

Construction of a New Professional Identity in Medical Education: A Trend to the Future in Iran due to a Basic Reform in Education and Expectations

Leili Mosalanejad^{1*}

¹ Medical Education Department, Virtual Education Center, Jahrom University of Medical Sciences, Jahrom, Iran

Received: 2019 July 24

Revised: 2019 October 29

Accepted: 2019 November 3

Published online: 2020 November 2

*Corresponding author: Medical Education Department, Virtual Education Center, Jahrom University of Medical Sciences, Jahrom, Iran.

Email: Mosalanejad@jums.ac.ir

Citation: Mosalanejad L. Construction of a New Professional Identity in Medical Education: A Trend to the Future in Iran due to a Basic Reform in Education and Expectations. Strides Dev Med Educ. 2020 December; 17(1):e91483. doi: 10.22062/sdme.2020.91483

Keywords: Medical Education, Professional Competence, Medical Professionalism, Students, Medical Education, Curriculum, Innovation

Dear Editor

The goal of teaching in medical sciences is to warrant increasing the number of people with professional identities. Teaching medical professionalism within a theoretical field is a means to achieve a goal. The foundations of identity development stipulated in educational psychology, and other related fields have been recently applied to evaluate the process, in which specialists attain their professional identities (1).

Moreover, professionalism must be taught to enhance the performance of physicians in increasingly complex healthcare systems (2).

All medical universities have been actively involved in establishing and implementing structured programs of teaching and assessing professionalism to undergraduate and postgraduate students (1, 3).

The commonly stated educational objectives in medical universities are to ensure the acquired cognitive base of professionalism, internalize the medical profession in students, and consistently consider professional behaviors in practice.

Finally, it is clear that the establishment of a professional identity needs to support the objective to develop educational strategies, and also to change traditional

curricula in medical sciences and operate a reform in this regard (4-6).

According to some evidence, making changes in medical education procedures and the medical curriculum in Iran requires the following measures:

1. Making organizational changes in educational policies to protect the hidden dimensions of education
2. Making changes in non-standard professional practices to meet the ethical needs
3. Reviewing and discussing medical errors in patients' cares
- 4- Need to more attention to interpersonal communication and team working
- 5- Development of diseases specified non infectious (cardio vascular / cancer,...) and changing personal attitudes from influencing the patient care
- 6- Providing theoretical support; implementing a clinical curriculum according to patients' and day care centers' needs
- 7- Maintaining patient confidence in the healthcare system and tracking it up to the point of action
8. Providing rapid growth of technology and using it in diagnosis and treatment of diseases in the digital age
9. Using features of the current era students, entitled

“Millennium III”, and their ability to solve problems; providing multi-tasks, self-confidence, and the chance to acquire skills related to professional life; having interest in teamwork

10. Creating multiple and sometimes contradictory identities or misleading identities in professionalism

11. Making a main change in basic sciences with accountable training; integrating professional education in main courses in the form of parallel courses or longitudinal themes in medical courses

Given the above-mentioned issues, a new professional identity needs to be defined for future medicine in Iran. This identity must-have features as follows:

- Paying more attention to ethical professionalism and medical ethics in relation to patient care, diagnosis, and treatment
- Paying more attention to communication skills and the patient and healthcare team interpersonal relationship
- Paying more attention to the reduction of medical errors due to their impact on the diagnosis and treatment processes
- Promoting individual and professional identities of students and reducing the impact of social networking on their social isolation, which is critically important due to the emergence of social technology in Iran
- Enhancing students' adaptation to modern education and replacing traditional and school education with modern education
- Mastering the bulky and up-to-date content of scientific references and resource management in the use of the Internet and social networking
- Creating a scientific link with the world's scientific scholars and developing cross-border and network-oriented communications in learning and disseminating scientific information.
- Providing more interaction with up-to-date technologies for the diagnosis and treatment of diseases and their proper use in professional life
- Empowering medical students with skills required for professionalism, such as greater resilience with impulses, life-long learning, and commitment to medical

professionalism

- Changing teaching strategies for adult education and training and preparing students for future accountable careers

- Strengthening the leadership of professors in the form of modeling and role models and developing practical patterns in theory and practice

Based on the aforementioned issues, it appears that medical students and their professors should alter their traditional mindsets about medicine and have a broader view of the medical profession with a new professionalism and a challenging but bright future. Medical plans and curricula should be reviewed and modified in accordance with the changes made in medical education so that they perform more effectively with the formation and internalization of professional identities. Therefore, our students have better feelings, ability to think, and professionalism. Moreover, in the field of medical science, we can train physicians so that they become more professional, ethical, and accountable in the future.

Conflict of Interests: None

Ethical Approvals: Not applicable

Funding/Support: None

References

1. Cruess RL, Cruess SR. Teaching professionalism: general principles. *Med Teach.* 2006; 28(3):205-8. doi:10.1080/01421590600643653 PMID:16753716
2. Boudreau JD, Cruess SR, Cruess RL. Physicianship: Educating for professionalism in the post-Flexnarian era. *Perspect Biol Med.* 2011;54(1):89-105. doi:10.1353/pbm.2011.0000 PMID:21399387
3. MacLeod A. Caring, competence and professional identities in medical education. *Adv Health Sci Educ Theory Pract.* 2011; 16(3):375-94. doi:10.1007/s10459-010-9269-9. PMID:21188513
4. Monrouxe LV, Rees CE, Hu W. Differences in medical students' explicit discourses of professionalism: Acting, representing, becoming. *Med Educ.* 2011; 45(6):585-602. doi:10.1111/j.1365-2923.2010.03878.x PMID:21564198
5. Burford B. Group processes in medical education: Learning from social identity theory. *Med Educ.* 2012; 46(2):143-52. doi:10.1111/j.1365-2923.2011.04099.x PMID:22239328
6. Frost HD, Regehr G. “I am a doctor”: negotiating the discourses of standardization and diversity in professional identity construction. *Acad Med.* 2013; 88(10):1570-7. doi:10.1097/ACM.0b013e3182a34b05. PMID:23969361