



Academy for
Professionalism in
Health Care



Professional
Formation

Professional Formation Update

Healthcare Professionalism Education, Assessment, Remediation & Research

***A newsletter produced jointly by the
Academy for Professionalism in Health Care and Professional Formation***

This issue of *Professional Formation Update* engages themes of spirituality and of disability in health care practice and health professions education, as well as teasing the upcoming conference with descriptions of four exciting sessions.

I would encourage all readers to carefully work through the first article of the issue: "Ableist Professional Ideals Hide in Plain Sight within Medical Education" by Megan Brown and Gabrielle Finn. Brown's and Finn's work in medical education is well known throughout the world, and in this article they take up important considerations related to ableism in medical education. Readers of this missive will be familiar with the work of Fred Hafferty [1], who coined the term "hidden curriculum." Hafferty was interested in ethics education in that article, as well as what are now understood to be topics that properly fall into the category of professionalism. Brown and Finn can be seen as building on this work to highlight the influences of ableism in medical education today. This important work – in a spectacularly written and deeply researched piece – will be of enduring interest to those who remain concerned with the sometimes overwhelming demands placed on health professions students, in particular those that are not clearly articulated or openly addressed.



In "Spirituality in Healing Disorders" Sofica Bistriceanu wrestles with deep considerations of religious belief as it might impact the health and care of persons. She focuses, as readers will know from her previous articles and comments published in *PFU*, on professionalism concerns in today's digital age. She writes, "it has become increasingly important to have a basic understanding of different religions across the globe due to the rising movement of people. When managing medical disorders, it is necessary to approach discussions with patients regarding their religious beliefs appropriately." In this piece, she adds to the longstanding discussion on this topic in medical ethics, professionalism, and work in the discipline of

chaplaincy, a global professionalism perspective that will be of interest to readers.

The conference, “Navigating Ambiguities in Professionalism: Teaching, Assessment, Remediation, and Clinical Care” takes place in Philadelphia, PA, USA from June 3- June 5, and boasts 180 speakers from four continents. As all APHC gatherings, this conference promises engaging sessions around a critical and interesting topic for those who work, teach, and live professionalism in health care: ambiguities! We highlight four presentations slated for the conference in this issue. First, Saral Desai, Abhishek Allam, Olive Sarubbi, Sarah Luber, and Wei Du take up an especially challenging time in the career of many health professionals: the initial residency transition experience. As someone who teaches ethics for students as they transition to their clerkship, I, for one, am very much looking forward to this session and all conversations about transitional time periods.

Second, Zoe Alaniz Hirschi takes up a longstanding and the deeply meaningful notion of shame in medicine. Discussions of shame impact so many walks of life and have been the subject of almost every academic and professional discipline – this, like the aforementioned session, is a must see. Third, we highlight work on the ever popular topic of mindfulness in medicine by Caryn Katz-Loffman and Jennifer Knight. As colleagues of mine, I am of course conflicted, but I strongly recommend this session to conference participants! Fourth, Jeddie Herndon and Madison Tarleton discuss the work of creating a co-curricular Certification for Osteopathic Medical Students...yet another important topic rife with ambiguity.

The issue wraps up with important announcements and items of interest to readers, including information on the free antiracism module discussed in the recent few issues and upcoming roundtable with Michelle Schmude, but first do check out Barbara Lewis’ excellent podcast: Healthcare Professionalism: Education, Research, & Resources at <https://bit.ly/PF-APHC-Podcast>.

Bryan

Bryan Pilkington, PhD, is Professor of Bioethics, in the Department of Medical Sciences, at Hackensack Meridian School of Medicine.

Reference

[1] Hafferty, F W, and R Franks. “The hidden curriculum, ethics teaching, and the structure of medical education.” *Academic medicine : journal of the Association of American Medical Colleges* vol. 69,11 (1994): 861-71. doi:10.1097/00001888-199411000-00001.

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Ableist Professional Ideals Hide in Plain Sight within Medical Education

by Megan E.L. Brown and Gabrielle M. Finn

A group of blind men encounter an elephant for the first time. Each person touches a different part of the elephant—its side, tusk, trunk, knee, ear, and tail—and makes assumptions about the shape, size, and appearance of the whole elephant based on their individual experience. Perhaps unsurprisingly, the group's descriptions of the elephant differ significantly from one another.

