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Possibility and agency in Figured Worlds: Becoming a 'good doctor'

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Abstract

Context: Figured Worlds is a socio-cultural theory drawing on Vygotskian and Bakhtinian traditions, which has been applied in research into the development of identities of both learners and teachers in the wider education literature. It is now being adopted in medical education.

Objective: The objective of this paper is to show what Figured Worlds can offer in medical education. Having explained some of its central tenets, we apply it to an important tension in our field.

Application: The assumption that there is a uniform 'good doctor' identity, which must be inculcated into medical students, underlies much of what medical educators do, and what our regulators enforce. While diversity is encouraged when students are selected for medical school, pressure to professionalise students creates a drive towards a standardised professional identity by graduation. Using excerpts from reflective pieces written by two junior medical students, we review the basic concepts of Figured Worlds and demonstrate how it can shed light on the implications of this tension. Taking a Bakhtinian approach to discourse, we show how Adam and Sarah develop their professional identities as they negotiate the multiple overlapping and competing ways of being a doctor which they encounter in the world of medical practice. Each demonstrates agency by 'authoring' a unique identity in the cultural world of medicine, as they appropriate and re-voice the words of others.

Discussion: Finally, we consider some important areas in medical education where Figured Worlds might prove to be a useful lens: the negotiation of discourses of gender, sexuality and social class, career choice as identification within specialty-specific cultural worlds, and the influence of hidden and informal curricula on doctor identity.

Introduction

Medical education, with its focus on workplace learning, incremental participation in practice, and doctor identity, has been described as 'ready-made' for the application of socio-cultural theory (1). Indeed, there are increasing calls for this perspective to guide how we train doctors (2,3) . The aim of this paper is to review the contribution of Figured Worlds (4), an increasingly recognised socio-cultural identity theory, which makes rich use of foundational concepts of identity and development proposed by Vygotsky (5) and the relatively under-appreciated discourse theory of Bakhtin (6). Developed by Holland, Lachicotte, Skinner and Cain (4), the theory of Figured Worlds has been applied extensively in the education literature to explore identity in learners and teachers (7), and the ways in which people negotiate multiple identities, including gender (8,9), race (10,11)and sexuality (12), in the cultural worlds of schools and classrooms. Figured Worlds is also the underpinning theory for an emerging strand of research in medical education (13–15). Hill et al (13) explored women surgeons' construction of self within the discourses of surgery and femininity, concluding that successfully combining both required a reframing of what it means to be a surgeon. Dornan et al (14) applied Figured Worlds to illuminate the relationship between medical students' emotions and their identity development in the cultural world of medicine, and Vagan (15) studied junior medical students' identity development through early clinical contacts in general practice and hospital settings. A further study by van Lankveld (16), which takes a Figured Worlds approach to clinician educator identity was recently published, and research into cross-cultural aspects of identity formation is ongoing. The application of Figured Worlds to this breadth of topics suggests that it may offer important affordances to the field of medical education.

Figured Worlds is a complex theory, making it challenging to review within the constraints of any single empirical paper. Our objective here is to address those constraints by discussing the origins of the theory, its underpinning ontology and epistemology and its central premises, and considering what it can offer medical education. We begin by providing a context for our illustration of Figured Worlds theory: the multiple discourses of being a doctor, and the formation of professional identity through the negotiation of these discourses.

Discourses of doctor identity

The discourses we draw on when we speak about being a 'good doctor' contain subtexts which shape the way medical educators and students understand and enact the process of becoming one. Discussion of medical students' identity formation is underpinned by the

widely help assumption that there is an ideal 'good doctor' identity which must be inculcated into medical students and trainees (17), and into which they must grow. In her Foucauldian discourse analysis of the concept of the 'the good doctor' over the past century, Whitehead (18) plotted how the dominant discourse changed from Flexner's concept of the scientist physician, who was also a man of character, to the dissection of a holistic character into desirable 'characteristics' during the 1950s. This discursive shift depersonalised students, depicting them as a body to be manipulated and moulded by educators, rather than as individuals undertaking journeys of professional discovery (18). During the 1970s, the current discourse of competence as role performance came to the fore, and the personhood and agency of the good doctor receded even further. The doctor became a collection of competences produced by medical education in a 'manufacturing model' of medical training. The discourse of competence, Whitehead commented, continues the de-emphasis on time, person and personal journey (18), contributing to the assumption of a standardised 'good doctor' produced through training. Achievement of this identity, a uniform set of values, attitudes and behaviours, has been proposed as the pinnacle of a 'completed' process of professional identity formation (19). This narrowing of focus does not acknowledge the possibility of diverse trajectories and variations between doctors in how they interpret and develop their professional identities. This is not to suggest that 'anything goes', but rather that the standardisation discourse does not recognise that medical students and doctors actively construct diverse identities under the broad umbrella of the 'good doctor'.

