Becoming a Doctor: Narratives of Professional Identity Formation during the Core Clinical Experience

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Background

- Professional identify formation is one of medical schools’ chief aims.
- Promoting this involves teaching values, reflection and storytelling, longitudinal mentoring relationships, addressing the hidden curriculum and creating positive learning environments (1).
- Educators are weighing in on how professional identity is formed in medical school (2).
- Student accounts of emerging professional identity are limited.
Reflecting on critical incidents with others is important to professional identity formation.

At the University of Massachusetts Medical School, we created an integrated Doctoring and Clinical Skills (iDCS) curriculum, 3 spaced small group sessions during the third year in which students reflect on:
- Adjusting to the Clinical Years
- Challenges during the Clinical Years
- Career Discernment and Decision making* (Becoming the kind of doctor I want to become)

* Session where reflection assigned
Hypothesis

• Narrative accounts of the emergence of professional identity during the principal clinical year will capture the range and types of events that contribute to professional identity formation
Methods-Assignment

Reflective Writing Prompt

• “Write about a time or times during your third year when you felt like a doctor. You were doing something, whether with a patient or with your team, when you thought “This is what a doctor would do” or “This is what I envisioned when I thought of becoming a doctor”. Describe in as much detail as you remember the situation, the participants and all that was going on.”
Evaluation

• Evaluation team read essays, then met to discuss themes
• Used qualitative analysis, based on Grounded Theory
• Evaluators read essays until no new themes emerged (saturation), coded a subset of essays to determine agreement on use of codes (validation set)
• One evaluator (DH) coded remainder of the essays
Themes and quotes

- Read 32 essays for derivation of code book
- Validation set of 15 with 100% agreement
- 40 essays coded by primary author
<table>
<thead>
<tr>
<th>Rotation N (%)</th>
<th>Setting N (%)</th>
<th>Person making them feel like a doctor N (%)</th>
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<tbody>
<tr>
<td>Medicine 27 (31.1)</td>
<td>Inpatient 48 (55.4)</td>
<td>Patient 42 (48.4)</td>
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<td>Pediatrics 11 (12.7)</td>
<td>Outpatient 18 (20.7)</td>
<td><strong>Attending 13 (15.1)</strong></td>
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<tr>
<td>Family Medicine 11 (12.7)</td>
<td>2 settings 10 (11.5)</td>
<td>Patient’s Family 9 (10.3)</td>
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<td></td>
<td></td>
<td>Patient &amp; Family 8 (9.3)</td>
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<tr>
<td>Surgery 8 (9.2)</td>
<td>ED 3 (3.4)</td>
<td>Self 5 (5.9)</td>
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<tr>
<td>Neurology 7 (8.1)</td>
<td>OR 2 (2.3)</td>
<td>Patient or Family/Care Team 4 (4.6)</td>
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<td>OB/Gyn 7 (8.1)</td>
<td>Delivery Room 2 (2.3)</td>
<td>Patient/Attending 2 (2.3)</td>
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<td>Psychiatry 4 (4.6)</td>
<td>Phone 1 (1.1)</td>
<td>Care Team 1 (1.1)</td>
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<tr>
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<td>3 settings 1 (1.1)</td>
<td>Nurse Anesthetist 1 (1.1)</td>
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<td></td>
<td>ED,IP,OP</td>
<td>Resident 1 (1.1)</td>
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<tr>
<td>2 specialties 5 (6.2)</td>
<td></td>
<td>Pt/Family/Attending 1 (1.1)</td>
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<tr>
<td>3-4 specialties 5 (6.2)</td>
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Results
Thematic analysis-Becoming a Doctor

- Never felt like a doctor-4
- Knowledge-3
- Doing tasks-6
- Synthesis of Information-17
- Just Caring/Relationship-18
- Caring with Insight-13
- Knowledge and Caring-17
- Going Beyond the Team-6
- External recognition-1
Never

