

Helping Learners Develop Professional Identity

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Today's Objectives

- **Define** the concept of *professional identity formation* and explain its relevance in medical education and practice.
- **Describe** the stages and key influences in the development of a professional identity during medical training.
- **Identify** internal (e.g., personal values, beliefs) and external (e.g., role models, institutional culture) factors that shape professional identity.
- **Apply** the concept of professional identity formation to real-life clinical scenarios or dilemmas.

Disclosure



No relevant conflicts of interest to declare

Professionalism- Developing and Having

- **Medicine, Medical School, Students, Residents, Faculty- Henry David Thoreau**
- **Mother's Wisdom on professionalism**
- **Expectations: Implicit, Explicit. Dr. B's experience**

The Doctor, Sir Samuel Luke Fildes, 1871



Scholarship

- **Richard L. Cruess, MD, Professor of Surgery**
- **Sylvia R. Cruess, MD, Professor of Medicine**
- **McGill University Faculty of Medicine**
- **Prominent figures in the field of medical education, particularly known for their contributions to the development of medical professionalism.**

Part One: Let's Define our Terms (Professionalism vs Professional Identity Formation)

Professionalism in Medicine

- **Professionalism: “a set of values, behaviors and relationships that underpins the trust the public has in doctors” (Royal College of Physicians of London, 2005)**
- **Larger context for discussion of “professional identity formation”**

Professionalism in Medicine Charter

- **Three fundamental principles of professionalism in medicine:**
 - **The primacy of patient welfare**
 - Competence
 - Honesty
 - Confidentiality
 - **Patient autonomy**
 - Appropriate relationships
 - Improving quality & access
 - Just distribution of resources
 - **Social justice**
 - Scientific knowledge
 - Maintaining trust
 - Professional responsibilities

Short History: “Professionalism Movement”

- Arose in the 1980s and ‘90s because of perceived threats to medicine’s professionalism
- The ABIM “Project Professionalism” was seminal
THE CHARTER
- Led to an examination of how medicine’s values were transmitted from one generation to another
- These values are embodied in the word “professionalism”
- Professionalism had not been taught explicitly, having been transmitted by respected role models
- It was agreed that depending upon role models alone was no longer effective

The Result

- A consensus that professionalism should be taught explicitly
- The development of longitudinal curricula throughout the continuum of medical education that included methods of instruction and assessment
- This required a cognitive base
 - *Definitions of professionalism and its values and characteristics*
 - *An understanding of medicine's relation to society (the social contract) and of public expectations of medicine*

The Result

- An assumption that understanding professionalism would lead students to behave professionally
- An emphasis on promoting and assessing professional behaviors – on “doing”
- **Of fundamental importance:** teaching and assessing professionalism became a requirement for accreditation at the undergraduate and postgraduate levels-LCME, ACGME, ABMS, RCPSC(C), etc

