Professional Identity Formation In GME

Training the next generation

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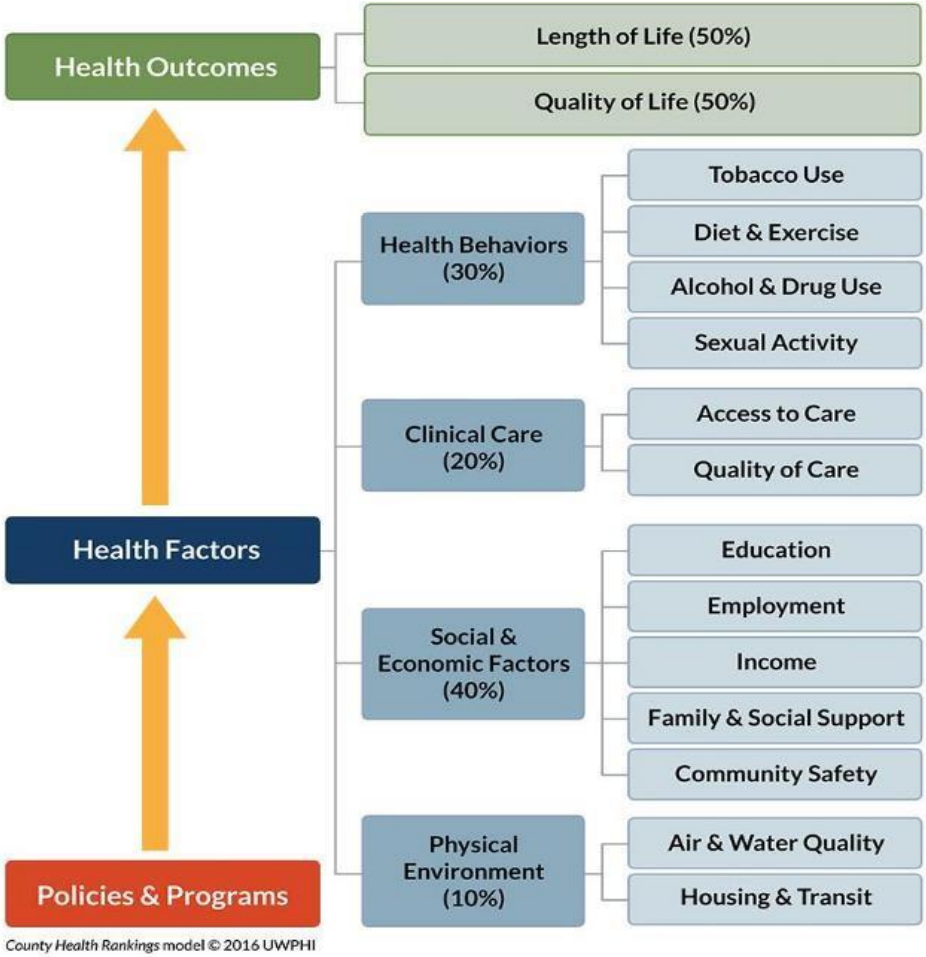
Why is this important?

