Students’ early experience of medical school: adjustments and identity

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Background: While it is known that starting medical school can be stressful, the subjective complexity of this transition is relatively under-studied. This paper presents the start of a planned longitudinal study looking at how students experience change, and develop into medical students, then doctors, through their time at medical school.

Summary of Work: A random sample of 14 first year medical students was selected from respondents to an earlier questionnaire. Narrative interviews were conducted in November 2014, in which participants were asked to describe their experiences of the first two months of medical school, including their identity as a medical student, what had attracted them to medicine, and their anticipation of the next 5 years.

Summary of Results: Thematic analysis is ongoing, but preliminary findings suggest that while there are some consistent themes, the experience of new medical students varies. Common experiences related both to academic and personal adjustment, to new ways of working and to new social groups. However, individual descriptions of the stress involved varied, some experiencing it acutely, others seeing it as a relatively minor concern to be worked through but. Participants also varied in the development of their identity as a medical student.

Discussion and Conclusions: The process of becoming a medical student has common stresses associated with adaptation to a new academic and social environment. However, subjective perception and experience of these changes varies, and student experience should not be seen as homogeneous.

Take-home messages: While all students experience change when they start medical school, the intensity, pace and impact of that change varies between individuals.

The development of professional identity, becoming a surgeon

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Background: Becoming a surgeon takes many years of post-graduate training and involves a professional transition. During the last 14 years I have become a ‘surgeon’ rather than as I started as a ‘surgical doctor’ yet, when was this change and what are the markers of it. Log books of operative experience, lists of competencies and postgraduate exams may provide evidence of workplace based learning but none of these parameters render this professional transition transparent. This study explored the attitudes and behaviours associated with ‘becoming a surgeon’ and attempts to articulate features of this professional transition.

Summary of Work: This qualitative interview study sought to explore attitudes and behaviours learned during the course of surgical training. Interviews were conducted with junior and senior surgeons iteratively and were analyzed using a grounded theory method.

Summary of Results: Surgeons discussed personal values and attitudes that were regarded a part of ‘becoming a surgeon’. They described learning to deal with pressure and stress, learning to cope with time constraints and learning attention to detail, a perfectionist attitude to their work. Surgeons clearly articulated that these attributes were learned rather than intrinsic to individuals drawn to surgery as a career.

Discussion and Conclusions: The results of this study are discussed with reference to apprenticeship theory, competency based curricula are problematized and professional identity construction discussed with reference to transformative emancipation.

Take-home messages: Despite the vogue for competency based curricula professional transitions are an area in which implicit learning is at the heart of acquisition of a new identity.
Trustingly bewildered. First-year medical students’ reflections on the ideals of medicine and the realities of medical school

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Background: The present study documents first-year preclinical medical students’ experiences of and reflections on teaching and professional identity development within a 6-year medical curriculum.

Summary of Work: We conducted four focus group interviews, asking students to reflect on the characteristics of good physicians, and on their experience of teaching methods and guidance by faculty.

Summary of Results: The students conveyed a strong belief that the curriculum of the first year would be of use to them. At the same time they were bewildered and said their non-medical teachers hardly ever explained how the basic sciences would be of use in their future profession. According to the students the good doctor should see his patient as a person. On the other hand they experienced being “lost in the crowd” and “not seen” by teachers.

Discussion and Conclusions: Professional identity develops through engaging with role models and studying the official as well as the unofficial and hidden curriculum. While diligent and compliant, first year medical students in Bergen seem to be confused by the lack of contact with physician role models and from not understanding how the basic sciences apply in their profession. Despite a considerable degree of intellectual bewilderment they conveyed uncritical trust in the quality of their medical education.

Take-home messages: Our study indicates that deep trust in the authority of medicine and university teaching makes it difficult for first-year medical students to identify and act upon defects in teaching and professional supervision.

Influences of the clinical learning environment on medical students’ professional identity formation

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Background: During clinical placements, students are expected to learn the knowledge, skills and attitudes needed for their future profession. In the medical education literature however, increasingly attention is given to the identity formation process students undertake during clinical placements as something more than only acquiring competencies.

