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Behind the Mask II: The Impact of COVID-19 on Developing Professional Identity in First-Year Medical Students at a Regional Campus

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Abstract

The COVID-19 pandemic presented unprecedented challenges in the context of holistic delivery of medical education. Little is known about the impact of the pandemic on developing professional identity formation (PIF) in matriculating medical students. The objective of this study is to explore the impact of COVID-19 on PIF in a cohort of first-year medical students using surveys, mask-making, and narrative reflection. This study took place in the spring of 2021. Following IRB exemption, Penn State College of Medicine's University Park Regional Campus' (UPRC) entering class of 2020 (n=12 students) was invited to create a mask to express the impact of COVID-19 on their sense of professional identity. Next, students were asked to complete a written narrative and a brief survey to further explore how COVID-19 affected their learning and professional development. Basic descriptive statistics were used to analyze survey responses. Themes based on the TIME (Transformation in Medical Education) PIF framework were curated from artistic masks and student narratives. Overall, students felt that the pandemic strengthened their resolve to become physicians and were optimistic that training would eventually return to normal. The most salient domains coded within the mask and narrative included "habits" and "personal characteristics" of developing physician identity. While COVID impacted medical training, this cohort of first-year students exhibited remarkable resilience, reported limited emotional impact from the pandemic, and expressed shared themes of developing strong habits and laudable professional characteristics as more central to their developing sense of PIF than any specific element of COVID.

Conflicts of Interest: None.

This study (Study ID: STUDY00017067) was deemed exempt by the Institutional Review Board (IRB) at the Penn State College of Medicine.

INTRODUCTION:

Professional Identity Formation (PIF) is the dynamic and ongoing process through which an individual integrates the knowledge, skills, values, and behaviors of a competent, humanistic physician with one's own unique identity and core values.[1] PIF is a complex process that medical students undergo as they learn to "think, act and feel like a physician."[2] PIF depends on many factors beyond clinical expertise.[2] Identity formation is a complex process shaped by the multiple elements of identity students bring with them as they enter medical school (e.g., personal, private, and public). PIF is also shaped by relationships with peers, colleagues, and mentors that form throughout medical training.[3] Other forces such as institutional cultural norms, health care systems factors, the learning environment, and self-reflection also impact PIF.[3] As such, the medical education community has an important responsibility to foster healthy PIF among learners.[4] Encouraging students to explicitly reflect on (and subsequently describe) their identity experiences may promote holistic identity formation.[1]

Limited literature describes the impact of the COVID-19 pandemic on professional identity formation. One study, focused on challenges brought on by the pandemic to suggest local solutions for nurturing PIF.[5] At UCSF School of Medicine, a longitudinal integrated PIF curriculum incorporated eight separate interspersed weeks throughout the four-year curriculum to reflect on developing PIF during the pandemic with faculty coaches and peers.[6] Another study used written reflections to assess PIF during the pandemic, finding three primary themes: coping, adaptations to learning, and students' roles as medical students during the pandemic.[7]

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Another creative way to reflect on identity formation is the art of mask-making.[8] To date, most of the available literature emphasizes the use of narrative writing to examine identity formation. This modality, however, may be particularly challenging for those who struggle with written expression.[9] As an alternative, masks have historically been used to express elements of personal (or communal) identity in ritual, ceremony, and creative expression.[10] They have also been employed as a tool for art therapy with active-duty military service members.[8,10] To date, several medical schools have also incorporated art into the practice of reflection as an alternative method to explore PIF in medical education.[9,11–14] Mask-making can help students examine the dissonance between what they show the world (aspirational self—portrayed on the outside of the mask) versus what they keep to themselves (actual self—portrayed on the inside of the mask). Identity dissonance occurs when an individual struggles to either reconcile the two sides of their metaphorical mask or to incorporate a new identity (in this case, that of a physician-in-training) with previous identities.[8,15] Over time, mask-making has demonstrated how students work to reintegrate important aspects of self (e.g., music, sports) that they may have sacrificed early in medical school into a newer, more holistic sense of self as their professional identity develops through medical school.[11]

