

Reflection, Narrative, and Professional Identity Formation

Summary from the *Understanding Medical Professional Identity and Character Development Symposium* held April 30, 2021

Reflection, Narrative, and Professional Identity Formation

Discussion Leader:

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Recommended Pre-Reading:

DasGupta S. Narrative humility. Lancet. 2008 Mar 22;371(9617):980 - 1. doi: 10.1016/s0140 - 6736(08)60440 - 7. PMID: 18363204.

de la Croix A, Veen M. The reflective zombie: Problematizing the conceptual framework of reflection in medical education. Perspect Med Educ. 2018 Dec;7(6):394 - 400. doi: 10.1007/s40037 - 018 - 0479 - 9. PMID: 30353284; PMCID: PMC6283773.

Wald HS. Professional identity (trans)formation in medical education: reflection, relationship, resilience. Acad Med. 2015 Jun;90(6):701 - 6. doi: 10.1097/ACM.0000000000000731.

Primary Discussion Questions:

1. What are the animating and wicked problems in PIF and Character Development in Medical Education?
2. What are the key elements of reflection that can be taught and encouraged through PIF and character development curricula? How can we best use reflective tools to avoid “reflection zombies”?
3. Thinking about narrative measurements of PIF and character development (for example the PIE and other reflective writing tools), how can we integrate the concept of “narrative humility” in fostering PIF and character development in trainees?

Questions for the Group Moving Forward:

1. What the various ways we might work together on these scholarly dialogues?
2. What do we have the capacity and time to do?
3. What would we need to do to be successful?

Summary/Abstract:

At the 2021 Professional Identity Formation and Character Development Symposium at the Medical College of Wisconsin, 13 individuals gathered to discuss the nature of reflective and narrative in professional identity formation and PIF curricula. Here we present an edited and anonymized transcript of that conversation. In discussion groups, participants considered the need for evaluation and measurement in reflection and narrative practices relating to PIF while also not wanting students to focus on metrics; the tension between the need for reflective time and the pressures of medical training; and the challenges of supporting diverse experiences and

identities while medical training “narrows” individuals. Select references to discussion points are provided below the transcript.

Take Home Points:

- Starting a narrative thread/curriculum should never be a 'one and done' activity
- Student and faculty buy-in from the graduate school program is key and faculty development is needed
- Written reflection can be used to prime verbal, group reflection and then support different forms of processing
- Support participants in reflecting on feelings and experiences rather than what I can do better/did well

Transcript:

The discussion leader welcomed the group:

Hi everyone! I'm so thrilled to welcome you all to this last part of our PIF Symposium today. It's been really kind of an amazing couple of conversations so far. And definitely eager to hear where everyone has been and what you have all been up to. So, our topic of discussion today is about reflection, narrative, and professional identity formation. And I think through these conversations so far, we've covered it already from a couple of different angles. Reflective writing, narrative measurements of PIE — of professional identity formation such as the PIE — among other things.

I hope that all of you saw, if not a chance to review, the papers that I sent out as part of the kind of materials for the conference. We will be touching on some of those ideas. But even if you didn't get a chance to read them, I think we will still be able to kind of get into some of the meat of this topic. And so, I would love to get everyone a chance to introduce themselves. But I actually thought since we are a decently sized group, we might as well get started in small groups and just get a chance to dive in.

And so, I think we'll start with a breakout room of maybe 15 ish minutes. And I have a couple discussion questions which I'll pull up.

So, here we are thinking about reflection, narrative, and professional identity formation. We really have four questions that we're gonna kind of go through today. So, in these first small groups, we're going to talk about key elements of reflection that can be taught and encouraged through PIF and character development measures and curricula. And how we might best use reflective tools to avoid the reflection zombies.

Which, once again if anyone had a chance to look at the article about reflection zombies, that will be useful. But again, if not, we can kind of talk it through. Well, and then for the second question, thinking more about narrative measurement of PIF and character development, and how we might be able to integrate this concept of narrative humility while fostering PIF and character development.

Group splits into breakout rooms and then comes back together for group discussion.

[Discussion Leader]: [Participant 1], thank you for kind of bringing up the fear of measurement and also the fear of reflection. Reflection is one of the scariest things, right? And I know that came up in other groups. But of course, something even scarier is thinking, “How do we assess and evaluate people’s thoughts and people’s feelings, peoples reactions?” And I think the idea about the reflection zombie and about how students can learn to reflect, and maybe learn to kind of go through the motions is really part of that as well.

And I think as well, in thinking about that, as [Participant 3] has said, variation not only in measurement but in reflective practice in that way becomes definitely critical.

