



Educating for professional identity formation through professionalism, ethics and the humanities

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Professional identity formation (PIF) denotes the 'who' of medical training, complementing the 'what' articulated in competency frameworks (Cruess et al., 2019; Monrouxe, 2010). It integrates knowledge, skills, values and self-understanding into a dependable professional self. When values are internalised within an identity oriented to the public good, they are more likely to guide behaviour in practice. However, recent disruptions - most notably COVID-19 - have reshaped the pace and content of identity work, heightening attention to social responsibility, advocacy and wellbeing (Moula et al., 2022).

Because identity is formed through curricula, local routines, relationships and episodes of moral uncertainty, educational support should be deliberate, context-sensitive and feasible. The aim is to link values and judgement to reliable action, not to add another task list (Cruess et al., 2019). Drawing on our professionalism, ethics and humanities teaching at St Luke's in the Philippines, and recent scholarship, I outline five approaches that pair a brief rationale with a workable practice:

1. Clarify the value at stake.

Name the value in feedback and link it to observable behaviour, for example, accurate documentation as integrity and attentive listening as respect. Audit teaching practices and materials for alignment so the signal is consistent (Cruess et al., 2019).

2. Examine value-based tensions.

Professional identity develops amid competing goods, not through rule-following alone. Use structured dialogue to surface tensions between institutional efficiency and meaningful consent, or between team needs and patient priorities, and ask what should change, what must be safeguarded, and who needs protection (Monrouxe, 2010).

3. Acknowledge moral difficulty.

Uncertainty, distress and disorientation are features of practice and can be educative. After near misses, losses or constraints, guide discussion to define the problem, outline options and agree one next action; reflections may include social responsibility, advocacy, wellbeing and trust (Hodges, 2016).

4. Facilitate reflective encounters.

Busy programmes fragment experience. Protect debriefs, narrative work and mentoring that reconnect events with values, allow disagreement, attend to power relations and link insights to service obligations; close with reflection prompts and one practical commitment for future practice (Hutchinson & Smilovitch, 2016).

5. Engage the humanities.

Literature and visual arts cultivate perspective-taking and value appraisal alongside technical reasoning. Tie activities to clear aims and proportionate assessment so these capacities count as part of competence (Hutchinson & Smilovitch, 2016).

These approaches have proved adaptable across settings. Evaluation can recognise reflection, ethical reasoning and collaboration alongside performance. Sustaining the work will require attentiveness to systems and learners - and continuing dialogue among educators, clinicians and regulators - so PIF remains ethically grounded, whilst responsive to the changing realities of practice.



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Written By

Pacifico Eric Eusebio Calderon

St. Luke's Medical Center College of Medicine,
William H. Quasha Memorial,
Philippines

UCL Faculty of Laws,
University College London,
United Kingdom