

Research Article

The Transformation of Professional Identity of Master in Health Professional Education Graduates

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Abstract

Background: Master in Health Professional Education (MHPE) program was established by University of Health Sciences Lahore since 2011. It was designed to train the health professionals as medical educators. All these health professionals were having their primary identities as clinicians, researchers, basic sciences experts. In that scenario, how they are coping and have shaped their dual professional identity of being practicing health professional and now as medical educator.

Objectives: To understand underline process of transformation of the “professional identity” of MHPE graduates through their perceptions.

Methods: Ethical approval for this qualitative phenomenological study was taken by advanced studies and research board of UHS. After taking written consent, twelve MHPE graduates (total number of students, graduated at that time) were interviewed through, long in depth semi structured interviews to collect the data. For interpretation of the data thematic analysis was used. The interview transcripts were imported in computer assisted qualitative data analysis software (CAQDAS) i.e NVivo 12 and coded in nodes.

Results: Through thematic analysis, eight diverse themes were identified. Result of this study revealed that MHPE program has transformed the professional identity of its graduates as medical educationist as well other than their primary identities but with certain considerable challenges.

Conclusion: The conclusion of this study is that the medical professionals have transformed their professional identity on individual and social level after completing this program. This clearly represented within their selves and evident externally through their professional practices.

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Introduction

During the last few years, a drastic change is evident in the medical education system and its perception and practices worldwide.¹ This has influenced the national needs for change even in Pakistan as well.^{2,3} It is



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often debated that how MHPE programs have changed their practices and how they have coped with the difficulties in the application of the theory into practice.

MHPE students who are future medical educators not only have to develop the core knowledge, attitudes and skills to teach but also to demonstrate their ability to be a role model, an evaluator, leader, manager, researcher, collaborator, and a scholar.^{4,5}

In fact, it is a matter of attaining a new professional identity, which will evolve over time.⁶ The professional identity is relatively new to the ears of our medical faculty. Moreover, it is said that individuals attain multiple personal and professional identities gradually over a period of time, which continue to change throughout their lives.⁷ In this context, the notion of how MHPE graduates transform their identity after acquiring master's degree in health professional education and how they perceive the roles and responsibilities of new identity needs further exploration. Professional identity formation is an integrated continuous process, which encompasses the formation of fundamental values, moral principal and self-awareness.⁸ According to a researcher, there are three main spheres of PIF (Professional identity formation) i.e. professionalism, identity development and formation. The medical profession like other professions is the combination of multiple identities i.e. personal and professional. So, attaining the PIF needs a change in the one's own individual identity with professionalism.⁹

Research question was, "How do MHPE graduates perceive and experience the transformation of their professional identity throughout and after completing the MHPE program"?

To address this research question, the literature review follows the concept of professional identity formation and after that, how transformation of Professional identity of medical educators has evolved.

Word "identity" refer people and the concept of its, who they are.¹⁰ Professional identity is the construct that how a person visualizes him or herself as a doctor or scientist etc. however, professionalism involves displaying the deeds or acts of a professional. As a professional doctor it includes ethics, expertise, and service.¹¹ Professional identity is a dynamic process, which is constructed and co-constructed all the time by interactions

within the community of practice.¹²

By combining these expectations with personal values and identity is one of the foremost challenges, which medical professionals experience all the way through their training.¹³

Literature supports that establishing communities of practice can help people working in particular domains by collaborating through mutual engagement towards mutual goals and purposes. So being an educator and being a part of related Community of Practice (COP) can help for professional identity formation.¹³

The health professionals who did post-graduation in medical education belong to different clinical and basic sciences. So, they have their own primary identities. A study revealed that medical educators take this privilege predominantly to define themselves as Professional Medical education Experts.¹⁴ Hence identity Conflict is a major struggle for all the medical educators who initially have their primary identities as a physician, surgeon, clinician or basic scientist. This problem of identity conflict and of having multiple identities may overlap.¹⁵

In the realm of a continuous struggle, the most challenges were managing time, lack of guidance, acceptance of change in previous culture, shortage of colleagues to whom share the workload, lesser economic capital with lack of recognition, lack of resources and support. Hence balancing of multiple intersecting identities has been challenging for many educators in constructing their professional identity.¹⁶

Transformed professional identity of MHPE graduates has it impacts in terms of work quality, professional performance, and in attaining key attributes as a role of medical educationist. Achieving this construct has certain facilitators and barriers. This study provides a more effective understanding for supporting the formation of their professional identity.

