Professional identity in doctors,

Why and how to develop it

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Summary. The mission of medical schools is to train doctors who can respond to the needs of the population. Having a Professional Identity (PI) makes the individual feel safe and perform their work efficiently. Therefore, the development of IP is important, the literature is reviewed in search of strategies for this. Role modeling is considered the most used strategy and also the most effective.

Keywords: Professional identity, medical education, professional development.

1   Introduction

Identity development is an individual process based on one's own construction, understanding of who one is; how one identifies with the group and how meanings are created through interaction with others. The individual himself identifies with his place in the world, both individually and as a member of a collective, internalizing values, norms, roles and skills that allow him to function as members of his cultural group (B. Guo, Zhao, Gao, Peng and Zhu, 2017). So Professional Identity is a process of socialization, negotiation, continuous reconstruction in social and relational environments, being the result of experience and reflection on it, therefore it depends on how this individual perceives it and interprets the world. (Pratt, Rockmann, & Kaufmann, 2006)

2   Theoretical Framework

Being a doctor is a profession, and it is understood as the trade or occupation that has "certain unique ways of doing things", supported by codes and transmitted from generation to generation. It is carried out at the service of society, but it also meets one's own needs, that is, it implies remuneration. It requires specialized knowledge, therefore, training in the profession, that is, individuals must necessarily be trained in the profession by others, from a layman one passes to a doctor, acquiring the "codes" of the profession. (Torres-Quintana & Romo, 2006).

3   Method

Background information is sought to answer the questions: why is the development of IP important? And how is the IP developed? The last 10 years of medical education literature and ERIC are reviewed, using as keywords: Professional identity AND medical education. There are 30 articles that respond to the keys, and in the review of them, only 8 can answer the questions asked.

4   Result

Cruess, et al., Goldie and Wald, agree that IP is a transcendental element in how people configure, construct and signify the very nature of their work, it implies not only "being a doctor", but rather "think, act and feel as a doctor."

K. H. Guo, indicates that knowing "who to be" is important, builds onto-logical security, provides a sense of stability by making daily practices routine by responding to "professional codes" and helps individuals deal with tensions or transitions that occur. He also pays attention to the fact that in the development of IP, "critical incidents" appear where individuals have to make critical and difficult decisions, which have consequences; and are particularly important for the development of IP.

On the other hand, WHO emphasizes that an inappropriate development of IP in the doctor gives poor care, wastes significant resources, reduces productivity and harms the health of populations.

Wong and Trollope-Kumar point out that developing PI requires acquiring the traits of the profession, its deontology, therefore, one must be in contact with members of the medical profession. In this regard, Cruess, et al, Goldie and Jarauta, join Wong & Trollope-Kumar in indicating that role models, vicarious learning or modeling have been shown to be the greatest influence on the development of the physician's PI. During these interactions, the student identifies not only with who he "is," but also with who he "is not."

In the opinion of Cruess et al.; Goldie; Perrenoud and Wong & Trollope-Kumar, early contact with patients only helps in the development of PI when it is accompanied by reflection on what has been experienced.

5   Discussion

Based on what Guo points out, the definitions of self-image and self-esteem of doctors who are part of the PI are closely related to their self-efficacy, identifying with the identity of "doctor" makes them feel professionally secure (K. H. Guo, 2018). Appropriate PI development would be a critical factor in providing a high level of care and optimizing patient outcomes (B. Guo et al., 2017, WHO, OECD, 2018).

Students begin their training with a series of pre-existing understandings, they have aspirations and expectations, "their dreams" and they represent an idealized position of the profession, as a desired future for themselves, with which they have already begun

the development of an IP and It allows them to focus their effort on a goal. The construction of a PI requires acquiring the traits of the profession, its deontology, therefore, to develop a doctor's PI one must necessarily be in contact with doctors. A process of "becoming" is described that would be in continuous development throughout the entire career. (Wong & Trollope-Kumar, 2014).

The generation of students who are currently studying medicine is characterized by the use of technology and social networks, adapting easily and quickly to changes; However, they have a tendency to fail in interpersonal skills, give less value to the importance of family values and tend towards individualism, which could lead to a lack of social commitment and little empathy, which would harm the development of IP. (Bermúdez, 2006; Kunakov, 2011).

The "critical incidents" that appear in the development of the IP are outside the control of individuals and will have a significant impact on them (K. H. Guo, 2018). These incidents must be "designed", during the professional training process, controlling the variables, and the development of the IP. Students acquire their beliefs, values and attitudes about "being a doctor", mainly through the doctors with whom they come into contact, who become models to follow or reject, depending on whether or not they coincide with the "ideal" of the doctor, which every student wants to be. In this way, training institutions must be proactive in offering appropriate behavioral models. (Cruess, et 2015; Goldie, 2012; Jarauta, 2017; Wong & Trollope-Kumar, 2014; Cruess et al., 2014;; Pratt et al., 2006).

Another element is early contact with patients and opportunities to share the experience in small groups, helping the student develop a multifaceted understanding of PI. This process is only useful when it is accompanied by reflection on what has been experienced (Cruess et al., 2014; Goldie, 2012; Perrenoud, 2011; Wong & Trollope-Kumar, 2014).

In this way, medical training institutions must provide individual learning opportunities that lead to identification with the group, all of this implies the training of teachers.. (Cruess et al., 2014; Goldie, 2012; Pratt et al., 2006; Wong & Trollope-Kumar, 2014).

6   Conclusions

The review carried out indicates that it is important and necessary to develop PI because it allows the professional to act safely, contributing to the improvement of patient care.

Physician IP is developed through interactions with patients, tutors and colleagues in real and therefore complex learning environments. In particular, three important elements appear: meetings with patients, positive role models, and an explicit training plan.

For the development of PI, in medical training it is essential to help students to successfully form and integrate their professional personality. More research is needed, teacher training and an explicit medical training plan where there is no room for random training.

7   Limitations and Future Research

Studies on physician PI have only been developed in the last 10 years, with limited but compelling evidence. More development and research is needed in this regard.

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