To date, most PIF studies using mask-making took place prior to the COVID-19 pandemic. With the onset of COVID-19, students were forced to adapt not only to traditional challenges of medical school, but also those related to COVID-19 (e.g., stringent social distancing guidelines, mask-wearing, and limited in-person interactions).[3,16] Institutions temporarily moved to a largely online format and many of the social aspects of medical school were postponed, cancelled, or held virtually. Within this context, each individual student's response to the pandemic has likely been variable and personal. To address this gap, the present study was designed to explore how the COVID-19 pandemic impacted PIF in a cohort of medical students at the Penn State College of Medicine University Park Regional Campus (UPRC) using surveys, mask-making, and narrative reflection. The regional campus is located in State College, Pennsylvania, about 100 miles northwest from the main Penn State College of Medicine campus (in Hershey, PA). UPRC accepts 12 students per class year. The UPRC curriculum immerses first-year students in local clinics as part of a longitudinal primary care experience. Given the small class size, COVID-19 protocols allowed most activities (small group work, lecture, and clinical duties) to continue in-person, for a large part of the pandemic. UPRC students of the entering class of 2020, therefore, with their relatively early exposure to clinical medicine and continuation of in-person didactics, make for an interesting cohort in which to study PIF.

METHODS:

Following IRB exemption at the Penn State College of Medicine, UPRC students from the entering class of 2020 were asked to participate. Students were given instructions and materials needed to complete this study remotely and independently, should they desire.[4,5,9,10] In order to maintain privacy, no names, identifiers, or demographic information were requested from participants, who were informed that their participation was voluntary. Participants were instructed they could skip any/all parts of the study they did not wish to complete and that they could withdrawal at any time without penalty. No incentives were offered to participants.

Surveys

Participating students were asked to complete a brief survey adapted from the Athletic Identity Measurement Scale (AIMS) and the Impact of Event Scale (IES) to quantitatively assess the impact of the COVID-19 pandemic on their sense of professional and personal identity (Tables 1,2).[17,18] Participants responded to the survey on REDCap™. The creators of both scales provided written consent for the authors of this study to adapt their work to the present study. These scales were chosen as established measures of identity in young scholars (AIMS) and in the context of large-scale disasters (IES) The AIMS scale specifically explores athlete identity in the context of disabling injury and inability to compete.[17] This validated tool seeks to examine how strongly an individual's identity is rooted in athletics.[17] AIMS items were adapted with permission from the athletic experience to the medical school experience (Table 1).

The IES is a validated tool measuring the impact of stressful events on identity.[18] The tool can be adapted

for a variety of situations, including traumatic events, panic attacks, and phobias. Like the AIMS, the scale was adapted to the experience of the COVID-19 (Table 2).

Masks & Narratives

Participants were invited to create a paper mâché mask to compare and contrast their personal identity (actual—inside of the mask) with that of an "ideal" physician (aspirational—outside of the mask) using the following prompt:

> "*Using the mask provided to you, please artistically portray your sense of identity as a medical student in light of COVID. Use the FRONT of your mask (what others see) to represent the ideal physician during COVID. Use the INSIDE of the mask (what you see) to represent yourself*."

Participants were then asked to complement their masks with written narratives by answering the following prompts:

> *"Please write a reflection about the ideal qualities and characteristics a physician should exhibit. Consider how COVID may have influenced your thoughts."*
>
> *"Please write a reflection about the qualities and characteristics you possess personally. You may want to include your likes/dislikes, experiences, accomplishments, hopes, fears and anything else that has shaped who you are."*

All survey responses, written narratives, and mask images were uploaded to the secure platform REDCap™. Basic descriptive statistics, including median and interquartile range, were used to analyze survey responses. The masks and associated narratives were qualitatively analyzed using the modified TIME (Transformation in Medical Education) framework as a baseline (Table 3).[1]

Table 3: Modified TIME Criteria Domains & Subdomains

Domain	Subdomain
Attitudes	Humanism Cultural Competence Service Orientation
Personal Characteristics	Leadership Interest and Curiosity Resilience and Adaptability Capacity for Improvement Discernment
Duties/Responsibilities	Confidentiality Appropriate Disclosure Honoring Commitments
Habits	Self-directed Learning Critical Thinking Self-care Empathic Labor Reflection Self-Awareness
Relationships	Collegiality Appropriate Boundaries Effective Relationships Effective Communication Patient-Centered Advocacy Selection of Role Models
Perception/Recognition	Biostructure and Function Observational Skills Cultural Sensitivity Discernment Emotional Intelligence Ethics Competence Narrative Competence
COVID-19	Any artistic drawings, symbols, or written themes related to the pandemic

