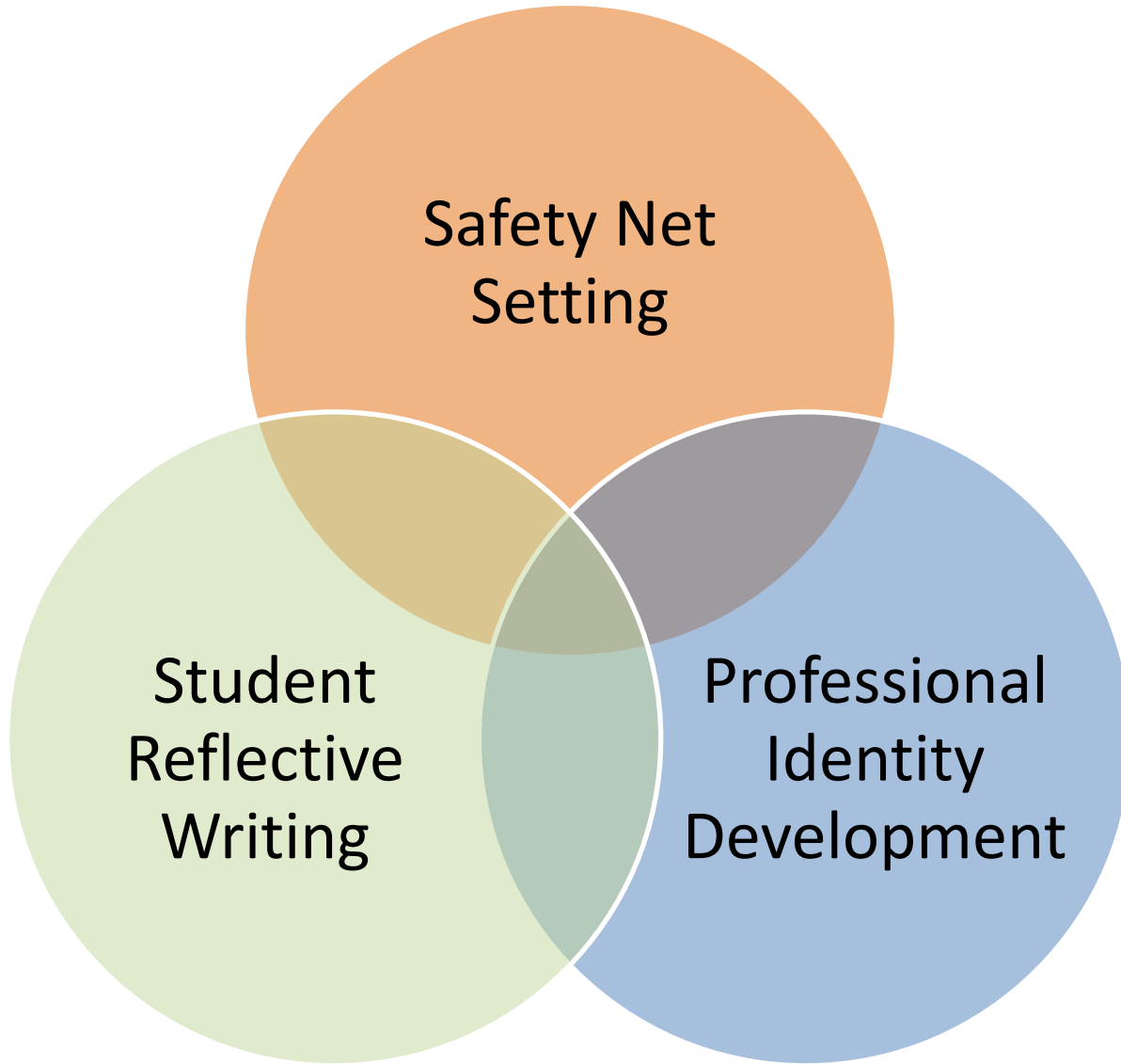


# Understanding Student Professional Identity Development as Providers for the Underserved

Jennifer Gong, PhD, Mim Ari, MD,  
Michelle Cleeves, MD, Jennifer Adams, MD

University of Colorado School of Medicine,  
Denver Health Medical Center



Safety Net  
Setting

Student  
Reflective  
Writing

Professional  
Identity  
Development

# What does it take?

- **Idealism**, that all persons deserve access to quality health care.
- **Empowerment**, that is seeing oneself as able and effective in improving the health of patients.
- **Injustice**, that is recognizing how societal choices and systems address needs and access to care differently depending on your “group”