In addition to the dominant discourse of the 'good doctor', medical students experience many other overlapping and contradictory discourses of how they should be as doctors (20–22). MacLeod (22), using Foucauldian discourse analysis, described how students develop professional identities through the discourses of Competence and Caring. The discourse of Competence, with its emphasis on knowledge and technical skill, is closely linked to Whitehead's discourse of Standardisation. Caring is a less privileged discourse, which is linked to the psycho-social and emotional aspects of patient interaction (22). Students in MacLeod's study enacted identities of confidence, capability and suitability, which are valued within the discourse of Competence, and were predicated on knowing what to do and how to do it. Students also enacted identities of benevolence and humility in relation to Caring, by putting others above themselves and showing understanding and concern. MacLeod described how the discourses of Caring and Competence were in tension when students were confronted with the uncertain, unpredictable nature of psycho-social issues.

Indeed, some students in MacLeod's study expressed a desire for training in standardised methods of Caring, which would provide certainty and confidence (Competence) in practice (22).

Medical students also encounter the discourse of Diversity, which puts forward the notion that diversity amongst entrants to medical school is a good thing for the profession and for patient care (21), because a more diverse student population leads to doctors who better reflect, and understand, the populations they serve. Using a social constructionist approach, Frost and Regehr (21) highlighted the tension between competing discourses of Standardisation and Diversity, describing how students negotiate these contradictions to construct their professional identities. The discourses of Caring and Diversity become intertwined in the notion that diversity enhances empathic care and cultural competence, and might ultimately reduce health inequality (21).

These studies illustrate the complexity of doctor identities, and underline Frost and Regehr's suggestion that further exploration of the dynamics and nuances of professional identity formation should involve a focus on the different doctor identities students construct (21). We will show how Figured Worlds theory provides such a focus by exploring the interplay between these multiple ways of being as medical students draw on their experience to construct their professional identity.

Figured Worlds – An Overview

Figured Worlds theory (4) originated in cultural anthropology, and is primarily built on the work of early 20th century Russian psychologist Vygotsky (5), and fellow Russian, Bakhtin (6), a philosopher and literary theorist. Developing within a Marxist context, and its prioritisation of the essentially social context of being, the work of these two theorists has been seen as complementary in exploring interconnections between individuals and their socio-cultural contexts, and the meaning-making that those interconnections afford. In addition, Figured Worlds incorporates influences from Bourdieu (23) regarding the power of social structures such as class, gender and ethnicity to position persons within particular social practices. Thus Figured Worlds was borne out of a desire to develop a theory of identity that took account of both the continual emergence of identity through activity in cultural settings and the more durable aspects of identity – 'history-in-person' – which have formed over time in those settings. As a theory of social practice, it emphasises the development and expression of identity through organised daily activity with others in

cultural and historically defined settings. It is also a discourse theory, in the sense that individuals construct ('self-author') themselves by appropriating and recombining the words that the contexts in which they act make available to them.

As a socio-cultural theory, Figured Worlds is founded on a non-dualist ontology in the Cartesian sense: the individual and their social context are seen as one, and there is mutuality and reciprocity between the two. The mind exists and develops within a set of interconnected relationships that extend beyond the skin (24). Features of non-dualist ontology (25) are that the individual is a social and historical product, that formation of the individual occurs in social contexts, through practical activity and in relationships of desire and recognition. Within this perspective, the self is split into a relational self / other and dialogicality between them is at the core of self-understanding. For example, medical students becoming doctors are social and historical products. They form as individuals in clinical settings by participating in clinical activities. The cultural worlds of medicine in which this happens has been formed and re-formed over time, through on-going clinical practice. Students bring the more durable aspects of themselves, also formed over time to this new cultural world. They seek and receive recognition as future doctors. They author, or make meaning, of themselves through multiple available discourses, which include that of the 'good doctor', initially expressed in the words of others, which they make their own, and then in their own words. We explore these concepts in detail below by contrasting the self-authoring of two medical students.

