

# Promoting Professional Identity Formation through Learning Communities

David Hatem MD

Co-Director, Learning Communities

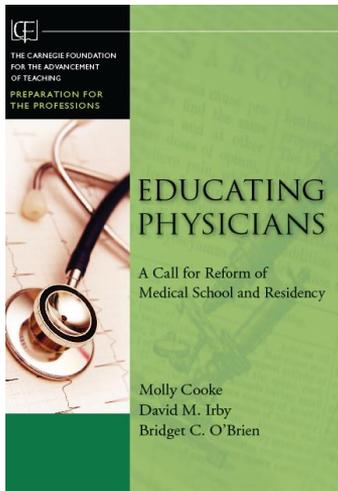
University of Massachusetts Medical School

*September 30, 2015*



# Conflicts of Interest

- I have no actual or potential conflict of interest in relation to this program/presentation.

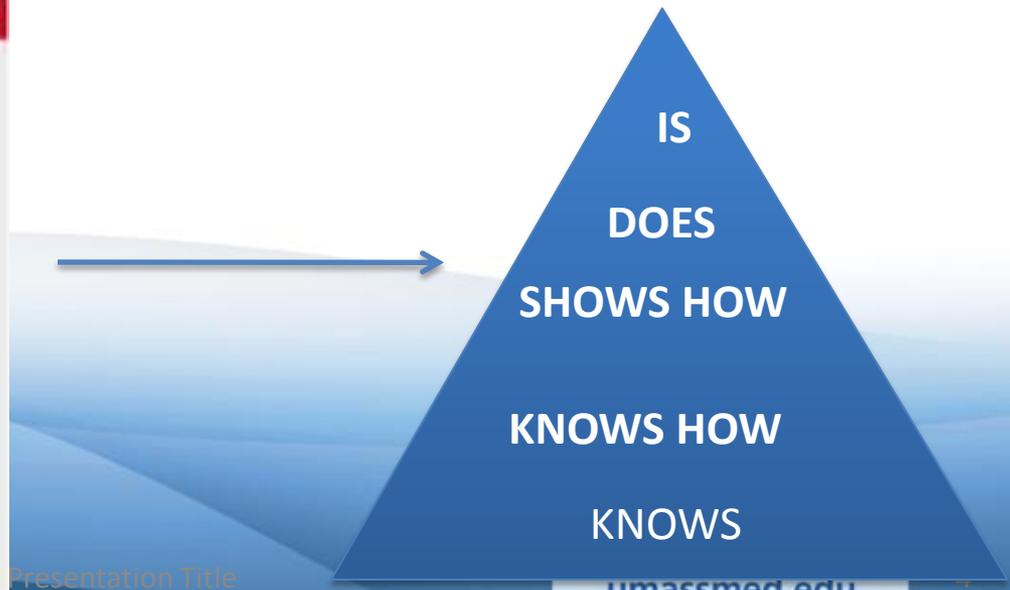
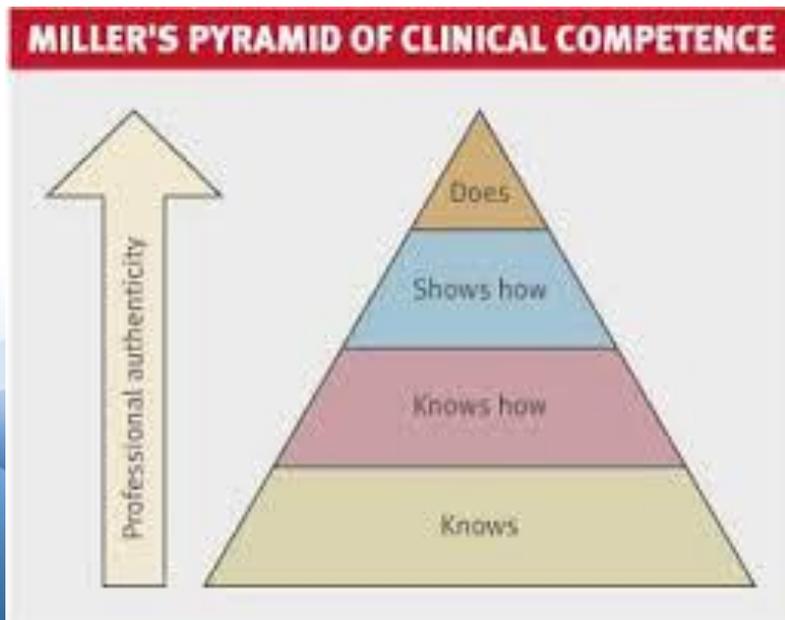