The TIME Framework contains six domains and 30 subdomains of professional identity, which ultimately provide an organized schema to help assess the complex process that is PIF.[1] An example of a domain is "personal characteristics," which include the subdomains of "leadership," "interest/curiosity," "resilience/adaptability," "capacity for improvement," and "discernment." Another domain is "habits," which includes the subdomain of "self-directed learning," among others. A COVID-19 domain was added to TIME criteria to assess the impact of the pandemic on

identity. Symbols and artistic images relating to the pandemic, or the SARS-CoV-2 virus were specifically coded under this domain. While all motifs from the masks and narratives were classified into specific domains and subdomains, only the domain analyses were included in this study. A motif, in the context of this research, was any symbol, artistic element, phrase, or sentence that represented a single theme or idea. Initially, research team members RM and MC independently coded each motif found within the mask and narrative into an appropriate domain and subdomain. Through discussion among researchers, a consensus was made about each motif's selected domain and subdomain with the senior author (MS) providing resolution in instances of disagreement. Similar motifs found on multiple masks, or within multiple narratives, were uniformly coded. For example, any symbols of hearts were coded under the "attitude" domain and the "humanism" subdomain.

RESULTS:

Ten students completed the survey, six created masks, and five submitted an associated narrative. Due to the relatively small number of students at the UPRC, demographic information was not collected from participants.

Surveys

Table 1: Adapted AIMS Survey

Adapted AIMS Survey (17 items)	n	Median	IQR
1. I have goals I want to achieve in my first year of medical school.	10	1.00	0.75
2. Most friends are medical students.	10	4.50	2.50
3. Medical school is the most important part of my life.	10	3.50	2.50
4. I spend more time thinking about medicine and/or medical school than anything else.	10	2.50	1.00
5. I need to participate in in-person, live educational activities (not virtual) to feel good about my education.	10	2.00	1.75
6. Other people see me mainly as a medical student/healthcare professional.	10	2.00	1.00
7. I feel bad about myself when I do poorly in academic or clinical activities.	9	1.00	0.00
8. I feel that I have at least one mentor or role model who I can depend on in medical school.	10	2.00	1.75
9. Since starting medical school, I have had time to spend with friends and family members that are not in medicine.	10	2.00	1.00
10. I believe that I think, act, and feel like a physician at this point in my medical training.	10	5.00	1.75
11. Since starting medical school, I believe I am still the same person I was before starting medical school.	10	3.00	1.50
12. Since starting medical school, I had to change my personal characteristics to think, act and feel more like a physician.	10	3.50	2.00
13. COVID has impacted my medical training.	10	3.00	2.75
14. I feel optimistic about my medial training 'returning to normal' in the future.	10	1.50	1.00
15. I believe COVID hindered my ability to form relationships/mentorships with those in the medical community.	10	3.00	3.00
16. Starting medical school in the midst of a pandemic has strengthened my resolve in becoming a physician.	10	3.00	1.00
17. I believe COVID hindered my ability to be an active participant in the healthcare system.	10	4.50	2.00

Legend - 1: strongly agree, 2: agree, 3: somewhat agree, 4: neutral, 5: somewhat disagree, 6: disagree, 7: strongly disagree. N = sample size, IQR = interquartile range

Table 2: Adapted IES Survey

Adapted IES Survey (15 items)	n	Median	IQR
1. I thought about COVID when I did not mean to.	10	2.50	1.00
2. I avoided letting myself get upset when I thought about COVID or was reminded about it.	10	3.50	2.75
3. I tried to remove COVID from my memory.	10	5.00	3.75
4. I had trouble falling asleep or staying asleep because of pictures or thoughts about COVID that came to mind.	10	4.00	3.75
5. I had waves of strong feelings about COVID.	10	2.50	1.75
6. I had dreams about COVID.	10	6.50	4.50
7. I stayed away from reminders about COVID.	10	5.50	3.25
8. I felt as if COVID hadn't happened or was unreal.	10	6.00	2.50
9. I tried not to talk about COVID.	10	6.00	4.00
10. Pictures about COVID popped into my mind.	10	4.00	3.75
11. Other things kept making me think about COVID.	10	3.50	2.00
12. I was aware that I still had a lot of feelings about COVID, but I didn't deal with them.	10	6.00	2.75
13. I tried not to think about COVID.	10	4.00	3.00
14. Any reminder brought back feelings about COVID.	10	6.00	2.0
15. My feelings about COVID were kind of numb.	10	3.00	2.75

Legend - 1: Definitely true, 2: True, 3: Somewhat true, 4: Not at all, 5: Somewhat untrue, 6: Untrue, 7: Definitely untrue. N = sample size, IQR = interquartile range.