This parable (Majumder, 2017) can act as an analogy for the ways in which ableist ideals are perpetuated within discussions of medical professionalism. Just as the blind people in the parable address only one part of the elephant and make assumptions about the whole, medical students and educators often develop similarly fragmented understandings of disability based on individual, limited interactions with patients and learners. This is problematic in that holistic understandings of disability, and disabled learners' needs, are critical in ensuring that the education and practice of medicine, including education and practice relating to professionalism, are inclusive by design (Persson et al., 2015).

This narrow perspective is often reinforced by the hidden curriculum. The hidden curriculum is “a set of influences that function at the level of organisational structure and culture,” or “the unintended, unofficial learning” students engage in whilst present within educational environments (Brown, Hafferty, and Finn, 2020, p.1). The hidden curriculum is powerful, and its influence means that many students come to understand that certain abilities and attributes are implicitly valued over others. This leads to the development of a specific, normative ideal of what it means to be a “professional” physician (Brown et al., 2020).

Normative ideals of professionalism within medical education emphasise physical and cognitive traits that align with ableist standards. By ableist standards we mean expectations that discriminate against disabled people

(Peña-Guzmán and Reynolds, 2019), e.g., prioritising speed of cognitive processing in decision-making (Croskerry et al., 2014) and valuing the ability to work in busy, noisy environments without accommodation (Shaw, Doherty, and Anderson, 2023).

It can be difficult to identify the ableist norms shaping our conceptualisations of professionalism within medical education. The hidden curriculum is, by definition, hidden – as Martin (1994, p.158) muses “[it] is not something one just finds; one must go hunting for it.” Literature on the sources of hidden curriculum can signpost us to possible ways in which ableist norms act to shape our understanding of professionalism – or, where in plain sight, they are hiding. Finn and Brown (2023) categorise sources of the hidden curriculum into: Environmental sources (e.g., the physical layout of a space); behavioural sources (e.g., the attitudes and role modelling of faculty); resource sources (e.g., case studies and textbooks); and sources within oral culture (e.g. how things are said, and stereotyping). Of course, how ableist norms relating to professionalism manifest will differ between contexts, e.g., between institutions, between international contexts. Identifying and addressing sources of the hidden curriculum contributing to the propagation of ableist norms within local contexts requires concerted effort from educators and leaders within the medical education community. Here, we consider the hidden curriculum of ableist norms relating to professionalism within medical education scholarship to offer an example of how this can be approached, and the potential strategies for enhancing inclusivity within professionalism education.

In 2020, we conducted a focus-group qualitative study with 39 medical students from one medical school, and 14 faculty (Brown et al., 2020). What we found surprised us. We set out to inductively explore what the “hidden curriculum” meant to students, and how they would apply this concept to their own experiences of medical school. We expected to hear wide-ranging stories regarding the hidden curriculum, but most groups *chose* to discuss professionalism. The students saw professionalism negatively: “Professionalism... is the things we shouldn’t do” and perceived the hidden curriculum as a vehicle to communicate the views and standards of those at the top of medical and educational hierarchies.

In wider literature, we see this play out in relation to ableism – those at the top of hierarchies, after all, are usually White, abled men (Legha and Martinek, 2022). The discourse of professionalism in medical education has traditionally involved emphasis on traits such as resilience (Wald, 2015), independence (Birden et al., 2013), and selflessness (Hafferty, 2008). Though perspectives are beginning to shift, with debates regarding the impact of promoting values such as altruism (Burks and Kobus, 2012), and resilience (Yuan, Reimer and Minkley, 2023), radical change is yet to occur, and our conceptualisations of professionalism continue to be the determinant of many learners. Where disabled people are expected and pressured to conform to ableist standards, there are associated negative impacts on mental health, wellbeing, and

attainment (Lindsay et al., 2023). Conceptualisations of professionalism defined using ableist ideals and communicated through the hidden curriculum imply that professional physicians must adhere to able-bodied norms, marginalising those who, for whatever reason, cannot.

Alongside drawing attention to the presence of ableism and the role of the hidden curriculum in discussions of professionalism within medical education, it is important we consider how medical education can challenge these hidden and entrenched norms. Exploring sources of the hidden curriculum within local context is a positive first step, but we must move beyond naming ableism, to actively dismantling it. We can consider “universal design” (Jain, 2020) as a way of doing this. Universal design involves the creation of learning environments accessible to all students. Rather than taking an individualistic approach to supporting single learners to overcome barriers, universal design advocates for the creation of environments free of barriers (Jain and Scott, 2023). This means creating curricula, assessments, and educational environments that cater to a wide range of student needs. For professionalism, a universal design approach may involve redefining professional competencies – ideally this would be done in conjunction with learners themselves but may involve, for example, prioritising collaborative working, over individual resilience. Approaches to teaching and learning may also shift – offering multiple ways to learn about, and demonstrate professionalism enables participation from a wide range of learners, whilst ensuring visible representation of disability within faculty role models and curricula content is important in promoting a holistic understanding of disability. The application of universal design in teaching professionalism also means fostering a culture that enables learners and faculty to actively challenge ableism, racism, sexism, and other forms of discrimination.