# Background: Professional Identity Formation a pillar of the new medical education

- **Integration**
  - Connect knowledge and experience
- **Habits of inquiry and improvement**
  - Focus on excellence
- **Standardization and individualization**
  - Set outcomes and allow flexibility in learning
- **Identity formation**
  - Develop professional values and dispositions

# Changing the Pyramid

There is a move from performing sets of behavior in clinical contexts (professionalism) to an internal shift in our fundamental person (PIF)



# Objectives

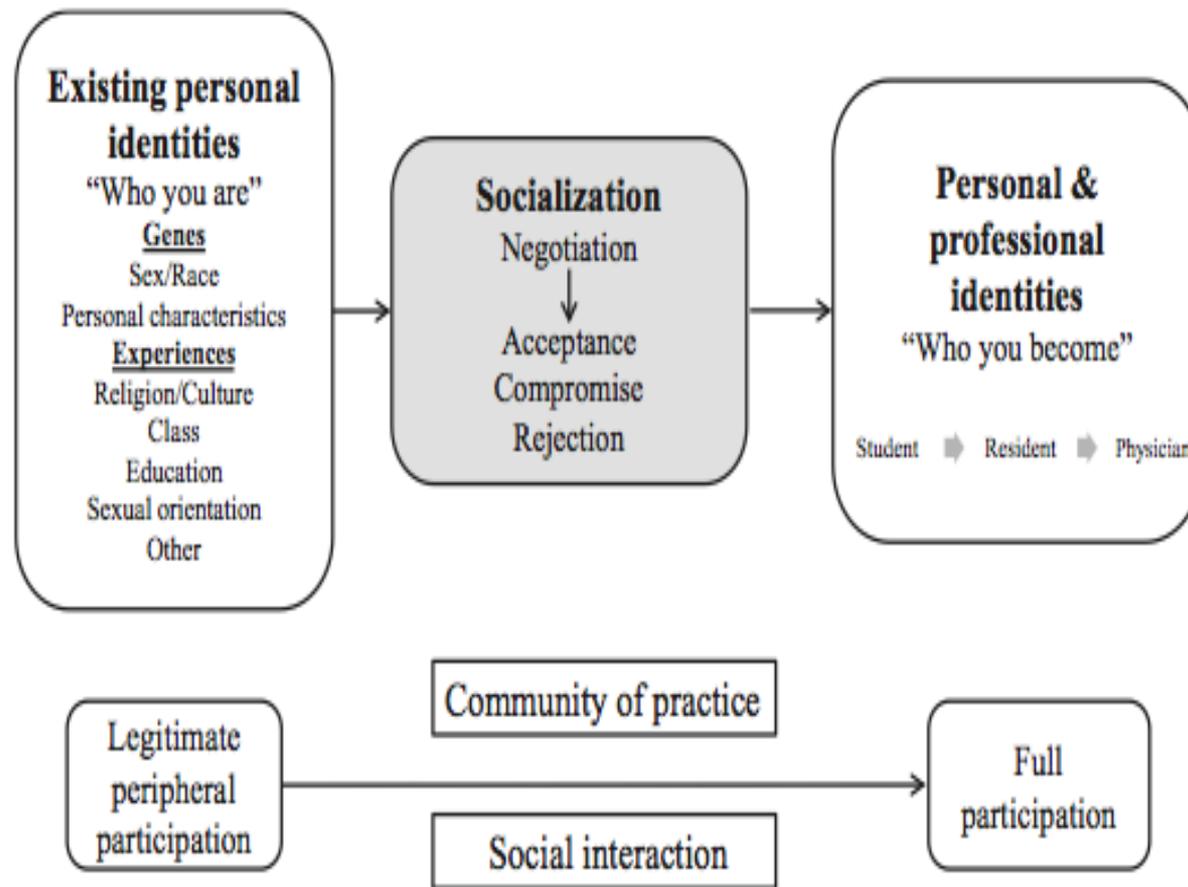
- Define Professional Identity Formation
- Describe curriculum at Umass to promote PIF
- Describe some early outcomes