[Participant 3]: I was also curious, like did people find students when they reflect, they think there’s a right answer? I’m curious if anyone ever feels like when the students are — when you’re first engaging them in this practice, they kind of all end up responding the same? But you potentially feel like they could have said something different but they feel they’re trying to respond in a social normative fashion.

[Participant 1]: But it’s interesting ‘cause I think one of the things that we labeled earlier in the day that we might be missing right now is that, is this all about hidden curriculum? Like are we trying to narrow them down, [Participant 3] as you said, to sort of buy into the medical culture? Right?

So, and that’s — I mean that in its — we could do a reflective exercise on that, right? But I think that’s what you have to be cautious about. Right? That that’s not what we’re aiming for. Right? ‘Cause your visual of narrowing that down into somewhat is very powerful for me to see, when you did that with your hands. Like, “Oh, wait a minute. No, we want interesting, diverse people with different experiences.” You know? But this idea that we’re narrowing them down.

[Participant 4]: I would just chime in that I think that issue should be dealt with in the way you’re structuring your narrative reflection. Is it a pause and sharing of stories? Is it a prompt of something being written down? Or what we discussed in our group, which comes to you via [Participant 2] through

me, who's our narrative expert, is that idea of just habits of caring for yourself, maybe journaling.

And maybe the richness and importance of reflection sometimes is writing it down but not necessarily reading it, or sharing it, or have somebody analyze it. But just getting to that issue of sometimes you have to take a pause. And sometimes if you write things down and then you go back and read it later, or you decide what you need to do with just getting your thoughts on paper, may be critically important without somebody analyzing what you wrote.

[Participant 5]: Yeah, I'll just piggyback on that, [Participant 4]. Just to — the other way to think about that is, if you're not gonna use the reflective writing for assessment, then it can be anonymous. And then someone can read, and analyze, and share wisdom of the group or a variation of the group and say like, "This is all okay." You know? There's multiple different ways to do this sort of stuff, and kind of celebrate that diversity of experience, or practice, or whatever. So, I think there's strategies you can use for that.

[Participant 3]: The only other thing I was gonna add that I've noticed even in my own reflective practice, and it was a conversation that I had with another medical student was; even in medicine, we move too quickly in the sense that each of our reflective tasks is okay. Talk about decision making, reflect. You've now had a patient encounter, reflect. We never have enough time to persevere. 'Cause often we have a source of tension, let's say, and then we move onto something else. We're not resolving through reflective writing.

I remember when I was trying to resolve something, I wrote the same thing down for almost two weeks and I finally figured out what it was that was bothering me. But it took two weeks of writing about this thing over and over and over again 'til I got there. And so, even in this reflective practice, I do wonder, even with professional identity formations, we do these onetime instances. But we're sometimes maybe perseverating long enough on a topic.

Do other people feel that way in this kind of reflective realm? That maybe we need to spend more focused time on one thing for a longer period of time and have them write about it than always moving onto the next, and having them learn the skill of reflection through a bunch of things, let's say?

[Participant 2]: I would say that, at least based on Rita Charon's work, that getting people to write the facts, write the experience down [is meaningful]. So, if a student has a difficult patient encounter, which I try to get them to write about in the middle of their third year. Write the facts down, don't worry

about reflection. Just get the facts down and just write steadily so you get it all down. The time that the reflection comes internally and the reflection comes in the writing is when you go back and do the editing.

So, getting the facts down lets the person see the reality of experience. And then when they go back to the editing, that's where the reflection comes in. That maybe is the powerful moment.

So, and that's why it takes more than just a single experience. You have to let them go back and work on it, and that's where the writing over and over seems to help.

[Discussion Leader]: Yeah. I think that's really great. And I think it also speaks to sort of the idea of narrative theory, that writing is the externalization of the self or of thoughts. So, in terms of thinking about reflection and experience, sometimes you have to put things into words to be able to know that they happened, or know that they existed. And that may not feel like reflection, but as [Participant 2] was saying, the kind of returning to that and getting into that process can certainly open up more forums or more opportunities for reflection.

[Participant 2]: I also try to get the students to write in the shadow of another piece. And I think, again, that the close reading process can be very helpful, again, to get them stimulated to reflect. And we can talk more about that if we want to.

[Discussion Leader]: Yeah. So, yeah that's the kind of traditional use of narrative medicine, when you start with something external upon which to reflect. And I think when I was popping into one breakout group, they were speaking about thinking about vulnerability and needing space sometimes. And how sometimes it's hard to take something onto yourself, but if you have some space and can talk about that can make things a little bit easier. That idea of sort of having an external object or a way to take a step back from your own reflection is definitely related to that as well.

Further thoughts from your groups?

[Participant 1]: Well, I was just gonna mention what [Participant 2] said in our small group. Which kind of, I can't let it go [Participant 2]. Because he said something about — was it you said for the fourth years, getting them to buy into the reflection because it could be for their application? And so, it's just a reminder of wow, okay. So, what is the carrot, which do we need a carrot to get them? But I'm just holding onto that thought you said in our small group.

