

Professional Identity Formation and Transformation across the Life Span

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Learning Trajectories, Innovation and Identity for Professional Development

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Abstract

Examining the foundational elements of professional identity formation and its relation to unmet health needs in society is at a critical juncture. Professions today are under assault from multiple sources that weaken or undermine the individual's or the collective profession's commitment to the profession's public purposes. This paper draws together evidence from multiple sources that support constructivists' theoretical understanding of a developmental continuum of identity that proceeds from self-interest and concreteness of thought to more other-oriented and abstract ways of making sense of the self (Kegan, 1982; Blasi, 1984). At more advanced levels of professional identity formation, the exemplary professional's personal and moral values are fully integrated and consistent across context and situation. They are able to articulate the public duties of the profession, integrate them with personal value frameworks, and regularly and consistently engage in socially responsible actions. The identity of such exemplary professionals is contrasted with the identities of entering students, entering professionals, and professionals who have been disciplined by a licensing board. Methods are suggested for supporting learning and improving commitment to professional values.

Professional Identity and the Status of Professions in Contemporary Society

Examining the foundational elements of professional identity and their link to unmet health needs in society is at a critical juncture. Some (e.g., May, 1999) argue that the growing disparities result from market forces that are usurping the practice of professions and reducing them to trade organizations. Indeed, Colby and Sullivan (2008) point out that the professional status of an occupation can change as the field professionalizes or de-professionalizes over time. Even though the defining characteristics of professions are generally agreed upon, the commitment to assume full responsibility to place the interests of patients or clients before the self, or full commitment to putting the welfare of society before the welfare of the profession, may become weakened as individual professionals and the profession as a whole lose sight of the profession's public purposes. Indeed, the public purposes of professions may never have been fully understood.

In their book *Good Work*, Gardner and colleagues (2001) used extensive evidence to contrast professions that are more or less well-aligned with their public purposes. For example, they described journalism as a misaligned field. They cited medical genetics as an example of a profession that, at the time of data collection, appeared to be authentically well-aligned. Many factors, they argued, including an increased push for market share and profits, a technology-driven increase in the pace of work, degradation of newsroom culture through budget cuts and corporate rather than family ownership, have "intruded on their domain's integrity, obstructing [the journalists'] capacity to pursue the mission of good reporting" (p. 128). This contributed to a de-professionalization over time.

Commenting on the alignment of the dental profession with its public purpose, Welie (2004c) observes: "By definition, dentistry does not qualify as a profession when and to the extent that the interventions performed are purely elective instead of medically indicated. It therefore behooves dentists who focus their practices on aesthetic interventions to clearly state that they are not professionals. Doing so does not mean they are incompetent, dishonest or otherwise immoral. It simply means that the ethical structure of their practices differs from that of professional dentists." He remarks that the ethical structure of such a dental practice "is akin to that of an interior designer rather than an oncologist." (p. 676).

Similarly, the intrusion of market language and market models of health care delivery has put medicine in serious danger of abandoning, or at least marginalizing, the profession's central values and public duties. In the foreword to Stern's (2006) book, *Measuring Medical Professionalism*, Jordon Cohen highlights the central tensions faced by medicine.

Whether by intent or otherwise, our country has chosen to rely on the commercial marketplace in an effort to control the escalating costs of health care. As a consequence, medicine is increasingly being viewed by policy makers and others as no different from any other commercial entity. In their view, medicine is just another business. Witness the terminology that has crept into common usage: doctors are commonly referred to as providers; patients, as consumers; health care services, as commodities. As a salient reminder of the fundamental differences between commercialism and professionalism, consider their starkly contrasting mottos. Commercialism's is *caveat emptor*, buyer beware. Medicine is *primum non nocere*, first do no harm (p.viii).

The danger posed by commercialism, Cohen argues, comes not from adopting sound business practices, but in adopting its core ideology. "Self interest, the dominant paradigm of the market place, is the very antithesis of the self-sacrifice called for by medicine's commitment to the primacy of our patient's interest." (p. viii) Clearly, the outward manifestations of professionalism may help to maintain public trust, just as a customer service orientation may serve as an antidote to crass commercialism. However, such outward manifestations may not

sustain the profession or the professional unless they are linked to a moral identity that not only keeps self-interest in check, but guides and promotes a doctor-patient relationship based upon trust. Cohen's remarks speak more loudly to the professional's individual responsibility than to the profession's collective responsibility. Both elements, I will argue, are dimensions of a fully formed professional identity.

Reflecting on the need for professional socialization of medical residents, [Leach \(2008\)](#) raises these questions: "How do we preserve and nurture authentic human and moral reflexes in our young learners? How do we foster authentic professionalism and moral development in young people when the context in which young people are being formed is itself morally challenged?" (p. 512). When referring to authentic professionalism, Leach is distinguishing outward professionalism (as manifested by particular behaviors) from the quality of the professional's inner life. "Transcendence of self-interest is not a technique—it is a way of being. The resident, in addition to learning the science and art of medicine, must also learn a new way of being in the world in order to become a fully-developed professional. The resident's journey is an inner journey. We have a heavy obligation to help them" (p. 515).

Assuming that it is possible to more effectively educate for professional identity formation—after all, professional schools have not exactly ignored their responsibility to socialize students to the profession's values—we need to ask whether Leach's assumption, that students need to learn "a new way of being," is true. Is it true for everyone, or just for some? Are students entering professional school primarily self-interested? Is the current generation more self-interested than previous generations, as seasoned professionals often assert? Do a professional's value commitments change over time? How do entering students understand professional role expectations? Are their conceptions aligned with the professions' values and expectations? If not, is it possible to influence development within the limits of our resources? If not, shouldn't we screen for these qualities?

Challenges to the Formation of a Professional Identity¹

This section examines six key challenges to the formation of an ethically based professional identity:

- 1. Are young people today more self-centered than those in earlier generations?*
- 2. How do professional school students understand professional and societal expectations? Is their conception aligned with the professions' values and expectations?*
- 3. How do moral exemplars understand professional and societal expectations?*
- 4. How do disciplined colleagues understand professional and societal expectations?*
- 5. Is it possible to influence development within the limits of our resources?*
- 6. Should professional schools try to matriculate students who exhibit a willingness to be connected and committed to professional and societal expectations?*

- 1. Are young people today more self-centered than those in earlier generations?*

¹ Portions of the literature review in this section also appear in Bebeau (2008).

New evidence supports the presence of generational shifts in perceptions of self-importance and individual priorities that present challenges for educators concerned with instilling in students a sense of responsibility toward others. For example, college freshmen have increasingly replaced the goal of developing a meaningful philosophy of life during college with a new interest in finding employment that provides a secure future (Pryor, Hurtado, Saenz, Santos, & Korn, 2007). Similarly, college students increasingly score higher than earlier generations on measures of self-esteem (Twenge, & Campbell, 2001) and on measures of individualistic traits (Twenge, 1997), which, in turn, are highly correlated with psychological measures of narcissism. Recent cross-temporal meta-analyses have shown increases over time on narcissism scales (Foster, Campbell & Twenge, 2003; Twenge, Konrath, Foster, Campbell, & Bushman, 2008), suggesting generational shifts in feelings of entitlement and self-importance. For example, Newsom, Archer, and Trubetta (2003) reported that in the 1950s, only 12 percent of respondents agreed with a statement in the MMPI (Minnesota Multiphasic Personality Inventory, Butcher, Graham, Williams, & Ben-Porath, 2000), “I am an important person,” whereas by the late 1980s, 77 percent of female and 80 percent of the male respondents agreed with the statement.