# Definition

The transformative journey through which one integrates the knowledge, skills, values, and behaviors of a competent humanistic physician, with one's own unique identity and core values. This continuous process fosters personal and professional growth through mentorship, self-reflection, and experiences that affirm the best practices, traditions, and ethics of the medical profession.

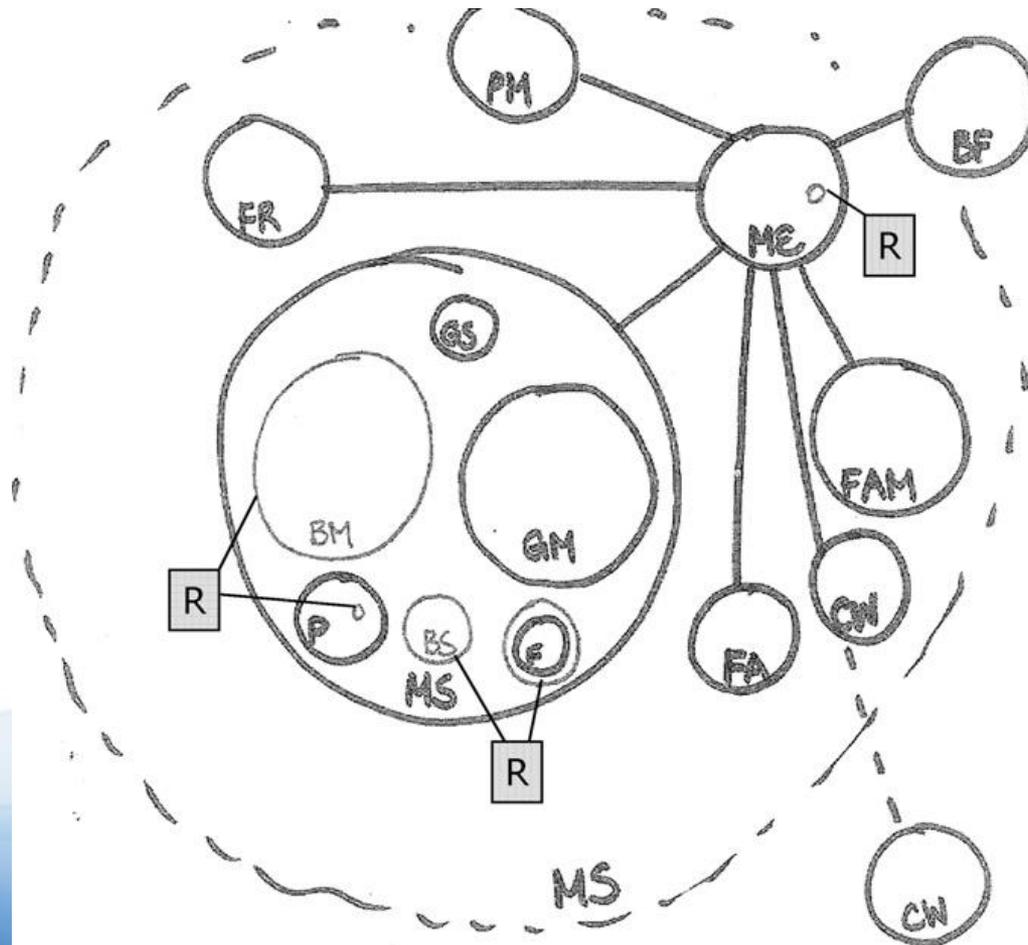
Holden MD et al Acad Med. 2015;90:761-767