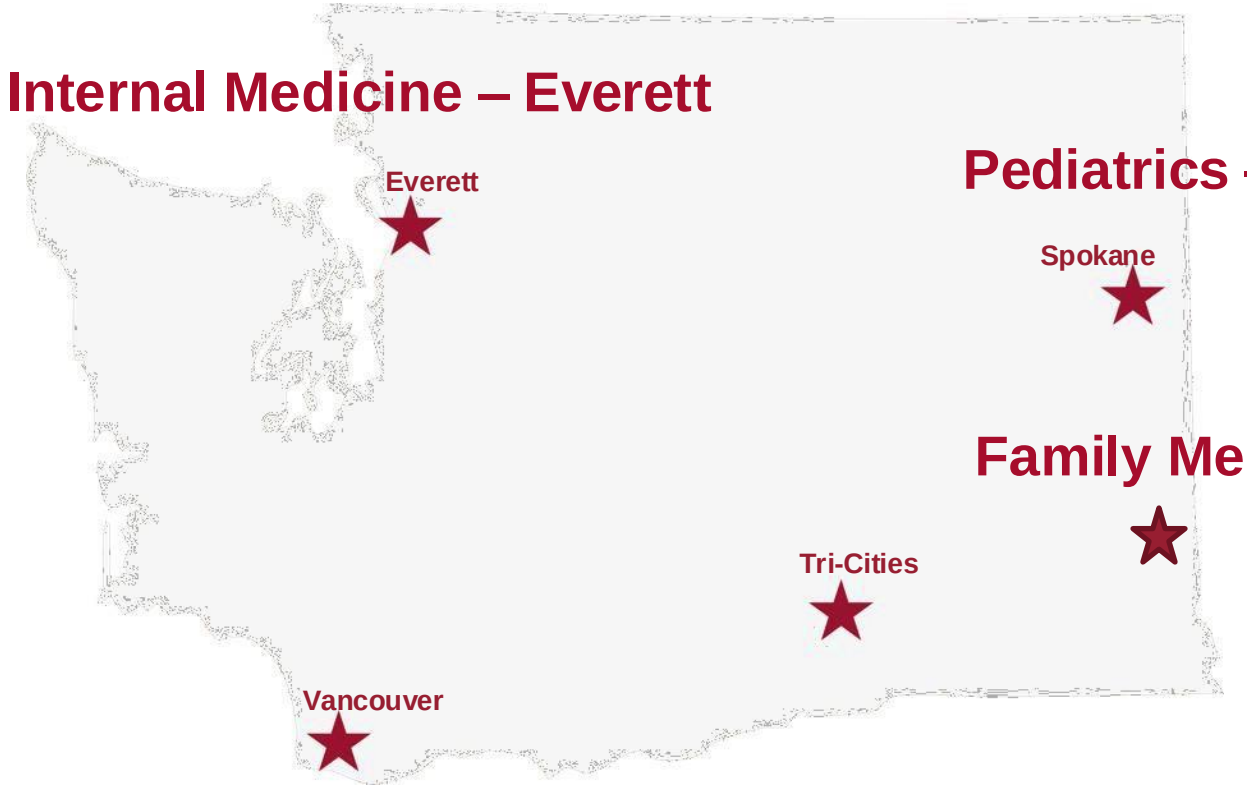
What contributes to a person's health?



Holistic approach to resident education

- Recognize that health is bigger than healthcare
- Incorporate SDOH/E into the larger curriculum
  - *Foundational*
  - *Experiential*
- Deliver care with a health equity approach: understanding and incorporating the context of the patient's life.
  - *Interventions focused on behavioral change assume the main barrier is knowledge and that patients have opportunity and resources to change*