Consistent with other findings indicating an increased emphasis on the self, Thoma and Bebeau (2008) observed a narrowing of social reasoning as measured by the Defining Issues Test (DIT)². It appears that moral judgment development for entering professional school students and college students is currently less mature and driven by more personal considerations than it has been in previous cohorts. Two analyses support this conclusion. First, our access to large data sets maintained by the Center for the Study of Ethical Development and used to establish norms for the measure, enabled us to investigate trends in data sets collected at various intervals over the past thirty years. Statistically significant declines were observed in the most recent samples from both college students and graduate students. Because samples depicted in Figure 1 were drawn from many regions of the country and from a range of educational institutions, and we know that some contextual variables such as education (liberal arts vs. technical, region of the country, public vs. religious affiliation) are related to level of moral judgment (Maeda, Thoma, & Bebeau 2009), we reasoned that observed differences in DIT scores could be attributed to an unintended selection bias. Thus, we next checked for declines in two long-term cross-sectional samples collected within clearly defined settings. Figure 2 depicts declines in mean DIT summary scores (N2) over time for college students at a Southern university, and declines over time for entering professional school students at a Midwestern university.

Insert Figures 1-2 about here

These findings suggest that students may not be as well prepared as they once were to reason about social issues or to make moral judgments more appropriate for professional practice. Particularly troubling is the increase in personal interest reasoning (Figure 2) within the last 10 years. For persons working in professions, preference for a personal interest has been shown to be a liability when making context-specific moral decisions (Thoma, Bebeau, & Bolland, 2008). The recent observations join a body of literature demonstrating connections between moral judgment development (thought) and a wide range of pro-social behaviors (actions). Examples include interactions between moral judgment and ethical actions for professionals—recently summarized by Bebeau and Monson (2008), between moral judgment and political reasoning and choices (Crowson, DeBacker, & Thoma, 2007), and between moral judgment and decisions about real-life moral situations (Thoma, Hestevold, & Crowson, 2005).

² A measure of lifespan moral judgment development (Rest, 1979).

Young people do learn from their environment and their culture. The question of concern for educators, of course, is not that self-esteem is unimportant, but whether self-esteem and self-importance are being developed at the expense of other essential personal qualities such as self-control and self-discipline, or important competencies such as the ability to self assess³.

2. How do professional school students understand professional and societal expectations? Is their conception aligned with the professions' values and expectations?

Several studies confirm students' undeveloped understanding of professional roles and responsibilities, even though they may express a desire to "help others through the practice of the profession." A longitudinal study of doctoral students aspiring to become researchers (Anderson, 2001) revealed that, upon entry to graduate education, students couldn't articulate basic expectations for integrity in research. Interestingly, they weren't able to do so later in their program either. Anderson concluded that students don't intuit the values of the discipline and don't seem to learn them from either mentors or the hidden curriculum.

Similarly, entering dental students (Bebeau, 1994) couldn't articulate professional expectations, sometimes even after explicit instruction. Some students seemed to lack a conceptual framework for key professional concepts—like responsibility for self-regulation and professional monitoring. They conflate professional reporting of dishonesty or incompetence with "tattling"⁴; and the usual socialization process seems to develop a sense of camaraderie among peers that contributes to a reluctance to engage in self-regulation—one of the hallmarks of a profession.

When Rennie and Crosby (2002) explored Scottish medical students' perceptions of the duty to report misconduct and their actual commitment to do so, less than 40 percent said they should report, and only 13 percent said they would. Further, the proportion who thought they should report declined over the years of medical school. When interviewed about the reluctance to report, students indicated that it wasn't that misconduct shouldn't be addressed—it was just, they thought, *that someone else should do it* [emphasis added]. Similarly, 65 percent of students from a prominent U.S. medical school (Feudtner, Christakis, & Christakis, 1994) expressed discomfort at challenging members of the medical team over perceived wrongdoing.

Confirming the difficulty health professions students find when expected to act on professional expectations, a recent analysis of Minnesota senior dental students' reflective essays on the easiest and hardest professional expectations to fulfill⁵ found that 44 percent of the 91 students perceived professional self-regulation and professional monitoring to be the hardest responsibilities to fulfill, whereas achieving the knowledge of the profession and meeting responsibilities for lifelong learning were considered easiest. Putting patients' interests before the self and serving the underserved were considered difficult, but not as difficult as questioning a superior about a judgment that seemed questionable or admitting an error in one's own judgment.

³ The Alverno College Faculty (2000) describe self assessment as an individual's ability to observe, analyze, and judge his or her performance on the basis of standards of professional practice, and then determine how to improve it.

⁴ In the United States, "tattling" is the term used to describe the childish act of a telling an authority (usually a teacher or adult) about another's misdemeanor, usually for the purpose of getting the other in difficulty. In the United Kingdom this is called 'snitching.'

⁵ Students were asked to reflect (based on clinical experience to date, and portfolio entries) on what they now viewed as the easiest, the hardest, and second hardest expectations of the professional to fulfill. Portfolio entries written during the first semester of the first year relevant to this activity included (a) the Kegan essay written as a baseline assessment, and (b) an essay "What does it mean to you to become a professional?" written as part of a course exam following a series of learning activities designed to enhance understanding of professional and societal expectations.

Our curriculum studies (Bebeau & Monson, 2008; You, 2007), reveal that even when professional expectations about self-regulation are well understood, reluctance to report instances of misconduct stems for uncertainty about how to do so and the negative reactions of colleagues that often follow such actions.

Professional students learn from their environment. Unless professional socialization includes appropriate practice in confronting real or perceived misconduct, it is unlikely that factors that seem to work against professional self-regulation can be overcome. The next two sections contrast the understanding of professional expectations shown by those highly regarded by their peers and those disciplined by a licensing board.

3. How do moral exemplars understand professional and societal expectations?

In an attempt to understand what psychologists had referred to as the “thought/action problem,” Colby and Damon (1992) interviewed 23 individuals who had led lives of committed moral action. What characterized these moral exemplars was the high degree of unity between the self and morality. The men and women interviewed had pursued their individual and moral goals simultaneously, viewing them as one and the same. They do not deny the self, but define it with a moral center. Similarly, none of the 10 dental exemplars interviewed by Rule and Bebeau (2005), following Colby and Damon’s criteria for nomination, saw their moral choices as an exercise in self-sacrifice. Rule and Bebeau’s findings echo Colby and Damon’s (1992) observations of the extraordinary integration of the self and morality. “Time and again we found our moral exemplars acting spontaneously, out of great certainty, with little fear, doubt, or agonized reflection. They performed their moral actions spontaneously, as if they had no choice in the matter. In fact, the sense that they lacked a choice is precisely what many of the exemplars reported” (p. 303). Janet Johnson, a dental resident who, after unproductive discussions with her supervisor and then hospital administration, reported her supervisor for flagrant disregard for basic requirements for safe administration of sedation for anxious and uncooperative patients, illustrates this conviction. Unlike the residents who preceded her in the position and took no action, she said: “There was no way I could leave the situation the way it was.” (Rule & Bebeau, 2005, p. 66).

Rule and Bebeau’s (2005) in-depth study of dental moral exemplars illustrates many of the tenants of developmental theory. For example: (1) Exemplars are aware of transformations in their identity as it has unfolded across the life span. They can articulate professional expectations and are aware that their concepts of professionalism (e.g., service to society; professional regulation, etc.) have undergone transformations since initial professional education. They are aware that they now think of these responsibilities differently than they did as young professionals. (2) Exemplars appear to have constructed “self-systems” (i.e., a stage 4 identity) that provide an internal compass for negotiating and resolving tensions among these multiple, shared expectations. (3) Exemplars are self-aware and reflective. They are aware of their competence, their values, and the forces that shaped their identity. They are able to critically assess aspects of their profession while remaining strongly committed to it. Viewed as authentic persons, they become leaders and change agents within their profession.

