DR. PAUL EDWARD SCHIEMANN CRAMPTON (Orcid ID : 0000-0001-8744-930X)

Article type   : Commentary

Title: Professional Identity Formation, Intersectionality and Equity in Medical Education

Authors: Paul ES Crampton and Yalda Afzali

Corresponding author: paul.crampton@hyms.ac.uk, https://orcid.org/0000-0001-8744-930X

A great many factors interlink to produce barriers, opportunities and enablers at every stage of the education continuum that produce considerable potential for inequity.[1,2] While one individual may receive privilege in terms of financial, support and educator guidance, the other may face financial hardship and discrimination in the journey to reach the same objective of being a healthcare practitioner. Even at an organizational level medical training dynamically constitutes many different models of education that help define the features of learners, setting the path for their future careers.[3] The impact of this variety of experience has been particularly noticeable in 2020 as the events of the year in relation to under-represented individuals have caused shockwaves throughout the world that have sharply called into question the ways in which health professional education addresses race and ethnic inequalities.

In this issue, Wyatt and colleagues contribute to this discussion by critically reviewing the literature surrounding professional identity formation (PIF) from a post-colonial perspective.[4] Four key conceptual areas that influence identity formation are revealed: 1) Individual vs Sociocultural; 2) Formal vs Hidden Curriculum; 3) Institutional vs Societal Values; and 4) Negotiation of Identity vs Dissonance in Identity. The conceptual areas provide much food for thought about the ways in which the intended and unintended consequences of medical education can influence identity development, which harbour many implications for educators. The authors' powerful and alarming conclusion is that almost all of the PIF research has been silent on how race/ethnicity influence PIF. In this commentary, we highlight three reflections on this and invite scholars to take up the challenge of moving this discussion forward.

The first reflection surrounds the nature of under-represented groups in medicine and the multiplicity of issues faced in relation to privilege and discrimination. Wyatt et al. focus on race and ethnicity to provide meaningful avenues through which to consider PIF.[4] Building further, we are reminded of intersectionality and its importance for considering how under-represented groups tackle and negotiate the various barriers they experience throughout medical education. Across the world, under-represented groups are multi-dimensional and varied in relation to the local circumstances (e.g., institutional, society, and historical trends) in which they find themselves. The under-represented may include individuals from lower socioeconomic status, areas of deprivation, and/or minority groups. Further, each individual will possess a variety of potentially influential factors (e.g., gender, age, race, ethnicity)[5-7] that may force us to consider professional identity formation as transient given that an individual may be privileged in one circumstance while simultaneously being marginalized. How navigating various roles and circumstances influences PIF is vastly under-studied.

Our second reflection arises in relation to the methodological approach taken up by Wyatt et al.[4] Systematic reviews, considered in the biomedical world to be the tip of the evidence-based pyramid, are deeply rooted in positivist principles, which seek to weigh up the evidence in a particular area, but which have shortcomings with respect to being able to synthesise what the findings really mean in practice. Wyatt et al., in contrast, carefully applied a meta-ethnographic approach aimed at enabling critical appraisal of literature-based findings. Meta-ethnography seeks to identify key concepts and illuminate new interpretations beyond those offered by the published articles.[8] In doing so, caution is needed to ensure the approach remains robust (i.e., links genuinely to the data available in the papers), but expanding beyond the narrow focus of a particular article to consider how knowledge can grow through juxtaposition with other articles can form the bedrock on which new understandings enable the tackling of complex topics. Developments of knowledge (i.e., progressions) are needed despite the sparse state of some literature, leading us to wish to encourage a flexible approach to knowledge synthesis for the sake of extending rather than simply describing literature.[9]

Thirdly, the importance of reflexivity is illuminated by Wyatt et al.'s article as they lead us to critically consider how researchers' own backgrounds may influence identity research. In the article, the authors describe their previous experience and knowledge of PIF and qualitative research, as well as their personal experience as minoritized individuals.[4] Given consideration of intersectionality, we wonder whether any of us could ever fully explicate for readers (or for ourselves as investigators) the extent to which various parts of our identities influence the critical insights we gain during research processes. As authors of this commentary, we too have experience and knowledge of PIF and qualitative research, but

we come through these topics from different backgrounds: YA is an Asian female living in an area that makes her an ethnic minority and PESC is a white male of European descent. How the opportunities, barriers and enablers afforded to our own academic journeys undoubtedly shaped the way in which we think about issues is itself a fascinating area of inquiry that would require direct rigorous research for our field to better consider how our identify formation influences the research we conduct on identity formation.

In summary, health professional education is challenged to provide equitable opportunities for all individuals and is likely to achieve that only through better understanding of the intersecting factors that influence PIF. Whilst the expansion of PIF research continues to evolve and reveal the trajectories experienced by healthcare students, there are opportunities created to help tackle issues like discrimination, micro-aggressions and bullying that are built into the systems in which equity is negotiated. Further research aimed at revealing the experiences of multi-dimensional, under-represented groups may help explain the complexities of historical background, social drivers and environmental experiences on PIF. Research team divergence can help to challenge, balance and explore views from multiple perspectives so that Wyatt and colleagues'[4] key finding about the absence of exploration into how race/ethnicity influences PIF does not sadly continue to replicate in the future.

References

1. Wald, H. S., Anthony, D., Hutchinson, T. A., Liben, S., Smilovitch, M., & Donato, A. A. (2015). Professional identity formation in medical education for humanistic, resilient physicians: pedagogic strategies for bridging theory to practice. Academic Medicine, 90(6), 753-760.

2. Holden, M., Buck, E., Clark, M., Szauter, K., & Trumble, J. (2012, December). Professional identity formation in medical education: the convergence of multiple domains. In HEC forum (Vol. 24, No. 4, pp. 245-255). Springer Netherlands.

3. Cooke, M., Irby, D. M., Sullivan, W., & Ludmerer, K. M. (2006). American medical education 100 years after the Flexner report. New England Journal of Medicine, 355(13), 1339-1344.

4. Wyatt, T. R., Balmer, D., Rockich-Winston, N., Chow, C. J., Richards, J., & Zaidi, Z. (2020). 'Whispers and shadows': A critical review of the professional identity literature with respect to minority physicians. Medical Education.

5. Walby, S., Armstrong, J., & Strid, S. (2012). Intersectionality: Multiple inequalities in social theory. Sociology, 46(2), 224-240.

6. Tsouroufli, M., Rees, C. E., Monrouxe, L. V., & Sundaram, V. (2011). Gender, identities and intersectionality in medical education research. Medical education, 45(3), 213-216.

7. Afzali, Y., 2017. Gender relations in higher education in Afghanistan: a case study (Doctoral dissertation, Durham University). http://etheses.dur.ac.uk/12353/. Accessed October 17, 2020.

8. Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta ethnography to synthesise qualitative research: a worked example. Journal of health services research & policy, 7(4), 209-215.

9. Eva, K. W. (2008). On the limits of systematicity. Medical Education, 42(9), 852-853.

5 short quotations

- Many factors interlink to produce barriers, opportunities and enablers at every stage of the education continuum that produce considerable potential for inequity
- In this issue, Wyatt and colleagues contribute to this discussion by critically reviewing the literature surrounding professional identity formation (PIF)
- The authors' powerful and alarming conclusion is that almost all of the PIF research has been silent on how race/ethnicity influence PIF
- Research team divergence can help to challenge, balance and explore views from multiple perspectives
- Research aimed at revealing the experiences of multi-dimensional, under-represented groups may help explain the complexities of historical background, social drivers and environmental experiences on PIF