[Discussion Leader]: That's really an interesting idea.

[Participant 2]: We've published a bit about that getting to do workshopping for their personal statements. And I like doing that because then they read together, they work together in a way that they — first of all, find out that they're not the only person who's had certain experiences, these are universal experiences. And also, it improves their writing, and also it helps them focus on story instead of the usual direct that ends up in most personal statements for residency applications.

[Discussion Leader]: Wow, yeah. Any other carrots there?

[Participant 3]: I was also curious about — I've seen, I think it was Dr. Ferguson (Nguyen 2021), who wrote this piece with one of our students where they wrote about a clinical encounter that happened from both opposing sides. One as a student and then one as the attending. And I wonder how that type of reflective practice with identity formation might be really helpful, actually, for both sides of the fence. Got me thinking all of a sudden, like I used this term in the other room about a co-construction of knowledge in just writing together.

So, you had me thinking that there might be other fun ways to make this exercise interesting. Where you can have a student start with a story and have the other ones fill it out with their pieces. And again, just to get away from this idea of just always grading reflections. Right? Or this idea of yeah, doing that element of it but having them have a fun experience in making it a way for them to get to know each other and connect.

[Participant 5]: I don't know if it's a fun experience, but in the clinical setting we try to get teams to debrief difficult events all the time. And to bring their perspectives to how it went and how it could've gone better. So, I think that's a little bit about what you're talking about too, [Participant 3]. And it helps me always to debrief because you can kind of see a little bit about everybody's lived experiences and how that helps color in the whole situation for people and how they experienced it. So, I think it's similar to what you're talking about. We don't do a great job with it. We're not good at it, in general, and we don't do it all the time.

[Participant 3]: But, I mean, a lot of the reflections that we talk about is always — I'm gonna push a little bit here and curious to hear what you say [Participant 5]. But it's always about this idea, what could I do better, what could I do wrong. Or sorry, what — yes, what can I do better, what did I do wrong. But what happens if you ask them to forget about the right and wrong? What were you feeling, what do you think the patient was feeling, what do you think your attending was feeling?

'Cause I do think we're always constantly getting students to think right, wrong, black and white. But this is not even about that. That is like how are you feeling as you're getting through this process and did you like how you felt? Maybe that's the right answer, right, is the feeling. You felt great by the end, then keep doing the thing because it's making you feel great. So, I do wonder now a little bit, as I heard you speak, I understand what the goal of reflection can be, but I do think is your aim here to have them use another metric of what it is that's correct or incorrect. Which is more of I felt great by the end. And that to me is a good metric.

[Participant 5]: I love that, I don't do it well. I don't wanna put people on the spot but I think that maybe [Participant 4] does this sort of stuff a fair amount in her work?

[Participant 4]: But just to share palliative care, we're all about integrating reflection and a debrief, and we tend to specialize in difficult so our family meetings are very intense. So, we prime the students of what to watch for and then we debrief. And when I'm just hearing this, my debrief is sometimes in the long hallway between the two buildings of where we practice, as long as it's confidential. But we're always asking them, what went well and why, what didn't go well, and what was hard? Which gets at that feeling piece.

What has sparked in my mind hearing this conversation, is maybe we really need to take a pause, we need to sit down with coffee or hot chocolate and we need to answer those questions by writing them down before we share them. Because then I could be reflective and like [Participant 3] says, maybe what I saw that didn't go well was not the same thing that the student's saw. And then that primes them to be more engaged in the meeting instead of just participating. And then it creates a space to really get deeper into what we just did.

[Participant 1]: [Participant 3], it's interesting to hear you say that question about feeling because, as a psychologist, when we're asked to come in to run a debrief at the hospital, we make it very clear that we're not here for an M and M. Right? Because if there's issues, that will be dealt with. Right? We're here to sort of reflect on how it felt and to come together as a key piece of it. Right? To pause in the craziness and to say, we all went through this together, what did it feel like, how are we all doing sort of thing.

And it's hard to get medical people to not go to the M and M piece, but it's sort of — and it's almost a relief when they don't have to sometimes. Sometimes they don't like it but many times it's just like, oh I'm just here to share the fact that we're all devastated about what happened and whatever. So, and just getting them to reflect on it can be powerful.

[Participant 3]: Yeah, one of these other ideas we've been talking about is, we often ask people on a scale of 1 to 10 how are you feeling, but why not get them to circle words? Right? Why not throw a word map out there and be like, circle a bunch of — five words that you think you're at right now. And being here today had me kind of rethink, 'cause I'm a numbers person, but now I'm realizing there's other ways that I think we can start to, again like everyone's saying, think outside the box a little bit to help facilitate students to also not be so metric focused. 'Cause if they're filling up metrics all their life throughout medical school, and they're not circling words and you can't get them to be reflective in this kind of writing way. Right?

