A career eulogy reflective exercise: a view into early professional identity formation

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ABSTRACT

BACKGROUND: Beginning medical students have a very early idea of what their physician identity will be. Providing a brief structured opportunity to reflect on the end of their career can be an important first step in identity formation.

METHODS: A reflective exercise was used in the summer prior to beginning medical school as each class of students at a regional rural medical school began a summer prematriculation program from 2015-2019. Students wrote what they wished to be said about them at the end of their career using a "Career Eulogy." Identifiers were removed and narratives were coded into recurring text clusters by the authors.

RESULTS: The students, on an anonymous evaluation, strongly agreed that the exercise facilitated the accomplishment of the program goals. Reflections from forty-two entering medical students indicated a preference to be remembered for compassion, passion, quality, and patient relationships. Men more frequently mentioned family and enjoying life, and women more frequently mentioned patient relationships. Rural students included quality and being a teacher of medical students more frequently, and those with a physician parent included passion and community more frequently. Those who later chose family medicine as a specialty more often included references to enjoying life and family.

CONCLUSION: This reflective exercise provided useful insight into early professional identity formation among these medical students and served to encourage group discussion. It could be used with larger, more diverse groups to determine its value and clarify true differences among the demographic and specialty choice patterns. This exercise could also be used annually for each student, providing a longitudinal view of identity formation.

KEYWORDS
professional identity, medical students, medical education, reflection

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INTRODUCTION

Professional identity formation is a key aspect of medical education. Professionalism can be considered a code of behavior that medical students can learn and follow without internalizing. Professional identity is the state of actually becoming a physician when the values of the profession are internalized. At the final stage of identity development, the self is defined by thinking, feeling, and acting like a physician.[1] This process is poorly understood but is thought to be dependent on one's pre-existing identity, socialization including the availability of role models, and symbols and rituals. The working definitions used during the development of our professional identity curriculum were that professionalism is what you do when someone is watching, and professional identity is who you are.[2-3]

Medical educators have begun to study medical students' beliefs as they develop identities and learn empathy. Reflective exercises such as composing

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narratives, participating in the organized study of art, film, music and literature, and learning and practicing mindfulness have been used to facilitate this development.[4-6] As we began this professional identity curriculum, we needed a measure of the components of identity as a baseline that we could track over the four years of medical school. Although some authors have considered that identity is fixed by the time professional school is begun, most consider this a dynamic process that continues to evolve during medical school. We found an exercise termed career eulogy that was used among internal medicine interns in a university hospital.[7] To develop themes in a population more similar to our beginning medical students but larger than those we had access to, we first used this among a group of seventy-nine college students attending a pre-med club event at two regional universities that were the source of most of our medical students.[8] Our goal in the study reported here was to use the career eulogy among beginning medical students as a method to describe important early components of professional identity formation. Secondarily, we were interested in differences by gender, upbringing, and eventual specialty choice. In our study of college students, women more frequently included descriptions of passion, compassion, and patient relationships than did men. Those who self-identified as rural more frequently described the importance of quality, community, and family.[8]

METHODS

The study protocol was reviewed by the Baptist Health Madisonville IRB and approved as exempt.

We asked the participants to "imagine that you are ready to retire from medicine in the distant future. In about fifty words, write a short speech outlining what you would like to be said about you at the retirement ceremony."

The narrative exercise was the first component of a physician identity element during a summer prematriculation program that included all eight to nine students each year who would later complete the M-3 and M-4 years at our regional rural clinical campus.[9] These students had been selected by faculty and self-selected as interested in rural practice at the point of admission to medical school. The exercise occurred just a few weeks before they began medical school. The data presented here includes five summers from 2015-2019.

We coded all forty-two completed eulogies after identifiers were removed. We used an iterative process of theme matching[10] using the theme clusters we developed previously from the college student data[8] and we agreed by consensus on the correct coding for ambiguous or overlapping terms. Table 1 shows the theme clusters used.