Ableism influences our ideas of what it means to be a “professional” physician, and this works within the hidden curriculum to subtly enforce a set of narrow standards that marginalise disabled learners. To dismantle these entrenched ideals, medical education must consciously adopt inclusive practices, such as universal design. Only through such intentional and systematic reform can we ensure that our future physicians are equipped to serve and represent the diverse populations they will encounter.

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Free Antiracism Module Webinar Recording Available: 38 Videos & 30 Exercises

Through a grant from the Josiah Macy, Jr. Foundation, an Antiracism Module is available online at <https://webcampus.med.drexel.edu/PCHC/>. The module includes **38 videos and 30 exercises**. Resources include a **three-page overview** of the 17 sections, **curriculum guides** for eight of the sections with pre and post tests to gauge changes in attitudes, a **learning environment survey** to gauge your learners' perspectives on your learning environment, and an Excel spreadsheet with the section overview, videos with times, and discussion questions. An asynchronous faculty development workshop is under construction.

[Watch the webinar recording.](#)

APHC International Hybrid Conference June 3 - 5 in Philadelphia & Virtual

**Navigating Ambiguities in Professionalism: Teaching,
Assessment, Remediation, and Clinical Care**

View the conference agenda - 3 keynotes, 3 symposia, and **74 sessions** with 180 speakers from four continents are scheduled for the international hybrid conference in Philadelphia and via Zoom from June 3 to 5. The breakout sessions include **1 educational game, 12 how-to workshops, 26 oral presentations, 7 panels, 15 posters, 7 problem-solving sessions, and 6 roundtables.** All sessions will be **streamed virtually and recorded** so registrants can watch all the concurrent sessions and so our colleagues around the world can view sessions during normal hours.

Learn more at: <https://bit.ly/APHC2024HybridConference>

Early bird registration ends Monday, April 29th

Below read four articles about conference sessions.



If you can't wait to hear more about the conference theme on navigating ambiguities in professionalism, listen to APHC's previous keynoter, **Stan Hamstra**, discuss *Considerations for Standards and Diversity When Assessing Professionalism* on the podcast **Healthcare Professionalism: Education, Research & Resources** at <https://bit.ly/PF-APHC-Podcast>

Mastering Ambiguity of Professionalism Development from Day 1: Exploring the Role of Initial Residency Transition Experience

by Saral Desai, Abhishek Allam, Olive Sarubbi, Sarah Luber, and Wei Du

The transition from medical school to residency is a pivotal period in a physician's journey. An unsatisfactory transition can adversely impact the overall residency experience and likely lead to stress, exhaustion, and burnout. Residents view the development of their professional identity as central during the early transition. Traditionally, the focus of residency transition programs has been primarily on logistical matters, such as paperwork and orientation. While these are undeniably important, they often overshadow the equally vital aspect of professionalism development. By neglecting this dimension, institutions miss an opportunity to instill core values and behaviors essential for professional success. Positive or negative experiences during this time can profoundly shape an individual's professional identity and behavior.

Professionalism encompasses a wide range of attributes, including integrity, empathy, effective communication, and ethical conduct. The initial transition to residency provides a unique opportunity to lay the groundwork for professionalism development. We propose a measurement-based approach to identify successful initial transitions and implement policies to support professionalism development.

Measurement-Based Approach to Identify Successful Transition

Implementing a measurement-based approach, such as transition surveys, can provide valuable insights into the effectiveness of the initial transition process. There is a positive correlation between a good initial orientation experience and better retention and less burnout for new physician hires. Transition surveys can assess various aspects of the transition experience, including orientation programs, mentorship opportunities, work-life balance, and support mechanisms. By collecting feedback from residents, institutions can identify areas of strength and areas needing improvement in fostering professionalism during the transition. Between July 1, 2023, and December 31, 2023, we conducted three rounds of surveys to evaluate the transition experiences of PGY1 residents in our institution. Our survey included questions regarding demographics, overall transition experience, post-match communication, fatigue management, program mentorship, wellness activities, and employee assistance programs.

