

# Professional Identity Formation

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## Basic Assumption

*I believe that everyone participating in today's retreat is intelligent, capable, cares about doing their best and is here to learn and grow*

# Queries

- Describe the core values of a health professional and/or the ideal professional identity of health professionals.
- How has this perception evolved during your career so far?
- Have you experienced any discrepancies between your professional identity and others?
  - Characterize them if possible



# Goals and Objectives

Explore the conceptual framework of professional identity formation (PIF), brainstorm how to teach and assess it.

*After this session, participants will be able to:*

- Define professional identity and differentiate it from professionalism
- Describe 3 strategies for teaching professional identity formation in health professions education
- Discuss a scenario and explore how the dilemma threatens or is aligned with professional identity

# Disclosures

- Not an expert
  - Don't have all the answers
- Evolving landscape
- Huge body of literature over decades
  - not meant to be comprehensive
- Here to ask questions, engage in dialogue, and work together to explore nuances



Professional identity  
and  
Professionalism



- I know culinary history



- Knowledge



- I cook delicious meals regularly



- Skills



- I enjoy cooking



- Attitude

***Am I a Chef?***

# Professional Identity



“Attitudes, values, knowledge, beliefs and skills shared with others within a professional group”



# Professional Identity – “Ideal”

# Professional Identity – “Silos”

- Prevailing views held within their profession
  - Identification is a social process
  - Normative definition is variable based on community
    - practices, values and norms
  - Informs how you view other professionals

# Professional Identity – “Transcendent”

- Professional identity transcends other forms of identity such as race, religion, class, gender, sexuality, etc

# Numerous Other PIF Constructs

- Expression of status in society
  - Tied to status in the labor market, includes economic and social hierarchy
- Coping strategy
  - Psychological dynamic that allows the professional to handle the more overwhelming aspects of the work
- Perception of others – cultural
  - How we view ourselves is influenced by reaction to how we are treated by others
  - Stereotypical portrayals within media – male nurses, surgeons, pharmacists
- Sociocultural
  - Conceptions evolve over time, differ across cultures, groups, and level of training
- Role fluidity
  - Changes in appearance according to context

# Professionalism

- The use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served
- Is about accountability and the need for health professionals to work in teams and systems that may override their personal autonomy for the greater good of the patient or society

Values	Behaviors
	<ul style="list-style-type: none"><li>• Follows through on tasks</li></ul>
Responsibility	<ul style="list-style-type: none"><li>• Arrives on time</li><li>• Accepts blame for failure</li></ul>
Maturity	<ul style="list-style-type: none"><li>• Doesn't make inappropriate demands</li><li>• Is not abusive and critical in times of stress</li><li>• Listens well</li></ul>
Communication skills	<ul style="list-style-type: none"><li>• Is not hostile, derogatory, sarcastic</li><li>• Is not loud or disruptive</li><li>• Maintains patient confidentiality</li><li>• Is patient</li></ul>
Respect	<ul style="list-style-type: none"><li>• Is sensitive to physical/emotional needs</li><li>• Is not biased/discriminatory</li></ul>

# Molly Cooke, MD

**“Professional identity** is distinct from  
(and primary to/more important than)  
**professionalism”**

- How does this change your perspective of professional identity, if at all?
- Describe the professional identity in your profession.



Discuss



# Professional identity Formation

- Moving from “acting like” to “being”
- Behavioral performance later becomes habitual



# Molly Cooke, MD

Professional Identity Formation is “the **metamorphosis from civilian to [physician]** is a process of **acculturation** mediated by **interaction** with the entire **environment**”

# “Formation” of Professional Identity



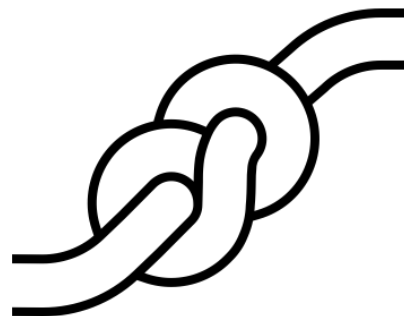
## Socialization

Internalize (or reject) prevailing  
sociocultural normal

Rework to fit surroundings through  
experimentation and feedback

# Professional Values Integration

- Identity as a charged word
- Intersectionality
- What we really care about is that learners become imbued with the values of the profession
  - How are these values formed?
  - How to know?



# Teaching Professional Identity

- Should we be teaching identity?
- Different definitions, constructs employed, debate on how it is formed, and the contextual nature



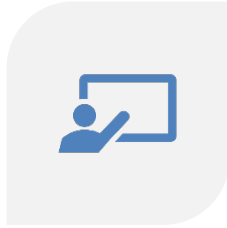
# Student Perceptions

- Arrive with pre-formed conceptions
- Hold pragmatic conceptual frameworks
- Generally resent being taught how to become professional
- Learned to “game the system”
- Low regard for professionalism teaching and assessment
- Experience on clinical rotations far more complex than the cases they were presented
- Experiential learning the best way to learn professionalism
- Consolidated what they learned, formed their individual mental model of professionalism through discussion and reflection with peers

# How to Teach - Curricular planning



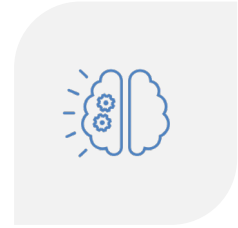
HUMANITIES



STUDENT ENGAGEMENT IN  
DESIGN AND DELIVERY



ACKNOWLEDGE AND  
ADDRESSING CHALLENGES  
TO INCLUSIVITY



LIVED EXPERIENCES  
REFLECTIVE DELIBERATIONS  
AND DEBRIEFING

# A Model

- Need a scaffold to guide reflection on observations
- Role is not to teach learners how to be, but to support the development of a positive identity

	Personal	Interpersonal	Team	Organisational	Societal
Capability	<p>Knowledge of team roles and expectations</p> <p>Recruitment based on orientation to role</p>	<p>Collaborative skills and proficiencies</p> <p>Interpersonal respect and inclusivity</p>	<p>Address inter-professional power imbalances</p> <p>Interprofessional respect and inclusivity</p>	<p>Address the hidden curriculum</p> <p>Unconscious bias training</p> <p>Protected time for clinical teaching</p>	<p>Acknowledge and respond to societal influences, for example marketization of healthcare</p>
Opportunity	<p>Access to authentic role experiences</p>	<p>Mentoring</p> <p>Personalised support through transitions</p>	<p>Legitimate junior team roles</p> <p>Safe reflective spaces</p> <p>Multi-professional simulation</p>	<p>Students as co-creators of curricular content</p> <p>Longitudinal placements and apprenticeship learning</p>	<p>Opportunities for learner engagement within wider society, for example volunteering</p>
Motivation	<p>Encouragement, rewards, sanctions</p> <p>Imagining self within role</p> <p>Building confidence and self-efficacy</p>	<p>Visible role models</p> <p>Coaching approaches to supervision and remediation</p>	<p>Team feedback</p> <p>Team building</p>	<p>Assessment culture that supports complexity and uncertainty</p> <p>Personal choice in professional developmental activities</p>	<p>Recognise and reward wider societal engagement</p>



# Teaching strategies



Experiences



Simulation



Self reflection



Hidden  
curriculum



Communities  
of practice

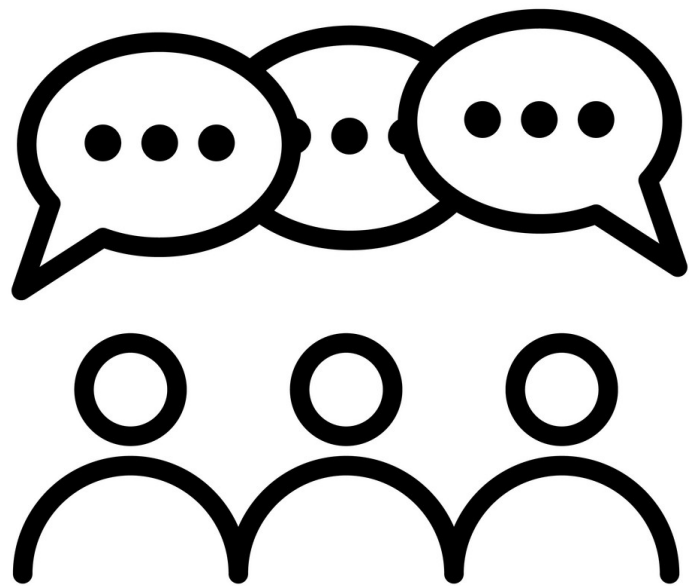
# Assessing Professional Identity

- Professional Identity is a social construct
- Assessment can be reductive, biased, and trivial
  - Structural racism, gender bias, societal perceptions
  - Performative measure favors rote learning over cognitive maturity
- Measurements focus on behavior not identity
- Reflective pieces, written exams etc.
- Co-creation

# A Dilemma

It's a beautiful Friday in August, and you are working with a novice learner during your clinical shift. You have been looking forward to this day for some time because you have a very special family event in the evening. As your shift draws to a close, a patient under your care becomes unstable and requires immediate attention. The patient shows signs of a GI bleed and is distressed. Packed red blood cells and IV fluids are ordered; however, they haven't arrived. If you don't leave now you are going to miss the family event, but your patient continues to deteriorate. Both the patient and the learner are becoming increasingly panicked.

What are your thoughts about this dilemma and how do they fit within a conceptual framework of professional identity formation for you as a health professional and equally as a role model for your learner?



## **Please Describe:**

- One concept you learned during this session
- One concept you were puzzled by or confused about

# References

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