Terms used by students	Theme
Seeking excellence; knowledgeable; seeking improvement; the best; quality of care; great doctor; contributed to medical knowledge; left a legacy	Quality
Vigor; excitement; love of medicine; impact on care; persistence; never gave up; never backed away from a challenge;	Passion
Empathy; kind heart; sentimental; understanding; sympathetic; every patient mattered; gave patients hope; truly cared	Compassion
Connected with patients; puts patients' needs first; made personal connections; personable	Patient relationships
Always happy; my life was a gift; the journey was fun; the joy of practice; always had a smile; positive attitude	Enjoy life
Brought better care to my town; legacy in my town; very involved in community; educated the community;	Community
Taught colleagues; taught community members about their health; hosted medical students	Teacher
Genuinely sought to help others; payment not required;	Service
Blessed to serve; faith is central; servant of God; displayed faith through care	Calling
Loyal to family; puts energy into relationship with spouse; love of family	Family
Co-worker, colleagues, fellow physicians	Coworker

*Modified from Reference 8.

TABLE 1: Terms used by students to describe themselves in their Career Eulogies*

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At the end of the summer program, the students completed an anonymous survey ranking each element of the program on a 10-point Likert scale with 10 ranking as strongly agree that it facilitated the accomplishment of the stated goals and 1 ranking strongly disagree.

RESULTS

The prematriculation students perceived the physician identity element of the summer program positively, with 97% rating it at 8 or above on an anonymous evaluation using a 10-point Likert scale. Table 2 shows the group demographics, Table 3 shows the frequencies among the entire group, and Table 4 shows the differences found among subgroups.

Most of these forty-two entering medical students indicated a preference to be remembered for compassion, passion, quality, and patient relationships. Men more frequently mentioned family and enjoying life, and women more frequently mentioned patient relationships. Rural students included quality and being a teacher of medical students more frequently, and those with a physician parent included passion, and community more frequently. Those who later chose family medicine as a specialty more often included references to enjoying life and family.

Category	No. (%)
Female	27 (64.3%)
Median age	22.9 (2.6 SD)
Truly Rural*	32 (76.2%)
Very Rural†	24 (57.1%)
Physician Parent	7 (16.7%)

*Defined as hometown population <30,000 and Rural Urban Continuum Code(RUCC)[14]>3.
†Defined as hometown population <15,000 and RUCC[14]>3.

TABLE 2. Demographics of the study population (n=42)

Theme	No. of Medical Students Citing Theme (%)
Compassion	30 (71.4%)
Passion	25 (59.5%)
Quality	24 (57.1%)
Patient Relationships	23 (54.8%)
Community	14 (33.3%)
Enjoy Life	12 (28.6%)
Coworker	10 (23.8%)
Teacher	8 (19.0%)
Family	6 (14.3%)
Calling	4 (9.5%)
Service	1 (2.4%)

*Single occurrence or more of a theme.

TABLE 3: Career Eulogy themes*

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Characteristic		
Gender	**Female (n=27)**	**Male (n=15)**
Family	1 (3.7%)	5 (33.3%)
Enjoy Life	5 (22.2%)	6 (40.3%)
Quality	14 (51.9%)	10 (66.7%)
Patient Relationships	16 (59.3%)	7 (46.7%)
Teacher	6 (22.2%)	2 (13.3%)
Compassion	20 (74.1%)	10 (66.7%)
Calling	2 (7.4%)	2 (13.3%)
Coworker	6 (22.2%)	4 (26.7%)
Service	1 (3.7%)	0 (0.0%)
Passion	16 (59.3%)	9 (60.0%)
Community	9 (33.3%)	5 (33.3%)
Upbringing[†]	**Rural (n=24)**	**Not rural (n=18)**
Quality	16 (66.7%)	8 (44.4%)
Coworker	4 (16.7%)	6 (33.3%)
Teacher	6 (25.0%)	2 (11.1%)
Passion	13 (54.2%)	12 (66.7%)
Calling	1 (4.2%)	3 (16.7%)
Enjoy Life	8 (33.3%)	4 (22.2%)
Community	7 (29.2%)	7 (38.9%)
Service	1 (4.2%)	0 (0.0%)
Family	2 (12.5%)	3 (16.7%)
Compassion	17 (70.8%)	13 (72.2%)
Patient Relationships	13 (54.2%)	10 (55.6%)
Physician parent	**Yes (n=7)**	**No (n=35)**
Enjoy Life	1 (14.3%)	11 (31.4%0
Passion	5 (71.4%)	20 (57.1%)
Calling	0 (0.0%)	4 (11.4%)
Community	3 (42.9%)	11 (31.4%)
Teacher	1 (14.3%)	7 (20.0%)
Coworker	2 (28.6%)	8 (22.9%)
Patient Relationships	4 (57.1%)	19 (54.3%)
Service	0 (0.0%)	1 (2.9%)
Quality	4 (57.1%)	20 (57.1%)
Compassion	5 (71.4%)	25 (71.4%)
Family	1 (14.3%)	5 (14.3%)
Specialty choice[‡]	**Family Medicine (n=6)**	**Other (n=11)**
Enjoy Life	3 (50.0%)	2 (18.2%)
Patient Relationships	2 (33.3%)	7 (63.6%)
Family	2 (33.3%)	1 (9.1%)
Compassion	4 (66.7%)	10 (90.9%)
Passion	2 (33.3%)	6 (54.5%)
Coworker	1 (16.7%)	0 (0.0%)
Service	0 (0.0%)	1 (9.1%)
Teacher	0 (0.0%)	1 (9.1%)
Community	2 (33.3%)	3 (27.3%)
Quality	4 (66.7%)	7 (63.6%)
Calling	1 (16.7%)	2 (18.2%)