Summary of Work: In this qualitative research study, we explored how medical students’ professional identity formation was influenced by the clinical learning environment. Extensive field work with observations and interviews with students, supervisors and clinical managers was carried out as well as a thematic analysis of the data.

Summary of Results: We found that students were influenced in a number of ways during clinical placements; to become adaptive to situations by being marginalized, to develop independence as they distanced themselves and to evolve flexibility as they learn how to deal with complexity. Students were influenced through the interactions with supervisors, peers and other health care professionals.

Discussion and Conclusions: This study provides an in-depth exploration of how students develop their professional identity and was strengthen by the rich empirical data and thorough analysis. We conclude that learning in an authentic setting should be considered a crucial part of becoming a doctor, not only due to the acquisition of knowledge and skills but rather because of the important identity formation and socialization taken place in the health care setting.

Take-home messages: Clinical placements are crucial for students’ development into the identity of being a doctor.
Grappling with Complexity: Medical students’ reflections about challenging patient encounters as a window into professional identity formation

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**Background:** Guided reflection is a key driver of the active constructive, developmental PIF process. Interactive (guided) reflective writing (RW)-enhanced reflection supports PIF in health care professions education. Students write about a “challenging” patient encounter within RW curriculum in our Family Medicine Clerkship (FMC).

**Summary of Work:** We used qualitative grounded theory to analyze RW themes of early and late third-year FMC students. Two narrative groups were collapsed into one given noted lack of significant thematic differences (N = 50). Categorized themes were applied to an emergent theoretical model of PIF process.

**Summary of Results:** Thematic categories included Role of Emotions/Cognitions, Relationships/Primary care characteristics, Behavioral responses to situational context, Grappling with medicine’s “unfinished business,” More nuanced perception of patient care interactions, Tolerating/managing spectrum of emotions/cognitions, and Building emotional resiliency. RWs revealed preceptor communication subtleties impacting students’ PIF.

**Discussion and Conclusions:** The PIF model (thematic analyses-based) consisted of “Input” to PIF process, ie. Internal (students’ characteristics)/External Factors, “Process,” ie. reflection on physician-patient interaction complexities, emotional process of “becoming,” creative tension within PIF and “Emergence,” i.e. noticing and self-discovery/self-knowledge within PIF. Medical students’ RWs reveal grappling with complexity as a “positive hidden curriculum” and are a “window” into transformative PIF process for a humanistic/reflective/resilient practitioner. Findings can help develop preceptors’ modeling positive, adaptively flexible responses to challenging patient encounters.

**Take-home messages:** Third-year students undergo dramatic changes with transition from students to practitioners. RW-enhanced reflection scaffolds PIF. Preceptor communication subtleties impact students’ PIF. Grappling with complexity is a positive formative hidden curriculum for PIF.

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Nurse Professional Identity in Undergraduate Nursing Education

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**Background:** There is inadequate recognition of the nursing profession that has led to, in the opinion of the author, to low self-esteem and therefore, to a weak professional identity. The literature refers to the importance of education in strengthening professional identity, but not about how to strengthen it from the undergraduate-nursing programs.

**Summary of Work:** This doctoral research aims to propose an educational strategy that helps strengthen professional identity in nursing students and, in this way, seeks to contribute to self-recognition, group identity and self-esteem, as some of the factors involved in shaping identity.

In the quantitative stage of this research, through an online survey, we explored aspects of undergraduate education in nursing and applied a Professional Identity Scale to nurses in different regions of Colombia. These results were deepened through semi-structured interviews conducted to nurses with experience and teaching training.

**Summary of Results:** Until now, there have emerged aspects as poor social recognition, low participation in professional associations, teamwork weaknesses and gaps in disciplinary training, among others.

**Discussion and Conclusions:** Currently, we are in the last stage of the research, in which we are designing the educational proposal for an undergraduate program, based on various theories of education and considering aspects as liberal education; interprofessional education; identity as a human need (Max Neef et al); social identity theory (Tajfel and Turner) and Bonding into Nursing theory (Gregg).

**Take-home messages:** It is important to look for strategies for strengthening nurse professional identity from undergraduate nursing programs in order to empowering future professionals.