

Letter to the Editor

Beyond professional identity formation: from “is” to “am”

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Dear Sir,

Motivation, professionalism and self-actualization

Humanistic psychology gives emphasis on the whole personality of man as a creative, healthy individual, who recognises and realises his inner potential. This inner drive is released in the creativity of striving individuals which leads to the goal of self-actualization. Such a person experiences his own being and can relate easily to other people and social groups. Perhaps the most important concept from principle of existentialism is that of *becoming*. Maslow regarded this process of becoming, or self-actualization, as inherent to human nature.¹ The arrangement of basic needs, in a hierarchy of lesser or a greater need, is the chief principle of organization underlying human motivational life. If self-actualization is to be achieved, the individual must transcend the restraints of society and his or her deficit needs and assume responsibility for becoming whatever he or she is capable of becoming.² Thus, a person must discover his own inner capacities and try to attain the goal of self-fulfilment. Once a person consciously takes charge of his own actions, he uses his inner strength to be creative and different in his endeavours.

Just as the goal of humanistic psychology is to promote development of personal identity formation, in the same token, the goal of medical education is to support and guide students and residents to develop their professional identities. Conceptually, professional identity formation must be congruent with the processes through which human beings develop a personal identity.³ There are three domains relevant to medical education through which identity of a medical student is influenced and developed, and these are; individual identity, relational identity, and collective identity. The identity of an individual at any moment represents the sum of the influences from these three domains. The individual identity consists of personal characteristics, commitments, beliefs about one's self, and the impact of multiple life experiences. The relational domain expresses the influence on identity of significant individuals, such as family members, friends, mentors, and co-workers. The collective domain reflects the impact of the social groups to which an individual belongs. Although identity stabilizes in early adulthood, transformation in these domains continues throughout life.

Kegan has proposed six-stage model for identity development from infancy to adulthood.⁴ These stages are; incorporation, impulsion, imperial, interpersonal, institutional, and inter-individual. Thus, a medical identity, including one's professional identity, is thought to develop sequentially throughout Kegan's stages 2, 3, and 4. Cruess et al modified these stages to explain attainment of professional identity in medicine.⁵ Individuals begin to identify with the profession, to the point that they become totally immersed in and integrated with it, as the concepts of altruism and service begin to take hold. Those who reach stage 4 are characterized as the self-defining professional, an individual who can negotiate conflicts between professional values and their core belief system. Their reason is in control of their emotions and desires. At this stage, a deep, authentic, and firm incorporation occurs with professional identity defining the self.

In medical profession, individual's journey begins from layperson to skilled professional in a unique manner from “who they are” to “what they would be”. The ultimate goal of medical education is to ensure that medical students and residents come to “think, act, and feel like a physician through development of professional identity”.³

Professional Identity Formation (PIF) is an integrative developmental process which involves the establishment of core values, moral principles, and self-awareness. The three domains of PIF are professionalism, identity development and formation. Human formation is a classical concept described in education. The formation process involves an intricate rhythm of self-examination, dedicated mentorship in spiritual direction, service to the suffering poor, and extensive reflection undertaken every day. Studies of preclinical medical students have demonstrated the importance of self-reflection in medical student identity development. Providing residents with professionally relevant tasks earlier in their training might accelerate the process of PIF. This is consistent with the recent trend toward early clinical experiences in the education of medical students.⁶

Miller's pyramid and professional identity

Miller's original pyramid provides a structured approach to the assessment of medical competence.⁷ He proposed a pyramidal structure with four hierarchical levels, each of which required specific methods of assessment. As is

well known, the levels are “Knows,” “Knows How,” “Shows How,” and “Does.” Thus, “does” is the highest level of performance achieved and assessed. Cruess et al recently argued that development of PIF as a professional behaviour is not reflected in this 4 level pyramid of Miller.³ They proposed inclusion of fifth level of higher performance in medical education as “is”, which reflects a change in behaviour i.e., professional identity. The “is” level reflects that individuals think, act, and feel like a physician.

There are some methods suggested for assessment of “is” behaviour; such as standardized inventories, open-ended interviews, and open essays.⁸ Another method is evaluation by professional self-identity questionnaire.⁹ Individuals can self-assess their professional attributes also.

A professional may possess multiple personal and professional identities.¹⁰ This further complicates evaluation of PIF. Acquisition of PIF requires a change in one’s individual identity with a hazard of losing “self” despite the fact that this self must be preserved. The preservation of self is possible by ascending one more step higher from “is” to “am”! This highest level of self-actualization is achieved when there is congruence of personal identity with professional identity (Figure 1).

We propose that in order to achieve centrality of identity to a physician’s self, a perfect professional would attain self-actualization and then self-transcendence above it. To achieve it, he must transcend the restraints of society and his needs and assume responsibility for becoming whatever he or she is capable of becoming-a perfect professional. That is beyond consistent demonstration of the attitudes, values, and behaviours expected of him. As stated earlier, an important domain of identity development is social learning. Once developed, he transcends this barrier and develops attitudes for habitual use of virtues as daily chores i.e., he lives a life of professional, a true teacher or a master. This leads to transition from “is” to “am”, that is “I am” or सोऽहम्. It is a conscious cultivation of self motivation and self-realization in rendering medical service as “I am to do”. This stage is more upwards from self-actualization and incorporates the elements of worship and prayer in rendering service to the mankind (vide supra). Thus, he is fully immersed as a self-defined professional and has developed innate professional identity. The grandeur and magnificence of this form of professionalism is akin to renunciation that leads to growth to a higher dimension (spiritual) of attainment-the one attained by ancient *Gurus* and *Acharyas*. Thus, he becomes blissful soul and joy lies embodied with him. It is true that not all physicians would attain this stage but, one can strive for one’s unattained but attainable self.

The word सोऽहम् in Vedic philosophy means identifying oneself with the universe or ultimate reality. It signifies

self-realization “I am a physician” in its true sense. Even Maslow revised his pyramid of needs in his later life to include a level above self-actualization, which he called as Self Transcendence. While self-actualization refers to fulfilling your own potential, self-transcendence refers literally to transcending the self. At the level of self-actualization, the individual works to actualize the individual’s own potential, while at the level of transcendence, the individual’s own needs are put aside, to a great extent, in favour of service to others.¹¹ This is a mark of an ideal physician.

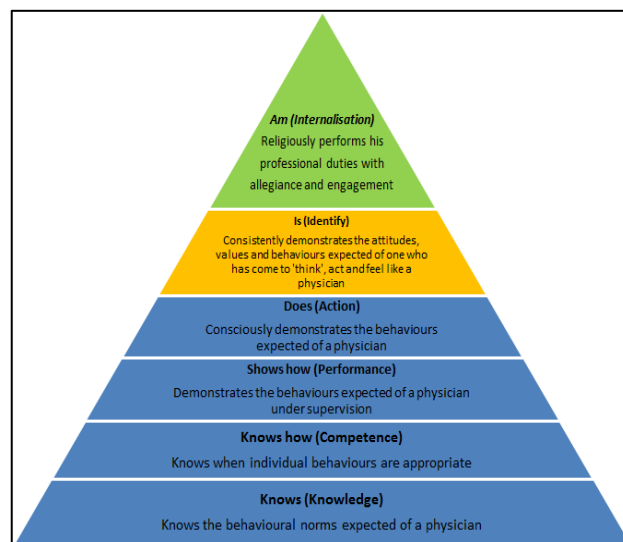


Figure 1: Proposed six-level pyramid (from “is” to “am”).

The blue levels are those described by Miller, the orange level was prescribed by Cruess et al and the top green level is proposed by us.^{7,5}

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