Utilizing Survey Findings to Foster Professionalism Development

Based on survey findings, institutions can take several steps to remove barriers and enhance professionalism development during the transition phase:

- **Enhanced Orientation Programs:** Strengthen orientation programs to include sessions focused on professionalism, ethics, and communication skills. Provide residents with guidance on navigating ethical dilemmas, maintaining boundaries, and promoting patient-centered care.
- **Mentorship and Peer Support:** Expand mentorship initiatives to pair residents with experienced practitioners who can serve as role models and provide guidance on professional conduct. Encourage peer support networks to facilitate discussions on challenging cases, ethical issues, and personal well-being.
- **Feedback and Reflection:** Implement regular feedback mechanisms to provide residents with constructive feedback on their professionalism. Encourage self-reflection and peer feedback as part of a continuous improvement process.
- **Addressing Workload and Burnout:** Address workload issues and promote strategies to mitigate burnout, as excessive stress can compromise professionalism. Provide resources for stress management, time

management, and work-life balance to support residents in maintaining professionalism. Provide counseling services to residents.

- **Institutional Policies and Resources:** Review institutional policies to ensure alignment with professional standards and ethical principles. Provide resources and support for residents to navigate challenging situations, report concerns, and seek assistance when needed.

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Wei Du, MD, is Chair of the Department of Psychiatry at Drexel University College of Medicine.

The Role of Self-Compassion in Navigating Shame in Medicine

by Zoe Alaniz Hirschi

Discovering one's professional identity begins long before medical school. It requires lifelong reflection to integrate personal values with professional expectations in a way that promotes honor, integrity, and respect. As a dynamic process, there is room for growth but also setbacks, especially when confronted with emotions that we do not know how to name. If left unnamed, one emotion, in particular, has the power to break what took a lifetime to build.

Shame, the feeling of being fundamentally flawed, is an emotion we all feel as part of the shared human experience. As far back as the 1500s, shame has been recounted as the distinguisher of humans from all other animals and lower nature. Often manifesting with blushing, sweating, feelings of exposure, and withdrawal, this self-conscious emotion is, in fact, normal and healthy when interacted with and not left to fester. Healthy shame guides moral behavior and ethical responsibility and teaches us professional and life limits. The medical community has historically been hesitant to discuss shame experiences, potentially out of fear of further shame. When avoided, toxic shame develops and can wipe away a once-internalized professional identity, leaving in its place depression, social isolation, burnout, and impaired empathy. The groundwork for the toxic shame plaguing many physicians may have roots in medical school, where we are gifted the knowledge to heal others but not always ourselves.

An ever-growing body of literature supports the practice of self-compassion as the answer for constructively engaging with shame. Rooted in the tenets of self-kindness, mindfulness, and recognizing common humanity, self-compassion equips us with the strength to offer ourselves kindness rather than harsh self-judgment in difficult moments. Replacing negative self-talk with treating ourselves kindly opens space to act upon our motivations and achieve

more. Without self-compassion, those in high-pressure environments like healthcare remain vulnerable to shame spirals, even more so under constant assessment and critique. Self-compassion has several strengths, the most significant being that, with practice, it can be learned and developed.

This project was created to teach and equip medical students with the language to discuss shame and the confidence to practice self-compassion. We have invited medical students across all years to attend a pilot seminar to learn about the language surrounding shame and shame resilience through self-compassion. The seminar will begin with a large group portion that involves didactic information and guided self-compassion exercises. Attendees will then engage in small group discussions led by trained faculty, concluding with a survey of questions to assess pre- and post-seminar attitudes. Qualitative and quantitative data will be collected to evaluate the changes in the importance placed on shame and self-compassion and the confidence in processing shame and practicing self-compassion among attendees. With this project, we aim to normalize shame conversations in healthcare and instill in the next generation of physicians the confidence to treat themselves as empathically as they do others.

Zoe Alaniz Hirschi is a fourth-year medical student at McGovern Medical School at UTHealth Houston and a rising internal medicine intern at Brigham and Women's Hospital.

Cultivating Clarity: The Power of Mindfulness in Healthcare

by Caryn Katz-Loffman and Jennifer Knight

The field of medicine offers substantial professional fulfillment; however, it entails significant demands and stress. Physicians and trainees often work long hours, facing increasing clerical burdens, work-home conflicts, and feelings of a lack of control over work-related issues. As a result, many experience a loss of connection with their purpose and decreased satisfaction with their careers. *Cultivating Clarity: The Power of Mindfulness in Healthcare*, is a transformative 10-minute presentation exploring the impact of mindfulness on various aspects of healthcare education and delivery, including adaptability, decision-making, patient-centered care, communication, stress reduction, resilience, and self-reflection.