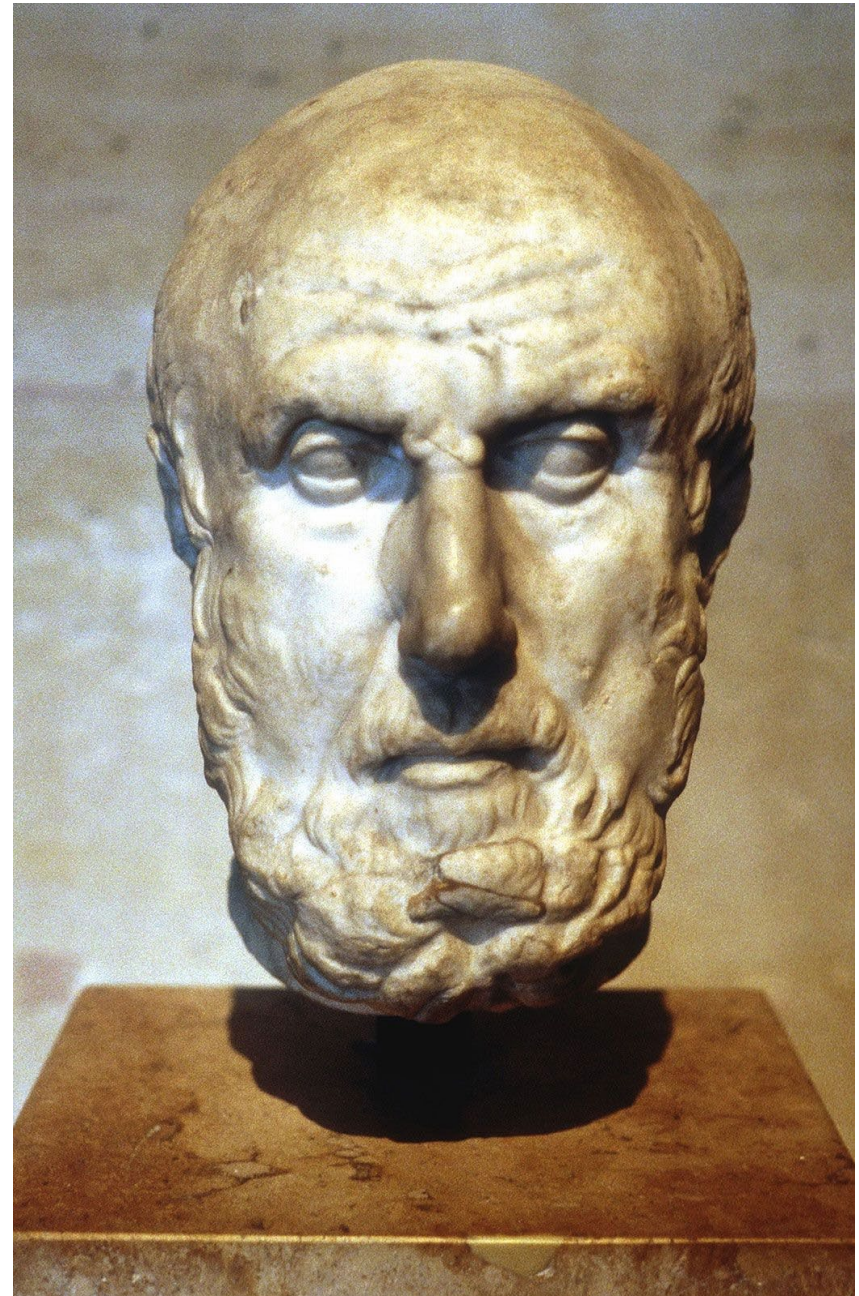
Alpha Omega Alpha

- National medical honor society, 1902, William Webster Root plus 5 medical students, Chicago College of Physicians and Surgeons **"honesty was conspicuously absent, and behavior in the halls and classrooms was rough and boorish."**
- Lasting commitment of professionalism, leadership, scholarship, research and community service
- "personal/professional honor, and dignity, integrity"
- Αξιον ωφελειν τους αλγούντας



Hippocratic Oath

- **Patient Beneficence:** primary duty to help and benefit patients, alleviate suffering and improve health
- **Non-Maleficence:** avoid harming patients, act with care and judgment in all medical procedures
- **Confidentiality:** protecting patient privacy and keeping information private and secure
- **Professional Conduct:** expectations for professional behavior, honesty, integrity, respect for colleagues and the medical profession
- **Avoiding Wrongdoing:** prohibits certain acts, administering poison, performing abortions, sexual misconduct with patients.
- **Duty to Teach:** share their knowledge/skills with younger generations of doctors, fostering the continuity of medical practice



What is “Professional Identity” in Medicine?

The development of “professional values, moral principles, actions, and aspirations, and ongoing self-reflection on the identity of the individual”

Wald HS. Academic Medicine 2015; 90 (6)

The extent to which an individual feels like a member of the profession of which they intend to become a part”