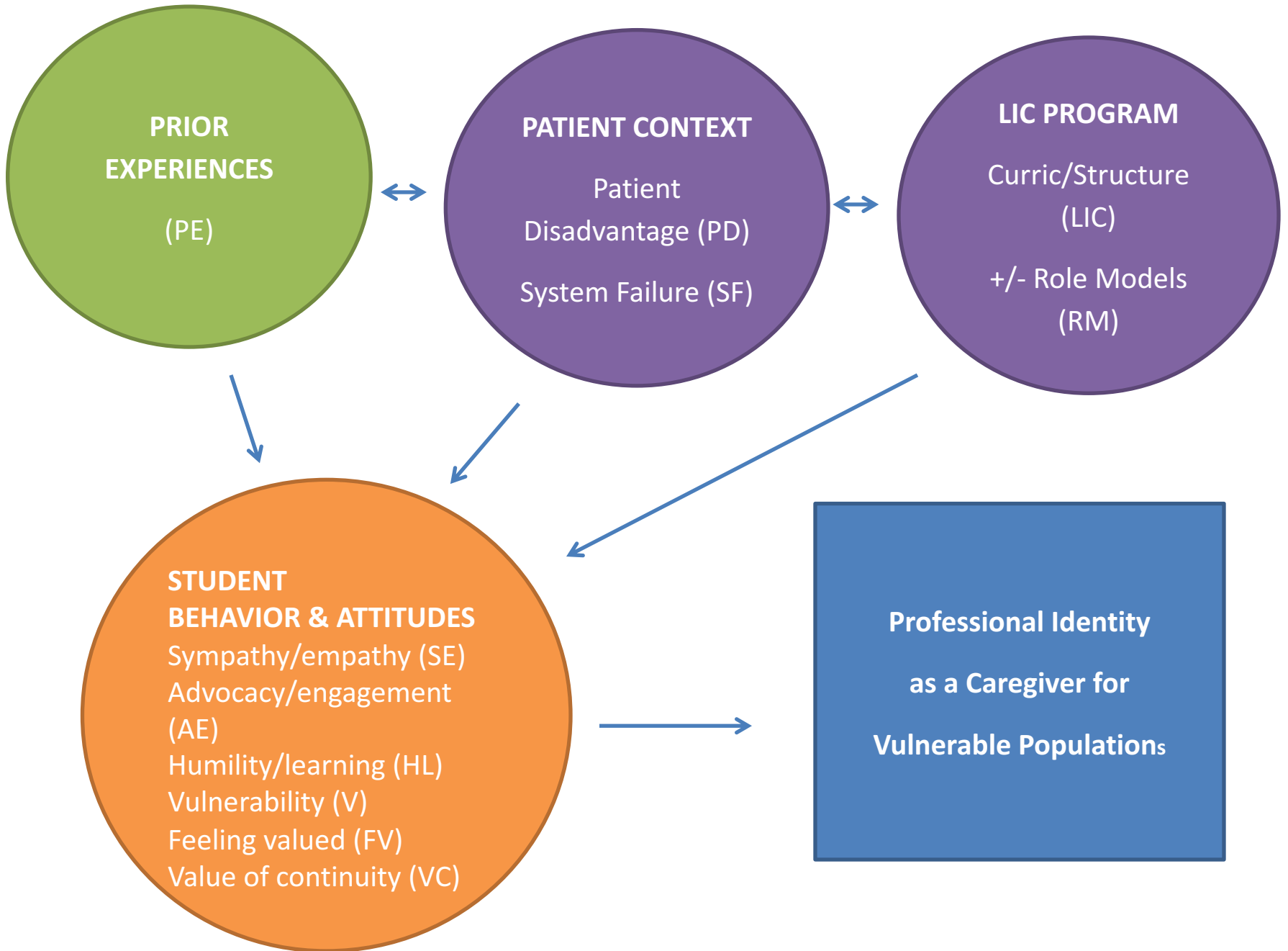
# Our Focus

To understand student professional identity development during their clinical year by analyzing reflective writing assignments that explored issues related to underserved care.

- What do students say about their clinical experience? About themselves now & in the future MDs?
- What role did the LIC play in this process?

# Methods & Data

- Iterative process
- Coding – open, thematic
- Meetings, meetings, meetings
- Data: 45 essays, 2 cohorts, 15 students
- Essay prompts: poverty, boundary setting with patients & patient closure
- Coders: 4 faculty, 3 MDs, 1 PhD
- Report on % of students in each theme

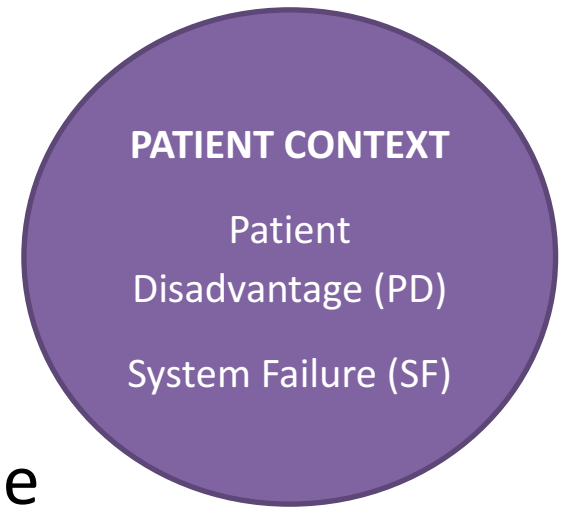


# Prior experience



- 7 of 15 students
- Formative experiences with vulnerable populations prior to the LIC