This presentation equips attendees with mindfulness tools tailored specifically for healthcare professionals. Attendees will learn practical techniques designed to sharpen their ability to remain present and focused in the face of ambiguity, increase emotional regulation and self awareness, and improve empathy and connection. Furthermore, insights and tools incorporating mindfulness into medical school, residency, and faculty development programs will be shared in this presentation to enhance wellness, leadership, and professionalism.

As the demands of the medical profession continue to grow, it becomes increasingly vital for healthcare professionals to prioritize their well-being and cultivate resilience amidst the challenges they face. "Cultivating Clarity: The Power of Mindfulness in Healthcare" offers practical tools and insights tailored specifically for physicians and trainees. Mindfulness empowers healthcare professionals to reclaim balance, resilience, and clarity in their work, ultimately leading to improved patient care and personal well-being.

Caryn Katz-Loffman is a Core Assistant Professor of Psychiatry and Behavioral Health, Professional Identity Formation Director, and Human Dimension Assistant Course Director at Hackensack Meridian School of Medicine.

Jennifer Knight is Assistant Professor of Medicine and a Human Dimension Community Engaged Master Educator at Hackensack Meridian School of Medicine as well as a Fellow in Integrative Medicine.

Assessing Professional Development Progress: Creating a Co-Curricular Certification for Osteopathic Medical Students

by Jeddie Herndon and Madison Tarleton

Student Affairs walks the line between being a curricular and co-curricular department—what we sometimes call non-classroom teaching. In a recent article written by Dr. David McCoy, the Assistant Dean of Student Affairs at Rocky Vista University, he poses the question that many Student Affairs Professionals often wonder: “Am I actually an educator, or am I just a checkbox? Does my work matter?” As Career and Professional Development Counselors to graduate-level medical students, our student engagement is seen most evidently through our programming, student appointments, and our work to push students toward enhanced professional development. As we thought more about our work and our role in programmatic student engagement, we began to wonder what it would look like for students to be able to track and assess their own professional development goals.

This led us to the initial planning stage of creating a co-curricular certification for professional development. The assessment, still in its early stages, will evaluate students’ professional proficiency and career readiness using our 9-Piece Professional Development Model. The Professional Development certificate follows the creation of a 9-Piece Professional Development model that orients our functional area’s goals with our department and institutional learning outcomes. Students will track their progress, completing different steps in a module-based list. Students can certify or complete each module by choosing from a prescribed list of activities and completing a reflection of progress. The completion of the portfolio will take 2.5 – 3 years, ensuring that students are not overburdening themselves as some pieces of the certificate are embedded in curricular activities. The students will compile their items and submit them to a Career and Professional Development Counselor and an additional certifying party who will sign-off on the students’ completed certificate program. The end goal will offer students an “Honor or Award” option to add to their residency application.

We used other institutional certificate programs as models, including University of Colorado, Denver's Professional Skills Undergraduate **Certificate** and the University of Denver's Doctor of Philosophy in Religion's Future Faculty in Teaching **Certificate**. Central to our goal was reaching outside of our own department and leaning on the skills, talents, and successes of other departments—curricular or otherwise. As staff or faculty, the students are always at the center of the work. Shifting our focus towards identifying as educators allowed us to frame this certificate as a learnable and teachable moment for our students—giving them tools for career readiness and professional skills. Dr. McCoy remarks in his article: "If student affairs professionals focus on identity-as-educators via their own professional development and enhanced assessment practices... student affairs professionals will undoubtedly be more committed and connected to their work as educators." We are optimistic that this certificate program will connect students to their work as much as it will connect us to ours.

Jeddie Herndon, BA, is a Career and Professional Development Counselor at Rocky Vista University.

Madison Tarleton, PhD, is Career and Professional Development Counselor at Rocky Vista University.

Spirituality in Healing Disorders

by Sofica Bistriceanu

The holiness approach varies among people; its perception and integration into life value differentiate people, making them connected at variance, following differing disputes with consequences on human life.

Static and dynamic life forms are perpetually transient on the planet and put in front of humans the creation problem: Who, why, what, and to whom necessitate all that is deciphered partially, much of it remaining a mystery. God could never be understood since the divine's magnified and bright work blinds all when they come to explore its interrelated nuances. Humans can control various life forms on earth but cannot comprehend or control divinity.