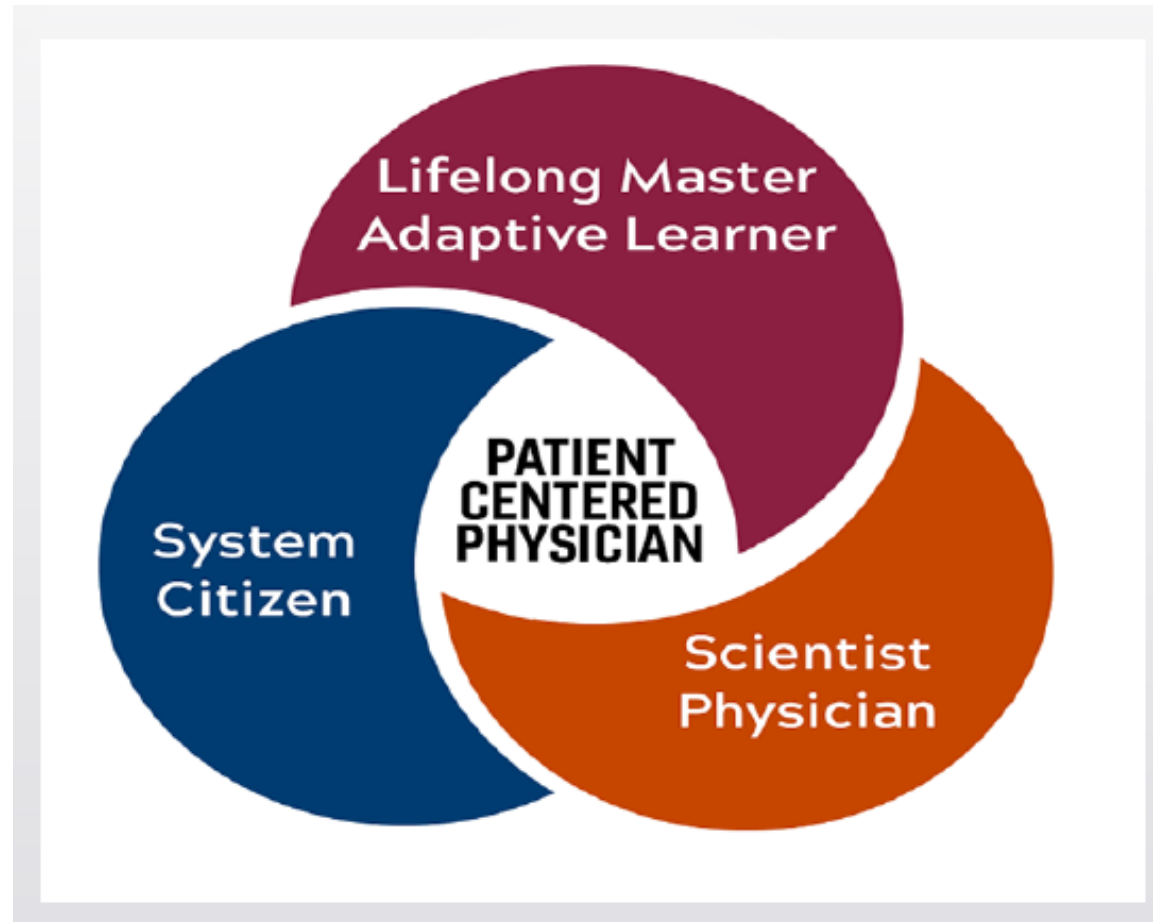
Crossley et al. BMC Med Educ 2015; 15:83

What is “Professional Identity” in Medicine?

A representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting and feeling like a physician.

Cruess, Cruess, Boudreau, Snell & Steinert, 2014

VTCSOM's Professional Identities



<https://medicine.vtc.vt.edu/academics/med-ed-curricular-modifications.html>

VTCSOM Educational Program Objectives (EPOs)

Competency Domain 5: Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

PROF1_Educational Program Objective 15: Professional Behavior and Ethical Principles

Models professional behavior, adheres to ethical principles, and utilizes appropriate resources.

Subcompetency 29: Professionalism adaptations

Ability to demonstrate professionalism adaptations that allow for identifying professionalism triggers/lapses and the demonstration of professional behavior in routine/complex situations and in coaching others.

Subcompetency 30: Ethical principles, practice, and solutions

Ability to demonstrate a comprehensive understanding and necessary skills to act upon ethical principles in medical practice with patients and healthcare professionals.

Subcompetency 31: Responsible conduct of research

Ability to demonstrate responsible conduct of research and scholarly activity throughout all phases of work, including planning, implementation, and dissemination.

