Clinical clerkship programs extend beyond teaching medical skills and knowledge. Educational activities in clinical settings are expected to serve as a platform to nurture the professional identities of students through intensive interaction with patients, family members, and other healthcare professionals. As a senior clinical student with numerous clinical exposures at the workplace, I realize that comprehensive therapeutic management accompanied by proficient professionalism is the best strategy to embody exhaustive medical service. Unfortunately, gaps in healthcare delivery emerge within the context of the pandemic’s myriad unfavorable circumstances as what Dzau et al. [1] refer to as “a tragedy that can cause serious moral injury.” Conflicts were likely to become more common during this time, and the main precursor of this is that the ideal standard of care is mathematically impossible [1]. In such circumstances, professionalism plays a critical role as a barrier to preventing numerous conflicts involving patients and healthcare workers. Therefore, the professional attitude of healthcare professionals should always be conserved while delivering medical care, including in disruptive times of the pandemic.

Teaching and learning in clinical settings were dynamic during the coronavirus disease 2019 (COVID-19) pandemic [2]. Early in the pandemic, most of the clerkship activities were suspended or conducted in an online format. However, this situation could not continue any longer due to numerous concerns regarding the quality of future physicians. Later, with the maturity of the pandemic, the educational process was resumed as previously, with some complimentary regulations of interaction being implemented. This scenario urged medical students to physically attend the long hour clerkship program even when there is no significant task to be completed. In fact, restrictions on the number of days medical students are allowed to leave the clerkship program often encourage them to appear healthy, even in contrary conditions. Such
efforts are intended to avoid failures of the clinical rotation process, which may negatively affect the length of the study period. I argue that such a situation is regrettable, as an unmanageable workload is one of the main causes of an unprofessional attitude, apart from contradicting the recent norm of the integrity of time and altruism. Furthermore, a rigid and rootless schedule for the clerkship program may influence the physical and psychological safety of students. The latter, unfortunately, has a negative impact on both their academic and professional performance [3].

However, it is acceptable that the above situation arises due to concerns about the accomplishment of medical competency and the possibility of losing numerous clinical exposures, considering that the clerkship period in some departments is relatively short. Therefore, it is critical for medical school leaders to identify potential strategies to address this dilemma, thus creating a humanistic educational program in medicine that will produce physicians possessing professionalism in delivering healthcare. In today's post-pandemic world, where medical education is facing an era of digitalization, it is possible to establish distance learning for certain and acceptable purposes. My experiences in the past 2 years in clinical rotations opened my eyes to the fact that professionalism serves as the identity that bridges the welfare of both medical professionals and healthcare users. Medical professionalism is described as the dynamic behaviors of physicians that emphasize multiple basic principles (i.e., excellence, accountability, altruism, integrity, and humanism) in the context of the patient–doctor relationship [4]. Following the COVID-19 pandemic, a massive shift occurred in the practices of altruism and humanism. Previously, the most altruistic individuals were identified as those who always prioritize benefit to others over self-concern. However, the global emergency of a communicable disease urged physicians to place their personal security beyond that of others to embody the primacy of social welfare. The pandemic also encouraged medical professionals to continuously set priorities in providing comprehensive treatment for patients, including an obligation to withdraw from less worthy treatments to rescue those with a better prognosis. Besides these two aspects, I argue that the definition of time–related integrity is also affected, as social restrictions have promoted the flexibility of time owing to the convenience of accessing people through online platforms [5].

Although the norms of professionalism are constantly changing, it is widely agreed that the professional identities of medical students as future physicians should be fostered through an integral developmental process known as professional identity formation (PIF) and that this process should constantly conform to the transformation of professionalism [6]. Moula et al. [7] simplified the definition of PIF to mean the process of nurturing the ability to think, act and feel like a physician; accordingly, I argue that this process is significantly influenced by the personal experiences of medical students. Herein, I share my experiences as a clinical student in nurturing my professional identity as I progressed from being a novice to a member of the healthcare profession. As most of my clerkship took place during the pandemic, I argue that this journey may have specific dimensions of the PIF process, which could provide insights helpful for the future format of the PIF process in clinical settings.

