Purpose:
Positive Identity Dissonance
Negative Identity Dissonance

Methods:
Data Collection
- M52s from Indiana University School of Medicine (IUSM).
- 3 one-on-one semi-structured interviews:
  - Start of M52, end of M52, and end of M53.
  - Interviews were audio recorded and lasted between 45-60 minutes.
  - 10 Audio diary recordings at two month intervals between interviews.
  - Prompts to direct conversation toward PIF and significant experiences.
  - 87% submission.
  - Average length of 10:28 (range of 3:46 – 30:06).

Data Analysis
- Data was analyzed using the Constant Comparative Approach where data was concurrently analyzed during the data collection phase.
- Data was coded from the audio using OneNote.
- Codes were linked to segments of audio.
- Significant statements were transcribed verbatim.
- Codes were categorized into themes to produce a framework of PIF.

Results:

Identity Consonance
- Identity consonance occurred when students felt their personalities matched the identity of a “typical” medical student or physician.
- Experiences were consistent with their expectations of being a medical student and confirmed commitment to medicine.

Positive Identity Dissonance
- Positive identity dissonance occurred when students found inconsistencies between their identities and the typical medical student or physician identity, but considered it a necessity to overcome.
- Experiences that challenged their expectations of being a medical student or physician disrupted identity formation.
- Considered some personality traits (e.g., shyness, introversion) to be inconsistent with physician identity and accommodated their personalities to match.
- Experiences with negative role models challenged conceptions of what a medical student or physician are.

Negative Identity Dissonance
- Negative identity dissonance occurred when students identities were challenged and when they began to doubt their abilities to become a physician.
- Students considered medical education to be conforming and refused to modify personality to fit the mold of the “typical” medical student.

Discussion:
- Medical students contend with competing discourses about what it means to be a medical student that impact their PIF.
- Having an identity different from what one perceives as a “typical” medical student or physician results in identity dissonance for some students.
- Identity dissonance results in challenges forming a professional identity consistent with the profession.
- Negative dissonance may result in the internalization of an identity incompatible with profession and may result in students leaving the medical profession.
- Doubt reduces medical student well-being and lead them to question their purpose.
- Doubt has significant impact on students' PIF and limits ability to see self as a physician.
- Medical educators need to address concerns of students experiencing identity dissonance and doubt.
- Reflective practices may give medical students an opportunity to confront and explore their experiences with identity dissonance.

References: