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

<table>
<thead>
<tr>
<th>Values</th>
<th>Behaviors</th>
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<tbody>
<tr>
<td>Responsibility</td>
<td>• Follows through on tasks</td>
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<td>• Arrives on time</td>
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<td>• Accepts blame for failure</td>
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<td>Maturity</td>
<td>• Doesn’t make inappropriate demands</td>
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<td></td>
<td>• Is not abusive and critical in times of stress</td>
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<td></td>
<td>• Listens well</td>
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<td>Communication</td>
<td>• Is not hostile, derogatory, sarcastic</td>
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<td></td>
<td>• Is not loud or disruptive</td>
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<td></td>
<td>• Maintains patient confidentiality</td>
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<tr>
<td></td>
<td>• Is patient</td>
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<tr>
<td>Respect</td>
<td>• Is sensitive to physical/emotional needs</td>
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<td></td>
<td>• Is not biased/discriminatory</td>
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Kirk et al. 2007
“Professional identity is distinct from (and primary to/more important than) professionalism”

Irby et al. 2010 and Millennium Conference 2023
• 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
Professional Identity Formation is “the metamorphosis from civilian to [physician] is a process of acculturation mediated by interaction with the entire environment”

Irby et al. 2010 and Millennium Conference 2023
“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
<table>
<thead>
<tr>
<th>Capability</th>
<th>Personal</th>
<th>Interpersonal</th>
<th>Team</th>
<th>Organisational</th>
<th>Societal</th>
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<tbody>
<tr>
<td>Knowledge of team roles and expectations</td>
<td>Collaborative skills and proficiencies</td>
<td>Address inter-professional power imbalances</td>
<td>Address the hidden curriculum</td>
<td>Acknowledge and respond to societal influences, for example marketization of healthcare</td>
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<td>Recruitment based on orientation to role</td>
<td>Interpersonal respect and inclusivity</td>
<td>Interprofessional respect and inclusivity</td>
<td>Unconscious bias training</td>
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<td>Protected time for clinical teaching</td>
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<td>Access to authentic role experiences</td>
<td>Mentoring</td>
<td>Legitimate junior team roles</td>
<td>Students as co-creators of curricular content</td>
<td>Opportunities for learner engagement within wider society, for example volunteering</td>
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<td>Personalised support through transitions</td>
<td>Safe reflective spaces</td>
<td>Longitudinal placements and apprenticeship learning</td>
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<td>Multi-professional simulation</td>
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<td>Encouragement, rewards, sanctions</td>
<td>Visible role models</td>
<td>Team feedback</td>
<td>Assessment culture that supports complexity and uncertainty</td>
<td>Recognise and reward wider societal engagement</td>
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<td>Imagining self within role</td>
<td>Coaching approaches to supervision and remediation</td>
<td>Team building</td>
<td>Personal choice in professional developmental activities</td>
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<td>Building confidence and self-efficacy</td>
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Leedham-Green et al. 2020
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

Cooke M, Millennium Conference 2023
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