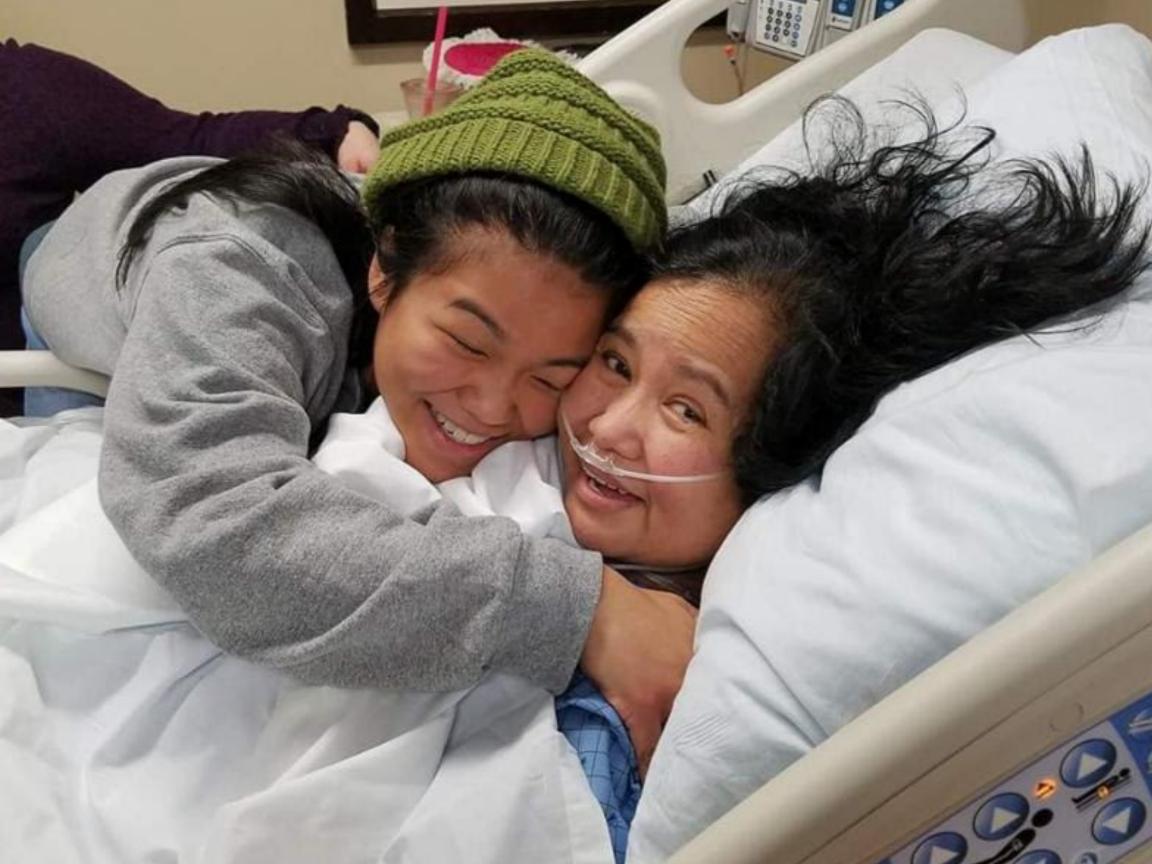


IMPACT OF A PROFESSIONAL IDENTITY FORMATION PROGRAM ON STUDENT PERCEPTIONS

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Knowledge & Skills



BACKGROUND

 Medical schools lacking professional identity formation (PIF) programs led to a call by O'Brien & Irby for innovation around professional identity formation in medical schools and residency programs to improve medical education¹.



Source: O'Brien, Bridget C, and David M Irby. "Enacting the Carnegie Foundation call for reform of medical school and residency." Teaching and learning in medicine vol. 25 Suppl 1 (2013): \$1-8. doi:10.1080/10401334.2013.842915

The "How" and "Why" of Your Education

HOW?

The 'Formal' Curriculum



Standardization Competence (floor) Courses Summative Technical Knowledge & Skills Meaning & Purpose WHY?

The 'Informal' Curriculum



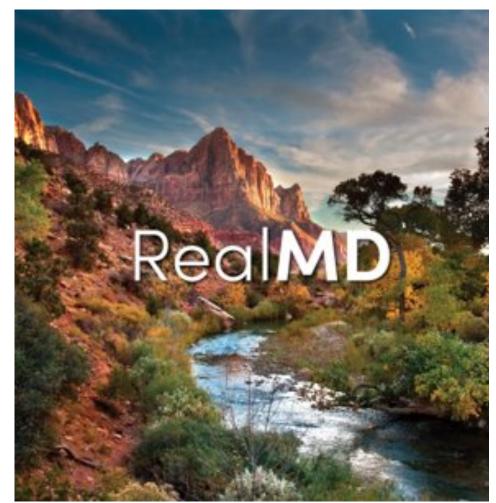
Uniqueness Excellence (ceiling) Social / Mentoring Formative Teleological