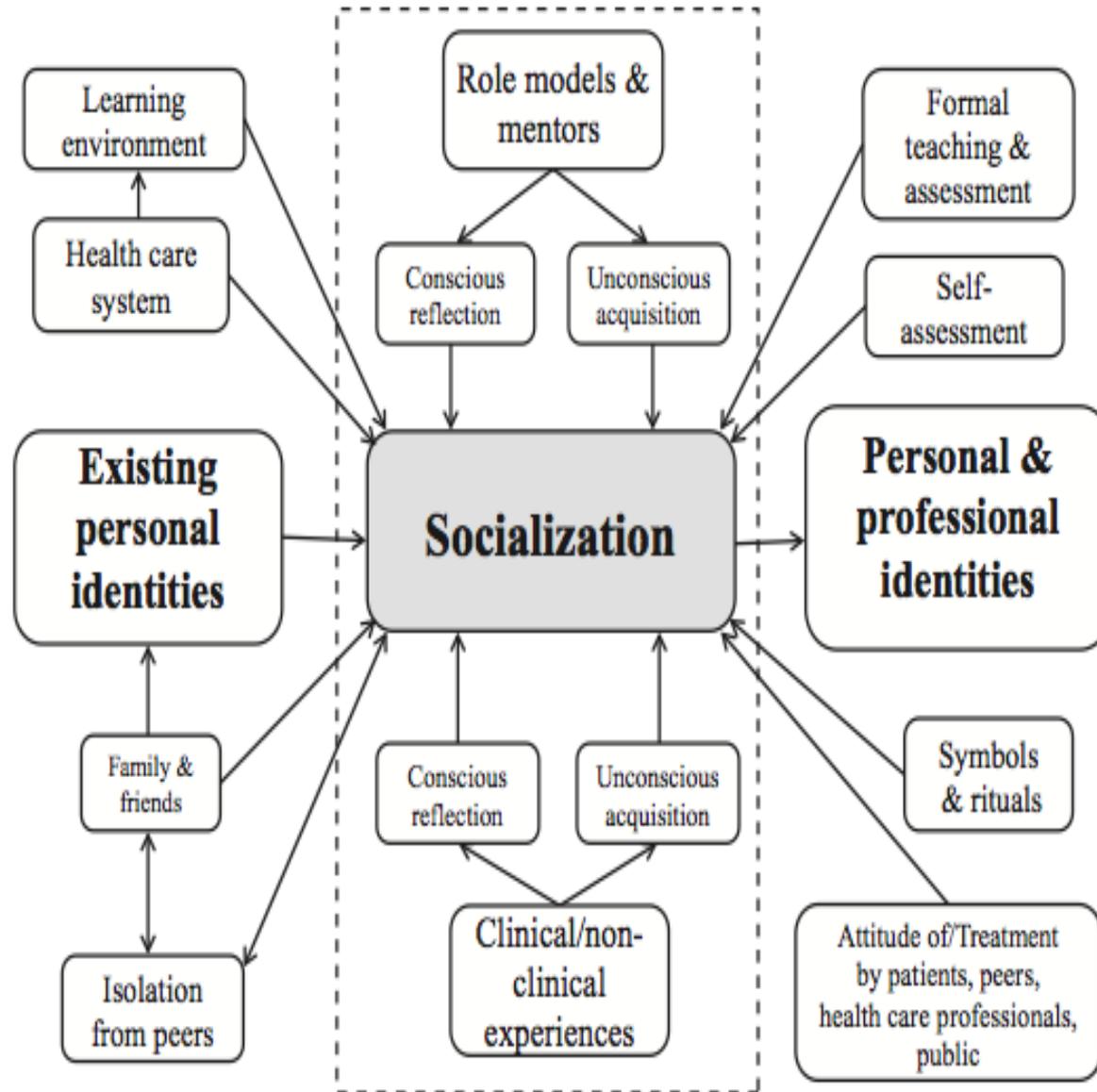
# Professional Identity Formation



**Figure 1** A schematic representation of professional identity formation, indicating that individuals enter the process of socialization with partially developed identities and emerge with both personal and professional identities (upper portion). The process of socialization in medicine results in an individual moving from legitimate peripheral participation in a community of practice to full participation, primarily through social interaction (lower portion).