PROF2_Educational Program Objective 16: Accountability/Conscientiousness

Demonstrates behavior that is conscientious, accountable, and proactive in implementation of strategies that maximize patient and systems outcomes.

Subcompetency 32: Conscientious behaviors

Ability to demonstrate conscientious behaviors for effective and responsible medical practice as a student physician.

PROF3_Educational Program Objective 17: Self-Awareness and Help-seeking

Recognizes and creates methods to acquire professional growth and well-being resources.

Subcompetency 33: Self-awareness and well being

Ability to demonstrate self-awareness and promote well-being to develop a holistic approach to patient care and maintain personal resilience.

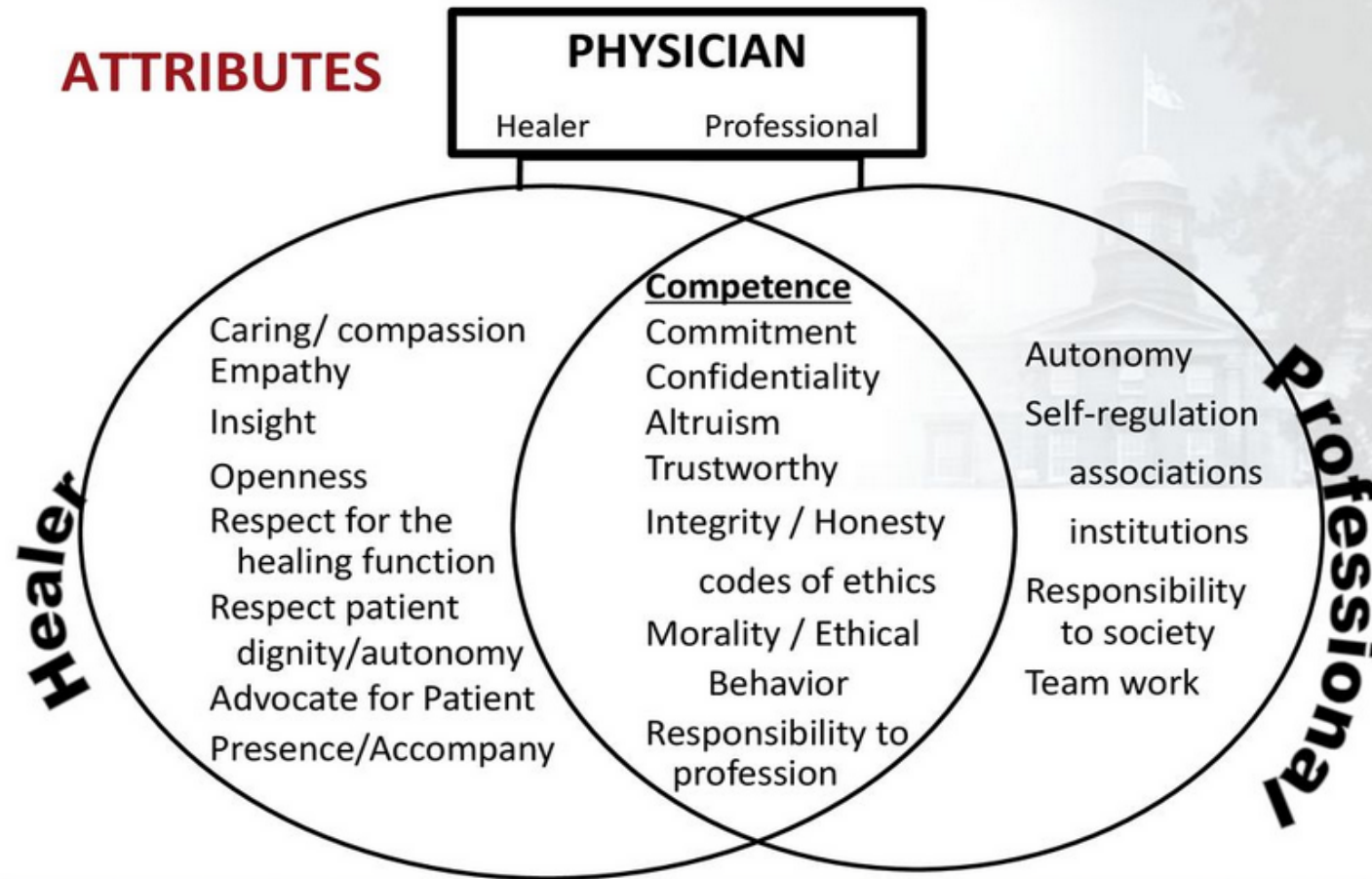
Subcompetency 34: Help-seeking for professional growth

Ability to demonstrate the skills and mindset necessary to recognize limitations, seek appropriate help, and proactively improve knowledge and skills.