*Sorted from largest to smallest difference, regardless of direction, single occurrence or more of theme item.
[†]Defined as hometown population < 15,000 and RUCC[14] >3.
[‡]Graduating Classes of 2019 and 2020

TABLE 4: Career eulogy theme cited by medical students by characteristic*

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DISCUSSION

We found the career eulogy exercise easy to administer, requiring five to seven minutes, and the students accepted it well. The finding of the differences in themes from the college students who are one to three years younger than the medical students is interesting. The only new theme we found was that the entering medical students occasionally mentioned future relationships with co-workers where the college students had not. We consider that the low frequency of the service theme is probably because our coding system included serving individual patients under the themes of compassion and patient relationships. For our purposes, service was something done outside of the exam room for which no payment was received, and could include a non-medical effort such as working in a food bank. We coded serving in a medical role such as a volunteer team doctor under the community theme. Some would consider the community synonyms as a form of local service.

Although no conclusions can be drawn from this small sample, it is interesting that women in this sample included family and enjoying life themes items less frequently and rural students included the theme of coworker relationships less frequently. Also interesting is that students with a physician parent included the theme of enjoying life less frequently. Really surprising to us was that those who later chose family medicine as a career included patient relationships and compassion less frequently. Our population was faculty-selected and self-selected for an interest in a small rural clinical campus, potentially explaining some of the findings.

This brief reflective exercise was useful as the first step of a physician identity curriculum. We continue to do this with each class at the beginning of each year across all years of medical school and have begun using it with our residents as well. We now urge the learners to photograph their eulogy with their phone before they turn it in to us for research purposes, and as we work through other identity exercises during the year, we urge them to review what they wrote previously. We also provide a copy of all four years' eulogies to each student at graduation as an "identity journey portfolio." While subgroup analysis provides intriguing possibilities,

the real value of the eulogy may be that the exercise encourages the medical student to practice a moment of reflective mindfulness.

A recent review of the value of such structured opportunities for reflection termed this "slow medical education."[11] In contrast to the rapidly moving efficiency of most clinical environments and the quick review of digitized documents, slow medical education involves writing as a reflective space. In this process, "writing interrupts the automaticity of thought and taken-for-granted beliefs and reopens critical inquiry of personal assumptions, social interactions, and societal conditions."[11]

From a research perspective, career eulogy presents another opportunity. There is a growing literature that supports that there is a steady decline in empathy and compassion across the years of medical school.[12] Most of these studies use well-validated surveys to measure the concept of empathy.[13] While this allows for more content validity and reproducibility, it narrows a complex concept to a small number of questions with a finite number of categories of relative agreement. The career eulogy is entirely projective, with the student presented with only a blank page. It is possible that a learner who spontaneously includes compassion on the blank page has this attribute as more of a core value than might be reflected in a choice on a scale. Our scoring method also allows us to record the number of times a learner includes a theme phrase, and those who cite compassion more than once might be different from those who do this only once.

CONCLUSION

We will continue to study the changes in themes across medical school and residency as well as any associations of the frequency of the compassion theme with higher scores on more traditional empathy measures based on scales. To address the primary limitation of this study, the use of the career eulogy in larger, more diverse groups of medical students and medical residents will be needed to determine if the differences among the subgroups are generalizable. We hope that others will use the career eulogy and report their findings.

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