

Understanding the Role of Near-peers in Influencing Professional Identity Formation in Undergraduate Medical Education: A Mixed Methods Study

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Introduction

Professional identity formation (PIF) is a critical aspect of medical education that is gaining significance in undergraduate curricula. Many factors contribute PIF, including interactions with physicians, patients, and peers, as well as classroom interactions.

A 2018 survey of medical students at Wake Forest School of Medicine quantified students' perception of the impact of these interactions on their PIF.

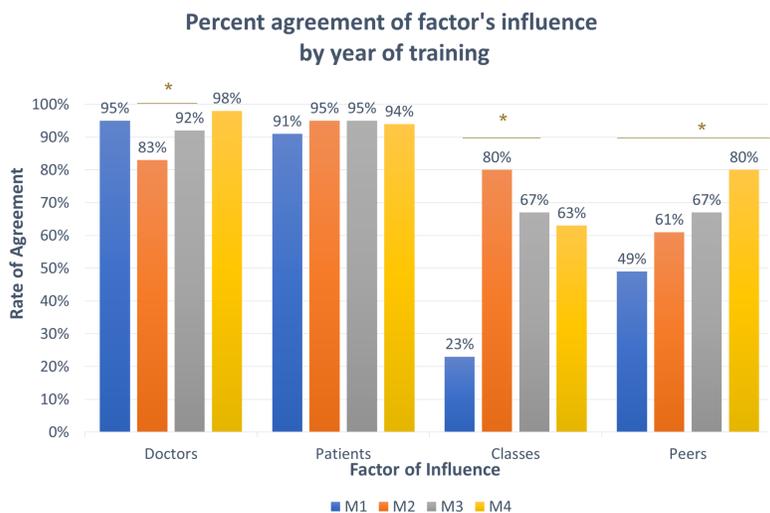


Figure 1: Percent of student agreement that the given factor impacted PIF by year of training. Statistically significant rates are indicated by a bar and asterisk (*).

Methods

A series of semi-structured interviews and focus groups were recorded, transcribed, and analyzed using Strauss and Corbin's constant comparative method for thematic analysis.

37 students were interviewed, yielding 863 minutes of recording and 893 unique responses.

For each category – **physician, patient, peer, classroom** – students were asked...

“Describe a situation in which a _____ interaction influenced your idea of what it means to be professional.”

Results

Physician Interactions (n=74)

Students identify behaviors to emulate in observed interactions



Table 1:	Theme	Example
All cohorts	Observe physician interact with patient	“This was my first interaction with an IV drug user ...the infectious disease doctor who I was working with handled the encounter incredibly well.”
	Positive example, intent to emulate	“It’s finding doctors where you see how they act, and then that’s the way you act.”
M2	PT death	“Letting the room breathe a little bit when you give bad news... letting everybody take what they need to process.”
M3	Support student learning	“He was so intentional about taking the time to teach. When you are a professional, that involves promoting others’ learning.”
M4	Response to mistake	“There was a mistake that happened in the patient’s care... We had to go and talk to the patient about it... I really saw how... respect for the patient really came into play.”
M5	Utilize team	“You have to be somebody who incorporates all those different roles and actually listens to them and uses them.”

Patient Interactions (n=42)

PIF is shaped by patient responses to one-on-one interactions



Table 2:	Theme	Example
All cohorts	One-on-one	“When I’m one-on-one with a patient, I feel less like a student and more like a doctor.”
Clerkship	Patient response	“The attending was asking them questions and they looked over to me to answer the question for them.”
M2	Trial and error	“[The experience] gave me good practice hearing different varied sexual histories and knowing how to react.”
M3	Patient heard	“If you can make them feel heard I think that helps a lot.”
M4	Psychosocial concerns	“I’ve been able to get a lot deeper and unpack a lot of stuff better with the more psychosocial factors.”
M5	Mastery	“[To patients], you’re not a medical professional unless you can answer any questions they have super confidently and without hesitation.”

Results (cont.)

Peer Interactions (n=43)

Students are challenged by peers to raise standards for themselves

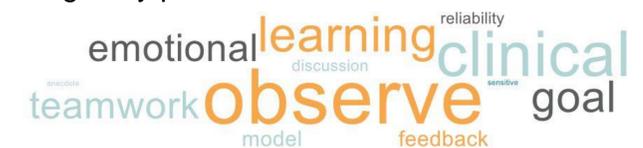


Table 3:	Theme	Example
All cohorts	Observe peer in clinical setting	“Students that are very engaged and responsive with patients... The patient will light up or open up to them when they’re in the room.”
	Set goals based on peer conduct	“I’ve had plenty of peers who go above and beyond what a resident would think we are responsible for... Being on rotations with them built me up a lot and allowed me to see outside the scope that I was looking at.”
M2	Care for patient emotions	“Even if you’re having the best day of your life...if [the patient is] having the worst day of their life, be understanding of that.”
M3 - M4	Support peer learning	“Someone was asked to do a presentation on thrombolytics... and [another peer said], ‘Here, I found this awesome paper about that.’”
M5	Reliability	“Reliance on peers, that teaches medical professionalism pretty quickly.”

Classroom Interactions (n=77)

Students evaluate the conduct of instructors and learn to work in groups



Table 4:	Theme	Example
All cohorts	Evaluate instructor conduct	“Lecturers who are 5 minutes late, their slides have misspellings... You can tell they didn’t put a lot of time or effort into their presentation.”
	Small group interaction skills	“Working in those small groups [taught me] how to be professional in a group of people you’ve never met before.”
	Patient interaction skills	“[The instructor] brought in patients... and had them share their experiences. That showed me what it meant to be a professional because he exhibited a kind of caring empathy.”
M4	Ownership of learning	“You’re really responsible for what you learn... That’s part of professionalism too, taking the initiative to learn as much as you can.”
M5	Professionalism grade/evaluation	“Feedback is the other big thing... Someone’s there watching and talking with you afterwards.”

Conclusions

- (1) PIF is shaped heavily by emulating physicians when they interact with patients and reflecting on one-on-one patient encounters
- (2) Peers challenge students to rise to higher standards, see professional interactions differently, and set goals toward personal improvement
- (3) Preclinical students interact as classmates while clinical year students identify as colleagues and create professional communities of practice