We also know from studies of competency development that self-reflection and self assessment are important dimensions of professional growth; and that the ability to self assess is a capacity that does not develop in the absence of instruction and practice (Mentkowski & Associates, 2000).

4. How do disciplined colleagues understand professional and societal expectations?

We now compare Rule and Bebeau’s (2005) exemplary dentists with an analysis of 41 mid- and late-career professionals referred for ethics instruction by a licensing board (Bebeau,

2009a; 2009b). When asked to articulate professional and societal expectations—concepts that are fully and rather spontaneously expressed with little prompting by exemplary dentists, all but three of the 41 professionals referred for an ethics assessment had difficulty (Bebeau, 2009a; 2009b). Whereas change in the ability to articulate responsibilities that resulted from instruction was highly valued by these 38 referred practitioners, the frequency with which these concepts were omitted at pretest helped to illuminate reasons for their moral failings. For example:

- 76.3 % of the respondents made no reference to the responsibility to *abide by the profession's code of ethics*⁶;
- 68% made no reference to the *responsibility for life-long learning*;
- 55% made no reference either to *placing the interest of patients before the self*, or to the profession's collective responsibility to *place the oral health interests of society before the interests of the profession*. Of the 42% who did articulate the obligations to put patient interests before self, only one individual also articulated the broader sense of commitment described by Rule and Welie (in press).
- 44.7 % made no reference to *acquiring the knowledge of the profession to an external set of standards*, whereas
- 39.5 % omitted any reference to the responsibility for *self-regulation and monitoring of one's profession or to membership in professional associations*⁷.
- While almost everyone mentioned a responsibility to *serve society*, 34.2 %, seemed to limit this service to those who could afford care. Interestingly, some expressed an unbounded sense of responsibility toward others—a willingness to compromise the self that bordered on martyrdom. Thus the 15 individuals cited for some version of Medicaid or insurance fraud seemed to support the referrals' assertions that their actions were motivated by a desire to help a patient who seriously needed care for which they were unable to pay.

In sum, when the issues for which they were disciplined were examined for this group, it became evident that conceptions of professional responsibility were not part of self-understanding and did not guide decision making. Further, 38 of the 41 referrals who completed a specially designed ethics course said that the instruction on professional values was the most inspiring dimension of instruction, and contributed a renewed sense of professionalism. (Bebeau, 2009b) Interestingly, when the same instruction is provided to entering professional school students, at least 20 percent complain (anonymously, of course) that the instructor is “imposing values” and they “should be able to develop their own values.” One student, on the first draft of a self-assessment that accompanied a learning plan, likened his highly individualistic approach to identity formation to what he perceived to be admirable about his approach to creative expression. He opined:

“When taking ceramics courses in undergrad I would make a conscious effort to not look at the numerous examples of other artists' work that were strung all over the studio walls. The reason I made this effort was to avoid squashing my own creativeness so that I would know, deep down, that the art I was doing was completely original, unique and uninfluenced by

⁶ The six italicized statements in this section represent a synthesis of ideas drawn from the sociological and professional ethics literature. For a more extensive discussion of these six expectations of a professional, see Bebeau & Kahn (2003).

⁷ However, 47% partially attended to one or more of the three dimensions of this responsibility: (1) to monitor one's own practice to assure that processes and procedures meet ever-evolving professional standards, (2) to report dishonest, incompetent or impaired professionals, and (3) to join one's professional associations, in order to participate in the setting of standards for the continuation of the profession. The latter is not a legal, but rather an ethical responsibility (Bebeau & Kahn, 2003).

concepts that other people had already entertained. In certain ways, I feel that my development as a professional should also be of my own doing, utilizing my *own* morals and freewill in developing strategies that will maximize my ability to deliver quality oral care. There are certain concepts that I have plucked from this University's accepted doctrine of ethical parameters that I do feel are applicable to my unique professional development."

Like his highly individualistic approach to creative development, this student sees the development of his professional identity as highly individualistic, honoring only his *own* morals and free will. Further, he deliberately separates his approach from that of the profession he has chosen to join, which clearly requires its practitioners to use the profession's own value frameworks. While we might hail his autonomy, and recognize the need for professional autonomy, it is unclear that he understands fully what it means to learn, and indeed, steels himself to not learn content that he thinks might undermine his individualism. This student was not helped during his undergraduate education to see that:

"Creative ideas, even those that are radically new, are firmly planted on ideas that came before. There are always antecedents to any creative idea. The reason that it sometimes looks like an idea comes out of nothing is because we observers are ignorant of the knowledge base of the individual producing the new idea." (Weisberg, 2006. p. 53)

Indeed, student like the one quoted above might even be frustrated with faculty practitioners who reflect on their professional values and experiences in the classroom, and see these values and experiences as irrelevant to their own future plans. We see from the studies cited above that it is possible to identify shortcomings in understanding of professional and societal expectations and the viewpoints that accompany them. What seems more challenging is to work out effective strategies for challenging perspectives that seem, at least to the experienced professional, as less developed.

5. *Is it possible to influence development with in the limits of our resources?*

Young people are naturally more self- rather than other-centered. Becoming other-centered is a marker of moral maturity and a distinguishing feature of individuals who have led lives of committed action (Colby & Damon, 1992; Rule & Bebeau, 2005). Unlike professional students entering dental education (Bebeau, 1994) and dentists referred for ethics instruction by a licensing board (Bebeau, 2009a), the dental exemplars interviewed by Rule and Bebeau (2005) not only clearly articulated their professional expectations, but also reflected on how their perceptions of those responsibilities developed over a lifetime of professional practice. They noted that when they were young professionals, they did not see their professional responsibilities in the same way that they see them today. They expressed considerable insights about their own professional identity formation, and they saw their sense of obligation to society and their profession as growing and changing over time. Toward the end of their career, they saw professional and community service as what they must do, rather than what would simply be good to do if one were so inclined.

Dr. Jack Echternacht, a general dentist from Brainerd Minnesota, best known for his decades-long struggle to fluoridate his town's water supply, conceptualizes as obligation what others might express as "beyond the call of duty." He says, "I believe that if one lives in the community and makes his livelihood from it, he should return that benefit by participating in the activities of the community to better it in any way that he can." (Rule & Bebeau 2005, p.16).

Similarly, Dr. Jerry Lowney, an orthodontist from Norwich, Connecticut uses every bit of his power, privilege, position, and knowledge to serve the poorest of poor in Haiti. What began as a survey trip to Haiti in 1981 with his friend, a Roman Catholic bishop, where he performed

some extractions for the poor, turned into a life-changing event for him. Through grant writing, connections with Mother Teresa's religious order, fundraising, and huge investments of his own time and money, he now manages a multimillion dollar general health care facility in one of the poorest regions of Haiti. In reflecting on what he does, he says simply: "To whom much is given, much is expected." (Rule & Bebeau 2005, pp. 75-92)

Dr. Donna Rumberger, a practitioner in New York City, nominated for her dedication and effectiveness in launching programs to help others, works through organized dentistry to create programs that enable dentists to volunteer their services—not to promote self interest—but to benefit the lives of others. Examples include a program to restore the oral health of poor women in need of jobs, and a Skate Safe program for inner city children in Harlem. For Dr. Rumberger, helping others is central to her identity. She says: "Doing good for others is doing good for me." (Rule & Bebeau, 2005, p.101)

Such examples are consistent with the perspectives of developmental psychologists such as Blasi (1984) and Kegan (1982), who have long argued that people differ in how deeply moral notions penetrate self-understanding. Understanding the self as responsible is the bridge between knowing the right thing and doing it. If, as psychologists have argued, identity formation is a lifelong developmental process, we educators shouldn't expect young people to come fully prepared to take on professional roles and responsibilities, or to demonstrate the kind of integration of personal and professional values that are exhibited by exemplars in the profession. The main question then is not whether young people are self- rather than other-centered, but the degree to which societal influences may be inhibiting, rather than enhancing, the development of the moral self.

