A Narrative Analysis of Clerkship Reflections: Medical Student Identity Development in a Changing World

Mahino A. Talib, MD¹, Richard E. Greene, MD², MHPE, Abigail Ford Winkel, MD, MHPE³

INTRODUCTION
Using story as a lens, we can more truly understand the developing physician identity in relationship to practicing medicine.

- Written reflections can support professional identity development.
- Narratives construct social meanings.
- Students struggle to process ethical issues, uncertainty and social injustices occurring in clinical training.
- Analysis of students’ reflections show construction of professional identity in the context of relationships with the environment.
- The current practice climate cannot be isolated from social, racial, economic and political dynamics.

METHOD
Narrative inquiry of medical student reflections explored how students drew meaning from their experiences. In their assignments, students had been asked to share a story from their clerkship year where there was an opportunity to “tell a story,” and reflect on “the physician’s relationship with patient, self, colleagues and society” (Charon, 2016). The analysis was performed by two independent coders, who applied inductive labels to text segments and created a homogenous codebook through serial discussions. Dedoose software was used for the coding and analysis of 31 medical student reflections.

The 51 codes in the codebook remained stable and emerged after the initial coding of 10 reflections. Six broader categories within the data were observed describing the development of empathy towards patients, a supportive learning atmosphere, the recognition of bias and value judgments. Four themes were generated which were used to create a conceptual model for medical students’ developing professional consciousness during this stage of training. Member checking was done through review of the themes and conceptual model with students rotating on the OBGYN clerkship and their reactions were integrated into the final analysis. Data was obtained through the Research on Medical Education Outcomes Data Registry, classified as exempt from IRB oversight by the NYU Grossman School of Medicine IRB. (ID 08-674).

CONCLUSIONS
Medical students in clinical training identify strongly with both patients and the medical team. Rather than viewing professional identity development as a longitudinal journey from one extreme to another, students have the power to call attention to entrenched problems within medical culture and increase empathy for patients by retaining their strong identification with the important issues/conflicts of this time. Medical educators must continually incorporate the discussion of systems challenges and empathy for patients as an explicit part of the faculty-learner relationship, as opposed to just the passing on of medical knowledge and skills. A more explicit curriculum for scaffolding a socially-conscious, human and empathetic professional identity is called for in clinical training.

REFERENCES

1 Mahino A. Talib, MD New York University School of Medicine, 212-683-3595, 36 East 32nd st, 4th floor, NY NY 10003, mahino.talib@nyulangone.org
2 Richard E. Greene, MD, MHPE, New York University School of Medicine, 212-236-3027, 550 First Ave, OBV-BCD-D401, New York, NY 10016, richard.greene@nyulangone.org
3 Abigail Ford Winkel, MD, MHPE, New York University School of Medicine, 212-263-8683, 550 First Ave, NBV-9E2, Abigail.winkel@nyulangone.org