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A medical education conference organized by the Educational Innovation Institute of the Medical College of Georgia, Augusta University and hosted on Twitter #MCGConf2021PIF

« Se regarder dans le miroir » : professionnalisme et formation de l'identité professionnelle dans l'éducation de professions de la santé

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“I’m on your side. I understand you.” Exploring the professional identity formation of physician assistants
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Background: Professional identity formation (PIF) is considered a key process in the development of healthcare providers. In medical education, PIF literature has historically centered on cognitive processes and medicine’s socialization practices that help to transform trainees to clinicians. Recent work has begun to unravel how larger socio-historical contexts and identity intersectionality influence PIF in ethnically/racially minoritized physicians,¹⁻² but has not yet been explored in physician assistant (PA) students and PAs considered underrepresented minorities (URM).

Methods: In this qualitative study, 44 URM PA students and practicing PAs were recruited and interviewed from three southern universities/colleges. Participants included three Native Americans, 23 Black/African Americans, 12 Hispanic/Latinos, and six of mixed races/ethnicities. Using constructive grounded theory, the authors analyzed interview data for how the participants construct their professional identity and how factors like ethnicity, race, and gender influence PIF. Constant comparative analysis

among the researchers was used to identify themes and discuss differences.

Results: The results indicated that minoritized PAs identify their diverse background and experiences as assets to their professional identity and leverage these assets in their interactions with underserved patients. Participants described how their personal identities and socio-historical contexts informed their clinical thinking and practice, especially in instances of racial/ethnic concordance.

Conclusions: Race, ethnicity, gender, and socio-historical contexts influence the PIF of minoritized PAs in ways that have been largely ignored in medical literature and PAs leverage these qualities to improve patient interactions.

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Moment of reflection: what medical education can learn from student responses to COVID-19

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Background: The early months of 2020 strained US health systems, prompting abrupt, unprecedented alteration to medical curricula. We found medical students, from first years to near-graduates, described themselves as ill-equipped sentient “fomites,” unpaid “meat shields,” “wastes of masks,” and impediments to the “real” work of responding to COVID-19. They fell back on well-established student identities and activities, retreating into Anki decks and QBanks, as much a symptom of underpreparedness to support the pandemic response as a remedy.

Methods: We collected 5,460 COVID-related r/medschool Reddit posts made from 3/12/2020-4/16/2020 and selected those commenting on professional role, identity, or preparation. We then applied Critical Incident Analysis—a method for unpacking “underlying trends, motives and structures”^{1(p23-24)} that “trigger insights about some aspect of teaching and learning.”^{2(p13)} In accordance with Columbia University IRB and the medical school subreddit rules for research studies, this study does not involve the recruitment of participants and falls outside the scope of Human Subjects Research under 45 CFR 46 (Columbia University protocol: AAAS6866(M00Y01)).

Results: We offer the analysis of these critical incidents to open discussion of how curricula can support students from day one to step up, rather than step back, from opportunities to provide care in the face of novel challenges to public health. We invite conversation about how medical schools can foster the professional identity formation in today’s students necessary for tomorrow’s physicians to feel as well-equipped to handle unforeseen medical crises as to crush upcoming exams.

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The need for disability curriculum in medical education

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Summary of Innovation: The attitude medical students have toward disabled persons is mixed: some studies reported students had a worse perception of disabled persons, while in others they were more empathetic.¹ One reason why medical students may see disabled persons as deficient is rooted in the medical model of disability, where the problem is a result of an individual’s physiology and/or biology.² This is contrasted with the human rights model of disability, which stresses that all disabled persons should have both legal and human rights, and that society should have an understanding of the role impairment plays in both their and our lives.³ Disabled persons need and deserve quality and empathetic medical care so that they and we can live our best possible lives. Updating medical school curricula to include perspectives from disabled persons in addition to the reality impairments play in our lives from a rights-based perspective may improve the medical care disabled persons receive. Utilizing an autoethnographic perspective,^{4,5,6} I reflect on and analyze two specific comments repeated by medical professionals some of the comments made to me that characterize the tone of the medical model of disability. Recognizing that an autoethnographic account is not meant to be generalizable, this commentary on medical education stresses the need to include (a) disability framed using the human rights model, and (b) disabled people in revising medical school curricula.

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The impact of social identity on pediatric hospitalists' perceptions of interprofessional collaboration and teamwork

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Summary of Innovation: Interprofessional collaboration provides unique opportunities for improving patient care in pediatric hospital medicine. This study used Tajfel and Turner's Social Identity Theory as a conceptual framework to characterize the relationships between the social identities of pediatric hospitalists and their perceptions of interprofessional collaboration and teamwork. This theory was chosen given its ability to study interpersonal dynamics within complex systems, including healthcare. We used qualitative methods including free-listing and semi-structured interviews to explore these phenomena and examine the relationships among identity, collaboration, and teams. Thirteen pediatric hospitalists were recruited for participation over the course of three months. We identified five key themes: (1) Pediatric hospitalists fall along a spectrum ranging from profession-centered to team-centered, (2) Familiarity is conducive to formation of team identity, (3) Co-creation of a shared vision and practice of creating shared mental models strengthens sense of team, (4) Workplace culture, which includes workflows and reporting hierarchies among others, acts as both a facilitator for and barrier to formation of team identity, and (5) Although most participants identified themselves as the leaders of the team, the concept of "flexible leadership", or identifying the team member with the appropriate expertise and skillset as the leader for a given problem, was prominent in high-functioning teams. We conclude that Social Identity Theory can be a useful theoretical lens for examining interprofessional collaboration and teamwork in healthcare settings, including among pediatric hospitalists. Moving forward, it will be critical to explore the link between social identity and patient-centered outcomes as well as to evaluate the development of profession-based and team-based identities.

Professional identity formation of medical students in the midst of a health care crisis

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Background: The literature describes the crucial role of Professional Identity Formation (PIF) in medical students' transition to physicians. Little is known about how medical students are developing their sense of professional identity during these early months of the COVID-19 pandemic. In this initial study, we explored perceptions and experiences of undergraduate medical students whose training and education have been dramatically affected to better understand how these widespread disruptions have influenced their professional identity formation.

Methods: We conducted a conventional content analysis¹ of published medical student blogs, commentaries, and perspectives. Inclusion criteria were: (1) the publication highlighted medical students' experiences; (2) the writer identified as an undergraduate medical student, or the writer stated direct quotations from undergraduate medical students; (3) U.S. and Canada based (4) posted since 17/ Mar/2020. We identified twenty blogs and commentaries that fit inclusion criteria. We, the four authors, independently performed a straightforward content analysis of medical students' written public statements to identify emerging themes. To ensure validity of the analysis, we then compared and discussed our separate findings to arrive at a consensus position.

Findings: We found three major themes: identity dissonance; questioning and asserting the legitimacy of medical students as physicians; and renewed values, commitment, and virtues of a physician. The findings showed that the major disruptions of COVID-19 to medical education and health care can impact PIF in both negative and positive ways. This study will further inform the design and components of future projects on medical students' PIF amid COVID-19.

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