Three recent studies raise concerns. The first, by Forsythe, Snook, Lewis, and Bartone (2002) suggests that students entering college are more self-centered than other-centered. The second, initiated by Snook (2007), suggests that post baccalaureate programs are not currently selecting the more mature and developed student for graduate education. Both studies used the Kegan interview schedule (Lahey, Souvaine, Kegan, Goodman, & Felix, 1988), an extensive, in-depth tool to code stages of identity development, with well-trained raters using a well-validated assessment method. The third study (Monson, Roehrich, & Bebeau, 2008) supports the findings of the second, although it used a less rigorous measure than the other two.

In the first study, begun in the late 1990s, Forsythe et al (2002) extended their research into the identity development of military leaders by adding longitudinal follow-ups on selected military cadets, based on the rigorous coding of Kegan interviews. These researchers found that:

- (1) Entering cadets (college freshmen) were less developed than theorists had assumed,
- (2) Cadets did develop, particularly between the second and fourth years, although it was unclear whether the development could be attributed to the educational experience,
- (3) Identity formation was associated with leadership—cadets perceived as effective leaders by their peers, their superiors, and their subordinates had made the key transitions in identity formation that enabled them to attend to the interests of others, and
- (4) Advanced levels of identity formation (the integration of professional and personal values and an other-centered focus) characterized military leaders who were selected for career advancement and additional professional development.

Forsythe and his military educator colleagues were also concerned about the 30 percent of West Point cadets who had not achieved key transformations in identity by graduation—transformations that would enable the broad internalized understanding of the codes of ethics and other professional standards required for effective leadership. These graduates remained at stage

2 to stage 2/3, characterized by a predominant focus on personal needs and wants. Forsythe and colleagues concluded:

“Cadet development programs will not be successful in instilling desired values in these less mature cadets unless the broad educational environment in which they operate promotes identity development toward a shared perspective on professionalism.” (p. 374)

At the time the Forsythe study was in progress, the Army had commissioned a position paper (see Swain, 2007) to more clearly define role expectations. Four professional roles of the military professional (leader of character, servant of the nation, warrior, and member of the profession) were defined. As these role expectations were being vetted throughout the military, educators at the United States Military Academy (USMA) began to strengthen leader development by including coursework that required cadets to articulate the requirements of each role and to write reflective essays (See Bebeau & Lewis, 2003) on how their experiences presented challenges to meeting role expectations for their level of development, and some examples of how they had either managed or failed to live up to these role expectations.

By comparing levels of identity formation across the career trajectory for a military leader, Forsythe and colleagues concluded that being self- rather than other-centered, and focused on individual needs and wants (a stage 2 to stage 2/3), might be typical of entering college students, but would not be what military educators would envision for college graduates about to enter the military profession nor, for that matter, what educators would expect for college graduates about to enter a post baccalaureate professional school. Expectations should be guided by the following:

- Some individuals never progress beyond stage 2 (Kegan (1994, pp. 194-195), and 58% of adults have not achieved stage 4 (Kegan and Lahey, 2009, p. 27);
- More than a third of military cadet had not completed the transition to stage 3 by the end of their senior year (Forsythe et al., 2002; [Lewis, Forsythe, Sweeney, & Bartone, 2005](#)); and
- Based upon a comparison between cadets and a matched sample of college students, [Lewis, et al. \(2005\)](#) estimated that college students progress at approximately the same rate as military cadets, observing that only 19 % of college graduates had begun the transition to stage 4⁸.

So educators should not expect entering dental and medical professionals to exhibit the more advanced (stage 4) phase of identity formation typical of the fully formed professional. Nor should they expect students entering professional school to exhibit the integration of personal and professional values, and consistency between espoused ideals and actions. Indeed, such integration may not even be completed by the end of professional education. Put simply, advanced levels are rarely achieved until after considerable professional experience.

Given these observations of identity development across the college years and also that the more advanced seniors were also the better military leaders ([Bartone, Snook, Forsythe, Lewis, & Bullis, 2007](#)), these researchers were concerned to find that a substantial proportion of entering professional school students appear to be “less developed” psychosocially than previous research would suggest. Extending their work beyond the military context, Snook (2007) interviewed a sample of 26 MBA students at the beginning and end of a highly-selective, two-year program,

⁸ To establish the equivalency of the cadet population with the general population of college students, Lewis et al. (2005) administered the Kegan interview to a sample of college students from a state university that were matched to cadet samples based on standardized scores. Although the cadets scored slightly higher on the Kegan assessment, the differences were not statistically significant.

and found extraordinary variability among the 26 study participants, echoing the findings of Kegan and Lahey's (2009) meta-analytic studies.⁹ Ten of the 26 exhibited the stage 2 to 2/3 identity, typical of entering college students (Bartone et al., 2007); seven exhibited the stage 3 to stage 3/4 identity of college seniors (that is, cadets considered to be effective leaders for their level of professional achievement as entry level military leaders). Nine of the 26 MBA students exhibited the stage 4 to stage 4/5 identity characteristics of the senior military officers this team had previously studied (Forsythe, et al., 2002). Moreover, only seven of the 25 MBA students who were interviewed 18 to 20 months later exhibited developmental change. Of these seven, six exhibited *slight* change (i.e., moved up the ladder 1/4 step), and one student moved from a solid stage 3 perspectives to stage 3-4 transition. Given the age of the students, (a mean age of 27, with a range of 23 to 35, and no relationship between age and identity), one might have expected that change would have been more pronounced in those who were least developed; but only three of the 10 stage 2/3 students exhibited any change. Based on experience with interventions for the moral judgment development of adult learners, change is usually more pronounced for those who are least developed; and with mature accomplished learners, self-interest moral arguments are often readily apparent, once their inadequacy is challenged.

In the third study, Monson, Roehrich, and Bebeau (2008) coded essays written by entering dental students in response to probe questions aimed at eliciting a student's sense of professional identity. These researchers have not yet demonstrated that inferences made from written responses to open-ended questions are comparable to inferences made from an interactive interview method. However, they have been able to classify student statements that seem to reflect different stages of identity formation and to validate their judgments against other developmental measures, like Rest's (1979) Defining Issues Test (DIT). When essay responses written by dental students in a classroom setting were compared to those used in their admissions essays, they seemed less developed than the lofty ideals expressed in their admissions essays would suggest. Most attended to image or personal rewards of the professional life. What distinguished 37 of the 97 entering students who appeared to have a more developed sense of the moral self (what Baxter Magolda & King [2004], borrowing Kegan's language, refer to as "self-authoring"), was a greater tendency to integrate other-directed concerns such as access to care, serving medical assistance patients, and volunteering to help those in need—as key aspects of the self.

The studies cited here support the influence of culture on the establishment of a value system that may or may not be aligned with a moral identity. The studies also confirm that not all entering college students or students entering a post baccalaureate program possess an identity consistent with professional and societal expectations of professionals. On the other hand, the studies also confirm that identity formation is a life-long process, subject to influence by both culture and context. Educators' professional responsibility is to attend to both selection and identity formation.

6. *Should professional schools try to matriculate students who exhibit a willingness to be connected and committed to professional and societal expectations?*

⁹ Although lower stages of identity formation are characteristic of early adulthood and advanced identity levels achieved with midlife (if achieved at all), Kegan and Lahey (2009, p. 14) identified ample variability in identity level across all ages of the lifespan, suggesting higher levels of identity formation are more prevalent than previously estimated (Kegan, 1994, pp. 194-195). According to Kegan and Lahey "... six people in their thirties ... could all be at different places in their level of mental complexity, and some could be more complex than a person in her forties" (p. 14).