Furthermore, this can impart important educational implications for the health professional education program itself by channelizing the resources rightly towards maximizing the constructive output of medical educators. By understanding this transformation process the curriculum design, teaching methods and MHPE student support services can be improved. It will also be beneficial for devising the educational implications

before selecting candidates.

Methods

The study was conducted ethically, with informed consent obtained from all participants, and received ethical approval from the University of Health Sciences Lahore's Ethical Review Board.

This phenomenological qualitative study utilizes the interpretivist and constructivist paradigm. Interpretivism focus on understanding how individual experience and interpret their reality, while constructivism focus on how individual construct their own realities through interactions with others.¹⁷ The social identity theory served as the theoretical framework.¹⁸ Purposive sampling was used, focusing on MHPE graduates from a public university of Lahore. Twelve faculty members, from clinical and basic sciences, were interviewed over six months. This participant number was chosen due to the limited pool of graduates from the last three MHPE batches. Interviews were conducted at locations preferred by participants until data saturation was achieved. Interview questions were derived from themes identified through literature review and a pilot study

involving two participants. Thematic analysis proceeded in three cycles: in the first cycle, potential themes were identified; in the second, these themes were refined; and in the third, commonalities were identified using a constant comparison method. This approach provided insights into identity transformation within our cultural context. To validate findings, triangulation was applied, and additional techniques such as respondent validation, adherence to protocols at every methodological stage, and peer review of coding with a sample of data transcripts were employed to ensure data quality.

Results

The study showed insights of respondents' perceptions about being medical educationist's transformation process. There were similarities and differences amongst the perceptions about the transformation of being medical educationists. However, most of the respondents exclaimed their renovation path as a remarkable experience. These similarities and differences are extended over eight themes. These are "motivation to join the program, Perceptions about attributes as being Medical educator, transformation of individual professional

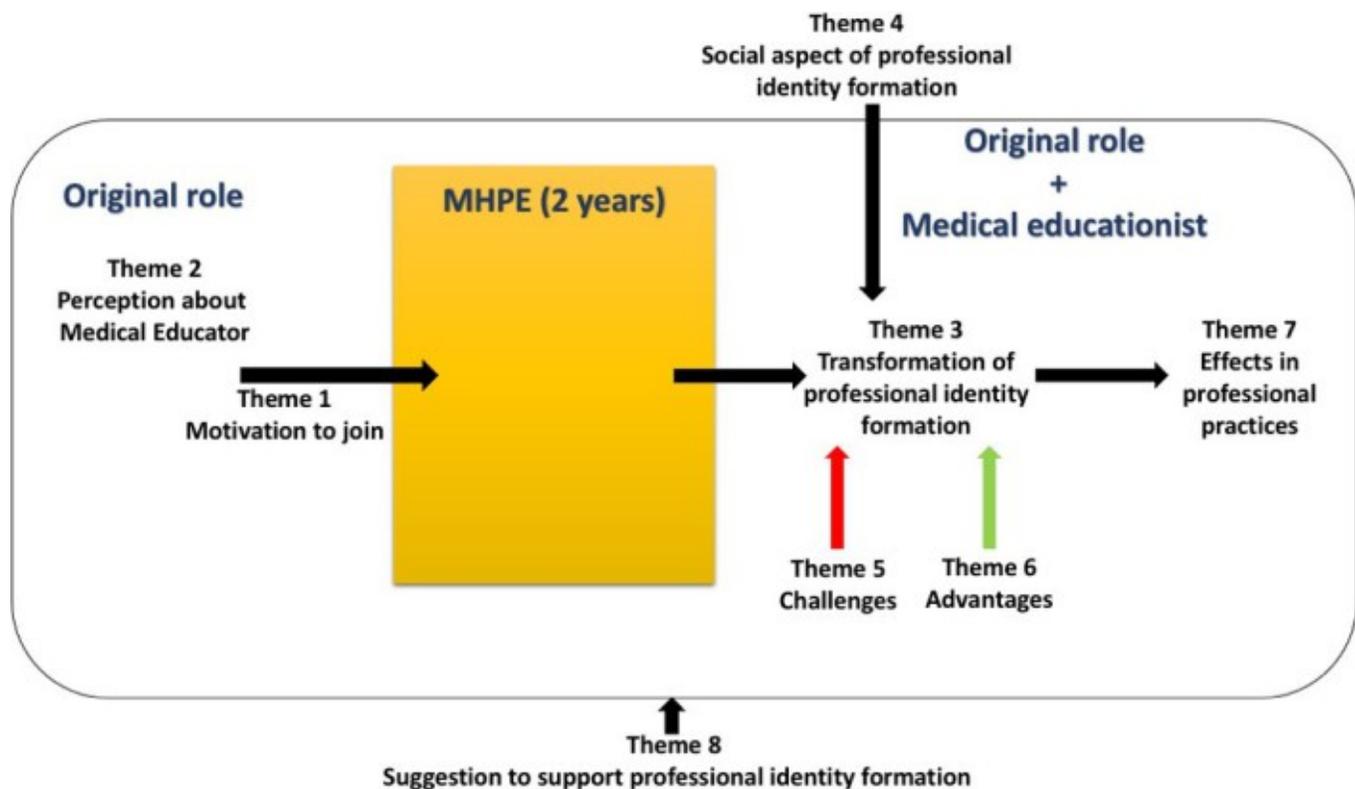


Figure 1: Conceptual Framework of Professional Identity Transformation among MHPE Graduates.

identity after doing MHPE, social aspects of professional identity formation after MHPE, Challenges of Professional identity transformation, Advantages with transformed professional identity, effects in professional practices after doing MHPE and the Suggestions for Professional identity formation process.”

Table 1: Summary of main Findings and implications

Motivation to join the Program	Executive skills
	Inspirational motivation
	Job Requirement+ Inner drive
	For specialization in medical education
	Foreign Qualified Tag
	Distinctive among others
Perceptions about the attributes as being Medical Educator	Role model
	Separate identities
	Professional Teacher
	Good Teaching skills
	Researcher
Transformation of Individual level of Professional Identity after doing MHPE	Technical knowledge of Medical education.
	Self-regulation
	Communication skills
	Feedback
	Optimism
	Self-actualization
	Passion
	Leadership and management
	Dedication and prudence Or Passion
	Compassion
	Social management
	Evidence based Good practices
	Reflective Practice
	Interpersonal relationships
	Confidence
	Critical Thinker
	Mentor
Social aspects of Professional Identity formation after MHPE	Generational difference
	Working conditions and boundaries
	Effect of speciality area.
	Health care System Support
	Lack of service structure
	Peer Support
	Awareness of faculty members
	Appraisal and revalidation
	External Conflicts of Professional identity
	Vision of personal satisfaction
	Extra burden
	Power Dynamics
	Role of Leader
Challenges of professional identity Transformation	Novice stage
	Time constraints
	Shortage of Expert Medical educators
	Reluctance to bring change
	Adherence to old practices
	Not Rewarding
	Not a full time career choice

	Identity Dissonance
	OR
	Unclear construct of Medical education
	Personal challenges in PIF.
	Cohesive Identity & Conflict of Multiple Identities
	Health system support and accreditation.
	Lack of practice
	Work load and dedicated & Available time
	Lack of internal motivation
	Extra Burden or Economic reimbursement
	Lack of acknowledgement
	Favouritism
Advantages with transformed professional identity	Executive Positions
	Self-actualization
	Senior faculty support or Report with HOD
	Proactive Approach or Persistence
	Evaluation and Feedback
	Evidence based good practices
	Self-regulation
Effects in Professional practices after doing MHPE	Faculty Development
	Formal training for better quality medical Teachers
	Involved with CMT course
	Integrated Modular system
	Involved in Mentoring
	Leadership position
	Selection Process
	Hiring of dedicated faculty
	Hiring of Foreign Experts
Suggestions for professional identity formation process	Separate identity of department of medical education.
	Evolution of ME system and structure.
	Landmarks of Medical educators
	‘professional practice
	Need in Service policy change
	Formal training for medical teachers
	Community of practice
	Research

The perceptions in terms of motivational inspiration for the respondents were that they joined this program for achieving excellence, self-regulation, and stature. The respondents reported that appropriate behaviours are required while being a medical educator which are role model, researcher, and passion of being excellent Professional teacher. The process towards professional identity formation is mostly, influenced by getting technical knowledge of medical education and the chances of implementing this in their working place. The respondents acclaimed of having transformed reflective practice, with enhanced confidence level, better communication skills, and optimism level.

The social aspects, which effected their transformations process, were mostly context specific like working conditions, informal feedback from colleagues and

peers. They also mentioned the lack of service structure rules and power dynamics have greatly undermined their motivational level to establish their professional identity. The challenges, which they encounter, are mostly due to lack of time, shortage of experts, resistance to change. There are many other challenges like identity dissonance, dual identity, system support and non-rewarding nature of this degree in terms of promotion etc. The study showed insights of respondents' perceptions about being medical educationist's transformation process which is a dynamic process and constructed on many individual and social aspects.

After finding the results researcher concludes that, acceptance of MHPE by the accreditation bodies of Pakistan like PMDC, PPSC is the highly recommended. There is need to change in service policy and this programme should be compulsory in merit for gaining of leading positions.

Discussion

Professional Identity formation is a multi-dimensional, actively constructed developmental process.¹³ There is data available for the PIF (professional identity formation) of medical, students, nurse and physician. For medical educator the Professional identity formation is a relatively new field of research so limited data available.¹⁹ Health professionals with multiple Identities are themselves in transformation process. Recognizing the gap in the qualitative analysis on the transformation process of health professionals with the dual roles motivated this research to explore how these identities evolve and interact. So, it was planned to get the qualitative analysis of these questions. In previous researches it was found that the perceptions of medical educators that how they have become the medical educators and what obstacles they have met during their journey²⁰ and the process of transformation of professional identity in consideration with dual identities was not answered in detail. In a recent study done at Pakistan, explored the tensions for the medical educators in various stages of their career.²¹

The study lacked insights into how early-career medical educators with dual identities have developed their professional identities.

Research data addressing the transformation of professional identity of those medical educators is lacking.

As far as Pakistan is concerned, it endured even more dearth of such type of qualitative studies.¹⁹

In a study the clinicians experienced a variety of factors that influenced their initial career choice in medical education and subsequent professional identity formation as a clinical educator. They identified 5 overarching domains: a community supportive of medical education, culture of institution and training, personal characteristics, facilitators, and the professionalization of medical education.²²⁻²³

Professional identity continues to develop and transform throughout a lifetime of a professional. As same study elucidates various factors influencing PIF of medical educators, as reflected by medical educators themselves²⁴. Findings indicate many challenges in relation with having dual professional identity. They also have faced situations where their status was questioned and perceived a low self-image. Institutional policies can be framed accordingly to facilitate the process of PIF of medical educators.²⁵

Other than identity dissonance, there are many other challenges for medical educators. e.g., lack of academic recognition, funding, institutional support, lack of role models, and most of all the time management

The Limitations of this study data was gathered from the health professionals who have recently completed their degree and have limited work experience. The data is mostly from the perceptions of the novice medical educators with dual identities. The administrative support, institutional facilities, infra structures, provided to every individual were different variable, which have influenced the results. Another limitation was that this sample was restricted to graduates from a single medical education program that is MHPE program, so limiting its generalizability. Interviews were limited to the convenience sampling, as there were limited graduates by that time available which has generated the potential of selection bias. Most of the Participants were working Gynaecologist, which was another limitation of this study. Another limitation was potential researcher bias which author has sought to minimise through the use of reflexivity, triangulation, member checking and audit trail.

"It is recommended to expand the discussion on the recursive relationship between the identity of the medical

profession and the professional identity of individuals as medical educators in the context of change. Interviewing recent graduates provides relevant and timely feedback; however, their experience as practicing medical educators may be limited. Therefore, future studies could gain deeper insights on this topic by including graduates with more experience in medical education."

Inclusion of aptitude test for the entry of applicants for the MHPE program should be mandatory. So that to assess their intention about getting a degree or to contribute to the medical education field latter on.

Another area for forthcoming research is needed to discover and achieve consensus on the core skills, attributes and values of an excellent medical educator with dual identity of a clinician and basic sciences expert.

Conclusion

Health care professionals have transformed identity on individual and social level after completing this program. This clearly represented within their selves and evident externally through their professional practices. There are some barriers, like time constraints, power sharing and lack of recognition. In Pakistan, the field of medical education is relatively new, hence traditional medical system with particular mind-set will take time to accept transformed identities of medical professionals with additional medical education qualification.

Inter-professional collaboration is a key factor that has emerged as the most effective way of dual identity medical educators to acclimatise with. It is important that the concept of collaboration be well understood, because although with the increasingly complex health problems faced by health professionals are creating more inter-dependencies among them. To cater these complexities, and build inter-professional relationships, medical educators with dual identities can have better understanding of health professional's problems. Research in this regard can be helpful for both sides.

Ethical Approval: The Ethical Review Committee, of University of Health Sciences, approved this study vide letter No. UHS/Education/126-16/3158.

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Author's Contribution:

SS: Conception & design, Acquisition of data, analysis & interpretation of data, drafting of article, critical revision for important intellectual content, final approval

AR: Acquisition of data, drafting of article,

HS: Acquisition of data, analysis & interpretation of data, drafting of article

BN: Acquisition of data, drafting of article

AI: Acquisition of data, analysis & interpretation of data, drafting of article

MKM: Conception & design, Acquisition of data, drafting of article

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