#8Q  Short Communications: Students - Professional Identity and Diversity
Location: Room 207

#8Q1 (1724)
Professional Identity Formation: Two medical schools introduce first-year students to the Professional Identity Essay (PIE)

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Background: An evidence-based approach to understanding ethical medical Professional Identity Formation (PIF) is needed as part of medical education’s intensified focus on core elements of professionalism that cannot be assessed through traditional cognitive/behavioral means (self-assessment) or observed behavioral competencies (Cooke et al, 2010).

Summary of work: First-year students from two medical schools (N=257) completed the Professional Identity Essay (PIE) which identifies stages of professional development, and the Defining Issues Test (DIT2), a validated measure of moral reasoning. A key DIT2 score (N2) reflects the proportion of time that students use universal ethics justifications for dilemmas.

Summary of results: Professional Identity Essay: Distributions of scores were similar for School 1 (public) and School 2 (private), Chi-square p = .969; they were distributed in four groups from Stage 2-3 to Stage 4 (externally to internally defined). Defining Issues Test: (DIT2) scores indicated students’ strong preference for post-conventional (universal ethics) thinking.

Discussion: An evidence- and narrative-based measure of professional identity formation is a feasible part of a medical professionalism curriculum for entering medical students with score distributions similar to students in other professional training programs. A measure of moral reasoning provides a useful counterpoint for discussing professional responsibilities and conflicts.

Conclusion: If professional identity formation is a central goal of medical education, we must understand its development and seek measurements that are valid both for formative and summative assessment purposes. These measures are acceptable and intriguing to our students and may provide a foundation for and complement to competency-based professionalism curricula.

Take-home message: Early in the undergraduate curriculum, medical students benefit from having a framework in which to consider their individual developmental path from student to physician. Through theory-based measures and written reflection, students can better anticipate role transitions from individual contributor to team member to professional leader.

#8Q2 (1928)
Students’ Perspectives on Professional Identity Formation in Medical Education

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Background: How to foster professional identity formation (PIF), or how medical education program should support students in their journey from layperson to professional, are the essence of medical education. The purpose of this study was to determine student perception of professionalism and gain insights for improvement in medical education.

Summary of work: A total of 1345 medical students from comprehensive levels of medical schools in China participated this study. Revised instruments from CanMEDS Professional Role Survey were used to measure students’ perception of and level of professional identity formation, predilection for life-long learning, research advancement, humanism, social learning, and other cross-sectional data.

Summary of results: Statistically significant differences in professional identity formation were found between gender, age, and different levels of medical schools. Chinese medical students ranked morality, integrity and honesty, compassion and sympathy, societal responsibility, and professional responsibility as the top five most important professional practice qualities.

Discussion: Personal backgrounds, culture, training, and values can all influence PIF. Chinese medical students recognized the importance of professionalism in particularly the quality of honesty and integrity, but they felt the current medical education curriculum have not yet met their expectation in the cultivation of these competencies in professional formation.

Conclusion: The explicit teaching of professionalism and emphasis on professional behaviors will remain important. But Chinese medical schools should institute reforms to bridge the gaps and to facilitate development of these components within the medical education and faculty development programs as well as in clinical milieu where student learning occurs.

Take-home message: Medical education needs to be responsive to changes in professional identity being generated from factors within medical student experiences and within contemporary society. Medical educators should pay more attention to the outcomes from the investigation of professional role formation and synthesize the relevant factors in curriculum design.
#8Q3 (2029)
Role models for professional identity formation in undergraduate education: who and how?

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Background: Role modeling is a component of medical education which deeply influences professionalization. A role model is defined as a standard of excellence to be imitated. Understanding who medical students’ role models are and how they behave is a key strategy to work on faculty development to support professional identity formation.

Summary of work: A questionnaire was created aiming to identify medical students’ role models, their perspective on expected behavior and its change from the first to the last clinical year. It addressed topics related to clinical practice and attitude towards teaching. Medical students from third to fifth year (n=74) answered the survey.

Summary of results: Most of the students reported that role models were important for their professional identity formation (89.2%). The main role models were the consultants (58.1%) and university tutors (17.6%). Students recognized the most important characteristics of their models as: clinical reasoning and knowledge, effective communication with patients and other health professionals.

Discussion: In the present study, students identified desired behaviors, attitudes and characteristics that role models should have. This analysis was used to design strategies to increase doctors and tutors awareness on being a role model, support strategies to an effective approach and to generate reflection on what can be improved.