Washington State University College of Medicine



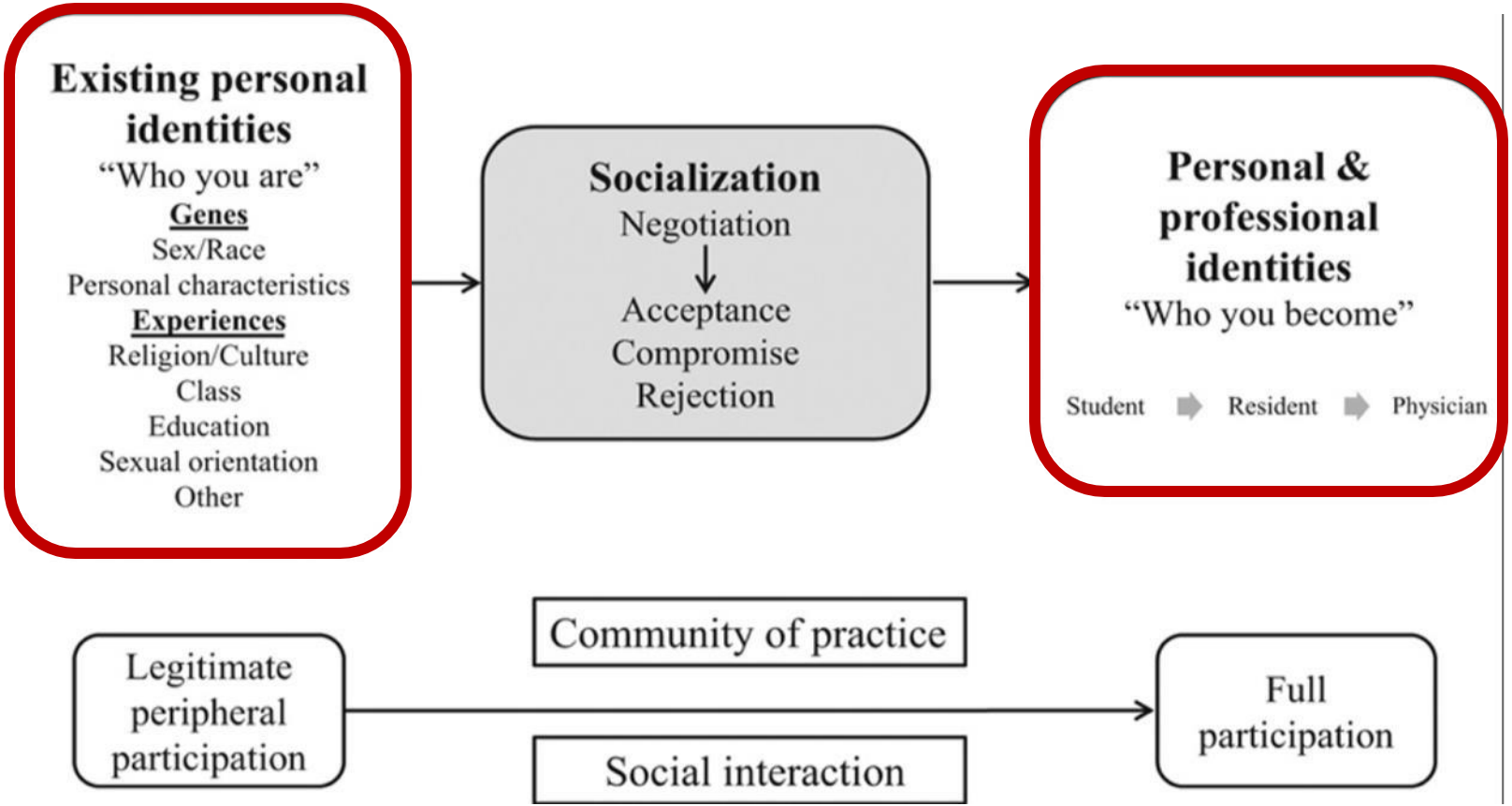
The Internal Medicine residency of WSU started in 2021 with a primary mission:

- **to prepare highly skilled general internists for the underserved and rural communities of Washington.**