Studies that illustrate immature personal attributes in the applicant pool for professional education, or an undeveloped professional identity during or after professional education, quite naturally raise questions about the possibility of selecting for moral maturity and/or for desirable personal attributes. Past efforts to select for desirable traits using admissions interviews or other screening devices have had only limited success. However, for educators concerned with both selection and development of an other-centered professional identity, recent work by Eva, Reiter, Rosenfeld, and Norman (2004) is gaining professional educators' attention. Eva and colleagues developed and validated a Multiple-Mini Interview (a kind of "medical school admissions OSCE"¹⁰) that is cost effective and provides better predictions of the clerkship performance of physicians than the standard admissions interview—which, for all the effort and cost involved, has not been able to reliably discriminate those who are likely to have problems as students or practitioners. The Multiple Mini-Interview (MMI) has recently been adapted for dentistry and is being tested in a predictive validity study by Marilyn Lantz (2007) at the University of Michigan. These MMIs comprise 6 to 12 short encounters designed to reveal the capabilities that faculty value most in their students: critical thinking, ethical decision-making, knowledge of the health care system, and effective communication skills.

Overcoming the Challenges: Deliberate Socialization for Professional Identity Formation

Having established the potential for selection and formation of a professional identity, we turn to strategies to overcome the effects of culture and context on identity formation. At a minimum, each profession should assert its commitment to place the interests of others before the self, and its awareness of the profession's collective social responsibility for health.

Assessing for identity formation

Three strategies have been used to assess identity formation: standardized inventories, open-ended interviews or open essays. A good example of a standardized inventory is the *Professional Role Orientation Inventory* (PROI) developed by Bebeau, Born, and Ozar (1993), to assess action tendencies and underlying values¹¹. Individuals can assess themselves against group norms and educators can use group scores to estimate educational effectiveness. The PROI, for example, is derived from philosophers' observations of different models of professionalism that appear to guide professional practice. An interpretive guide enables educators to:

- (1) engage students or professionals in a self assessment of the model of professionalism (Commercial, Guild, Service, Agent) that is most closely aligned with the individual's role conception,
- (2) compare one's self to others in the profession, and
- (3) set personal learning goals.

Two of the four PROI rating scales (Authority and Responsibility) have proven useful as an outcome measure of a curriculum's effectiveness in promoting a sense of professional authority

¹⁰ Objective Structured Clinical Exams (OSCEs) are used in assessing medical student competencies in one-on-one patient clinical interviews, clinical examination, communication, and interpersonal skills (Harden, Stevenson, Downie, & Wilson, 1975).

¹¹ Another example, designed for law and medicine, is the *Professional Decisions and Values Test* (PDV) created by Rezler, Schwartz, Obenshain, et al. (1992).

and responsibility that is consistent with particular models of professionalism¹² Recently, You (2007) explored gender differences in the ethical abilities (sensitivity, reasoning, identity [PROI scales], implementation¹³) of five cohorts of dental students who completed an ethics curriculum as part of their four years of professional education. Male and female students did not differ on PROI scales as freshmen, but women seniors gave significantly higher ratings than their male colleagues to items eliciting their views about the commitment to serve others (e.g., to patients who cannot pay for their services, to colleagues whose competence may be questionable, to third party payers, etc.). Change on the PROI, and on two other developmental measures: the DIT (Defining Issues Test) and ethical implementation (PPS scores) included in You's (2007) study, supports the notion that students' conception of their responsibility changes over the four years of the curriculum, that the change is measurable, and that enhanced identity, as measured by the PROI, may have accounted for the fact that the dental women were significantly¹⁴ more effective than their male colleagues in applying moral ideals to the resolution of ethical problems (PPS scores).

The second strategy is to elicit conceptions of identity through the individually administered subject-object interviews developed by Kegan and his colleagues (Lahey et al., 1988); but this is time-consuming for routine use rather than research. This brings us to the third strategy: the use of essay responses to open-ended questions administered in a supervised setting. Whereas the professional school admissions essay is a potential source of information about identity formation, the essay may reflect coaching and, therefore, not authentically represent the student's level of identity formation. Monson et al. (2008) have shown that essay responses elicited in a monitored setting do provide evidence of conceptual differences in students' understanding of professional roles and responsibilities that align with Kegan's criteria for stages and transition phases of identity formation. These same essay responses, together with the student's admissions essay and the adapted descriptions of Kegan's stages (See Table 1) have been used as part of a reflective exercise that helps students examine their professional identity, compare it to ways others see professional roles and responsibilities at various stages across the life-span, and set some learning goals for themselves. The validity of this approach is further supported by Monson and Bebeau's (2009) analysis of learning plans and their relationship to essay responses and admissions essays.

Insert Table 1 about here

To explore the potential usefulness of qualitative analysis of admissions essays for stages of identity formation, Monson and Bebeau (2009) selected 10 admissions essays and *Professional Identity Essays*, and used two artifacts present in first year dental student course portfolios. We wondered whether we could estimate level of identity formation by reading admissions essays, and whether our estimates would be similar to the levels we assigned based on our reading of the *Professional Identity Essays* (Monson et al., 2008). In 2 of the 10 cases, the applicant's admissions essay suggested more advanced development than the *Professional Identity Essay* (written under supervision) or other artifacts in the portfolio, likely the result of coaching or the availability of model essays and references. Developmental differences were apparent in the way

¹² The Autonomy and Agency scales assess the probability that an individual will act upon his or her role concept. The scales are useful for remediation courses as part of disciplinary action (Bebeau, 2009b).

¹³ The Minnesota dental ethics curriculum uses well-validated measures of the four components of morality described by James Rest (See Bebeau, 1994; Bebeau & Monson, 2008 for a discussion of Rest's theory and for descriptions and a review of construct validation studies of the measures used in You's study.)

¹⁴ You (2007) reported an effect size of .57, favoring females, for the difference between male and female dental students' mean scores on eight assignments that required third and fourth year students to demonstrate effective problem solving and interpersonal interaction skills.

meaning was constructed relative to four themes commonly addressed in the admissions essay: (1) dentistry as lifestyle vs. privilege, (2) dentist as aesthetician vs. healer, (3) independent services provider vs. change agent, and (4) expectations of the nature of the dentist's work.

Two admissions essays from the sample, which appeared to be authentic reflections of identity based on consistency with judgments we made on the *Professional Identity Essay* and other artifacts in the portfolio were chosen to illustrate the potential for distinguishing matriculating students who have made key transitions in identity formation from those who have not.

Both Sam and Danielle¹⁵ were admitted to professional school based upon current admissions criteria. Sam's conception of being a dentist centered on helping people enhance their physical appearance through cosmetic procedures, which Sam viewed as central to achieving well-being which he described as helping the patient "get their smile back." He saw dentistry as providing a satisfying life-style that fit with his goals for personal achievement. For Danielle, becoming a dentist centered on the prospect of fulfilling a personal mission that had evolved through her work with special needs patients that began in high school, continued through college, and beyond. Danielle described "learning from" a particular patient – about the patient's perspectives, and how well-being had little to do with external beauty. For Danielle, becoming a dentist was about overall health and serving the patient from the patient's perspective – and not about imposing her ideals or achieving an aesthetic ideal. Becoming a dentist was viewed as a privilege granted to those who were committed to serve.

In our judgment, Danielle illustrates a more mature conception of personal and social responsibility illustrative of the more mature identity of some college graduates. Here understandings of her identity were apparent in both her admissions essay and her *Professional Identity Essay*. The question of interest is whether the educational experiences described below will promote Sam's development and whether the educational experience will solidify and advance Danielle's.