# Patient Context



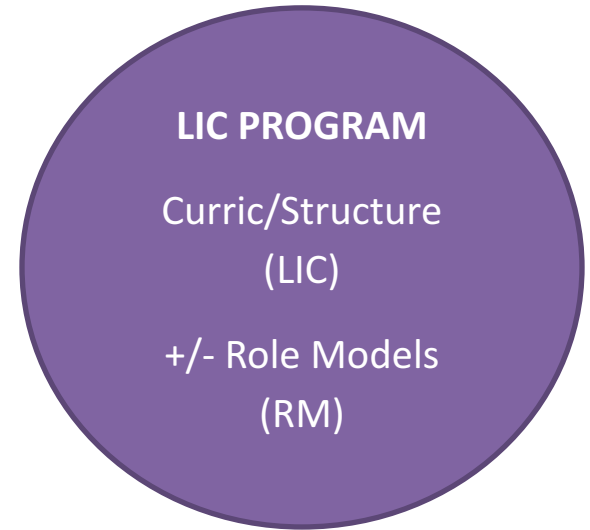
- **Patient Disadvantage** (all students)
  - Recognize the disadvantage and the barriers it generates to health
- **Systems Failure** 13 of 15 students
  - Healthcare system fails to meet pt complexity
  - Failure of other systems to meet basic needs
  - Ideas for a better system in reaction to its failure





# LIC Program

- **LIC Impact** (all students)
  - Explicitly refer to how the “LIC” impacts learning
- **+ / - Role Modeling** (11 of 15 students)
  - Impact of good role models on clinical & professional roles
  - Recognize provider shortcomings/indifference



# Student Behaviors & Attitudes

- Sympathy/empathy (SE)
- Advocacy/engagement (AE)
- Humility/learning (HL)
- Vulnerability (V)
- Feeling valued (FV)
- Value of continuity (VC)

- **Sympathy & Empathy** 9 of 15 students
  - Expressing sympathy/empathy for patients
- **Advocacy & Engagement** 13 of 15 students
  - Personal sense of responsibility and altruism
  - Advocacy and self-efficacy around patient outcomes
- **Humility & Learning** 11 of 15 students
  - Seeing patients as people, not problems, confronting bias
  - Learning from patients
  - Demonstrating humility/humble attitude towards patients
  - Seeing patient resilience despite adversity



- **Valuing Continuity** 9 of 15 students
  - Identifying the value of continuity for patient care and student learning
- **Feeling Valued** 9 of 15 students
  - Feeling valued by patients and/or care teams
- **Vulnerability** 11 of 15 students
  - Recognizing interpersonal nature of patient-provider relationship
  - Allowing oneself to be vulnerable in relationships with patients thereby learning to set boundaries

# Professional Identity Formation as Caregiver for Vulnerable Populations

- 12 of 15 students
- Explicit mention of identity (Who I am)
- Future hopes describing the kind of physician they want to be (Who I aspire to be)
- Sustaining oneself 9 of 15 students



# Conclusion

- Reflections varied in depth & sophistication.
- Students' writing provided ample examples of how their understanding of patient context, the impact of LIC/role models, their developing attitudes and behaviors gave shape to their identities as providers working with the underserved.
- LIC structure seems ideally suited to enable students to identify and grapple with identity issues providers encounter in working with this population.

# Acknowledgements

- Amy Beeson
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- Alita Ovrutsky
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- Sarah Axelrath
- Kris Oatis

# Patient Disadvantage

“I will never forget hearing about one of my pediatric patients home life living in a trailer without heat or hot water with 2 siblings and his grandfather struggling to make ends meet let alone keep up with school. Their story has reminded me to always consider the social situations of patients and consider the logistical barriers many of our patients face in terms of staying healthy.”



# Impact of the LIC

“My time as an LIC student has given me something that traditional third year medical students never get: the opportunity to develop the beginning of a physician identity that is fundamentally tied to the identity of my patients.”

# Humility & Learning

“My experiences thus far have been extremely humbling. I could have never guessed that these are the types of issues patients are facing on a daily basis. I presume that the thousands of people that drive by DH every day have no idea what some of the patients lying on those beds are enduring. It puts into perspective what I consider are my problems, which are not really problems at all.”

# Identity Formation

“It has given me a critical perspective on the care that we provide, it has given me a clearer sense of the limitations of my professional role and the finitude of my time, and finally, to quote my LIC application essay, it has confirmed that “caring for these people—their resources stretched thinly, their lives complex, their health precarious, their stories unceasingly fascinating—is the vocation I am seeking in medicine.”