



Universiteit
Leiden
The Netherlands

Shared decision making seen through the lens of professional identity formation

Barnhoorn, P.C.

Citation

Barnhoorn, P. C. (2020). Shared decision making seen through the lens of professional identity formation. *Patient Education And Counseling*, 103(7), 1446-1447.
doi:10.1016/j.pec.2020.02.019

Version: Publisher's Version

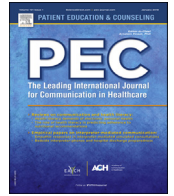
License: [Creative Commons CC BY 4.0 license](https://creativecommons.org/licenses/by/4.0/)

Downloaded from: <https://hdl.handle.net/1887/3181619>

Note: To cite this publication please use the final published version (if applicable).

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Correspondence

Shared decision making seen through the lens of professional identity formation



ARTICLE INFO

Article history:
Received 19 January 2020

Keywords:
Shared decision making
Professional identity formation
Professionalism
Residents
Medical education

ABSTRACT

The finding in the article by Driever et al.; "Shared decision, making: Physicians' preferred role, usual role and their perception of its key components" of lower preferred and practiced SDM role in residents in favour of a paternalistic role, compared to their more seasoned colleagues deserves more in depth, qualitative research.

Because our residents are tomorrows doctors, I would strongly encourage the authors of this insightful article to consider research focused on residents as the next step in their research on SDM and to see this future research through a 'medical-education-PIF-lens'. The multi-level professionalism framework, designed as a framework for reflection and development in medical education might be of help in this future research.

© 2020 Elsevier B.V. All rights reserved.

Dear editor,

With great interest I read the article by Driever et al.; "Shared decision making: Physicians' preferred role, usual role and their perception of its key components" [1]. Based on the responses of a large sample of physicians in a large teaching hospital, the authors conclude that, although most physicians prefer shared decision making (SDM), they often revert to a paternalistic approach and tend to limit SDM to discussing treatment options.

At least as important, however, is their finding of lower preferred and practiced SDM role in residents in favour of a paternalistic role, compared to their more seasoned colleagues. As practical implications of their findings the authors propose that teaching physicians in SDM should include raising awareness about discussing the decision process itself and help physicians to counter their tendency to revert to paternalism.

Old habits die hard. And because residency is the forge that molds and tempers the physician-to-be, focus in residency on SDM is extremely important. With a clearer picture of residents' reasons to prefer paternalistic decision making, we can tailor their teaching in SDM. And therefore these reasons deserve further in-depth (qualitative) investigation indeed. This further investigation can draw on the progress made in the research field of Professional Identity Formation (PIF). PIF is a relatively new framework in which physicians' professionalism can be discussed. It is about the socialisation process through which residents become professionals who think, act, and feel like a physician [2,4]. Where we used to discuss professionalism in terms of virtues (the good physician as a person of character) or behaviour (the good physician as a

person who demonstrates competence), medical education research now focuses on identity and its formation (the good physician as a person who integrates into his or her identity a set of values corresponding with the physician community with the result to think, act, and feel like a physician) [3]. How the physician community thinks, acts and feels in with respect to SDM, we begin learn to understand with the data presented by Driever et al. And although residents are the active agents in constructing their identity, the physician community in the persons of their clinical supervisors have an important role as facilitators in this process. The authors touch on this point when they state that in their teaching hospital SDM might not being taught and role-modeled as the preferred model. The role of role-modelling also deserves in depth, qualitative research.

Because our residents are tomorrows doctors, I would strongly encourage the authors of this insightful article to consider research focused on residents as the next step in their research on SDM and to see this future research through a 'medical-education-PIF-lens'. The multi-level professionalism framework, designed as a framework for reflection and development in medical education might be of help here [4]. It consists of the following layers, from the outside to the inside: environment, behaviour, competencies, beliefs, identity, and, at the center, mission. Because the levels in this holistic model can be seen from different perspectives, different answers to the question of the essential qualities of a professional doctor, one of them being SDM, can be found.

The authors large teaching hospital forms a perfect habitat for future research. This research might gain strength when other medical teaching centres are involved and other paradigms are used. At the risk of sounding immodest, I would like to say that I love to join hands in further research on SDM seen through the lens of PIF.

References

- [1] E.M. Driever, A.M. Stiggelbout, P.L.P. Brand, Shared decision making: physicians' preferred role, usual role and their perception of its key components, *Patient Educ. Couns.* 103 (2020) 77–82.
- [2] R.L. Cruess, S.R. Cruess, J.D. Boudreau, L. Snell, Y. Steinert, A schematic representation of the professional identity formation and socialization of medical students and residents: a guide for medical educators, *Acad. Med.* 90 (2015) 718–725.
- [3] D.M. Irby, S.J. Hamstra, Parting the clouds: three professionalism frameworks in medical education, *Acad. Med.* 91 (2016) 1606–1611.
- [4] P.C. Barnhoorn, M.W. Ottenhoff-de Jonge, G.T.J.M. Essers, M.E. Numans, A.W.M. Kramer, A practical framework for (Re)mediating professional behaviour, professionalism and professional identity, *Med. Teach.* 41 (2019) 303–308.

Pieter C. Barnhoorn
*Department of Public Health and Primary Care, Leiden University
Medical Center, Albinusdreef 2, 2333, ZA, Leiden, the Netherlands*
E-mail address: p.c.barnhoorn@lumc.nl (P. Barnhoorn).

Received 19 January 2020