Vygotsky: Figured Worlds as mediators of identity

Vygotsky's (5) essential contribution to Figured Worlds theory is his proposition that all meaning making is mediated by available cultural tools. These physical and psychological tools allow individuals to organise their thoughts and emotions, including how they think and feel about themselves, and help direct their own behaviour. There are many cultural tools associated with the practice of medicine. The white coat is a powerful one, evident in the widespread white coat ceremonies held in North America. Donning the white coat allows students to see themselves in a new light; they feel like a doctor, which in turn allows for self-direction to behave like a doctor. Holland et al (4) draw heavily on this idea of semiotic mediation to describe how individuals internalise cultural artefacts, such as white coats, to develop self-understanding and motivate themselves to action.

A Figured World is a socially constructed cultural model, a distillate of reality, a thinking tool that relates to social practice (4). It is characterised by 'typical' narratives, figured by 'types', and associated with certain valued actions and outcomes. Power and hierarchical relations are part of the typical narratives. The Figured World forms a context for interpreting one's own actions and works; this is Figured identity.

Holland et al (4) use 'identification' to describe the shift that occurs when an individual appropriates the Figured World, frames themselves within it and learns to value and connect emotionally with its motivations (26). This internalisation of the Figured World and formation of an identity associated with it, results from participating in its activities. Figured Worlds thus provide a context of meaning for people to direct their own actions, and by modelling possibilities, inspire action. Vygotsky referred to this as 'semiotic boot-strapping', a means to organise and modify thoughts and emotions. For example, as medical students come to know the typical narratives and valued actions and outcomes of the World of medicine, they begin to interpret themselves and their actions in relation to those narratives and values. The Figured World guides their actions.

Bourdieu: Positionality

Holland et al (4)observe a similarity between their idea of a Figured World and Bourdieu's (23) idea of field – a local social practice. Within a field, individuals are positioned in relations of power and privilege. Hence, positionality is another key element of Figured Worlds theory. Positional identity refers to a person's apprehension of their social position in the lived world. We claim position and we position others day to day through social interaction. While Figured Identity is an imaginative framing of self in typical narratives, relating to particular types, positional identity is about inclusion and exclusion, entitlement, silencing, distance and affiliation (4). As novices enter a Figured World they gain a sense of their position within it, which they may take up as position becomes disposition, in the sense of unconscious internalisation. Alternatively, individuals may become aware of position, which they may choose to contest. Day to day positioning in cultural worlds is therefore another mediator of identity. The way in which medical students are positioned – and position themselves – on clinical placements, as members of the clinical team or 'in the way', is a central factor in their development of identity.

Bakhtin: self-authoring through multiple discourses

The mediating tool on which Vygotsky focussed primarily was language, and language in use plays a major role in Figured Worlds theory, where Vygotsky's semiotic mediation and Bakhtin's account of 'voice' and 'multi-voicedness' are brought together. The Foucauldian approach to discourse (27) is that most commonly applied in medical education. While it takes a critical stance, in that it is concerned with social justice and a questioning of the distribution of power in society at an institutional level, Foucauldian analysis does not pay close attention to the *structure* of language in use. Other approaches, such as those of Bakhtin (28) and Gee (29) place greater emphasis on linguistic structure while still focussing on the social context in which language is used. This 'meso-linguistic' approach is that applied in Figured Worlds.

Bakhtin's contribution to Figured Worlds is his theory of dialogism and of the self. Dialogism is based on the notion of *addressivity*, which refers to the way in which we are continually addressed by the world, through language, discourses, and cultural beliefs, and equally importantly, how we answer this addressing by 'self-authoring' an on-going narrative of our place in the world and its meaning (28). Such narratives draw on multiple 'voices', recycling and remoulding the multiplicity of discourses or ways of speaking which populate our cultural world: the genres, motifs and registers which carry values and assumptions in relation to how the world is. We are compelled to respond to the world but have choice in terms of how the response is crafted. In self-authoring, we must 'orchestrate' (4) these different perspectives on the social world, drawing on the words of others and imbuing them with our own intentions. We attempt to orchestrate the voices and respond in a consistent manner, and this development of an 'authorial stance' represents the formation of a more durable aspect of identity.