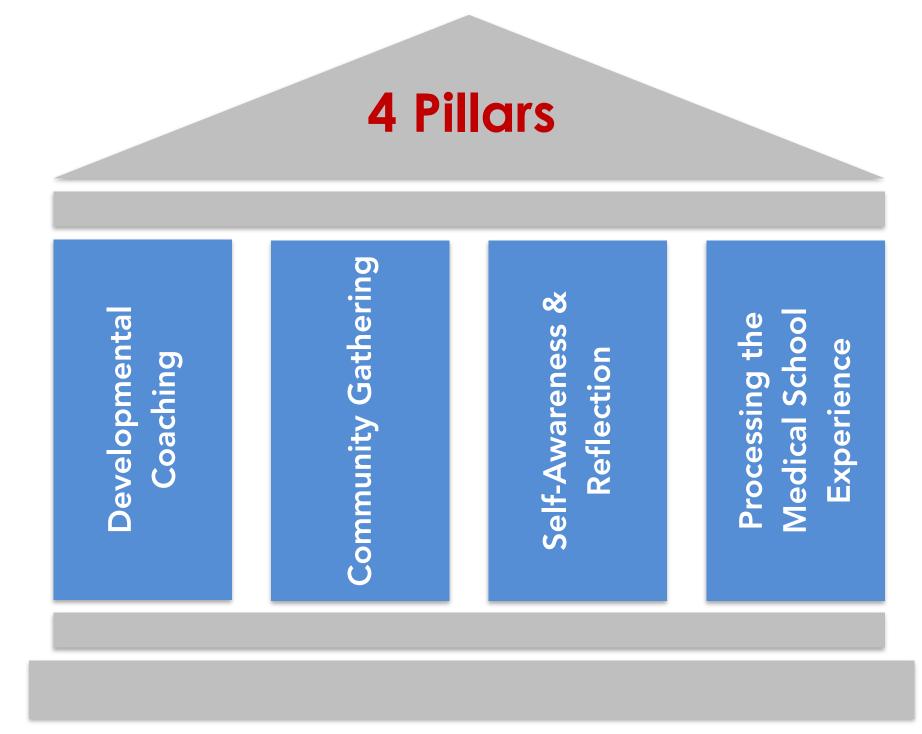
IN 2017, UUSOM PILOTED AN OPT-IN CO-CURRICULAR PROFESSIONAL DEVELOPMENT INITIATIVE CALLED REALMD.



A SPACE TO CONNECT MEDICAL STUDENTS WITH THEIR AUTHENTIC PURPOSE IN MEDICINE

- MEANING: Greater Sense of Self-Determination.
- COMMUNITY: Greater Sense of Empathy and Belonging.
- PURPOSE: Clearer Sense
 of Purpose.





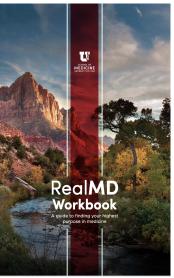


PROGRAM ELEMENTS

- RealMD Workbook
- Individual Coaching
- Lunch Sessions (MS1, MS2)
- Kickbacks (MS3, MS4)
- Storytelling Events
- RealMD Certificate
- RealMD Podcast
- CliftonStrengths
- RealMD Library
- Mentor Mixers

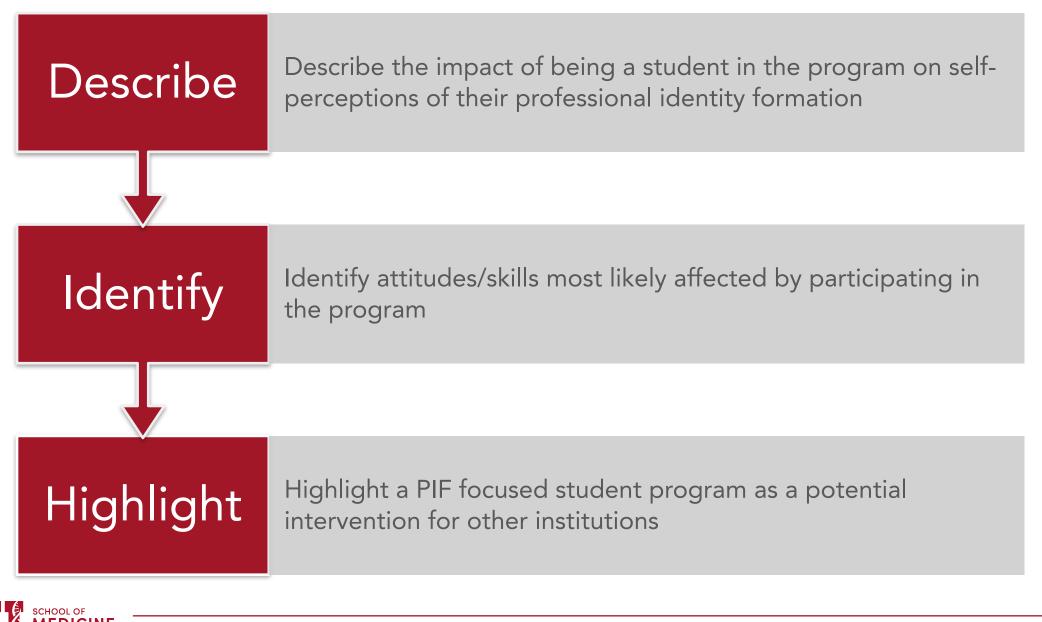








LEARNING OBJECTIVES





In this study, we explored the impact of the program on changing student's self-perceptions about 15 attitudes/skills central to identity development^{2,3}.





