

Key Literature in Medical Education Podcast Review

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Competency Is Not Enough: Integrating Identity Formation Into the Medical Education Discourse

Reference:

Jarvis-Selinger S¹, Pratt DD², Regehr, G¹. *J Acad Med.* 2012; 87 (9): 1-6.

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[PubMed URL](#)

Tags

Clinical domain

Professional
General

Educational domain

Curriculum
Teaching and learning
Educational research

Background


With rise of competency based education comes concerns about anatomizing competencies into measurable tasks and ignoring their interconnectedness: looking at small abilities and not roles that may encompass many competencies. This may be particularly important for concepts such as professionalism. We are told: 'analyze what a physician does, translate into measurable behaviors, and then assess development over time (e.g. by using milestones). This approach emphasizes what we *do* as opposed to who we *are*.

Purpose

To" provide a conceptual analysis, based on a review of the salient literature, of the issues re a shift from a focus on defining and assessing competencies to an understanding of the link and complementarity between the development of competence and the formation of identities."

Type of paper

A review (not systematic) and synthesis of relevant literature.



Key Points on the Methods

A review of 'salient literature' and a conceptual analysis as it relates to:

- a. identity formation of distinct and discontinuous stages for an individual,
- b. the influence of context and society on identity formation,
- c. the link between competency and identity formation, and
- d. implication for the development of a physician

Key Outcomes

'Competency', 'Role' and 'Identity' are described.

A 5 stage model of identity formation is described: relevant to medicine are stages 2 ('acting the role'), 3 - becoming socialized (internalizing expectations, behaviors and values) and 4 'building personal values to compare to an external state'.

Transitions between stages are often abrupt and precipitated by crises.

There are 'successive identities' and a need to construct new and deconstruct old identities. In each phase a trainee is concurrently learning how to 'be' in current stage as well as how to 'become' a future doctor.

Identity of self relates to social group - a community of practice. Drivers helping to form a common identity include socializing agents (physicians, peers, other health professionals), and learning 'language' (verbal and otherwise). This is both conscious and tacit.

Identity formation and competence are complementary. There may be more need to focus on competency early in acquisition of each new role, and on identity later. This implies a more holistic approach to teaching and assessment.

Need to reframe transitions as crisis moments with opportunities to develop.

Key Conclusions

The authors conclude that roles are a social construct, competencies are a behavioral manifestation, and that one needs to pay attention to the social context and environment as well as individual development in ensuring physicians are ready for independent practice.

Spare Keys – other take home points for clinician educators

An example of the scholarship of integration - bringing in perspectives from other disciplines.

It would be helpful to have more clinical examples that a CE could relate to - most are in the area of professionalism.

It may help in understanding how best to foster 'professional identity formation' and acquisition of some of the other complex roles e.g. physician

as leader, as problem-solver, and how we can address and facilitate transitions. It may also explain why writing milestones or EPAs is challenging in some of these areas.