Conclusion: Students recognized role models that guide their process of professional identity formation. Knowing who students’ role models are and how they perform is useful to work with faculty in order to improve awareness of their participation and performance as role models.

Take-home message: Role modeling is very important in the development of medical professional identity. Its influence should be objectively identified and addressed to stimulate professional identity development.

#8Q4 (710)
Learning to be. The influences of education on professional identity formation, a narrative inquiry

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Background: A well-developed professional identity imparts emotional resilience and prevents identity dissonance when the experiences of a novice clinician are discordant with their professional values and priorities. The formation of an inappropriate professional identity for the individual’s ultimate career environment makes professional goals unachievable and may increase perceptions of failure.

Summary of work: A narrative inquiry was performed to explore participants’ perceptions of their own identity formation. 12 veterinary graduates discussed their work-related experiences in an 8-month closed social media group. Stories were analysed using critical discourse analysis, generating major themes, and through the construction of narrative to deepen understanding of identity formation.

Summary of results: Learning attitudes influenced identity formation. Participants demonstrating lifelong learning, and valuing learning outside their chosen specialisation, used graduate experiences (euthanasia, “sole charge”) to form a professional identity incorporating client relationships and wider stakeholders in patient care. Other participants, whose identity exclusively prioritised diagnosis and treatment, demonstrated frustration and career dissatisfaction.

Discussion: Participants most satisfied with their identity seemed to demonstrate growth mindset learning: learning through work and from wide-ranging environments. Contextual influences informed identity development. Other individuals demonstrated fixed mindset learning, perceived only “relevant” university teaching as valuable, underwent an identification process neglecting contextual influences and seemed dissatisfied in their identity.

Conclusion: Clinical education that fosters lifelong learning and the ability to develop in a variety of environments may better support graduate identity formation, resilience and emotional wellbeing. Role modelling identities beyond those prioritising diagnosis and treatment, and encompassing the priorities of the client, family and practice, is also likely important.

Take-home message: Attitudes to learning as a student, and early decisions taken to focus on narrow competences or maintain a wider perspective, appear to influence how novice clinicians use early career experiences to construct their identities.
#8Q5 (381)
Are we making a difference? What impact does cultural awareness curriculum have on students’ attitudes?
Second results from a longitudinal study

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Background: To improve the health status of Indigenous Australians all health professionals work in a culturally safe way. Many initiatives are occurring in Australia to teach compulsory cross cultural education to health professionals. However there is little evidence that any of these programs have a long term impact on their practice.

Summary of work: Since 2012 Bond University Medical School has been conducting a significant cultural awareness program, that includes cultural immersion. To measure the impact of these activities on student’s attitudes and behaviours we undertake a 5 year longitudinal study using a validated cultural awareness and cultural competence scale survey.

Summary of results: Initial findings (n=280) have revealed positive shifts amongst first and third year undergraduate medical students. The most notable differences occurred within knowledge acquisition, retention and dissemination (items 18–20, p<0.001). Institutional and curricular influences also showed positive directions after the cultural immersion [4].

Discussion: These initial findings are very pleasing and indicate that the cultural awareness and cultural immersion program is having an impact.

Conclusion: Cultural immersion has a great potential to elicit positive shifts in attitudinal and knowledge related aspects of cultural awareness in the early stages of a medical curricula.

Take-home message: Cultural education and immersion can impact on attitudinal change and resulting medical practice. Sharing this information will assist others who are teaching into these programs.

#8Q6 (359)
Are There Differences Between Religion and Diversity Perceptions in Medical Students?

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Background: Health educational approaches are increasingly comprehensive. However, there are few studies that focus the perception of diversity in health which is important considering, that health professionals require skills to empathize with a diversity of people.

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Summary of work: Quantitative, non-experimental, cross-sectional, relational scope study. 110 first year medical students, average age 19.3. After informed consent process, Scale of Educational Inclusion (SEI) was applied. It is composed by 42 items, grouped in 6 subscales.

Descriptive statistical analysis, T-test, Pearson’s R, Cronbach alpha reliability were made in SPSS 21.0 software.

Summary of results: 49.5% students professes any religion, 50.5% professes no religion. Subscales averages:


Discussion: It is important to consider more dimensions to understand inclusion and diversity. Recent studies have focused on considering disability as the main dimension of inclusion. However, acceptance of diversity should consider other dimensions such as those included in this study.

Conclusion: The differences between students who profess/no profess religion show that the students who profess could be more tolerant in the perception of diversity. However, it is necessary to do qualitative research to understand the factors that influence in the religious or non-religious beliefs.

Take-home message: It is important to consider diversity in health students learning process.