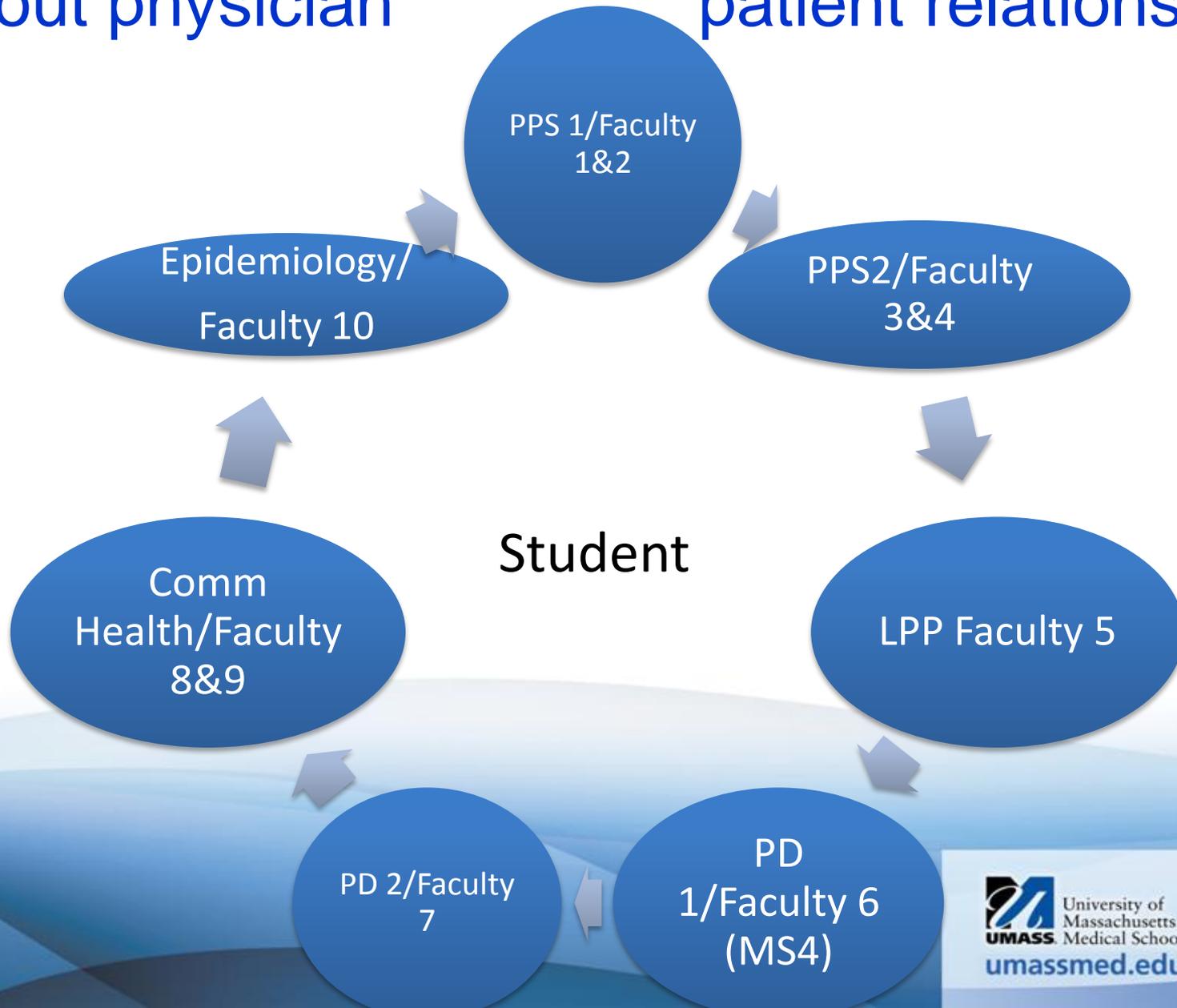
# Professional Formation takes place within a complex web of relationships