PIF is closely connected to the impulse to continuously escalate self-capability [8]. As a clinical student, I feel that the disruptive situations of the pandemic nourished my desire to deeply involve myself in healthcare; accordingly, my clinical skills and knowledge were positively affected. I noticed that my peers seemed to share my enthusiasm for self-improvement. In multiple instances, they participated in volunteering activities, con-
ferences, and workshops besides performing their primary roles as students. I argue that such behaviors emerge as a result of the recognition that the complex circumstances of healthcare require individuals with complex capabilities, and thus, the willingness to continuously escalate self-capability plays a fundamental role in actualizing self-resilience in uncertain circumstances.

During my discussions with peers, I discovered an interesting fact: the spirit of self-improvement during the pandemic urged medical students to identify their weaknesses and find potential opportunities to address these weaknesses. In fact, medical students often employed available opportunities for self-development as time-related, geographic, and financial barriers were manageable due to the massive use of online platforms in personal and organizational routines during the pandemic. Consequently, medical education programs appeared to be more personalized for medical students.

However, I also observed that medical students often became trapped in the net of toxic productivity during this time, developing an abnormal obsession with self-improvement and the desire to be always productive due to being socially isolated, which promoted apprehension feelings of loneliness and apprehension about being unproductive [9]. This type of behavior is associated with mental health disorders such as depression and anxiety, which are unfortunately prevalent among medical students [9]. Therefore, I argue that the desire for self-empowerment must be accompanied by an understanding that everyone has flaws and that not everything has to be faultless. Conveniences during the pandemic should ideally be used as momentum to continuously escalate self-capability according to the capacity of each individual instead of being a threat to medical students’ well-being. This requires recognition that a pandemic is a disaster, not a productivity competition.

Although many aspects of healthcare are changing, it is critical to maintain effective communication, which was sadly lacking during the pandemic owing to social restrictions [10]. While taking histories and delivering medical information, I frequently encountered unclear communication, which contributed to misdiagnosis, mis-treatment, and dissatisfaction with medical services. Such situations can be expected given the concerns about being infected by certain diseases, which may negatively affect all the components of the healthcare system. Therefore, it is essential to develop a communication system (i.e., telemedicine) and introduce it to students to maintain the quality of medical services and the welfare of doctors, students, and patients.

Moreover, I argue that communication flaws in patient–doctor interactions should ideally be avoided as they could be the main precursors to numerous conflicts in healthcare. Now that the World Health Organization has declared the pandemic to be concluded, it is time to re-emphasize the importance of effective communication and preserve this aspect in the post-pandemic world without abandoning what we learned during the pandemic, such as the digitalization of healthcare and the prioritization of personal safety above all else in clinical practice.

My reflections on nurturing the ability to think, act and feel like a physician have made me realize that there is a gap between my expectations and the reality of healthcare systems. Although the COVID–19 pandemic altered the way professionalism is defined, the practice of the PIF process during and beyond the pandemic faces significant challenges. The most prominent of these involves changing the process according to the new norm of professionalism. To some extent, aspects of PIF that involved efforts to primarily consider personal interest in specific contexts were not optimally established, although the spirit of self-empowerment seemed much stronger during the pandemic. However, other aspects, such as effective communication, were often lacking due to social
restrictions, and I argue that we must revive this aspect in the post–pandemic world, as communication should form the core of the patient–doctor relationship.

Finally, I believe that the pandemic provided momentum for numerous lessons to be taken forward into the post–pandemic world. Accordingly, I argue that each experience associated with the process of nurturing the professional identity of medical students throughout the pandemic should be recorded as evidence and used to re–formulate the future framework of PIF. Furthermore, an adequate reciprocal relationship between medical students, teachers, policymakers, and the components of the healthcare system is required during the adoption of the new norm of professionalism in the educational process.

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Acknowledgements: This paper is written during the author’s internship program at the Medical Education Center, Indonesian Medical Education & Research Institute (IMERI) Faculty of Medicine, Universitas Indonesia. The author would like to thank Prof. Diantha Soemantri, MD, MMedEd, PhD and Nadia Greviana, DDS, MMedEd for their continuous support during the writing of this paper.

Funding: No financial support was received for this study.

Conflicts of interest: No potential conflict of interest relevant to this article was reported.

Author contributions: All work was done by Bayu Prasetya Alfandy.

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