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Assessment of professional identity formation: Challenges and opportunities

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Assessment of Professional Identity Formation:

Challenges and Opportunities

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Within this issue, authors have examined the role of professional identify formation (PIF) across a variety of health professions education settings. Challenges and approaches needed to instruct and evaluate learners as they navigate this complex journey were explored. Examples included within this special issue serve as resources for programs strategizing to incorporate PIF into their respective curricula. This final chapter will discuss challenges of assessing PIF, available assessment tools, and future directions.

As mentioned in an earlier article by Moseley et al. (2021), Cruess/Miller's model can be used as a framework for assessing PIF. Cruess, Cruess, and Steinert (2016) pose that Miller's Pyramid outlining four levels of assessment (knows, knows how, shows how, and does) required a fifth level (is). Cruess, Cruess, and Steinart closely align the 'is' element of the restructured framework with identity, describing this level as, "consistently demonstrates the attitudes, values, and behaviors, expected of one who has come to 'think, act, and feel like a physician'" (2016, 181). While the authors position their description within the role of a physician, the 'is'

level should apply to the development of all individuals within their professional role. With the inclusion of the 'is' level, educators would be tasked with evaluating a learner's journey within identity development, thus creating learners prepared for entry into the professional world. A detailed examination of Cruess, Cruess, and Steinert's (2016) revision of Miller's Pyramid can be found in Ford et al.'s (2021) manuscript within this special issue.

Assessing PIF is challenging for multiple reasons. First, as discussed in Moseley et al. (2021), though PIF and professionalism are distinct constructs, they are often intertwined, thus lacking a universal assessment approach for evaluating professional identity formation separate from professionalism. For example, licensure exams focus on knowledge and skills required for each discipline, but do not measure the "is" component reflected in Cruess, Cruess, and Steinert's (2016) revision of Miller's Pyramid (Miller 1990). Because of the nature of PIF as an internal process rather than outward display of behavior, it would be quite difficult to create a standardized measure as a component of licensure examination. Thus, future practitioners are evaluated on the attributes associated with their profession; however, the exams fail to evaluate their professional identity. Given this, a practitioner may be deemed capable of practicing independently without a solid foundation of professional identity.

Second, it is difficult to evaluate a moving target. Professional identity is established over time, requiring multiple stages that shape and reshape the existing identity (Cruess, Cruess, and Steinert 2016). To complicate it even further, PIF is not a linear process. Individuals may even experience setbacks. To successfully evaluate this development, it is important to identify key characteristics and attributes expected of those entering practice. However, as most professions still struggle to identify what those characteristics should include, most academic programs are left to make those determinations within their own institutions. Additionally, practice in the

healthcare environment is constantly evolving, making assessment of PIF even more challenging.

As previously discussed, PIF is described as thinking, feeling, and acting. Thinking and acting are relatively easy to assess because they are observable; however, assessment of feeling presents larger challenges. Feeling comes naturally over time as a result of individual experiences, but cannot be easily observed or measured, so demonstration of this PIF construct is not always possible or obvious. Therefore it is difficult to assess this aspect of 'is' within the pyramid (Cruess, Cruess, and Steinert 2016). Furthermore, the lack of agreement on what the 'is' should look like potentially contributes to misalignment of practice expectations. There is no clear summative assessment because identity is internal to the individual, practice is constantly evolving, and one never really completes the process. There is likewise no clear time point at which it makes sense to assess PIF because it is an ongoing process and individuals progress on different timelines. Lastly, there is not a standard number or type of experiences needed to develop professional identity. This lack of ability to standardize what constitutes professional identity has resulted in disparate methods of assessing PIF. Given these challenges, the predominant measures of PIF are mainly formative, classroom level, point-in-time assessments.