Developing a professional identity consistent with societal expectations

In an earlier section, we established that students entering professional school or graduate school do not intuit professional and societal expectations from the culture or usual socialization process. Hence the profession has a clear responsibility to clarify these expectations and to stress the profession's public duties. In this section, we describe strategies for raising student consciousness about what people fundamentally believe they should be able to expect from persons in society that are accorded the power and privileges granted to the most essential professions¹⁶. Students themselves expect that persons in positions of authority over their health and wellbeing should be held to higher standards than the ethic of the market place. The following active learning strategies are based on the literature reviewed herein and reflect the authors' ongoing evaluation of the strategies:

1. *Eliciting understanding of professional expectations*
2. *Using moral exemplars to help students set aspirational standards for the formation of a professional moral identity*

¹⁵ Danielle and Sam are pseudonyms, and salient facts from their essays were altered slightly to preserve student confidentiality.

¹⁶ We find it helpful to draw students attention to sociologists' (Hall, 1975) observations about the emergence of professions over time--that the amount of power and privilege granted by society is in direct proportion to the extent to which the practice of that profession is deemed essential to the health and welfare of society.

3. *Engaging students in self assessment, reflection, and development of a learning plan to achieve their professional moral identity*
4. *Providing feedback on self assessment and the learning plan*
5. *Engaging students and professionals in periodic reflection on professional and societal expectations.*

Eliciting understanding of professional expectations. An important first step for introducing a curriculum in professional ethics is to engage students in thinking about the ethical expectations they have of doctors, dentists, lawyers, teachers, and other persons who might use the term professional to describe their occupation. Approaches might include:

- A news clipping of a doctor or lawyer who has breached rather ordinary ethical standards of conduct (e.g., driving while intoxicated) challenges students to ask themselves why the story is so prominently featured as “news”
- Developing a continuum from less to more professionalized groups based upon one or more references (e.g., Hall, 1975).
- Discussing Welie’s (2004a) questions: “Is the label ‘professional’ simply synonymous with other, less eloquent adjectives such as ‘competent,’ ‘reliable,’ or ‘decent’? Is any person who does what he or she has agreed to do, and does it well, a professional? Is any occupation that issues a list of dos and don’ts a profession?” (p. 529) Developing some consensus on features that distinguish occupations helps students to consider how society and the professions have arrived at a set of expectations. (See also Welie (2004b).

Another goal is to help students articulate what ethicist May (1999) refers to as the three marks of a profession, and what Bebeau and Kahn (2003) have defined as six expectations [NOTE: REFERENCE PAGE 7 AND THE FOOTNOTE] of a professional. The six (though there could be more or less) are a synthesis of several sources (e.g., Hall, 1975; May, 1999). After students have agreed on the importance of these six, they reflect on their admissions essays and their Professional Identity Essays to see how many of the six professional expectations were part of their initial understanding. Students then share their insights with one another and discuss their personal commitments to the expectations. At this point we have found it helpful for students to examine their profession’s code of ethics to see where and how each of these expectations is expressed.

Using moral exemplars to help students set aspirational standards for the formation of a professional moral identity. Following discussion, students have been assigned (in groups of three) to read one of ten stories of dental exemplars (Rule & Bebeau, 2005) and to present (to the class) (1) how the exemplar they read about lived up to each of the six expectations, and (2) how the individual came to see professional expectations as he or she developed across the life-span of professional practice. Presentations from small groups have given the class an opportunity to learn about each of the exemplars in the text. Students have been encouraged to set aspirational goals for themselves, while faculty help them to view professional identity formation as a life long developmental process. This experience has been followed by a panel discussion with professionals who have been disciplined by the Licensing Board for violations of the state dental practice act.¹⁷ These dentists are asked to discuss their personal experience in living up to the six

¹⁷ Arranging for students to interact with disciplined professionals may not be as difficult as it may appear. In the U.S., every state board of medical or dental practice publishes the disciplinary cases and many states require that disciplined individuals engage in some kind of community service. It merely takes a creative

expectations [SAME footnote REFERENCE AS ABOVE], where they fell short, and how they have modified their activities to address personal shortcomings.¹⁸ At the conclusion of instruction, students write one-page essays on a midterm exam that express their new understanding of each of the six expectations of the dental professional. These are judged for clarity, coherence, and completeness of expression. Interestingly, despite ongoing efforts to improve the instruction (Bebeau, 1994), students continue to reveal misunderstandings of professional expectations on this test. Such findings support the need for ongoing reflection on professional expectations.

Engaging students in self-assessment, reflection, and development of a learning plan.

As a key concluding professional identity formation activity for the first semester, students have been asked to: “Prepare a one-two page typed, single-spaced summary that reflects your assessment of your professional ethical development and your plans to enhance your development with respect to (1) professional identity formation and (2) ethical reasoning and judgment.” Students have been asked to review documents in their course portfolio—their admissions essay, their responses to the *Professional Identity Essay*, the earlier self-assessment following the lectures, their notes on the exemplars and the panel discussion -- and to write a paragraph summarizing new insights developed and challenges they see themselves facing, as they begin to understand and meet professional and societal expectations. Then, students have been invited to study Kegan’s descriptions of the stages and transition phases of the *Evolving Professional Identity* (Table 1) and view sample essay responses¹⁹ that illustrate the stages and transition phases. Students are then invited to: “Rate your level of identity formation. Support your judgment with statements from documents *you have written* (i.e., entries in your portfolio). Be sure to cite yourself. Using the descriptions of the stages and transition phases of the *Evolving Professional Identity essay*, describe an area you believe you need to further develop. Indicate what you will do to enhance your development in this area.”²⁰

Providing feedback on the self-assessment and learning plan. Using a rubric to guide assessment of the essay, faculty write supportive comments to either confirm the student’s self-assessment of identity or to engage a student in further reflection on the definitions and evidence from the student’s portfolio. Students are encouraged to review and resubmit whenever directions have been misunderstood, inconsistencies between the definitions and cited evidence were evident, or further clarity has been requested. In some instances, personal tutorials have been held. The assessment and learning plan remains in the portfolio for later review and subsequent reflection.

ethics educator to initiate it. Our colleagues in legal education regularly invite lawyers who have been convicted of “white collar crime” to hold discussions with law students. Such learning opportunities are very powerful, especially when accompanied with a program that also uses positive mentors.

¹⁸ In Minnesota, sanctioned dentists may be required to complete an ethics course as part of the board’s disciplinary action. See Bebeau (2009a; 2009b) for a discussion of the procedures and outcomes of such a curriculum.

¹⁹ In addition to the descriptions included in Table 1, the authors prepared an extensive set of examples of student responses to the various essay questions that are organized under the levels of identity formation they have been judged to represent. These are available upon request.

²⁰ Similar directions have been given with respect to self assessment of ethical reasoning and judgment, based upon feedback from measures of moral judgment development students completed at the beginning of the semester. This activity, though a useful part of self assessment of professional identity formation, is not addressed here.

Engaging in periodic reflection on professional and societal expectations. An ethics course portfolio has been maintained across the educational experience and requires periodic reflection on all dimensions of professional ethical development—not just identity formation. The portfolio—provides students with a record of their accomplishments. Reflection on clinical experiences and 6 to 8 weeks of outreach experience (now required of dental graduates) are important, but unlikely to accomplish their purposes unless accompanied by reflective activities (Henshaw, 2006). In addition to reflection, students have needed opportunities to affirm their commitments to personal and social responsibility with mentors who also serve as expert assessors. For example, members of the American College of Dentists—an organization committed to promoting ethics and professionalism—meet individually with dental seniors to assess their performance on a measure of ethical sensitivity (Bebeau, 1983), a program that has been in place for more than 20 years. The American College of Dentists is currently involved in a national initiative to provide more extensive ethics training to enable their members to serve as effective advocates for the professional identity formation of students and graduates entering the profession (Ozar, 2008).

