

PROFESSIONAL IDENTITY & COMMUNITY OF PRACTICE

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PROGRESSION



Professionalism as a
subject to be taught



Professional identity as an
organizing system for education



Professional identity as a
crucial element in
Community of Practice

COMMUNITY OF PRACTICE

- Sustained social network, with overlapping knowledge and beliefs, and a focus on a common practice
- Social environment in which work and learning occur
 - **Domain:** common ground/purpose
 - **Community:** social fabric in which learning occurs
 - **Practice:** specific knowledge and skills that the community develops and shares.



COMMUNITY OF PRACTICE

- **Dynamic** interaction between learners and teachers
 - New members enter
 - People move from junior to senior roles
 - Other members leave
- Learners should understand the “journey” from peripheral participation to full participation.
- Learner engagement and participation are fundamental parts of workplace learning
- Learner’s individual effort is required, and also the community has powerful impact on the learning and identity formation
- Professional identity formation is both individual (psychological development) and collective (socialization in work roles and participation)



PROFESSIONAL IDENTITY & COMMUNITY OF PRACTICE

- Qualitative study
- 22 medical educators (MD)
- What motivates medical educators?
- What challenges/limits their work?
- How do they become medical educators?


AUDIENCE PARTICIPATION

- How did you first get involved in health professional education?
 - What motivates you to do health professional education work?
 - What limits your health professional education work?
- Breakout rooms
 - 20 minutes
 - Similar/different experiences in different fields?
 - Notetakers report back

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- Joy of the work
1. Interaction with learners
 2. Impact on the system
 3. Innovation

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Joy of the work

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“...seeing their growth is probably the most exciting part of it, a sense of everything's new to them. I think that's exciting, just to see things through their eyes.”

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“I think of it as like a cascade, so I influence 10 people, and then they may influence two or three more people and then those two or three people may influence more and so in the end, it's just like fireworks, just a bunch of bright lights of medical education all over the country.”

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Joy of the work

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“...education is not only teaching. It’s also being creative. It’s also being a designer. It’s also being a change in our patients’ outcome.”

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“Everyone teaches”

1. Lack of recognition
2. Lack of reward
3. Misalignment of metrics

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“...not necessarily just putting together a lecture schedule as much as thinking about the six steps [...] are we doing a needs assessment? Are we really developing the curriculum based on the needs assessment? Do we have a design for the curriculum with evaluation? And then are we evaluating the curriculum?”

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“We have fellowship directors who if they take the 25% to 30% time that they need to be an effective fellowship director and lose that clinical RVU, they actually are losing money to actually teach.”

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“Everyone teaches”

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“I think they measure my work in number of publications and national presentations and grant funding...there's not really a ‘Oh you taught 170 hours this year. Great! So we're gonna move you up.’ There's nothing like that.”

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1. Just happened
2. My goal
3. Support and assistance

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“So when I was in training, I got involved in the usual resident opportunities to teach, and then I had the opportunity to be the chief resident. And that year the program director was turning over, and then the last day of my chief residency, the Chief asked me if I wanted to be the program director...”



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“I knew teaching was my passion. The clinician educator path wasn't a well-defined one, but I decided that's what I wanted, so I chose [field] primarily because I knew it'd be a setting in which I could interact with students a great deal...all of them would do the core clerkship rotations that I would then be attending on.”



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“The president of our university was approached to join the board here locally and he said, “Yeah, I’ll join the board if you also open up a spot up for [participant]” and he never went to a meeting. So that was sponsorship at its finest. And I went on to be the president of that board one day...”



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- Positives:
 - Lots of opportunity to get involved in health professional's education.
 - Individuals can start at the periphery of the Community of Practice even without intention
 - No matter how they come to the work, they can still develop a strong educator identity.
 - Findings emphasize the importance of role modeling, mentorship, and experiential learning

PROFESSIONAL IDENTITY & COMMUNITY OF PRACTICE

- Negatives:
 - Internal job offers, (or offers based on association) limit access for individuals outside the system
 - Social systems often perpetuate existing hierarchies, inequities and power structures.

WORKPLACE DIVERSITY

- Workplace diversity associated with:
 - increased range of perspectives and expertise
 - better employee engagement
 - reduced conflicts
 - increased innovation
 - improved healthcare delivery
 - benefits to providers, learners and patients

QUESTIONS

- How can we encourage more people to actively choose to work in health professional education rather than waiting for the right people to fall in?
- How can we expand educational programs and educator tracks for students and early career professionals to introduce or support a love of teaching and the importance of the educator role?
- How can we create more opportunities, encouragement, mentorship, and sponsorship to develop the educator community?
- How can we work with intention to improve equity and reduce disparities in health professional education and in the health care system?

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QUESTIONS?

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