However, some discourses – normative texts, or rule books for example – carry more authority than others; as 'authoritative discourses' they may appear unreconstructed in what we say, 'ventriloquating' us. Even so, they may be less persuasive than others in the sense that we are unconvinced by them. Discourses of the good doctor, standardisation, diversity, competence, caring and many others address students as they progress through medical school. While some may become 'internally persuasive' (6), as students make meaning of themselves and their actions in diverse ways using 'borrowed' elements of these discourses, tensions and contradictions between them mean that self-authoring as a doctors requires orchestration of often conflicting voices. As students author themselves, they make these

elements their own, intertwining them with their own words to produce a unique response to the world: a stance.

Figured Worlds: An exemplar

We now use the written reflections of two medical students, Sarah and Adam, to illustrate the key aspects of Figured Worlds theory outlined above. These narrative were selected reflexively for this purpose. Students undertaking their first clinical placements were asked to reflect on something which had arising during the clinical placement, but which would not belong in the traditions clinical records. This 'parallel charting' approach was based on that described by Clandinin and Cave (30). Both students, now doctors, consented to the use of their reflective writings in this paper. Ethical approval has been granted by the Clinical Research Ethics Committee of the Cork Regional Hospitals. Student names have been changes and identifying content removed to ensure confidentiality.

In keeping with a Bakhtinian approach, we acknowledge the co-construction of these reflections between the students and the faculty for whom they were written. A detailed description of textual analysis using Figured Worlds theory and Bakhtinian discourse is beyond the scope of this paper. We suggest that those interested in the methodological details of a Figured Worlds analysis read the work of Gee (29) and Skinner (31) and consult the papers cited earlier.

Sarah

Sarah's narrative revolves around her account of her response to a particular doctor's behaviour towards students and patients. Our analysis focuses on how she talks about this behaviour in terms of her own projected identity as a future doctor – her *Figured* identity. Figured Worlds emphasises her choices in making sense of herself as she describes a typical scenario in the Figured World of medicine, that of a consultant leading his team and students on a ward round. The behaviour of the consultant brings the discourses of the Figured World of medicine to the surface and to conscious recognition (4), triggering a reflective response from Sarah:

> '*Two other students and I were on a ward round with this consultant and his team. He didn't introduce himself or ask for our name and, bar an off colour joke about females gaining weight with age, didn't interact with us at all. He didn't make any reference to our presence when he talked to patients….'*

Her narrative illustrates her experience of patterns of positional identity in the world of medicine, and the relative positioning that arises from day to day experiences of power (4). Sarah and her fellow students are strongly positioned by the consultant at the bottom of the hierarchy. They are not acknowledged apart from a gendering insult. They are not worth mentioning to patients. It is significant that Sarah does not feel the need to explain to her reader the power differential between consultant and students, nor to account for why she allows his behaviour to pass without challenge. This story takes place in the Figured World of medicine and in addressing the narrative to a faculty member, Sarah assumes a shared understanding of how things are in that world. Theoretically, Sarah has agency in terms of how she responds to the consultant, but social structure and power differentials constrain her response and she is silenced (or, rather, silences herself). Holland et al suggest that incidents which cause us to become explicitly aware of positional power, and thus rupture the 'taken-for-granted', can lead to resistance (4). Sarah demonstrates some resistance in writing this reflective piece, which she knows will be read by a faculty member.

> *'More importantly however, I was quite taken aback at the manner in which this doctor addressed his patients….. She (a patient) put her questions to the consultant, who was clearly not open to answering or interacting with her enquiries. He was fidgeting and demonstrating obviously that he was rushed for time. He didn't introduce himself to her mother, who was sitting beside her, and often failed to make eye contact with both her and the patient…. While this consultant never actually spoke directly to me, he inadvertently taught me many things. I saw, first-hand, how not to behave towards patients.'*

As she recounts this consultant's shortcomings, Sarah takes a stance on how doctors 'should be' with patients, positioning herself as a 'good doctor' aligned with the dominant caring values of the Figured World. Sarah uses his behaviour to frame her own future practice by distancing herself from it and dis-identifying herself with him. She knows this is not how she wants to be as a doctor.

