

# Domain of Competence: Personal and Professional Development

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THE DOMAIN OF personal and professional development was constructed as a new domain of competency on the basis of the Association of Pediatric Program Directors' (APPD) input during an ethnographic inquiry<sup>1</sup> at the 2009 fall APPD meeting. This new domain encompasses both individual aspects of professional formation, characterized as the development of professional values, actions and aspirations,<sup>2</sup> as well as overarching concepts of global professional attributes, such as trustworthiness. In a brief glance at the 8 competencies within this new domain, one will observe that these new areas stand on their own as important competencies. These new competencies also serve as rich qualifiers of many of the other competencies: the response to and management of stress (relates to professional conduct, humanism, and professionalization); the recognition and management of ambiguity and uncertainty (relates to aspects of problem solving and communication); the degree of confidence in interacting with patients (relates to interpersonal skills and communications); the degree of help-seeking based on self-reflection (relates to directed learning activities);

management of conflict between personal and professional work (relates to professionalism); and others. As such, these descriptive milestones provide insight into contemporary values in the field of pediatrics; their richness stems from the cultural values of personal and professional development likely shared by all specialties. These new content areas functionally add to and embellish the other competencies. Recent evidence suggests that some personality traits, particularly empathy and conscientiousness, have a significant impact on overall academic and performance.<sup>3</sup>

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Competency 1. Develop the ability to use self-awareness of one's own knowledge, skills, and emotional limitations that leads to appropriate help-seeking behaviors

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**BACKGROUND:** Help-seeking behaviors stem from uncertainty. An individual's ability to deal with uncertainty is shaped by his identity development, the culture and context in which he finds himself, and the socialization process within that culture.<sup>1,2</sup> Identity development plays a critical

role in the professional formation of physicians. In the early stages, one relies almost exclusively on external prompts and judgments to guide behavior. This translates into doing something because we are told to do it and either want the praise or want to avoid the consequences.<sup>2</sup> As one

matures, there is a shift to more intrinsic motivation and values. One begins to look at the identity of the profession and emulate behaviors that are perceived as important in belonging to the physician community.<sup>2</sup> The perceived values of the profession are incorporated as one's own value system. It is only with greater maturity that one is able to integrate one's own personal and professional value systems in a way that minimizes conflict that may arise between the two.<sup>2</sup>

When applying what is known about identity development to the construct of help seeking, we know that learners early in their development may recognize deficiencies but may not ask for help because they fear it will negatively affect their evaluation or they want to avoid being made to feel inadequate. Because they are driven by external influences, a supervisor can step in and direct them to resources or prompt help-seeking behaviors; role modeling is an excellent venue for accomplishing the latter. The exceptions to desired behaviors in response to prompts are individuals who may not recognize their shortcomings even when pointed out by those who supervise them. For this small group of learners, ongoing feedback and concrete examples of deficiencies are most helpful.

As the learner begins to mature, he will try on the perceived values of the profession by emulating witnessed behaviors of other physicians. This is where the perception of autonomy as a valued behavior competes with the recognition of limitations and becomes a barrier to asking for help. Faculty development is critical in educating the physician community about the great influence of the "hidden curriculum" on learners.<sup>3</sup>

It is only with the later stages of identity development that one is able to engage in help-seeking behaviors despite concerns about the perceptions of others, because one's personal value system for patient safety supersedes any perceived values of professional autonomy. At this stage, the outcome for the patient is more important than the evaluation or personal consequences. The learner is secure enough in his own identity as a physician that he can be true to his own values.

Socialization within the culture and context of the medical community greatly influences personal and professional identity development, one element of which is appropriate help-seeking behaviors. The socialization process in medicine has not traditionally embraced acknowledgment of one's uncertainty; rather, it has placed a premium on the attributes of autonomy and independence. A recent study of learners in the emergency department and general internal medicine inpatient units underscored the pressure learners experience to act independently. This pressure was based on their perception that independence in thought and action was an identifying characteristic of a doctor and the community to which they aspired to belong. Organizational issues such as heavy workload and the impact on their constant process of evaluation were also contributing factors.<sup>1</sup>

The work of Lingard et al<sup>4</sup> also describes the professional socialization process through the learning and language of students' verbal case presentations in the

context of rounds on a pediatric inpatient unit. In this qualitative study, which illustrates the development of identity described above, the authors were able to elucidate themes such as "thinking like a student" and "thinking like a doctor." The student presentations typically focused not only on seeking guidance for the sake of patient care but for their own agenda of proving competence and deflecting criticism, demonstrating that uncertainty is an uncomfortable realm for students. Faculty attendings, however, modeled a more comfortable realm for uncertainty through professional rhetoric that placed uncertainty in the context of personal limits in knowledge as well as limits in evidence, information from primary histories, professional agreement, scientific knowledge, and a contrary concept of limitless possibilities. The authors also demonstrated that students had the capacity to progress from student thinking toward doctor thinking during the study period.

Of note is the fact that the traditional hierarchical and autonomous social context and culture of medicine facilitates keeping the novice at the novice stage by placing true or perceived value on certainty, autonomy, and independence. To move learners from novice, or student, thinking to doctor thinking, faculty have to mitigate the value placed on these traditional beliefs and model the value of uncertainty, explicitly stating that not only is it acceptable to acknowledge uncertainty, but that it is a critical ingredient in improvement. Although faculty behaviors will not alter the developmental stages of help-seeking behaviors per se, they can slow or hasten a learner's progression through them. This has important implications for faculty development and emphasizes the need for faculty to embrace and reward the acknowledgment of uncertainty by learners.

#### DEVELOPMENTAL MILESTONES:

- Demonstrates a limited insight into limitations in knowledge, skills, or attitudes, which results in the learner not seeking help when needed, sometimes resulting in unintended consequences.
- Expresses concern that limitations may be seen as weaknesses that will negatively impact evaluations. This results in help-seeking behavior typically only in response to external prompts rather than internal drive.
- Recognizes limitations but has the perception that autonomy is a key element of one's identity as a physician. The need to emulate autonomous behavior to belong to the profession may interfere with internal drive to engage in appropriate help-seeking behavior.
- Recognizes limitations and has matured to the stage where help-seeking for the sake of the patient supersedes any perceived value of physician autonomy, resulting in appropriate requests for help when needed.
- Demonstrates the personal drive to learn and improve results in the habit of engaging in help-seeking behaviors and explicitly modeling and encouraging these behaviors in others.

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