Identity Development in Medical Trainees

Walk down any high street or visit any shopping mall or cinema on a weekend and you will see large groups of noisy young teenagers with the same dress code, the same hair styles and the same tastes in music, film and computer games. Adolescence is a worrying time and often parents secretly wish that they could call a halt to the development of their children's emerging independence - even though they know that it is an important part of the growing up process. It can surprise people to learn that the young adolescent's need to identify with peers is a crucial stage in the individual's identity formation process and so should be actively encouraged. The challenge facing parents is the provision of an authoritative and caring environment with the correct balance between freedom and boundaries so that the teenager can figure out personal values and identities. Failure to achieve identity is indicated by undesirable alternatives. These include: foreclosure - the premature adoption of a poorly formed identity in advance of adequate exploration; diffusion - the failure to adopt an identity at all; and moratorium - a state of identity vagueness.

Theories of identity formation have been used to describe the process of the formation of a medical professional identity [1]. Identity formation theories are appealing in that they describe concepts to which we can easily relate - we have all been there, either as parents or as teenagers ourselves.
Evidence that this model may be applicable to students in medical school comes from one recent phenomenological analysis of students' narratives of lived experiences.[2] This study identified four profiles or themes which were then mapped onto an identity formation framework. The themes identified were; 'complying' (i.e. foreclosure); 'feeling insecure' (i.e. diffusion); 'developing' (i.e. moratorium) and 'participating' (i.e. achievement). Whether these experiences were descriptions of a process which was still in progress was not explored.

Strict identification with peers is necessary in adolescence in order to facilitate the process of differentiation and exploration leading to eventual commitment. This explains why young adolescents insist on certain dress codes and affiliations to certain fashions. Equally the medical learner is exposed and drawn to identify with expectations, values and rules (spoken and unspoken) relevant to the role of the medical student, the trainee doctor and finally the specialist. The white coat ceremony, purchase of the first stethoscope, attendance at the dissection room, ward rounds and grand rounds are just some of the many experiences which serve as initiations into the identity of the medical professional.

Current knowledge and research on the topic of the development of professional identity in medical education has focussed more on individual factors and experiences rather than on the characteristics of an ideal educational environment which would support the development of a medical professional identity. Role-models who practice what they teach and provide sensitive mentorship are recognised to be important for the development of professional identity; this is reminiscent of the concept of the consistent, sensitive parent who allows the adolescent to explore diversity while providing firm authoritative boundaries. In contrast, exposure to unethical behaviours from role-models in clinical practice can lead to difficulties with identity formation for the developing medical professional[3]. The hidden curriculum in medical environments with its associated hierarchical structures and pressure to conform is hardly conducive to a supportive climate within which students and trainee doctors can feel safe to explore values and identities[4].

Are we confident that our medical schools and teaching hospitals provide the optimal climate for developing professional identities? Exactly what are the essential ingredients of such a climate? Longitudinal studies are needed to further investigate the relationship between professional identity formation and the medical educational environment.

References

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