[Participant 1]: So, I definitely come at this from a different angle. Only from being a basic scientist and somebody who doesn't see patients. But I'm just thinking about this idea of shared feelings. So, I do a workshop about supporting our students that's for faculty. And we do this pair-share exercise where we have two faculty members pair up and say, "What does a student feel like when they fail an exam?" And then switch roles, "What does the faculty feel like when a student fails an exam?" I didn't know where that was gonna take, what the answers were gonna be. But it was so interesting to see that what the faculty would say a student feels is exactly what the faculty felt about the student.

And it was like a student, I think we all can say a student feels, failure, feels like maybe they don't belong here, or they're depressed, they're upset. But the faculty had all those same similar feelings. And I thought but we didn't share it between students and faculty and I just think there's a real opportunity there to — 'cause that was sort of the idea I was hearing, that you could have a faculty share their experience. Or I think [Participant 4] was talking about Cassie's thing about, or maybe [Participant 3], what the student sees from the patient and what the faculty sees.

But I just think there's lots of opportunity to get us both talking in those sorts of ways and it doesn't have to be writing, it can just be talking. So, anyway. I'm trying to figure out how to get this to work in a graduate school setting for graduate students who do nothing like this and have no idea how to do reflection. And I can tell you right now that graduate faculty have no idea how to do it. And so, I'm learning a lot here.

[Discussion Leader]: That's really great. I think that that is a question for everybody. How to kind of make some of these things connect. And of course, there are barriers to reflection for individuals and for institutions, for programs. And so, as this has sort of been the theme perhaps for this discussion, this idea of thinking outside the box can really bring some of this home.

And I can also just share so much of this we've been grappling with specifically, with the professional identity essay, which is a reflective writing measure that is a measure, and is scored and is assessed. And there has been ongoing discussion with students, the students don't want to receive a number fairly for their level of professional identity. And so, they get all this text to kind of think through. And there are lots of questions in there about really this idea of how to sort of support that genuine reflection and in that way, encourage growth while also assessing and measuring. As Dr. Kalet opened the symposium with, this question of assessment of professional identity formation can seem somewhat paradoxical.

[Participant 2]: When I do the reflective with students, I don't ask them turn it in because I want them to write out of their experience. Is there any literature, do we have any sense about the difference between that and any student knowing they're having something turned in to be somehow analyzed?

[Discussion Leader]: Yeah, that's a great question. And I think in terms of kind of thinking specifically about narrative medicine as well, there are some parallels. Like when we think about how, in a narrative medicine session, some people even just acknowledge that they might be asked to share can be too much. And even though nobody for the most part is ever forced to share, that can still cause kind of huge anxiety. In the medical school setting, with the PIE, students in general are receptive. They accept it as a part of their curriculum and as something that is useful to them.

I think in terms of the assessment, the PIE is not assessed for content, it's assessed really for form. And so, it's thinking about how individuals are expressing their way of making meaning of the world. Which is of course, is always critical to reflection. But in terms of really the assessment, it's really not looking for even necessarily depth of reflection so much as how is this person explaining how they make meaning of the world.

And so, in terms of literature really about what is shared versus not shared, it's a little complicated I think because the PIE is always presented as fully anonymous in that the students know that the only person who will see their PIE is the rater, the one who is doing the assessment, who has nothing to do with their medical school. And so, nobody who they ever see in their daily life will ever see their PIEs or their PIE responses, or their PIE scores. That is all completely anonymous. And so, I think in that way, it really draw for me this question of, what's harder? Sending your writing out into the void or saying something personal in front of a group of people that you work with everyday.

[Participant 3]: I was about to ask you the difference between critical thinking and narrative writing. 'Cause students will look at their PIE and they'll be like, "Hey, how do I get better at this think?"

[Discussion Leader]: I think the idea of critical thinking and narrative writing is really important and something to do with how we foster those skills. And really thinking about that idea of, yeah, can reflection be something that you can be better at? Again, that's that idea of sort of this black and white conception.

This has been amazing. Thank you all so much for your participation. I mean, nothing better than arriving to a group as a facilitator and realize, you don't even have to facilitate. Please feel free to reach out to me with any questions, or also to get each other's contact if any of that has not happened. This has been such a privilege to speak with all of you.

References:

Nguyen P, Ferguson CC. Perspective Differences Between Attending Physician and Medical Student. *Acad Emerg Med*. 2021 Feb;28(2):272-273. doi: 10.1111/acem.14015. Epub 2020 May 31. PMID: 32416619.