> *'I believe that common courtesy and manners should never be disregarded. Simple introductions, taking an extra minute to really listen to patients' questions and addressing any concerns sensitively, directly and with empathy should be what all clinicians strive for.'*

In making sense of how doctors 'should be', Sarah draws on the cultural resources available to her. She adopts a formal tone and professional language in the excerpt above and authors herself as a caring doctor, using terms she has heard and read, from her clinical teachers and other sources.

> *'I understand that at times delivering ideal patient care and suitable communication will prove difficult. I, for my part, will try to not allow personal feelings to interfere with how I interact with patients and will endeavour to always treat patients with patience, respect and consideration.'*

In this passage Sarah authors herself as a doctor who puts her patients first. She has internalised the discourse of Caring and made it her own, by intertwining the language of Caring with her own speech in an internally persuasive discourse (4).

In expressing a figured identity of a caring doctor, she elects to attend to and value Caring as an aspect of medical practice. Her response to the consultant's behaviour demonstrates this. She responds with irritation and disappointment to finding that these values are disregarded, and describes herself as uncomfortable and embarrassed. As the next excerpt suggests, she feels that her presence in the consultant's 'team' has positioned her as condoning his behaviour in the eyes of the patient. Her figured identity, as a caring doctor, is compromised by this position:

> *'Following my encounters with this consultant I felt uncomfortable, irritated, embarrassed and disappointed. I felt that he had let down the medical profession with his rude behaviour.'*

However, projecting into the future and her imagined self, she is able to conclude with a strong figuring of herself as a future caring practitioner, with a clear expression of agency in her choice of what sort of doctor she will be:

> *'I can decide for myself not to allow myself to develop such traits. I am in control of my own behaviour and can endeavour not to practice negative attitudes or an ill-mannered approach.'*

Adam

Adam's reflection on his experience concerns a situation in which he and a fellow student are taking a history from a patient who begins to cry. He narrates his personal and professional response to this – which has shown, in his view, a failure to act appropriately. This analysis focuses on Adam's struggle to orchestrate multiple voices in this situation, as he self-authors as a good doctor, who values both Caring and Competence.

Adam begins by drawing on his previous history, positioning himself as a healthcare professional with some experience; central to this position is a figured identity of being good at communicating with patients:

> '*...patient rapport was one of my strong points during my years as a pharmacy student and consequently a pharmacist.'*

Now, Adam is in a different Figured World. His figuring of himself as a good communicator with patients has not played out as expected. Like Sarah, he draws on the discourses of the Figured World of medicine in order to tell his story, to make sense of the situation and to locate himself within it. Adam also wants to be a 'good doctor', but he activates these discourses in ways that are different to Sarah. In the following excerpt he writes about his perceived failure to be empathic from the point of view of a competency discourse (22).

> *'I saw my inability to address it (patient crying) in an empathic manner as a gross failing on my part. Taken aback, I was unsure of how to deal with the situation, and only managed to attempt to comfort her with 'it's alright, take your time'. My classmate on the other hand, offered to get her some tissue paper…. As she comforted the patient she put one hand on her arm.'*

Adam's own analysis of his (failed) performance is couched in terms of lack of Competence. Encapsulated in the behaviour of his classmate, the competent doctor is one who is confident and capable in interactions with patients, one who demonstrates 'know how' when dealing with them (22). Adam evaluates his own performance against this marker and finds himself lacking; his classmate calmly takes action while he is 'taken aback' and 'unsure'. She has responded effectively to the patient's distress and has demonstrated confidence and capability. She is a 'competent' caring professional. Adam's feelings of discomfort and uncertainty position him as 'incompetent' and 'ineffective' in the Figured World of medicine, where confidence and capability are valued:

'It was around this point that my own sense of shame and guilt began to arise, as I clearly was unable to effectively sooth the patients.'