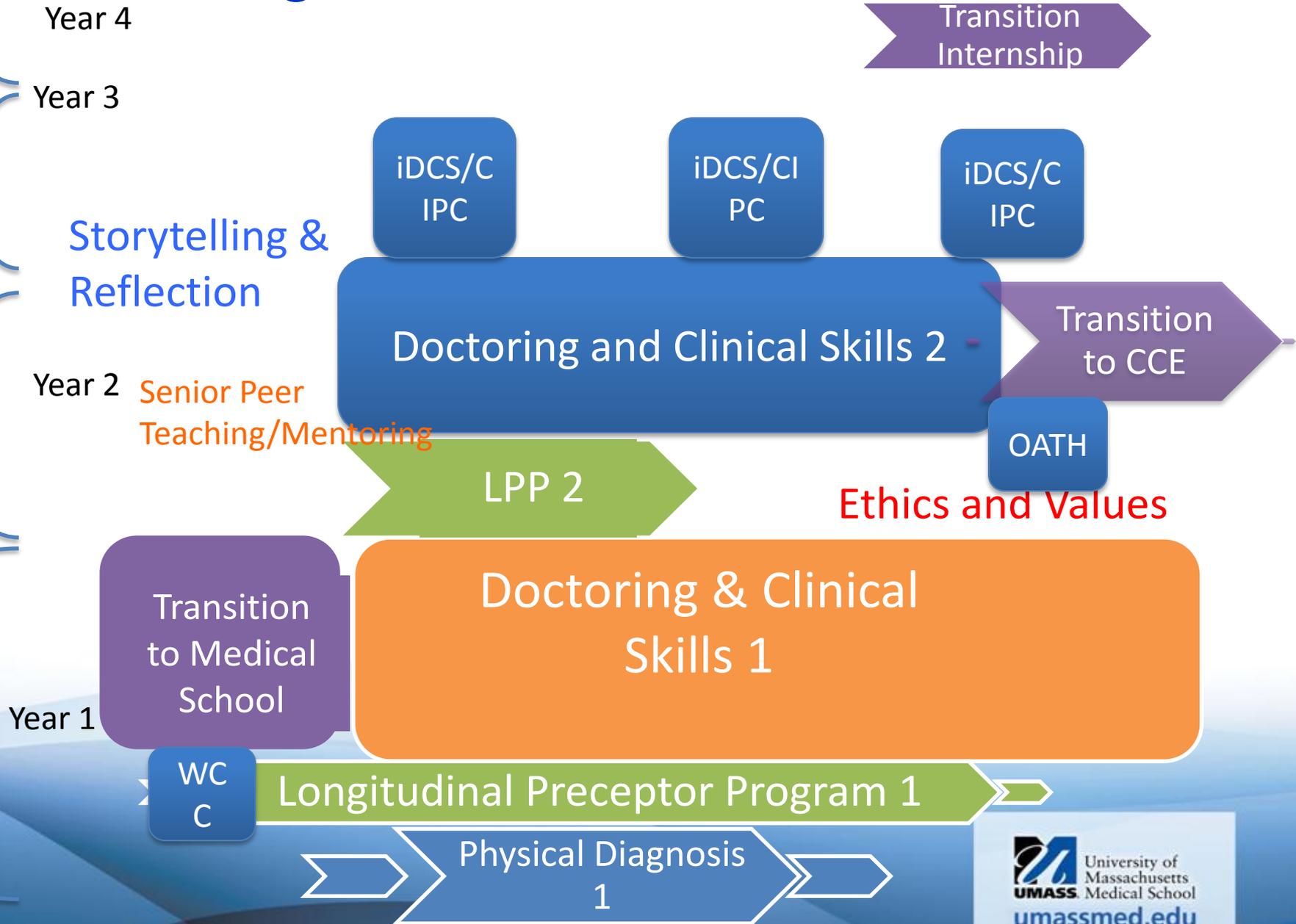


**Figure 2** A schematic representation of the multiple factors involved in the process of socialization in medicine. The large center box surrounded by the dotted line, which includes role models and mentors and experiential learning, indicates their importance to this process. The direction of the arrows from existing personal identities to personal and professional identities indicate the dynamic nature of this process.

# THE OLD: Physician Patient and Society is about physician patient relationship



# Learning Communities Curriculum



# Elective components to address PIF and aspects of PIF: Years 1 and 2

- Healer's Art Optional Enrichment Elective (OEE)
- Integrative Medicine OEE
- Creative Writing OEE

# Elective components to address PIF and aspects of PIF: Year 3

- Mindfulness
- Reflective Writing
- Preparing Resilient and Empathic Physicians (PREP) Optional Enrichment elective

# Evaluation/outcomes

- Benefits of continuity and relationships
- Having conversation, changing the conversation

# Bad News on the Cardiovascular Exam

Dear XXX,

On behalf of the OSD co-directors, I regret to inform you that your score for the Cardiovascular Block of OSD is less than the 70% required to pass the block. You will be required to take a make-up exam to remediate this block. If you would like tutoring to help you prepare for this makeup exam, please contact your house mentor, Dr. XXX, to make arrangements for tutoring assistance.

# “Just wanted to check in...”

Thanks for this e-mail.

Of course, I'm disappointed with my performance in the course and overall, I am displeased with my performance during year 1.

In regards to how I am doing in general it is a mix.  
My lab rotation is going well so far.  
XXX and I are moving to XXX soon –

However, I have been dealing with a lot of stress regarding my brother. His CLL recurred in his back and jaw

His care plan involves a bone marrow transplant, preferably from me...

Perhaps we can talk

# The Teachable Moment

Some of my favorite teaching moments happen during the hospital sessions, when students start to really develop relationships with patients.