Faith can provide us with stability and wealth when we follow the rules given to us by the teachings of God and his chosen disciples. Living in a clean environment and being fair, respectful, trustworthy, and honest can lead to a prosperous and fulfilling life. When we maintain our wholesome nature, we become closer to divine energy, which can significantly and positively influence our existence. Being mindful in our work and caring for ourselves and others reward us with better inner workings; its energy can align with the Universe's positive energy and resonate with it, improving well-being. We must strive to create positive outcomes in all our endeavors.

Individuals must emphasize the benefits of reasonable work and a healthy lifestyle in a suitable environment to maintain and improve their welfare. When

feeling unwell, taking the time to reflect on past actions and attitudes in daily interactions with others can help identify any harm caused and allow steps to be taken to rectify the situation. This can be a small step towards restoring the body's functioning, as mental health is essential in governing all bodily functions.

God invites us *not to make more mistakes*. Errors cause harm to both the receiver and the person who created the error. The negative energy of the thoughts and emotions associated with these errors can also disturb the contributor's mental and energetic state, leading to more or less clinically expressive disorders.

Healing human disorders means dealing with darkness and restoring light to the affected area; to do that, we need assistance with thought power. Considering divinity as an indefinite spring, our thinking expects support in troubled times; to receive this help, we must be diligent in our daily lives and struggle to align ourselves with the Universe's positive energy. By doing so, we can refine our microcosm and achieve overall welfare.

People aspire to perfection but must have an appropriate configuration to achieve it. With dirty life arrangements, you can never be bright. By cleaning up our surroundings, purifying our thoughts, and engaging in proper work, we can attain a peaceful inner life that interrelates with divine energy.

Human hearts are changeable over time, and they want another one - a stable adoration that can support them through life's ups and downs. God continuously sustains and reinforces them when they follow Its principles.

In today's digital age, it has become increasingly important to have a basic understanding of different religions across the globe due to the rising movement of people. When managing medical disorders, it is necessary to approach discussions with patients regarding their religious beliefs appropriately. Medical teams must honor people's opinions on divine creation and human life. Furthermore, their relationship with the patients and their families should facilitate patients' involvement in decision-making concerning their viewpoints and practices relating to the existing divine.

Sofica Bistriceanu, MD, PhD, is a Family Physician and the representative of Academic Medical Unit- CMI in Romania.

APHC Roundtable

Friday, April 12 at 3 p.m. ET

**Creating and Deploying a Strategic Vision for the
Future of APHC Through Collaborative
Conversations Among Constituencies
with Michelle Schmude, EdD**

During this Roundtable session, you will hear about APHC's history (it will be brief), current activities, and plans for the organization's future. We will chat about APHC's mission and how we can collaborate to ensure a bright future for the organization through the work of our various committees and engagement with the strategic planning process. Let's all work together to plan the bright future of APHC!

Join us for the monthly Roundtable. Register at: <https://bit.ly/APHCRoundtables>

Dr. Michelle Schmude is the Vice Provost for Enrollment Management and Associate Professor of Medical Education at Geisinger College of Health Sciences. She has over 25 years of higher educational experience. Her scholarly activities focus on professionalism, professional identity formation, first-generation college students, integrated marketing communications in higher education, admission trends, advising/mentoring/coaching, and ePortfolios to promote and assess competency. She graduated from the University of Pittsburgh with a bachelor's degree in business and history, earned a Master of Business Administration from Point Park University, and received her Doctor of Education degree from Wilkes University.

The 30-minute presentation will be followed by a 30-minute discussion.

Register for this important session and others on the second Friday of the month from 3 to 4 p.m. ET.

Roundtables are for APHC Members only.

Join APHC to attend this Roundtable and access previous recordings.

<https://bit.ly/APHCMembership>

The Snowball

By Sofica Bistriceanu

You offered me the snowball,
which looks beautiful
but will melt away.
Should I let it go?

Sofica Bistriceanu, MD, PhD, is a Family Physician and the representative of the Academic Medical Unit - CMI in Romania. She is the author of seven volumes of poems.

From the Volume of poems 'The Snowball' -ISBN 973-96810-6-9, Cronica Publishing House, Iasi, 1995



Healthcare Professionalism: Education, Research & Resources Podcast

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You can access the podcast episodes on your favorite platform or at:
<https://bit.ly/PF-APHC-Podcast>

It is time for a new edition of Drexel University College of Medicine's student-run, anti-bias newsletter, "Journeys"!