Adam's strong emotional response to his perceived failure to be an effective doctor is rooted in his valuing of Competence; for him, Caring is a matter of technical competency. This is evident as he considers the 'methods' used by his classmate and measures his own performance against them. He follows up with a textbook-type account of their importance:

'These types of physical contact help to reassure, instil confidence and display empathy; although one wouldn't think so much of the act, subconsciously the physical proximity triggers these types of responses.

The intentions of my response to the patient's crying were on par with what is expected from a healthcare professional: empathy and assurance. The method and extent of my response however were lacking. Consoling the patient is a simple enough concept and is necessary in daily practice. To be proficient at it however requires more finesse and skill than one would imagine.'

Taking the discourse of Competence to its logical extension, Adam projects his future identity as a good doctor on the basis of the belief that Caring can be executed through an algorithmic process of the right moves at the right time.

'I fully intent on employing similar techniques to those that my classmate used. In these scenarios, words alone are sometimes insufficient.'

Later in his reflection, Adam authors himself as a logical person who is uncomfortable with emotion in his relations with family and friends. Although, to some extent he appears to be self-critical in the excerpt below, logic, rationality and deduction are strong elements in the discourse of Competence, and therefore confirm his suitability as a future doctor (22).

'Recalling this event with a housemate confirmed by suspicions: I lacked common sense. On a personal level, I find that I am often unable to deal with family and friends crying adeptly as well. I attempt to rationalise, and logically deduce a solution to the initial problem. It goes without saying that at that point consolation is key, regardless of whether their crying is sensible or not.'

Adam's narrative is multi-voiced. He writes with a formal tone about Caring, and what it means in medical practice, and he is thus 'ventriloquated' by the authoritative discourse of

official documents, such as Tomorrow's Doctors, which speak through him, rather than being appropriated and reinterpreted by him. In the following excerpt his writing is in the mode of authority:

> *'As society has expectations of their physicians, the inability of one to tactfully console their patients is seen as a gross impediment to their function.'*

His references to 'proficiency' and 'skill' and his evaluation of the 'method and extent' of his own performance come from the discourse of Competence. Although the voices of his roommate, with whom he has reflected on this event, and family and friends he has failed to console in the past, are not heard directly, Adam draws on them to make meaning of himself in this narrative as someone who is highly rational, and who therefore lacks the ability to truly console and comfort, despite his somewhat contradictory figuring of himself as a pharmacist who was good at dealing with patients.

Adam does not clearly author himself as a 'caring doctor', but he does position himself as having particular qualities which also constitute aspects of the good doctor, advertising that he is cognisant of the importance of caring, and rational and logical as he reflects on his own performance. There are tensions within his narrative of self, as he on the one hand appraises a failure, but on the other gives voice to other discourses in the Figured World of medicine, positioning himself as informed, reflective and on the way to being a good doctor.

Discussion

This paper has presented a review of the central tenets of Figured Worlds theory and its applicability to accounts of identity development in medicine. With its strong Bakhtinian underpinning, Figured Worlds draws together culture, discourse, imagination, social practice and daily experience to provide a complex account of identity, motivation and behaviour.

Figured Worlds and possibilities for doctor identity

In the exemplar above, we applied Figured Worlds to explore the diverse constructions of doctor identity in the self-authoring of medical students. Adam and Sarah understood the notion of Caring in medical practice, and hence themselves as caring professionals, in different ways. They activated their common cultural resources, the discourses of the Figured World of medicine, in different ways. Sarah authored herself as a caring doctor, now and in the future. She took a clear stance on the discourse of Caring. She had intertwined the discourse of Caring with her own words and made it her own. Adam did not author himself as a caring professional in the same way. His framing of caring as a technical competence

echoed MacLeod's work, where students sought curricular interventions to deal with or 'cure' the unpredictability of the psycho-social aspects of care. Nonetheless, Adam knew that Caring is important, and wanted to be a Caring doctor as much as Sarah did, but took a different stance on what that meant, as he attempted to orchestrate the 'voices' of Caring and Competence in his self-authoring as a doctor.