I recall a patient who was admitted for liver failure related to chronic alcohol abuse. He shared with the students not only the story of his symptoms, but the story of his life and how he wound up in the shape he was in.

The students felt slightly uncomfortable with the level of detail he shared.

We were able to reflect later that they do the patient a service by being confessor and healer to this patient, witnessing his story and accepting him where he is. We discussed how as students there is little they can contribute to his medical care (though much they can learn from it), but much they can contribute to his healing.

# Encountering unexpected and powerful events can be unsettling

There is a “hidden curriculum” during the clinical years that is powerful for three

**reasons** as a foreign world where they face difficult, often overwhelming experiences.

Rules governing the responses to these experiences are unclear. Not obvious to students that the beliefs and ideas with which they entered school still apply. Take their cues from the behaviors they observe. Events rarely discussed; students ascribe a detachment and lack of caring to house staff and senior physicians.

Third, these experiences have frequently gone unacknowledged and unexplored.

# Feeling like a doctor: A third year student on her Family Medicine Rotation

Preceptor asked her to see patient for follow up for blood pressure check - had just been started on beta blocker. His blood pressure was fine and he said he was fine with no side effects

While waiting for her preceptor to come, she diligently got out her ROS questions and proceeded through - SOB, dizziness, etc When she asked about chest pains he mumbled that he had had a couple of short episodes. She pressed, he told more, and when preceptor arrived they were concerned about unstable angina and decided to ambulance him over to the ER. (waiting for ambulance, he was mad at them for making a big deal, and his wife was mad at him for not telling her he was having chest pain).

He was shortly in the cath lab and stented....

Her preceptor showered her with praise - they never would have known about his chest pain

if she had not done her due diligence....

# Next steps

- Further develop curriculum
- Define assessment measures