Conceptualizing learning as a process of becoming that is inclusive of professional identity formation enables teachers, clinicians, curriculum developers and administrators to understand, explore and act at the appropriate level to align institutional values and goals with the lived experience of medical trainees. Learning environments that support professional identity formation for palliative care practice can be created and sustained.

Background

Demographics in many countries indicate a need for physicians who are competent in and embrace the practice of palliative care as part of their professional identity. Deepening understandings of how learners become physicians capable of providing compassionate palliative care is critical. Learning as a process of becoming with individual, relational and cultural dimensions provides a framework to consider palliative care learning. Embedded within this metaphor is the notion that all experience contributes to learning and emerging professional identity, whether positive or detrimental, intended or unintended. From this perspective, a question can be posed: What supports and hinders memorable palliative care learning and how does this impact emerging professional identity?

Methods

Using a qualitative approach, the authors undertook a study of narratives of memorable learning (DNMLs) for palliative care. Volunteer participants were 14 graduating family medicine residents from one Canadian University. All 14 residents were interviewed and 43 DNMLs were identified and a thematic framework was inductively created. Results of the broader thematic analysis from this study have been published. This paper explores the themes of supports and constraints for memorable learning, the sub-themes of personal, interpersonal and systemic dimensions, and their interplay within DNMLs.

Supports

**PERSONAL**

- **Time for communication**: time with patients, families, interdisciplinary teams.
- **Professional support**: colleagues, interprofessional team, supervising physicians.
- **Positive non-professional relationships**: patients and families, mentors, role models.
- **Established reflective practice**.

**INTERPERSONAL**

- **Well-structured and identified palliative care clinical learning opportunities**.
- **Continuity with patients and families**.
- **Selection of educational materials**: curricula, tutorials, books, online resources.
- **Identification of and access to community-based resources**.

**SYSTEMIC**

- **Positive relationships**: patients and families, mentors, role models.
- **Professional support**: colleagues, interprofessional team, supervising physicians.
- **Past involvement with death and dying**.
- **Active definition of learning needs**.
- **Established reflective practice**.
- **Obligatory referral of patients to specialized teams**.

Constraints

**PERSONAL**

- **At exposure to palliative care during undergraduate medical education**.
- **Lack of experience with palliative care as a concept and/or clinical practice**.
- **Fatigue and burnout during residency**.

**INTERPERSONAL**

- **Inadequate communication with interdisciplinary team about patient and family: context, conflict, disease trajectory**.

**SYSTEMIC**

- **Lack of identified and supported palliative care clinical learning opportunities**.
- **Lack of time for communication with patient, families, interdisciplinary teams**.
- **Obligatory referral to palliative care services**.
- **Ongoing medical care**.
- **Lack of access to communication tool: interpreters**.

Discussion

The participants of this study, with unique life experience and perspectives, entered the complex and dynamic clinical world. They interacted in the social and cultural milieu of the workplace, resulting in experiences that constitute/interactively or intentionally/unintentionally supported, hindered or confounded the process of becoming a physician. Alignment or harmony among factors in all dimensions can strengthen an emerging identity for this practice: allowing conformity, exploration and participation. When these cells, domains, emerge, a learner who feels committed in being the physician they aspire to be within a workplace culture, an interpreting this as a personal failing; or generating anxiety, confusion, insecurity and avoidance of engagement. Much of what happens in clinical contexts is dynamic and emergent. Opening spaces for reflection and collaborative engagement and valuing this as work will help in understanding the interplay of individual learners, workplace relationships and cultures in the process of becoming physicians.

Implications

How we conceptualize learning matters. This study highlights the inherent limitation in considering learning simply as acquisition or workplace participation. Viewing learning as a becoming allows teachers, clinicians and educators to attend to the multiple constructions of learner identity, to attend to and embrace uncertainty, to allow and explore the emotions experienced through learning in complex clinical contexts, and to consider how the interpretive of the individual and the learning environment supports or hinders learning and professional identity formation. Situations that combine or present mixed messages to learners can be identified and addressed at the appropriate level.