This newsletter is designed to highlight the experiences of health care providers in training and represent the unique backgrounds, identities, and perspectives of students and health care providers at all levels. "**Journeys**" is a space to share stories and sentiments that illustrate both individuality and experience as they contribute to the diversity of health care education and practice.

**We are proud to share the theme of our second edition:
"Tokens: Identity & Expectations in Medicine."**

The idea of tokenism is based on one person being included in a group in an effort to showcase that a group is diverse. This token person may be invited to join a group not based on merit, but commonly based on things like: ethnicity, skin color, gender identity, and ethnicity. For health professionals and trainees this may also include being a first-generation doctor, nurse, or other allied health professional in your family.

We are asking for submissions that highlight experiences with tokens in individuals' respective identities. Whether you feel that you are placed with the responsibility to take on the face of an entire group of people, or you have trouble seeking a group to support the identity you align with; we want you to share your story!

Please use the following link to submit your work for publication:
https://drexel.qualtrics.com/jfe/form/SV_bCRtO98LjHXpqck

Technical Requirements:

- Essays, narratives, poems, etc. : Up to 750 words. Please submit it as a Word doc.
- Image: jpg format
- Video/Audio: up to 5 minutes in length

Please submit by April 30th, 2024, for consideration.

All are welcome and encouraged to submit pieces that represent the reality of their journey best. You will be notified of the status of your submission before publication. Submissions may also be anonymized if preferred.

Please email with any questions or concerns at ducomjourneys@gmail.com

Missed our first edition? Visit our newsletter at
<https://www.ducomjourneys.org/>

Inside, you can explore our collection of poems, short stories, podcasts, historical essays, artwork, anti-bias resources, and more, all created by medical students and health care professionals just like you! We hope you enjoy this collection of experiences and encourage you to share yours.

Keep an eye out for upcoming opportunities to submit your work and share your journey!

Want to join the conversation?

Email us at: ducomjourneys@gmail.com

Subscribe to our newsletter at: <https://www.ducomjourneys.org/>

Sincerely,

Journeys Editors & Assistant Editors

Editors: Molly Ruiz, Lauren Wells, Raven Simmons, Jade Overton, and Fatima Sawi

Assistant Editors: Vicky Lam and Nicole Stone

<https://www.ducomjourneys.org/>

Please forward to your students.

Applications for the ABMS 2024-2025 Visiting Scholars Program are now Available

The American Board of Medical Specialties (ABMS) is now accepting applications for the 2024-2025 **ABMS Visiting Scholars Program**[™]. This one-year, part-time program supports the research of early-career physicians and research professionals, while facilitating leadership development through engagement with ABMS and the broader certification community.

Research projects should advance the ABMS mission and address the research priorities of the ABMS Research and Education Foundation, the Gordon and Betty Moore Foundation, and the following co-sponsoring ABMS Member Boards: Allergy and Immunology, Dermatology, Emergency Medicine, Obstetrics and Gynecology, Ophthalmology, Otolaryngology – Head and Neck Surgery, Orthopaedic Surgery, Physical Medicine and Rehabilitation, Radiology, Thoracic Surgery, and Urology.

The ABMS Research and Education research priorities are:

- Diagnostic and prognostic excellence within and across specialties
- Adoption of competency-based medical education and assessments across certification programs
- Racial equity and diversity across the health care continuum
- Continuing certification programs impact on physician well-being
- Physician engagement in quality improvement and patient safety

Visiting Scholars remain at their home institutions and work with self-selected mentors. During monthly virtual sessions, they present their research project and provide updates to their peers, mentors, subject matter experts, and ABMS Visiting Scholar alumni. They will present their research findings before a national audience at the **ABMS Conference** in 2025.

Early-career physicians, junior faculty, fellows, and residents are eligible, as well as individuals holding master or doctorate degrees in public health, health services research, educational evaluation and statistics, and public health policy and administration, as well as Veterans Affairs trainees and researchers. Visiting Scholars will receive a \$15,000 grant to support the direct costs of research and travel expenses associated with participation in the program, which will begin in September 2024.

Applications must be received by 11:59 pm CT on June 17, 2024. Learn more about the application process on the **website**. Interested candidates may also **register** to a free, hour-long informational webinar to learn more about the **ABMS Visiting Scholars Program**. The webinar will be held at 5:00 pm CT on April 23, 2024.

For additional questions, contact ABMSVisitingScholars@abms.org.