Results of both surveys were reported using median scores and interquartile ranges due to the small sample size and risk of skewed results by outliers. One student left item number seven on the adapted AIMS Survey ("I feel bad about myself when I do poorly in academic or clinical activities") blank. All other survey items had ten responses.

Based on the adapted AIMS survey (Table 1), participants shared that they have specific goals they want to achieve in their first year of medical school (median = 1.00, IQR = 0.75) and that doing poorly in academic or clinical activities makes them feel bad (median = 1.00, IQR = 0.00). On average, students felt optimistic that medical training will "return to normal" in the future (median = 1.50, IQR = 1.00). Students also felt that in-person, live educational activities are needed for a positive educational experience (median = 2.00, IQR = 1.75).

In terms of COVID impact, the survey questions of, "I believe COVID hindered my ability to form relationships and mentorships with those in the medical community" and "I believe COVID hindered my ability to be an active participant in the healthcare system received mostly neutral responses (median = 3.00, IQR = 3.00) and (median = 4.50, IQR = 2.00). However, when looking at interquartile ranges, one can see that there was a wide range in responses for several of the survey questions that specifically asked about the impact of COVID. Another example of this is the survey item that states "COVID has impacted my medical training." The median response was a 3.00, or "somewhat agree," but the interquartile range was 2.75.

Based on the adapted IES scale (Table 2), the following statements received a median score of equal to or greater than 5.00, meaning that students generally felt that these statements were either somewhat untrue, untrue, or definitely untrue: *I tried to remove COVID from my memory, I had dreams about COVID, I stayed away from reminders about COVID, I felt as if COVID hadn't happened or was unreal, I tried not to talk about it, I was aware that I still had a lot of feelings about COVID but didn't deal with them,* and *any reminder brought back feelings about COVID.* The only survey items that scored a median of less than 3.00 was "I thought about COVID when I did not mean to" (median = 2.50, IQR = 1.00) and "I had waves of strong feelings about COVID" (median 2.50, IQR = 1.75). Overall, the interquartile ranges were larger on the adapted IES survey than the adapted AIMS survey which suggests that impact that COVID had on each student was quite variable.

Masks & Narratives

The domains and subdomains developed for the TIME framework in assessing professional identity amongst medical students was used for analysis of masks and narratives. Thematic analysis of motifs within the narratives complemented the artistic elements of the mask. Narratives helped generate a deeper understanding of what each participant was trying to demonstrate artistically through their mask. Five narrative reflections were submitted. These reflections consisted of 59 to 252 words, averaging roughly 153 words. Results relating to domains other than the COVID domain elucidated which elements of PIF students found important in the ideal physician, as well as in their current personal identity. Analysis of both the written narratives and the artistic elements of the masks that dealt with the qualities of an ideal physician demonstrated that "habits" and "personal characteristics" were the domains coded most frequently at 36% and 25%, respectively (Figure 1). There was a similar theme when analyzing data from participant self-identity, as "habits" and

"personal characteristics" were also coded most frequently at 33.3% and 27%, respectively (Figure 2).

