Moving beyond being a 'good doctor' to thinking about 'good doctoring processes'

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Supporting professional identity development is an integral purpose of medical education. [1] Professional identity is constructed by learners through interacting with the world around them. [2,3] As learners make sense of their environment through language and interaction, their identities as healthcare professionals form and reform. [4] Additionally, learners will have multiple other identities (e.g. gender, ethnicity) which intersect in different ways and demand precedence at difference times. [4] In this issue of *Medical Education,* [authors names] provide an interesting and expedient account of how the theory 'Figured worlds' can be used as a lens for exploring the ways in which learners make sense of their environment. [5] The objective of the paper is to indicate what this socio-cultural theory can offer to the consideration of what makes doctors 'good' and thus an insight into learners' developing professional identities.[5] Additionally, the authors propose that Figured Worlds theory *"sheds light on the tension between a diverse student body being desirable and professionalization into uniform 'good doctors' being the goal of medical education."* [5, p]

Frost and Regher argue that, as educators, we can be seen not only as 'facilitators' of professional identity development but also as *'providers of the raw materials that students need to construct their professional identities'*. [1, p1574] Keeping this in mind, we must be acutely aware of what learners are (or are not) exposed to during their educational

experiences and the different lenses through which educators see the world will have influence on learners. [Authors names] paper brings to the fore the discourses trainees are exposed to that influence their conceptualisations of a 'good doctor' including the 'caring', compassionate' and 'competent' discourses that are discussed.[5]

The two exemplars provided in the paper reveal unsophisticated, and for the most part individualistic Figured Worlds of the 'good doctor'. 'Sarah's' narrative about a consultant's behaviour on a ward round is typical of narratives offered by learners across the healthcare education continuum.[7] Whilst she touches on a relational discourse when talking about the patient–doctor relationship, the focus of her narrative is on how the consultant behaves and what she sees are the traits of a good doctor. 'Adam's' narrative focuses on his own behaviours, emotions, skills and techniques. He describes what his strong points are and expresses what aspects of an individual's personality make a 'good doctor'. Similar to research exploring how leadership and professionalism is conceptualised, it would appear that individualistic discourses remain a dominant feature of medical education.[7, 8] Whilst I appreciate that for a medical student, in the first stages of developing professional identities, their considerations of may be less erudite than a more experienced professional, this individualistic focus has a consequence for healthcare provision as a whole.

Whilst behaviours and skills of the 'good doctor' are important, it is not the whole picture. It is increasingly acknowledged that doctors (and other healthcare professionals) work and learn in a complex, ever changing healthcare environment, involving individuals, context, relationships and systems. [6, 9] As medical educators, we need to acknowledge that a 'one-size-fits-all' approach that attends to a uniform 'good doctor' is not fit-for-purpose when we consider the complexity of healthcare systems and how doctors and other healthcare professionals work within them. Medical students (and other healthcare professions learners) need to be able to look beyond the individual in order to perform safely and effectively in

these surroundings. Thus educators need to offer the 'raw materials' to support learners to begin to construct professional identities that absorb and appreciate the complexities of healthcare provision. For example, asking 'how do you and your knowledge and skills fit into this complex environment which involves others (professionals, patients and carers), local cultures, spaces and systems' rather than 'what is a good doctor' would lay foundations for the type of discourses that facilitates a shift away from individualistic thinking.

Returning to [authors names] paper, for example, Adam expresses disappointment and perceived failure in the way he behaves when a patient gets upset.[5] [Authors names] adroit analysis illuminates how Adam's Figured World focusses on a discourse of Competence. Through a more complex lens, Adam may have been able to see that whilst he didn't comfort the patient, his colleague did and therefore arguably this patient encounter was positive from the perspective of complex healthcare process. Additionally, Adam may have been able to appreciate that in this instance, it was more appropriate for his colleague to lead the interaction and that, for him, 'stepping back' was a positive course of action. Exposing Adam to a more complex conceptualisation of 'doctoring' as a process that is contextually relevant would encourage him to think beyond his own behaviours and traits.

To conclude, [authors names] emphasise the importance and impact of a learner's workplace experiences on how they conceptualise their profession and their place within that profession. I would like to expand on this to suggest that we also need a shift in focus from the development of 'competent' and 'caring' good doctors as individuals to think about 'good doctoring' as a process that contributes to successful healthcare provision and that involves multiple interactions between diverse individuals, relationships, contexts and systems. Ultimately, I speculate that this may lead to more sophisticated 'Figured Worlds' that reflect the realities of healthcare.

Pull-out Quotations:

1. *As learners make sense of their environment through language and interaction, their identities as healthcare professionals form and reform.* [4]

2. *we must be acutely aware of what learners are (or are not) exposed to during their educational experiences and the different lenses through which educators see the world will have influence on learners.*

3. *it would appear that individualistic discourses remain a dominant feature of medical education*

4. *As medical educators, we need to acknowledge that a 'one-size-fits-all' approach that attends to a uniform 'good doctor' is not fit-for-purpose when we consider the complexity of healthcare systems*

5. *educators need to offer the 'raw materials' to support learners to begin to construct professional identities that absorb and appreciate the complexities of healthcare provision.*

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