- Administered retrospective pre-post survey to MS2024 and MS2025 student cohorts (n=253) at the end of the 2021-2022 academic year.
- Students rated perceived importance of each attitude/skill using a 4-point Likert scale, ranging from strongly agree to strongly disagree.
- Survey also included free-text response to answer "x" prompt.



OUTCOMES

- 111 students (44%) responded to the survey.
- Respondents were subsequently stratified into two attendance groups.
- 51 respondents (46%) were placed in the low attendance group.
 - Attended ≤ 1 session
- 55 respondents (50%) were placed in the high attendance group.
 - Attended 4-7 sessions



AVERAGE RATINGS ON THE MAJORITY OF ITEMS (14/15) INCREASED (RANGE= .01 TO .37)

Survey Item	Avg. Lo-Pre	Avg. Lo-Post	Lo-Diff	Avg. Hi-Pre	Avg. Hi-Post	Hi-Diff	Hi-Lo Diff	
I can see how developing my identity applies to becoming a doctor	3.14	3.39	0.25	3.05	3.69	0.63	0.37	*
I can envision my professional direction	2.88	3.14	0.25	2.67	2.97	0.29	0.03	
I can articulate my values	3.25	3.27	0.02	3.05	3.25	0.19	0.17	
I can apply my values towards my career exploration process	3.08	3.22	0.14	2.83	3.19	0.34	0.20	
I can identify my strengths	2.86	3.06	0.20	2.92	3.10	0.17	-0.03	
I can apply my strengths in professional development activities	2.72	2.98	0.26	2.73	3.02	0.27	0.01	
I have a working draft of my purpose in medicine	2.55	2.75	0.20	2.25	2.47	0.22	0.02	
I have a process (<u>e.g.</u> using the RealMD workbook, journaling, regularly reviewing goals etc.) to self-reflect about who I am becoming as a future physician	2.04	2.25	0.22	2.10	2.61	0.51	0.29	*
I am able to focus on the things I can control and let go of the things outside of my control	2.76	2.88	0.12	2.78	2.93	0.14	0.02	
I can develop a plan to build my network	2.63	2.78	0.16	2.43	2.95	0.51	0.35	*
When faced with challenges, I reach out for help from faculty, staff, and mentors	2.63	2.92	0.29	2.60	3.05	0.44	0.15	
I can build and maintain productive relationships (<u>e.g.</u> mentoring relationships)	2.90	3.00	0.10	2.83	3.14	0.29	0.19	
I have identified issues in healthcare that I want to change	3.04	3.14	0.10	2.93	3.32	0.37	0.27	*
I can set short and long-term goals for my career	3.00	3.10	0.10	2.83	3.10	0.25	0.16	
I can set short and long-term goals for the issues in health or healthcare I am working to impact	2.57	2.78	0.22	2.55	2.86	0.31	0.09	
							p<.05 p<.01	*



THE HIGH-ATTENDANCE GROUP SHOWED A STATISTICALLY SIGNIFICANT INCREASE IN PERCEIVED IMPORTANCE ON **4 ITEMS** (p<0.05)

Survey Item	Avg. Lo-Pre	Avg. Lo-Post	Lo-Diff	Avg. Hi-Pre	Avg. Hi-Post	Hi-Diff	Hi-Lo Diff	
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							p<.05 p<.01	* **





Comments corroborated the relatively higher impact of being a student in the program on these attitudes/skills.



"RealMD gave me hope that things will get better. Expanded my perceptions of what is possible in medicine in an inspiring way. Got me in tune with my inner voice when I thought I'd lost it."

-Anonymous Utah Student



STRENGTHS, LIMITATIONS, FEASIBILITY AND GENERALIZABILITY

- Strengths
 - Known instrument with previous validation
 - Identified significance related to specific student perceptions and program elements
- Limitations
 - Professional identity formation is difficult to measure quantitatively
 - Data is from a single institution with relatively limited sample size
 - Inherent limitations in retrospective pre-post based on respondent memory of present vs. past
- Feasibility and Generalizability
 - Potential application of instrument for other institutions trying to measure the impact of PIF interventions and explore student perspectives



CONCLUSIONS

- Programs such as RealMD may help students develop their professional identity by helping them connect to their meaning, community, and purpose in medicine.
- Highly engaged students placed increased importance on applying identity development to career, having a selfreflection process, creating a networking plan, and identifying an issue in healthcare to change.
- Further investigation is needed to evaluate if this shift in perspective persists throughout students' time in medical school.



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1.O'Brien, Bridget C, and David M Irby. "Enacting the Carnegie Foundation call for reform of medical school and residency." *Teaching and learning in medicine* vol. 25 Suppl 1 (2013): S1-8. doi:10.1080/10401334.2013.842915

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