Figure 1: Ideal Physician PIF

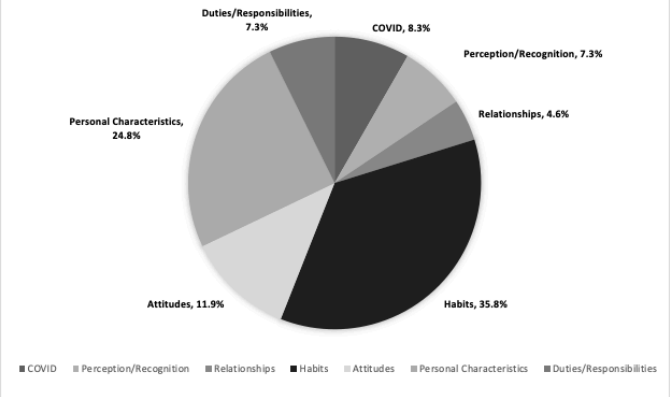
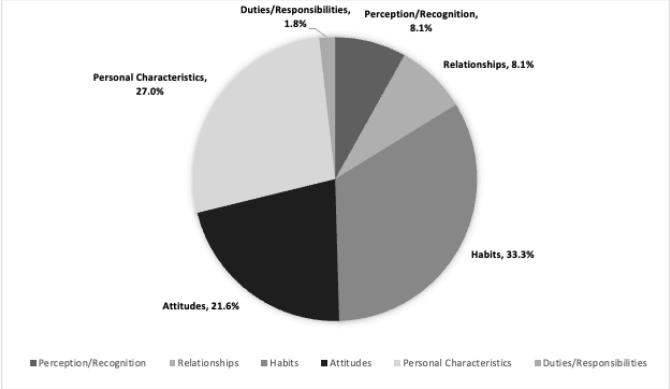


Figure 2: Identity of Self

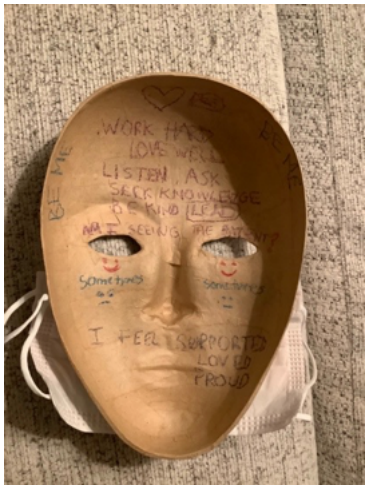


Another interesting observation was that nearly twice as many motifs were coded under the domain of "attitudes" in analysis of the current identity of self, when compared to analysis of the ideal physician. This domain includes the subdomains of humanism, cultural competence, and service orientation. In looking at the identity of self, 21.6% of motifs were coded under "attitudes," versus only 11.9% when looking at the identity of an ideal physician. Regarding the COVID-19 domain that was added for the purpose of the present study, some examples of images that were coded under the domain were a drawing of a syringe and an actual virus particle on Mask 8 – Front (Fig. 3). Five of the six participants who submitted artistic masks attached a surgical mask to them, on Masks 1, 3, 4, and 9 – Front (Fig. 3). All of these were coded under the COVID-19 domain.