APHC Member Announcements

The Journal of Medical Education and Curricular Development published an article written by Michelle Schmude, Tanja Adonizio, Halle B. Ellison, and Margrit Shoemaker, titled *Fostering Students' Personal and Professional Growth: Responding to Error During the Internal Medicine Clerkship*, which focuses on the module, *Growing and Learning in the Wake of an Error*, from the Center for Professionalism and Communication in Health Care at Drexel University College of Medicine. <https://doi.org/10.1177/23821205241236594>

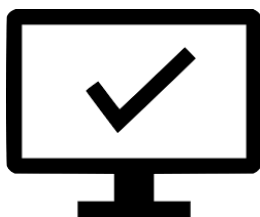
The Student Doctor Network published an article by Emil Chuck on candidate self-assessment of pre-professional competencies.
<https://www.studentdoctor.net/2024/03/15/how-to-assess-your-pre-professional-competencies/>

Pandemic Professionalism and Ethics Podcast

Listen to archived episodes of the COVID Ethics Series Podcast. Those episodes, as well as upcoming episodes can be accessed via: <https://library.shu.edu/COVIDEthics/podcast>. The archive currently houses over 20 episodes, which engage a variety of ethical and professionalism topics associated with pandemic issues. These topics range from considerations of vulnerability and politicization to resource allocation and universal health care. These episodes, as well as their video counterparts, which can be found at <https://library.shu.edu/COVIDEthics/>, have been adopted as course materials in a variety of health care and humanities training courses and are free to anyone interested in the subject matter.

The COVID Ethics Series and Podcast relies on the idea that challenging issues affecting health and health care are best addressed by many persons, from diverse backgrounds, practically reasoning together. These conversations aim to be inclusive and often involve leading experts from medicine, nursing, and the health sciences, as well as political theorists, economists, ethicists, philosophers, and lawyers.

If you are an APHC member, we will publicize your events, job searches, research, grants, articles, podcasts, books, etc., in the newsletter.



Past Webinar Recordings

If you missed the webinar - **Oral Health is Essential Primary Care: The Importance of Interprofessional Collaboration** with Lisa Simon, MD, DMD; Carlos Smith, DDS, MDiv, FACD; and Nanette Elster, JD, MPH,

sponsored by the Academy for Professionalism in Health Care, the American Dental Association, and the American College of Dentists, here is a link to the recording: <https://vimeo.com/694986752>

Access past webinar recordings at [ProfessionalFormation.org](https://www.professionalformation.org)

Mitigating the Effects of the Hidden Curriculum on Professional Identity Formation with Orit Karnieli-Miller, PhD

Social Justice Challenges: How to Achieve Excellence in Equity with Preston Reynolds, MD, PhD, MACP

Teaching Learners to Navigate Common Boundary Challenges with Elizabeth Gaufer, MD, MPH

Building Effective Teams and Eliminating Barriers with Christine Arenson, MD

Professional Formation, an on-line program with **15 professionalism modules**, has two webinars on **how ACOM and Geisinger Commonwealth integrated modules into their interprofessional education programs**.

For more information: <https://webcampus.med.drexel.edu/PCHC/About/PF/>

APHC Members' Benefits



As a member, you have access to special benefits that include:

- Belonging to a community of like-minded professionals
- Participating in the monthly Professionalism Education Roundtables with authors, faculty, and researchers, plus accessing past recordings
- Accessing 15 Professional Formation modules for individuals for free
- Enrolling in the APHC Faculty Development Certificate program known as LEEP (Leadership Excellence in Educating for Professionalism), which was launched in 2020 and offers longitudinal mentoring for a select group of individuals seeking to deepen their knowledge and skills in professionalism education, assessment, and research
- Posting your research, articles, podcasts, webinars, conferences, and books in the newsletter distributed to about 20,000 people

- Receiving a 20% discount on educational videos created by the Medical Professionalism Project, which also allows you to obtain MOC and CME
- Registering for APHC conferences with discounts
- Participating in APHC committees, which include the conference program, membership, and education committees

Our annual membership fees are very inexpensive and are valid for one year from the payment date. **Select from seven types of membership, including the institutional membership for four people. [See the descriptions.](#)**

Professional Formation Newsletter Editors

Editor-in-Chief: Bryan Pilkington | Managing Editor: Barbara Lewis

Please contact **[Barbara Lewis](#)** if you'd like to contribute an article to this newsletter.

If you know someone who would benefit from reading **Professional Formation Update**, please pass this along. They can subscribe to the newsletter by **[clicking here](#)**.

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