ACGME Six Competencies

- **Professionalism, as manifested through a commitment to carrying out professional responsibilities and an adherence to ethical principles.**
- **Expected to demonstrate:**
 - **Compassion, integrity, and respect for others;**
 - **Responsiveness to patient needs that supersedes self-interest;**
 - **Respect for patient privacy and autonomy;**
 - **Accountability to patients, society and the profession; and,**
 - **Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.**

What is “Professional Identity” in Medicine?



Professional Identity Formation

Are we equipped to teach these topics?

How do we create significant learning experiences involving professional identity?

It's a life-long process!

ENGAGE STUDENTS IN GUIDED REFLECTION & SELF-ASSESSMENT

1 2 3 4 5 6 7 8 9 10

Lay-person

Physician

Where are you on your journey?

Part Two:

**What Can We Do to Address the Need
for Learners to Develop a Professional
Identity?**

Aspirational Goal

A shift in emphasis from faculty teaching professionalism to one in which learners are actively engaged in developing their own professional identity with support from peers and faculty.

Cruess and Cruess, 2018



Influences on Professional Identity

- Personal experiences
- Formal curriculum, especially learning in the clinical setting
- Concept of the “hidden” curriculum/role modeling
- Mentorship
- Peer relationships: 65% from resident-to-resident
- Organizational culture: macro- and micro-cultures (HUGE!)
- Imposter syndrome/self-doubt
- Ethical dilemmas/moral distress

Community of Practice

- Physicians belong to many of these simultaneously:
 - Medicine (in the broadest sense)
 - Specialty/sub-specialty
 - Health System
 - Departments
 - Educators
 - Researchers
- Residents/fellows and medical students are seeking to join medicine's community of practice, which involves "internalizing" over time the values and norms of the community
- These values and norms must be made clear and explicit

Identity Formation Happens in Stages

- Pre-med to medical school
- Transition from medical school to residency
- Ongoing development during residency (and fellowship)
- Transition to practice (private or academic)
- Lifelong, self-directed learning and adaptation
- These are critical time points!!

Strategies for Fostering Professional Identity

- Establish PIF as an educational objective
- Intertwine with existing teaching on professionalism
- Provide faculty development on this topic
- Ensure that the community of practice is supportive and welcoming
 - Events
 - Rituals

Challenges in Teaching Professionalism

- Unprofessional behavior in med school-3x more likely to do so in practice. Lack of responsibility-8.5 odds ratio
- Apathy, poor initiative correlates with disciplinary action later(Papadakis, NEJM 2005)
- Tiger stripes in tigers, students, residents (residents at risk), faculty (CME fails); when ingrained, too late to change?



Do House Officers Learn From Their Mistakes?

To learn how medical mistakes relate to subsequent changes in practice

254 house officers, 114 complete survey anonymous questionnaire

Mistakes included errors in diagnosis (33%), prescribing (29%), evaluation (21%), communication (5%) and procedural complications (11%).

Serious adverse outcomes in 90% , including death in 31% of cases.

Accepted responsibility for the mistake/discussed it- more likely to report constructive changes in practice

Residents less likely to make constructive changes if they attributed the mistake to job overload/someone else's responsibility

Feeling of judgmental atmosphere, less likely to report changes

Why Do Patients Sue Doctors?