Despite these challenges, there are ways to assess PIF formatively. Assessments for PIF can be formal, reflective, quantitative, and/or qualitative. Choice of assessment type depends largely upon what areas of PIF are being evaluated. Formative assessments, including self-assessment using reflection (Niemi 1997) or prompts (Kalet et al. 2017), and surveys or questionnaires (Creamer, Baxter-Magolda, and Yue 2010; Mylrea, Gupta, and Glass 2019), can be relatively simple to employ, but should be crafted carefully to ensure PIF elements are supported throughout the process. Most of the available PIF assessment methods are survey

instruments that students complete about themselves. Many of these tools render a score on a numerical rating scale. Seeing as though these may rely on the students' interpretation of what makes up their professional identity, deriving meaning beyond the individual survey can be problematic. Another plausible method of formative assessment would be observation, but this would miss the feeling component, as it cannot be observed. Several theories and theoretical frameworks are available to help us identify elements of PIF from narrative or verbal-based assessments (Elvey, Hassell, and Hall 2013; Goldie, 2012; Kalet et al. 2017; Moseley et al. 2021). While such results are not generalizable, evaluating PIF from qualitative data might produce rich feedback for students and programs.

PIF can and should be assessed at different points: during a learning experience, at the end of a learning experience, or at the end of an educational program. Assessments at varied points of time can be utilized to ensure that PIF is occurring along the way towards becoming a professional in each field. Varied time points are also important in the event that a student has setbacks or does not meet the learning expectation on a given PIF assessment. There is not one true summative assessment of PIF, given the challenges previously described.

There have been discussions in health professions education regarding the varying expectations of how a practitioner should think, act, and feel as they enter into the workforce. This disconnect poses identity development issues for students. It is essential for faculty to collaborate and engage in open dialogue with preceptors to identify attitudes, values, and behaviors necessary for effective practice. These discussions should also result in the development of tools that are integrated throughout their academic program, including both didactic and experiential learning opportunities. It is acceptable for these measures to evolve and

vary across programs and professions. The most critical factor is that all members of the teaching team are in agreement regarding these expectations.

In this special issue, there are several PIF-related assessments to highlight. Johnson and Parker (2021) describe PIF assessment at various points throughout an online curriculum. In this setting, nursing students develop a personal nursing philosophy through examination of their beliefs, values, and behaviors related to practice and share it as a threaded asynchronous discussion posting. Later in the curriculum, students explore a nursing theoretical framework that aligns with their nursing philosophy through a brief formal paper. In addition, students keep an e-portfolio including reflections, accomplishments, and artifacts that are added each semester to document PIF over time. As described in Garza et al. (2021), assessment of PIF using self-reflection in the Longitudinal Patient Case (LPC) assignment occurred at the end of the learning experience, allowing students to reflect on identity development over the course of the semester-long project. Interestingly, the LPC assignment was both a PIF-pedagogy and a PIF assessment. The creation of a PIF instrument, and subsequent validation of the instrument, was articulated in Ford et al. (2021). This measure was specifically designed to assess PIF across a curriculum at different points in time and ensure practice readiness upon graduation. Tools like this provide helpful feedback on a continuum to both faculty and students. Schwab et al. (2021) describe the development of PIF within a course and how it was assessed quantitatively with a pre and post-test, as well as qualitatively with student reflections. This holistic, multi-level approach to assessing PIF allowed students to self-assess using reflection (a PIF pedagogy) and faculty to evaluate student progression. In sum, the chapters in this edition provide several varied and helpful approaches to assessing PIF.

Future Directions

The SAPLING Model (Strategically Assessing ProfessionaL IdeNtity Growth) articulated in Moseley et al. (2021) was formulated to fill a gap where other models failed to fit our vision of PIF in the health professions. A tree was chosen to represent PIF in this model because of the dynamic, ongoing, and evolving process associated with identity formation. While existing models share similarities, the authors felt the holistic elements were not adequately depicted in existing representations. Because the SAPLING model expresses PIF development over time, the focus is largely on formation of professional identity, rather than assessment. This is one limitation of the model.

We recognize that additional work is needed surrounding holistic and longitudinal assessment methods for evaluating learner progression related to PIF. Furthermore, continued evaluation of PIF among the disciplines is needed to determine if there are possible universal elements. The future of PIF assessment will likely include consistent, student-driven, formative, and longitudinal assessments of PIF. PIF is something that will need to be assessed using multiple strategies at multiple points in time by multiple people. Opportunities to encourage students to continuously self-assess, create, and refine individualized plans for improvement with strategic and progressive benchmarks should be a focus for future research. Faculty development should include awareness of importance of PIF among health professions.

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