This reflection has been one of the most tricky to think about as compared to any other reflections I have written thus far this year. I believe it is very common as a medical student to envision what I would do personally when I become a doctor, because we spend countless hours overlooking our attending(s’) shoulder while they go about their day, and we most definitely had moments where I think “this is something positive or negative that I would incorporate into my daily interaction with patients.”
Knowledge

There’s also the fact that, a lot of the time, I have no idea what I’m doing. I’m often unsure of my answers even when I’m right….It’s strange when patients call me “Doctor” though. I always correct them and tell them that I’m a medical student….The funny thing is that they just keep calling me doctor anyway. …The best moments for me are those few times when I actually know what I’m talking about and can actually help the patient…She now understands her condition and I helped her come up with a plan.
To Be of Use-Doing Tasks

We were in gynecology clinic, and the resident was trying to take a biopsy of the mass. CF was in excruciating pain and was extremely uncomfortable....I found myself in a small clinic room, feeling useless and in the way. I felt that I was intruding on this woman’s painful moment. I was inexperienced and had no knowledge or medical value to contribute, so I helped in the only way I thought I could-I held her hand. Her tissue was friable, so the biopsy was taking some time, and she was squeezing my hand so tight with tears streaming down her face as they attempted to get enough of a sample. I wasn’t acting like a doctor…, but it was one of the first times during third year that I felt I had provided a real benefit to a patient-that I wasn’t an extraneous member of the team who was burdensome, but rather somebody who fulfilled a need that would otherwise have been neglected.
I broached the topic by asking her what she thought about her weight and she immediately started crying. I gave her some tissues and she told me how she knew she was overweight, and that she stopped caring for herself when her daughter passed away 2 years ago. She just focused on being there for her family and doing her job as a schoolteacher. She stopped exercising and started to eat whatever she wanted without caring about her health. I asked her if she wanted some nutrition information…I advised her about healthy eating habits…I also offered her a referral to a nutritionist…the following day…she thanked me for talking about her weight….I felt like a physician because I discussed a topic that isn’t necessarily comfortable with a patient and was able to work with this patient to help inspire change towards a healthy lifestyle.
There are moments when we feel like doctors because of the good we can accomplish and the caring we can provide. But there are also moments that define our profession by the burden of sorrow we must carry. In this tragic moment I felt the weight of our profession in the eyes of my attending and in the empathy I felt for this patient. There was nothing we could do for her baby and yet what we did is what a doctor would do. We sat with her for a while and talked her through what needed to happen next. This was unfortunately the only care we could give her...
Much to my surprise, Joe revealed that, among all the people he interacted with everyday, he believed I personally was “the reason” he had received such excellent care….I had no idea that the conversation Joe and I had that morning would be one of the last times he would ever speak….while I had viewed myself as the least important part of the medical team, Joe had trusted me and seen me as essential to his care. Though the vast majority of my medical school training has been dedicated to expanding clinical knowledge and perfecting treatment regimens, Joe thought little about my medical knowledge in his final days. In the face of death, he valued kindness, sincerity, companionship, and the feeling he wasn’t alone. Despite the short coat, when I was in the room with Joe he saw his doctor
Don’t be Curious & Going Beyond the Team

There was glue on her dentures. It looked like it could bother her upper lip, but she seemed content. I was curious why she had dentures at such a young age. “My ex knocked my teeth out,” she said. Her dentures broke and she couldn’t afford to fix them. So, she glued on her front tooth….Actually, even when I tried to talk to my resident about it, it was brushed off. The system is simply not designed to care for people as a whole human with multidimensional needs, fears, and aspirations….I will actively work to get to know my patients as people, because to me that is the essence of being a doctor.
Discussion/conclusions

- Third year students described a range of rich experiences that contribute to PIF during their principal clinical year.
- A majority of students were made to feel like a doctor by patients and families, only a quarter by members of the medical team.
- Experiences beyond simple knowledge contribute to PIF. Perhaps team promotion of PIF needs to name and highlight these themes.
Limitations

• One school
• Cross sectional, not longitudinal which is the way PIF works
• Description of a range of experiences, but leaves question about what is necessary to form professional identity
Next Steps

- Multi institutional study
- Assess organizational influence on PIF