Education

UNDERSTANDING THE STRUGGLES TO BE A MEDICAL PROVIDER: VIEW THROUGH MEDICAL STUDENT ESSAYS

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□ **Abstract—Background:** The clinical learning environment helps to shape the professional identity of medical students. This process begins from existing personal identity and is influenced by various factors, including clinical experiences and clinical learning environment. **Objective:** The purpose of this study was to examine medical students' reflections as a way to identify and better characterize the modern struggles that medical students face, in order to inform the development of professional identity. **Methods:** Students rotating in their emergency medicine clerkship wrote reflections on dilemmas that highlighted common struggles of becoming a doctor. Qualitative analysis was performed to determine common themes from the essays. The research team coded 173 reflections and identified themes and major domains. **Results:** The first domain was Patient–Provider Conflict, including challenging patient (34%), difficult communication (25%), competing priorities between patients' interest and trainees need to learn (19%), and bias (13%). The second domain was Provider-Specific Issues, such as the "gray zone," in which there is not a clear standard of practice (29%), end-of-life care (14%), emotional struggle (6%), and fear of litigation (5%). The final domain was Systems Issues, such as cost of care (12%) and role of the emergency department (6%). **Conclusions:** The reflections point to a wide variety of challenges that students confront in practice that will contribute to how they develop into physicians. © 2017 Published by Elsevier Inc.

□ **Keywords—**burnout; education; learning environment; professional identity

INTRODUCTION

The development of professional identity for medical students is critical. Professional identity formation (PIF) is the individual's development of professional values and moral and ethical principles through ongoing self-reflection and actions (1). As part of PIF, students attempt to make sense of the conflicts and complexity of behaviors observed and the emotions that are prompted. This process begins from existing personal identity and is influenced by various factors, including clinical experiences, teaching, role models, learning environment, peers, and friends (2).

The learning environment helps to develop the identity of trainees as they become physicians. Trainees learn and work in complex, rapidly changing environments. They deal with uncertainty, challenging patients, high complexity, and often function as a social and medical safety net to patients, while striving to provide excellent care. However, the environment can provide both positive and negative influences on trainees. Further, these settings present nontrivial challenges that contribute to emotional and physical stress. As a result of these experiences, the people who influence them and the individual processing contribute to how trainees are unconsciously changed by the clinical learning environment.

Narratives are an effective method for encouraging conscious reflection. This method has been shown to be a tool for development of professional skills and attitudes

in medical education (3–6). It allows trainees to better characterize beliefs, attitudes, and thoughts, and then actively pursue changes for PIF and, at times, to improve the environment (7,8). Learners in the clinical setting commonly observe behaviors that providers have become tolerant to, which allows learners to provide unique perspective (9). These hidden curriculum behavior "norms" can negatively contribute to PIF unless addressed specifically.

The majority of senior medical students in the United States rotate through the emergency department (ED). This setting provides the opportunity for excellent clinical learning through managing undifferentiated patients, but also provides exposure to social, ethical, and emotional complexities of care. In our clerkship, students are required to write a brief reflection about ethical issues encountered in the ED. A faculty member with expertise in bioethics reads the reflections and then facilitates a group discussion. This process for students contributes to PIF through the use of experiential learning, reflection, personal narratives, role modeling by faculty, and candid discussion in a safe community (1,2).

Our previous work categorized the professional and ethical dilemmas encountered by medical students in the ED (6,9). These included autonomy, social justice, nonmaleficence, and beneficence. Moreover, there was an important reoccurring theme of ethics reflections, which we did not address directly and later labeled as the students' "struggle to be a doctor," that forms the basis of this study. We recognize students' attempts to make sense of the complexity of emotions, behaviors, and actions in the clinical setting. The objectives of our study were to use medical students' reflections as a way to identify and better characterize the modern struggles that medical students face and to inform the development PIF in the setting of the hidden curriculum.

MATERIALS AND METHODS

This study used a cross-sectional study design with a qualitative analysis of data. The participants in this study were fourth-year medical students during their mandatory emergency medicine clerkship. The settings varied, as participating students rotated at an academic, community, or county site for 1-month duration. This study was determined to be exempt by the Institutional Review Board.

As part of the requirement of the rotation, students were prompted to, "Write one paragraph about an ethical issue encountered during your emergency medicine rotation." All students (173 students) submitted a brief reflection and received credit for completion, regardless of the content of their submission. The paragraphs formed the basis of a small group ethics discussion facilitated by ethics faculty. The students' reflections were de-identified

before analysis, with the exception of student sex. The data set used is the same as the data set used by the authors on a study examining ethical dilemmas in the ED, which was published previously (9).

Student reflections were analyzed using a grounded theory approach (10,11). Initially, each team member read the first round of reflections independently and generated a list of common themes that emerged from the data. The team included two ED clerkship directors, one expert in qualitative methods, and one medical student. The team then met and clarified themes and iteratively developed a collective list of themes. The initial data analysis identified ethical dilemma themes that have been published elsewhere (9).

Beyond the ethical themes, the primary investigators also observed compelling reoccurring themes that related to the struggles to being a doctor. The students struggled with the clinical experiences and reflected on the right course of action. A new team was formed to investigate the emergent themes of the "struggles to be a doctor," including a medical student to represent the student perspective. There were 173 reflections. The new team met, discussed, and refined the themes relating to this domain. Common themes were identified using grounded theory and catalogued, resulting in a final list of themes agreed upon by the study team based on dialogue and consensus. These themes encompassed three major domains. Then two of the team members coded 23 essays and a κ-statistic was performed to compare coding and to ensure consistency of coding, which showed a high degree of agreement ($\kappa = 0.81$). Once themes were established and coding consistency determined, one author coded the remaining essays, for a total of 173 reflections.

RESULTS

We identified three major domains with 10 themes from the 173 essays related to the struggles of being a doctor. The frequency of each theme is noted in Table 1. In reporting the results that follow, we have provided an example that demonstrates the meaning of the theme with quotes from the students' essays. Following each quote in parentheses is the clerkship period, a unique student identifier, student sex, and themes coded for that particular essay. Most reflections demonstrated several themes.

Patient–Provider Conflict

The most common theme that emerged was "challenging patient." We identified challenging patient encounters as those that involve patients who present a struggle to provide care due to the patient's psychological profile, social situation, substance abuse patterns, or impaired status.