Influence the collective profession to focus on its public purposes

Engaging communities of practitioners in self-assessment and reflection that is tied to professional and societal expectations is challenging, particularly for professions that tend to practice in isolation from other health professions, and also from each other. As Welie and Rule (2006) observe, dentistry is a profession with a long history of disconnectedness. Dentistry is typically practiced not only in isolation from other branches of medicine, but also in solo practices that often compete for patients. Such isolation does not foster peer review or communities of practitioners who work to address health disparities in their communities. The consequence of such disconnectedness to the professions' public purposes is no more apparent than in Minnesota, where there is currently a legislative initiative to train and license mid-level providers. Whether development of mid-level providers will actually address the access to care problem is speculative, but the movement itself is reflective of the profession's need to attend to their public duties. Two strategies are proposed to address what Rule and Welie (in press) describe as a symptom of a systemic condition.

Engaging students in collective endeavors to address health disparities and build skills in self-assessment and peer review. Students form strong bonds during professional education. A four year program can provide frequent opportunities to engage in self-assessment and peer review of their developing technical abilities and their moral competencies. To foster personal growth, students have been invited to reflect on these issues at least once at the end of the first two years, and then at the end of each year of clinical experience. Additional suggestions are offered here to promote personal and social responsibility:

- (1) Invite students to *identify both positive and negative moral models* to help them set aspirational goals for themselves.
- (2) Provide *definitions of the virtues of medical practice* (e.g., Pellegrino & Thomasma, 1983) as a tool for reflection on students' own competences and their positive and negative models.
- (3) Promote *respect for self and others*. When students are engaged in the identification of negative examples, hold open discussions in which students practice civil, honest, and constructive comments. The professional school must be vigilant in promoting open dialog and constructive opportunities for feedback. We suggest that schools avoid using anonymous evaluations where students can make disparaging remarks about their fellow students and

faculty, and are not held accountable for what they write; because students in a professional school should be expected to speak directly about problems.

- (4) Maintain a *climate of openness* to reflection on action, but be vigilant about a climate that fosters gossip and hearsay.
- (5) Structure *collaborative public health projects*, where students work in groups to design and implement a health promotion or disease prevention project within an identified community (e.g., a program to *Get Sour on Sour Candy*). Many schools already participate in the American Dental Association's Give Kids A Smile® program, a nationally sponsored one-day effort to provide care to children with restorative needs. Such programs, while helpful, do not address the more important need for oral health promotion and disease prevention.

Engaging the profession in renewal of its collective duties. Rule and Welie (in press) have devised strategies to promote connectedness within the dental profession. Engaging the practicing community to take up their public duties and address the access to care problems in their community is no small task. One place to start is by educating for social responsibility. This paper has attempted to establish that fostering personal and professional responsibility is not only possible, but the duty of the profession and the professional education community.

Summary

It is easy to agree that educators in the professions should do more to foster an ethical professional identity among tomorrow's professionals, especially in the face of the substantial body of evidence suggesting that many students entering professional education have not achieved key transitions in identity formation that prepare them for the other-centered roles that society and the profession expect of them. It is more difficult to agree on how to craft both the culture and curriculum of professions education to accomplish these ends. Educators can often identify persons ill-suited for professional practice after the fact. They have been less successful in differentiating students who are most likely to grow and become the other-centered professionals society requires.

We have argued that to foster a moral identity consistent with professional and society's expectations, schools need to (1) engage students in formative assessments of their identity, (2) create effective strategies to challenge immaturity, (3) provide role models and frequent opportunities for students to reflect on who they are and who they are becoming, and (4) honor those whose behavioral expressions reflect an other-centered moral maturity. In concert with efforts to facilitate the development of an inner life of reflection and authenticity, schools must counter the unintended effects of narrowly focused undergraduate education that reinforces individualism, and may be displayed as egocentrism or arrogance. Professions education is most effective at when it (1) fosters a culture that is founded on respect for all students, faculty, and staff --what O'Toole and Bennis (2009) term "a culture of candor" in which there is an organizational default to communicate directly and honestly; and (2) reinforces the responsibility of the professions to society by integrating content dealing with disparities in healthcare within the entirety of the curriculum and co-curriculum from day one.

Conclusion

We are at a critical juncture in history demanding change to remedy increasing disparities in healthcare delivery. Professions education plays a critical role in fostering authentic professionalism, in which the profession's responsibility to society is woven into the fabric of both curriculum and culture. Rather than responsibility that is imposed, a constructivist approach

to professional identity formation motivates change from within that integrates personal and professional values.

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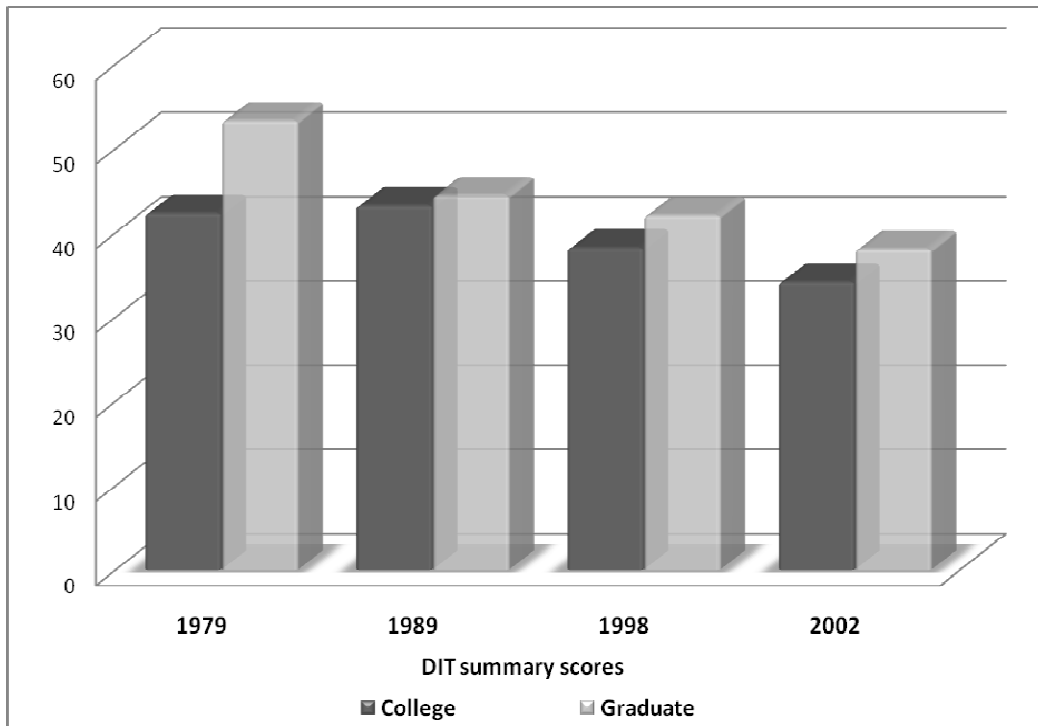


Figure 1. Declines in DIT summary scores for four composite samples used to construct norms.

Note: The smaller mean difference between College students and Graduate students evident in the 1989, 1998, and 2003 composite samples is attributable to a broadening of criteria for defining what constitutes graduate education.

