymouth, John Bull Building, Research Way, Plymouth Science Park Plymouth PL6 8BT, UK