- Standard of care
- Honesty:
explanation/communication
- Compensation
- Accountability
- "Never talked to me.", "Never examined me.", "Didn't present himself as a doctor.", Sue him from first visit, waiting for excuse

Vincent, Lancet 1994




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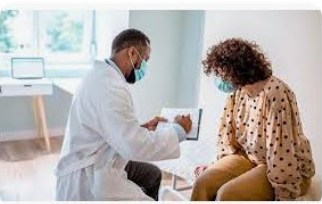
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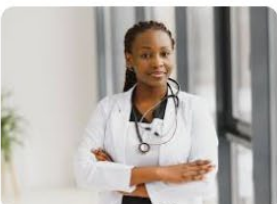
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The White Coat

Symbolism

- Entering into the Profession, medical schools, DPT
- Lots of aspirational/inspirational words, Latin, occasionally Greek
- Donning of white coats
- Wrinkled out-of-box white coat, never to be worn again
- Message?-legacy or lip-service

What happened to the doctor's white coat?



Strategies for Fostering Professional Identity

- Guided reflective practices
- Mentorship programs
- Coaching programs
- Peer support
- Role modeling
- Leadership training/development
- Addressing well-being proactively

Part Three: How to Measure?

Difficult to Assess Professionalism/PIF at the Individual Level

- Ratings by faculty in the clinical setting
 - Real-time observation (e.g., Mini-CEX)
 - End of rotation
 - 360 ratings by other health care team members
- Portfolio-based assessment

Learner Self-Report: PI Scale Questionnaire

Table 1: Professional Identity Scale Questionnaire

Please indicate (by circling the appropriate number from 1 to 5) how you feel at present				
1. I feel like I am a member of medical profession				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
2. I feel I have strong ties with members of medical profession.				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
3. I find myself making excuses for belonging to medical profession.				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
4. I am pleased to belong to medical profession.				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
5. I can identify positively with members of medical profession.				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
6. Being a member of medical profession is important to me.				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
7. I feel I share characteristics with other members of medical profession.				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Study asks: to what extent do entering medical students already reflect the PI of a physician?

Bano et al, 2021

DOI:
<https://doi.org/10.54079/jpmi.35.3.2724>

A model of professional self-identity formation in student doctors and dentists: a mixed method study

Pirashanthie Vivekananda-Schmidt*, James Crossley and Deborah Murdoch-Eaton

Table 1 The guide interview schedule

1. How do you feel your professional self-identity has changed over the past year?
2. Have there been any features of the course that have affected this change?
3. What experiences outside the course have had the greatest effect on this change?
4. Overall, do you think your training so far as a student has been successful in helping you to be able to professionally self-identify?
5. Overall, do you feel that by the end of the course, you will be fully prepared to start work as a doctor/dentist? If no, why?
6. Specific changes:
Last year you rated yourself [insert value] out of 6 for the question [insert question], compared to this year where you rated yourself [insert value] out of 6 for the same question.
Can you suggest any explanation for this rise/fall in self-rating?
[Continue as appropriate]

Reflective exercises repeated over a designated time period

Crossley et al. BMC Med Educ 2015; 15:83

Measure by Example: Words Matter

- **Autonomy:** lady with carotid artery stenosis, "You are my doctor!"
Not "abandonment"
- **Ongoing self-reflection:** **nipsis-** no words leading to tears
- **Responsibility:** "Aren't YOU seeing the results?"
- **Professional responsibilities:** Timely results not shared with pt-malpractice
- **Role-modeling:** APDIM "role-model"

Hidden Agenda

- **Budget Time: “Value” balance in the profession**
- **July residents. "Remind to stay out of the hospital." Pride in product?**
- **"We couldn't wait for her to leave the service!"**
- **Safe spaces: for me, not for you**

Questions in Support of CME Credit

- TRUE OR FALSE:

1. Professional identity formation, while not a static concept, is nonetheless fully formed by the time a physician finishes residency training.
2. Some retrospective studies show that unprofessional behavior by medical students can be predictive of future disciplinary actions involving practicing physicians.

Questions in Support of CME Credit

- TRUE OR FALSE:

1. Professional identity formation, while not a static concept, is nonetheless fully formed by the time a physician finishes residency training. **FALSE**
2. Some retrospective studies show that unprofessional behavior by medical students can be predictive of future disciplinary actions involving practicing physicians. **TRUE**



PROFESSIONALISM

That's not my job.

Questions??



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- **Thank you!!**