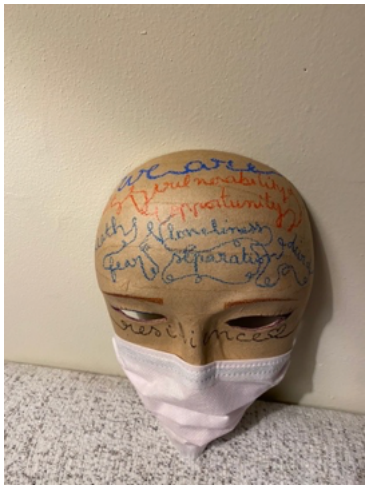
Figure 3: Mask Images

Mask 1 Front

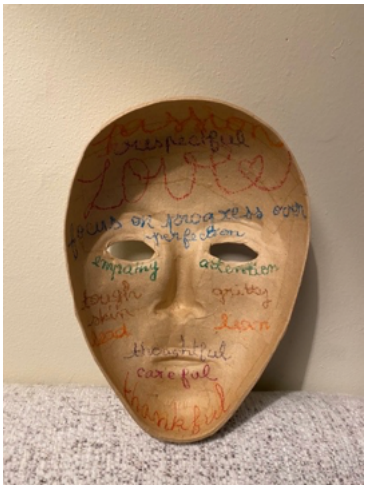
Mask 1 Back



Mask 3 Front



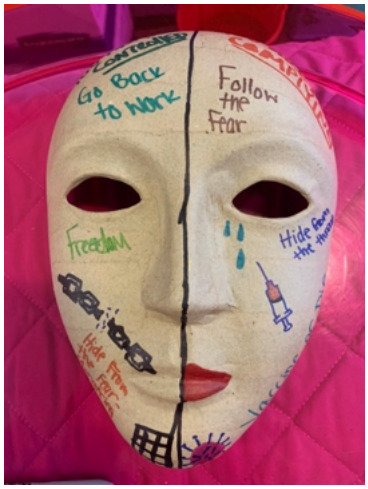
Mask 3 Back



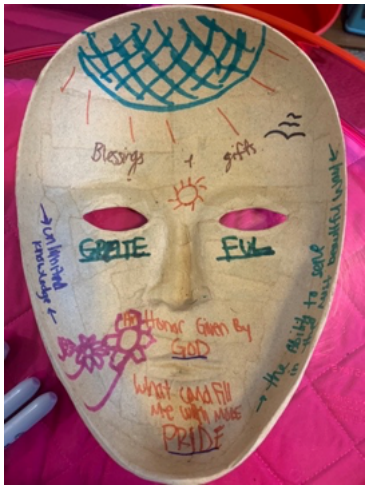
Mask 4 Front

Mask 4 Back

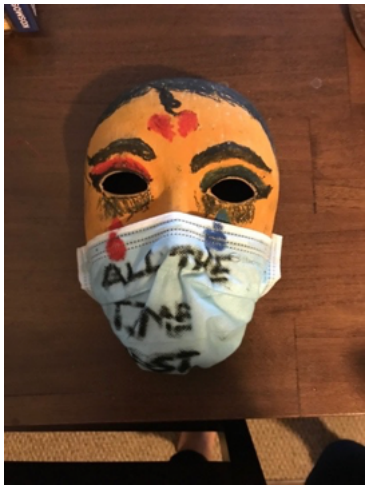
Mask 8 Front



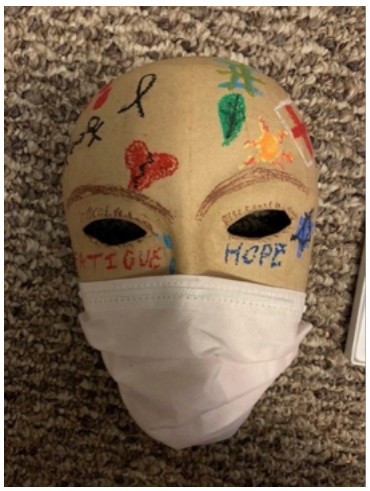
Mask 8 Back



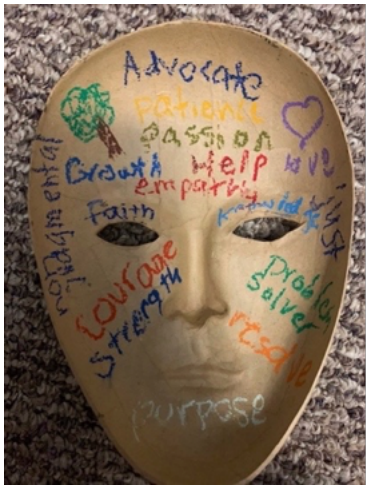
Mask 9 Front



Mask 10 Front



Mask 10 Back



Motifs related to COVID-19 were mentioned only on the front-facing side of the mask depicting qualities of an ideal physician. They were also only mentioned in the narratives when asked about the qualities of an ideal physician. There was no mention of COVID when asked about current self-identity in the mask or narrative. In total, 8% of motifs were coded under the COVID-19 domain.

Many of the narratives challenged the medical community to embrace the qualities a physician *should* have, in order to provide holistic and compassionate care to patients. For example, Mask 4 stated, "*A physician should be sacrificial, dedicated, a loyal advocate, empathetic, knowledgeable, accommodating, genuine, and humble. With COVID, these qualities and characteristics have been more-so highlighted*" (Appendix A). Similarly, Mask 8 stated, "*Physicians should be calm, keep their personal feelings under control, and portray a sense of strength and knowledge to their patients. In light of COVID, this really shows…. It is a tough job with extremely high standards…"* (Appendix A). The narrative linked to Mask 9 shares the importance of ideal physician qualities and relates it back to the need to change the current perception of science and medicine. "*I think COVID has furthered the need for these qualities as the impacts of the virus as well as the U.S.'s response to the virus have led to many fears about entering a healthcare facility, [and] distrust in medical professionals."* (Appendix A).