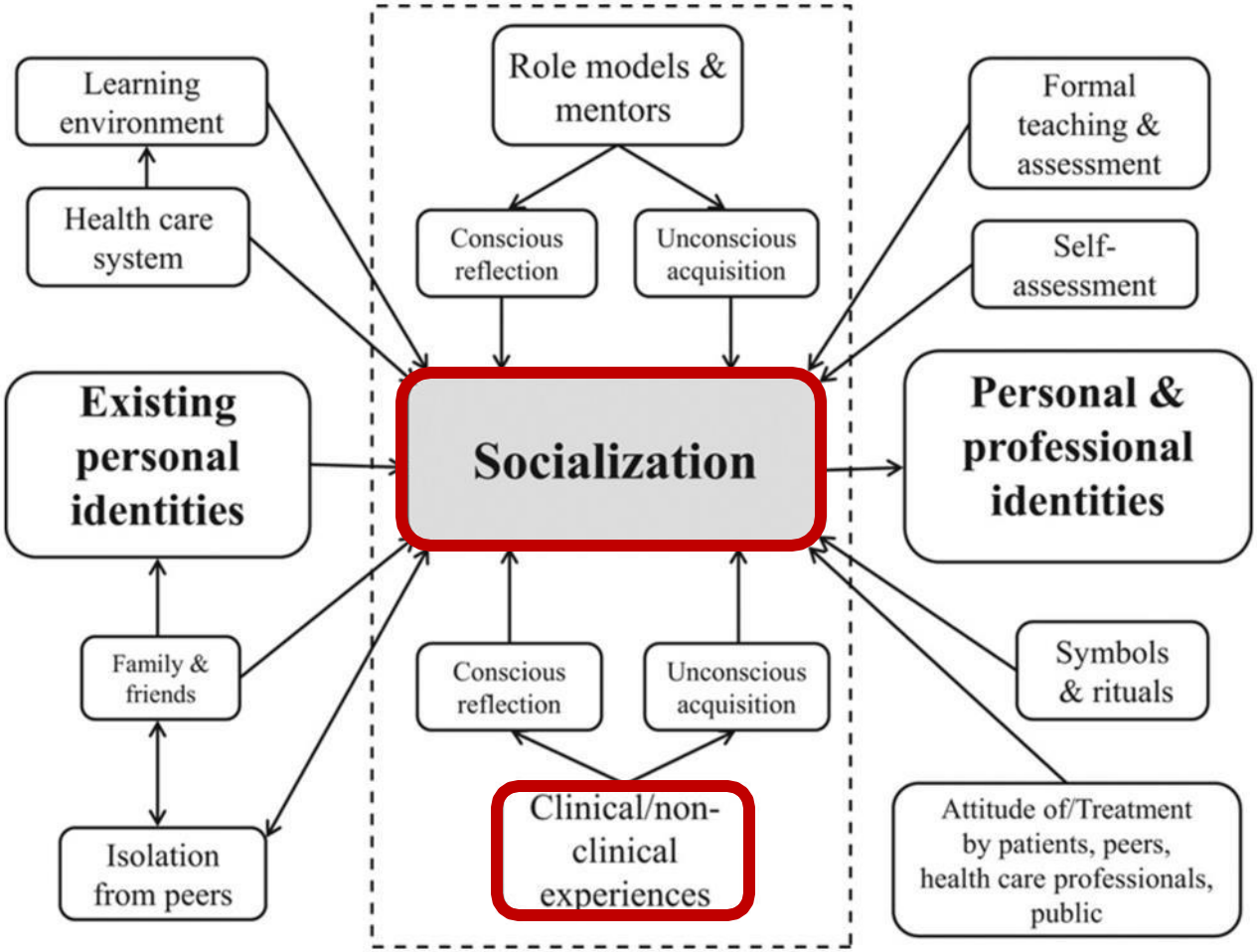
Professional Identity Formation

- Professionalism in Medicine = a set of values, behaviors and relationships that underpins the trust the public has in doctors
- Professional Identity = A physician's identity is a representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician.
- The desired educational goal is the development of a value system and a unique perception of self, including personal attributes and roles, that culminate in expressions of specific behaviors or pursuits within a social community.

Professional Identity Formation



Professional Identity Formation



Professional Identity Formation

- Professionalism in healthcare is not only acquisition and application of a body of knowledge and technical skills, but also involves developing moral and ethical values towards a shared commitment to healing.
- Engaging with and outreach to the community at the grassroots level is invaluable to developing professional identity.