Figured Worlds provides a perspective on identity development in medical education that troubles the dominant discourse of standardisation. It sheds light on the tension between a diverse student body being desirable and professionalization into uniform 'good doctors' being the goal of medical education. The concept of a Figured World emphasises the diversity of ways of becoming within existing community values and practices. In doing so, it emphasises the agency of the individual in choosing how to make meaning of the world whilst recognising the social structures and fields of power within which such choices are made. Figured Worlds allows for aspects of identity to be durable, but highlights the fluid, always changing nature of identity, a 'becoming' which continues through (professional) life. According to Bakhtin, the self is a site from which perspective is taken (28). No two people can occupy the same site; we are each addressed differently and we use the borrowed elements available to use to make meaning in diverse ways. We have seen two students interpret a core element of their professional identity in different ways. Much of what medical schools do, and regulators enforce, is predicated on the unspoken assumption that we are working towards the production of a standardised 'good doctor' and that the right curricular ingredients will result in the desired outcome. Figured Worlds theory (4) is important because it captures many of the issues under-emphasises within this dominant discourse of a standardised 'good doctor' – personal journeys, the passage of time, the idea that identities are never 'competed' and the recognition of diverse accounts of self.

What can Figured Worlds offer medical education research?

The diversity of the small group of studies already published in medical education underpinned by Figured Worlds suggests a broad range of potential application, of which our exemplar is but one. Drawing on its use in education, we can see that a Bakhtinian approach to discourse provides a lens to examine discursively how individuals orchestrate discourses of gender, sexuality, race and social class as they move in the Figured World of medicine. These are important issues as we try to bring greater diversity to the profession. The work of Hill et al (13) has shed light on being a woman surgeon and the necessity of reframing experience in order to construct that identity. Future studies might explore the possibilities for figuring

oneself as a different kind of doctor, one who does not fit the typical profile expected in that cultural world, and the implications of this for individuals becoming doctors, and for the medical culture in which they learn and work.

A perennial challenge for medical education is to education students who have important values and behaviours in common ('professionalism'), and yet will make a range of career choices appropriate to society's needs. Despite the discourse of standardisation in medical education, most would acknowledge that medicine is practised in ways that are both individual and specialty-specific. The Figured World of medicine is not homogenous, but consists of many overlapping worlds, where valued outcomes and actions vary. The Figured Worlds of General Practice and Surgery are quite distinct for instance. Why is one student drawn to General Practice and another to Surgery? Why not vice versa? Shortages and geographical maldistribution of doctors in specific areas of practice are problems faced in both high and low income countries, creating a major challenge for health service providers. Exploration of medical student and resident identification within specialty Figured Worlds may provide insight into the processes of career choice and perhaps a means to understand how such choices might be shaped.

Figured Worlds can provide rich insights into the influence of the cultural world of medicine and its informal and hidden curricula on doctor identity formation and professional behaviour. It provides a new way to consider how 'influence' is internalised; through figured and positional identities in the cultural worlds in which we move, and through orchestration of the discourses we encounter. It sheds light on how students' daily experiences in clinical environments, of inclusion, recognition, exclusion and humiliation, shape how they envisage themselves as future doctors. By using a Bakhtinian approach to students' accounts of their experiences we can explore their self-authoring and the multiple voices which contribute to it. This offers a rich vein of research into how students come to understand themselves as doctors over time.

Dialogue and self-authoring in medical education

Figured Worlds theory, emphasising discourse and voice, points to the importance of providing space for dialogue and reflection to support professional identity development. Students need opportunities to author themselves as doctors; to use their agency to combine the many discourses they have encountered and the experiences they have accrued, to make sense of themselves in the cultural world of medicine. In dialogue with other students and

with doctors, they are compelled to respond to the discourses which address them. Reflective discussions provide an opportunity for students and faculty to challenge and question each other's authoring of the cultural world of medicine and of themselves within it. Over time they allow students to develop a stance, a more durable interpretation of themselves as doctors in the making, but one which will continue to shift throughout professional life.

A strength of Figured Worlds theory is its ability to account for the complexity of identity formation in ways that are both intuitive and grounded in a clear theoretical lineage. Its use of Bakhtin's approach to discourse in particular adds an extra dimension. A limitation is that, even amongst socio-cultural theories, this is a challenging one to master. We have addressed this by using Figured Worlds in the relatively familiar domain of professional identity development, which is central to medical education. We hope that our explanation and demonstration of the use of Figured Worlds theory will further increase its uptake in medical education.

Conclusion

Figured Worlds theory offers an additional way to understand professional identity formation in medical education and to address important questions in the field.

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