DISCUSSION:

This study provides insight from a small cohort of medical students at a regional campus in central Pennsylvania whose entire medical training experience had occurred during the COVID-19 pandemic. As first-year students with clinical responsibilities and in-person didactics, which was likely not the norm for most first-year medical students in 2020-2021, this study raises important questions about COVID-19's influence on PIF. Reassuringly, it appears that students are optimistic that training will eventually return to normal. Students expressed resilience in that their resolve to become physicians was strengthened because of the pandemic. Finally, the pandemic seemed to primarily impact participants' perception of an ideal physician, rather than playing a large role in elements of self-identity.

These results paint a picture of a largely resilient group of students, suggesting that this cohort is motivated to face the pandemic with grit and perseverance. Survey responses from several of the adapted IES questions *(I tried to remove COVID from my memory, I had dreams about COVID,* and so forth) suggest students experienced limited emotional impact from the pandemic. This is further supported by the fact that ten of the 15 survey items on the IES received a median score of 4.00 and above. However, it is important to recognize that some participants still had unintentional thoughts and waves of strong feelings related to the pandemic. This highlights the importance of ensuring that these negative feelings related to the pandemic do not become overwhelming.

Such results carry important implications. Learners, such as the participants in this study, will inevitably inherit and lead the healthcare system that is actively under strain due to many factors, especially COVID-

19. As they are evidently on their way to successfully adopting a professional identity within medicine, in addition to being resilient in the face of the COVID-19 pandemic, there is reason to be optimistic about their career trajectory in medicine. PIF is a vital part of confidently practicing medicine and requires to students to be comfortable with the unknown, a feat of medical training further highlighted by the pandemic.[19] It is inspiring that many participants view the pandemic as a factor that motivates them to uphold the characteristics of an ideal physician, rather than being dispirited by it. Moreover, it is important to note that the learners in this study did not express a sense of PIF due to their own actions alone. A solid professional identity depends, in part, on the socialization and mentorships that are an essential part of a successful medical career. It is reassuring that such partnerships are presumably continuing to be fostered, despite the medical community's challenges with COVID-19.

Limitations

There are several limitations to this study. The relatively small number of active participants in this study do not make the results generalizable to all medical students. There is another concern for selection bias when analyzing masks and narratives, as not all students that completed the survey participated in the artistic and narrative portions of this study. Additionally, there was no comparison to a pre-COVID cohort or other class years, which would have made for an interesting comparative analysis. Furthermore, it is important to note the geographical and temporal context of the Penn State College of Medicine's UPRC. Located in central Pennsylvania, the institution's battle against COVID-19 likely looks different than that of medical schools in different locations. It must also be noted that participants completed the study in the Spring of 2021, more than a full year into the COVID-19 pandemic and at a time when COVID vaccines were available. The availability of vaccinations to protect from COVID-19 is an important timeline consideration, as this allowed for the CDC to slowly begin to lift strict social distancing and masking guidelines throughout the late spring and summer of 2021. Another factor that makes the results less generalizable to other medical schools is that the students had in-person classes and clinical activities throughout the pandemic. Apart from the enforcement of health-promoting behaviors like physical distancing and mask-wearing, the didactic and clinical activities largely operated as normal. This may have had an impact on the students' perception of their medical training in the context of COVID-19, as well as their resilience in the face of COVID-19. Finally, this study was conducted using unvalidated survey instruments. Although the original versions of both surveys have been validated, the modified version used for this study has not been validated in evaluating the impact of COVID on PIF in first-year medical students.

Conclusions:

This study contributes a unique perspective to the growing literature that is being published related to PIF in medical students during the pandemic.[5–7] Future studies on this topic should seek to include a greater number of participants in a variety of geographic settings, across different timepoints of the COVID-19 pandemic. It is important to understand if and how medical students in different institutions are being impacted by the pandemic, as their campus leadership may need to address concerns specific to their institution. Additionally, continuing to measure PIF among the same cohort in this study throughout their medical training would provide insight as to whether their resilience to COVID-19 is a static or dynamic feature over time. This is particularly important, as the process of PIF has just begun for first-year students in their pre-clinical curriculum. A more powerful future study would be to follow this same cohort and re-assess PIF at the end of their third year or beginning of their fourth year of medical school. Moreover, the nature of the COVID-19 pandemic is constantly changing, and research ought to keep pace with it. Between the different "waves" of the pandemic, creation of effective vaccines, vaccine mandates, masking regulations, and virtual versus in-person classes, and so forth, there are many factors that play a role in medical student perception of and reaction to the pandemic. Finally, it would be interesting to focus research on how the COVID-19 pandemic impacted personal identity among those outside of the medical field, since nearly all professions had to change their operations secondary to COVID-19.