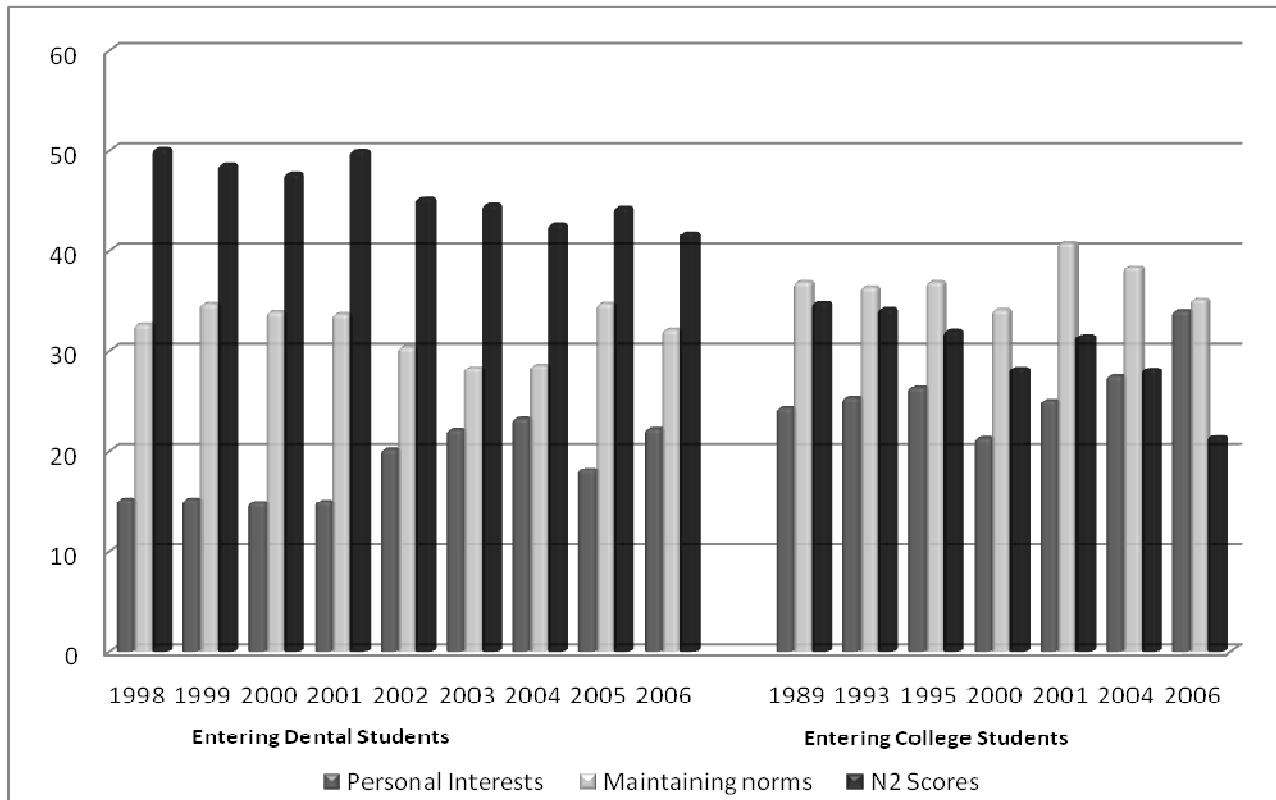


Figure 2. DIT scores by class for two long-term cross-sectional samples collected within clearly defined settings.

Table 1

The Evolving Professional Identity

Robert Kegan (1982) suggests that all human beings are continuously involved in a process of constructing meaning. As individuals gain an increasing amount of experience in an extremely complex world, they construct progressively more complex systems for making sense of it. Similarly, each person constructs an understanding of what it means to be a professional, and a professional's understanding may be qualitatively different from that of the general public.

Kegan's five levels of identity transformation were adapted for the professions by Bebeau and Lewis (2003) to enable educators to coach professional students, as they reflect on their evolving professional identity. Three levels of identity formation, typically evident among aspiring professionals, are described here. For a fuller description, see Bebeau and Lewis (2003) or Bebeau and Rule (2005).

The Independent Operator

These individuals look at themselves and the world in terms of individual interests and concrete, black and white role expectations (their own, others', their employer's, etc.). Personal success is paramount. It is measured by concretely accomplishing individually valued goals and enacting specific role behaviors.

How the typical *Independent Operator* understands professionalism. These individuals understand professionalism as meeting fixed, concrete, black and white role expectations, rather than a broader understanding of what it means to be a professional. Motivation for meeting standards is wholly individual and based on a desire to be correct and effective. Said one aspiring professional, "*There are professional guidelines and codes that shape your life.*"

The Team-Oriented Idealist

Unlike *Independent Operators* who view themselves and others as individuals, each with his or her own agendas and interests, *Team-Oriented Idealists* view themselves and others as having shared interconnections. Their capacity to make sense of the world, by taking multiple perspectives simultaneously, profoundly changes their sense of self and how they understand social reality—as shared experiences, psychological membership, and the internalization of social expectations and societal ideals. While *Team-Oriented Idealists* still possess and can articulate *individual* interests and specific behavioral goals, individual interests are no longer central.

How the *Team-Oriented Idealist* understands professionalism. Unlike *Independent Operators*, these professionals are both idealistic and internally self-reflective. They understand and identify with (or worry that they are not yet fully identified with) their chosen profession. They no longer see professionalism as enacting specific behaviors or fixed roles

(the *Independent Operator's* view). Rather, the *Team-Oriented Idealist* sees professionalism as meeting the expectations of those who are more knowledgeable and legitimate, and even more professional. As one professional remarked, “*We must always hold ourselves to the highest expectations of society.*” Because their identity is grounded in others, and particularly external authorities, the *Team-Oriented Idealist* is vulnerable to “going along with others” for the sake of “getting along,” and can have difficulty seeing boundaries between self and other.

The Self-Defining Professional

If a *Team-Oriented Idealist* is characterized by embeddedness in and identification with a set of shared or collective identities, the *Self-Defining Professional* forges a personal system of values and internal processes for evaluating those shared identities. *Team-Oriented Idealists* often find themselves torn among multiple shared identities (e.g., dentist, parent, spouse, etc.) with no easy way of coordinating them. As one's responsibilities multiply, life as a *Team-Oriented Idealist* often becomes one of constantly trying to balance the felt obligations of multiple identities. The self system of the *Self-Defining Professional* provides an internal compass for negotiating and resolving tensions among these multiple, shared expectations. Conflicts among the inevitable competing pulls of various roles and their attendant obligations are negotiated by adherence to one's own internal standards and values.

How the *Self-Defining* individual understands professionalism. These individuals, unlike *Team-Oriented Idealists*, are no longer identified solely with external expectations of their professional role. Instead, having freely committed themselves to being a member of the profession, they have constructed a self system comprised of personal values integrated with those of the profession. These provide principles for living. While their identity is not wholly embedded in their profession, they have created a vision of the “good” profession that is grounded in reflective professional practice. As *Self-Defining* individuals continue to transition to the next level (Kegan's [1982] *Humanist* or Rule & Bebeau's [2005] *Moral Exemplar*), they are able to stand aside from their own profession and even look across professions. They critically assess aspects of the professions, yet remain strongly committed. They are authentic persons who may emerge as leaders within the profession. Thus, *Self-Defining* individuals often become change agents within their profession.

Transitions

In the lifelong process of identity development, individuals spend a considerable amount of time (typically many months) in the transition between stages. Transitions are characterized by the process of encompassing one's current way of making meaning within the broader and more complex framework of the next developmental stage. Both stages may be demonstrated, with the higher stage expressed in a tentative and less well-articulated manner. Research (Forsythe et al., 2002) suggests that many college-age students are in the transition between the *Independent Operator* and the *Team-Oriented Idealist*, whereas the transition between the *Team-Oriented Idealist* and the *Self-Defining Professional* is more typical of early to mid-career professionals. Rarely is full transformation to the *Self-Defining Professional* evident before mid-career.