WSU Internal Medicine approach to Professional Identity Formation

- Structured Outreach
- Advocacy Curriculum
- Service events
- Rural and Underserved Experience

Integrated Community Outreach

- VA homeless outreach
- Everett Gospel Mission
- Lahai Health
- Mercy Watch street medicine
- Residency run food and clothing drives, meal distribution
- Hygiene Kits

Structured Outreach- Lahai

- Free clinic serving people who are ineligible for insurance
- Example of the components of high-quality, free medical care
- Deliberately incorporate consious reflection into the clinical day

Structured Outreach- Mercy Watch

- Street Medicine
- Hygiene Center
- Everett Gospel Mission
- Mobile Outreach
- Pallet Shelter
- Needle Exchange

Equity and Advocacy Curriculum

Based in the idea that health equity is inseparable from the practice of medicine

Interpersonal skills

Care of special populations
Communication to promote equity

Institutional skills

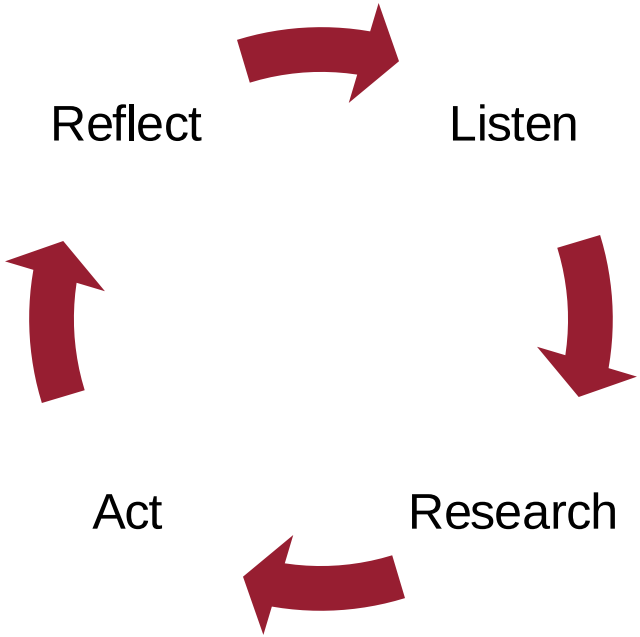
Equity-focused quality improvement

Societal skills

R1: Community organizing
R2: Legislative advocacy
R3: Capstone

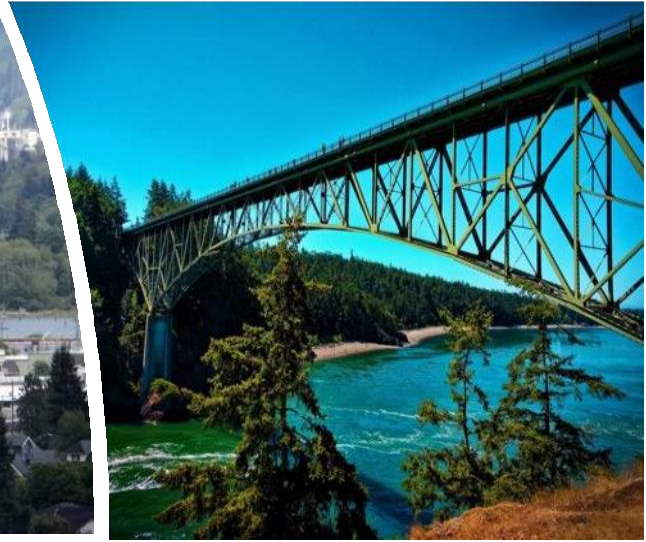
Clinic Based Organizing

- Method for involving patients, staff, residents, and faculty in community-level change
- Clinic-based organizer is on-site in clinic discussing issues of equity every day
- Sets the tone that these conversations are important and a normal part of our day
- Encourages residents to think about patients as partners



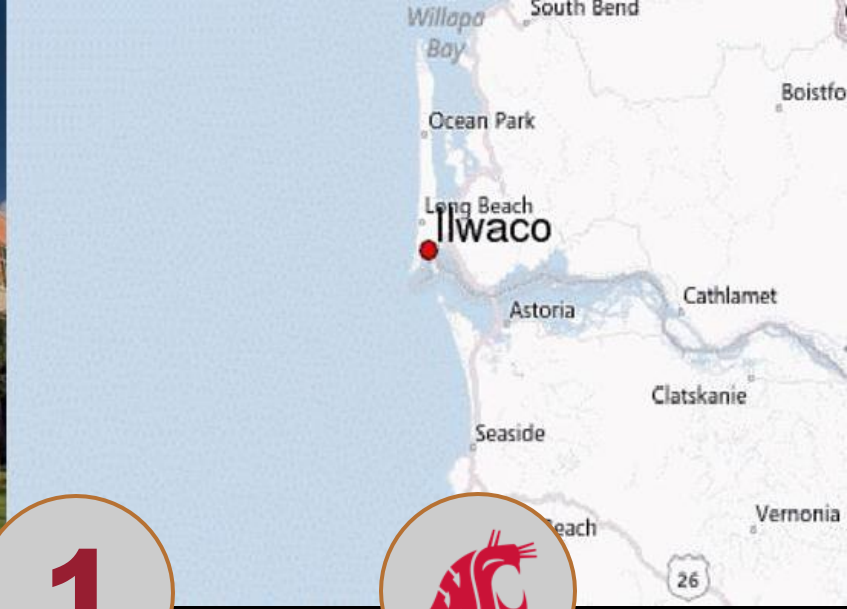
RURAL EXPERIENCES

- Rotations during the 2nd and 3rd years
- Network to support rural physicians
- Residents rotate in outpatient clinics and critical access hospitals
- Experience what it is like to live and work in a rural environment



Ilwaco, WA

Rural community on the water



2

Outreach clinics

4

Weeks during the second year

1

Resident per block

Furnished housing next to the hospital

Opportunity for alternative experience if unable to travel

Pullman, WA

- Rural College Town, surrounded by endless farmland.

Pullman Regional Medical Center

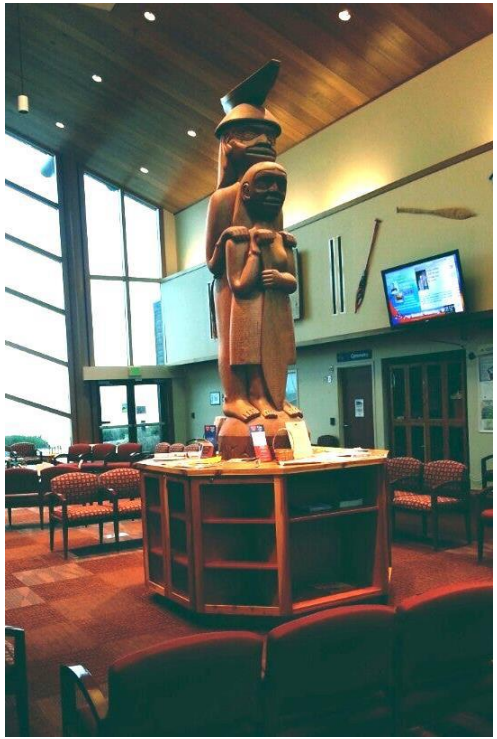
- Critical Access Hospital
- Supervise Family Medicine 1st years

Whitman Hospital and Clinics

Colfax, WA

Tekoa, WA

Tulalip Health Center



Split Continuity Clinic Model

Key Considerations

- GME Funding
- Developing Partnerships and assessing the goals of the site
- Feasibility of rotation: preceptor pool and number, structure of the rotation (inpatient/outpatient/ER)
- Resident safety
- Educational value of non-traditional rotations
- RTT vs Selective Experience: delivering on your goal/promise
- Cultural Sensitivity: both ways. Perception vs Reality.
- Residents who can't travel, developing alternative experiences

Feedback from Learners

- “Pullman was a good experience overall. The ancillary staff at the hospital was excellent and showed how functional ancillary staff can make a big difference in patient care beyond what the physician can do.”
- “It was good to see how a hospitalist practices in a more rural environment.”
- “Nice to teach FM interns, some interesting cases, wonderful team at hospital / clinic, very welcoming”
- “Provided a good understanding of the resources available at rural hospitals.”
- “The ability to get differing perspectives of medicine and see and understand the triage and planning that is needed to work in a CAH.”

Next Steps

- Rural elective in Yakima
- Outreach rotation
- Rural Training Track
- Adding a second Lahai site