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Appendix A: Mask Narratives

Mask 3:

Ideal qualities and characteristics of a physician: Physicians should exhibit empathy, flexibility, curiosity, confidence, and humility.
Personal qualities and characteristics: I am passionate, kind, considerate, and resilient. I like being helpful and dislike being useless. I hope to use the opportunity and tools gifted to me to make positive changes in my and the lives of others throughout my education and professional career. I fear failure and offending/harming others.

Mask 4:

Ideal qualities and characteristics of a physician: A physician should be sacrificial, dedicated, a loyal advocate, empathetic, knowledgeable, accommodating, genuine, and humble. With COVID, these qualities and characteristics have been more-so highlighted. Those who have and do sacrifice so much, show up, fight for better, experience and validate enormous emotions, keep up with the endlessly new information, meet people where they are at, do it from the goodness of their heart, acknowledge their limitations, and don't ask for much in return, all for their patients.
Personal qualities and characteristics: Faith and spiritual disciplines are the biggest aspects that shape who I am. In addition, the balance and discipline of overall wellbeing that I had learned from undergraduate [are other aspects that shape who I am]. It is important to me that I [take] care of my body physically, spend time in nature, engage in new adventures and experiences, have community and relationships, invest in my marriage, spend time with the Lord, and pursue my career aspirations of medicine. Medicine and being a medical student is a significant aspect of my life, but it is not the only priority. It is important to know what this phase in my life looks like, what phases are in the past, and what is for another phase of life, and embrace the joys and challenges of each. Right now that is being a person who is a child of God, a wife, a medical student, and [someone] who nourishes herself.

Mask 8:

Ideal qualities and characteristics of a physician: Physicians should be calm, keep their personal feelings under control, and portray a sense of strength and knowledge to their patients. In light of COVID, this really shows. Physicians shouldn't be shaming their patients who may not want the vaccine, and physicians shouldn't be taking the pandemic too light. It is a tough job with extremely high standards for morality and leadership.
Personal qualities and characteristics: I believe I am a good leader for the reason that I do not want public attention. I do not want to "lead" things for the recognition - I like organizing, working hard, and reading people for their strengths and weaknesses and creating a complimentary team. I can also be quite insecure about my intelligence and enjoy blending into the crowd and avoiding any sort of public attention. I am a med student but a [religious affiliation]/future spouse/sister/daughter/aunt/ and niece first, and those values/beliefs that come with those affiliations directly impact and influence the way I approach medicine.

Mask 9:

Ideal qualities and characteristics of a physician: I think that a physician needs to exhibit empathy, compassion, and the ability to actively listen. I think COVID has furthered the need for these qualities as the impacts of the virus as well as the U.S.'s response to the virus have led to many fears about entering a healthcare facility, distrust in medical professionals, as well as disbelief in the science medicine, is founded in. I have seen patients who have been upset with mask mandates and have told me that I would get cancer from wearing one; patients who have been too afraid to keep up with their healthcare leading to negative outcomes, and patients who have lost multiple loved ones due to the virus. These experiences have further instilled in me the belief that the ability to actively listen to patients with compassion and empathy is extremely important even if you do not necessarily agree with the information the patient is sharing with you.
Personal qualities and characteristics: I think that I possess empathy, compassion, and a desire to understand how a person's ideals affect their health. I think that I might not always be seen as the most approachable physician because I am very direct and do not like small talk, but I hope that I make up for it with my desire to listen to patients without judgment. I hope that I will be able to work with patients to provide care that is best for them instead of setting

strict rules for treatment plans that may not work for them.

Mask 10:
Ideal qualities and characteristics of a physician: Hope in the face of adversity, courage, love, compassion, bravery, faith, persistence, humanism, sympathy, optimism, just, do right by the patient, making hard choices, growth, open-minded, accepting of differences, learns from mistakes, capacity for improvement.
Personal qualities and characteristics: Persistence, optimism, diligence, kindness, hope, loving, understanding, compassion, try to not pass judgment, faith, patience, advocate, progressive, change-maker, stubborn, human, error-prone, always willing to learn something new and be proven wrong.

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