Chapter 3
Subjectification in Health Professions Education: Why We Should Look Beyond the Idea of Professional Identity Formation

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3.1 Introduction

The relation between teaching and learning in health professions education is a complex one. Thinking about health professions education from an educational-philosophical outlook in a recent article, Biesta and van Braak (2020) critiqued what they called a common way of thinking about health professions education: *teaching* as an intervention that causes *learning*. The article's central argument that health professions education, and, more specifically, medical education (still) (too much) relies on this assumed causal relation between teaching and learning, has induced many reactions in the field. Medical teachers and researchers across different disciplines have stated that this is not (anymore) an accurate description of how the field views teaching and learning.[1] Yet, in health professions education literature, the discourse that we use to describe teaching points in the contrary direction. For one, the way we construct and research curricula (in terms of learning goals, related key activities, and how teachers can contribute to those), shows how interrelated teaching and learning are assumed to be. Further, although health professions education research may have moved away from linear notions of causality, in practice, 'evidence-based' still functions as a marker of quality which drives curricula towards somewhat generalized assumptions about how education 'works'.

[1] Interested readers can tune in to the discussion, at https://keylimepodcast.libsyn.com/episode-298 and https://twitter.com/MarioVeen/status/1353974383128289280?s=20.

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These descriptions of health professions education correspond to what the educationalist Gert Biesta has described as *learnification* (Biesta 2010):

> …the redefinition of all things educational in terms of learning – such as calling students learners, calling schools learning environments or places for learning, referring to adult education as lifelong learning, and seeing teachers as facilitators of learning. (Biesta 2019, 549)[2]

In short, learnification is the refocusing of education from teachers and the curriculum to learners and their learning (Biesta 2020b).

A conceptual area within health professions education where learnification becomes visible is that of Professional Identity Formation (PIF). PIF is a well-researched and commonly applied concept that describes the process of becoming a healthcare professional, such as a doctor, i.e., developing a professional identity. The use of PIF in health professions education is tied to the dominance of the language of learning: it entails a focus on what the learner needs to do, experience, and develop to become an established member in the field of practice (e.g., Cruess et al. 2019). This focus may have diverted attention from other concepts that describe aspects of a person's formation as a professional.

In this chapter, we focus on one such concept: subjectification. Subjectification is one of the domains of purpose proposed by Biesta and van Braak in their alternative view of health professions education. It describes the process of appearing as a subject (Biesta 2010)—an utterly relevant process in the context of formation of a professional self, since it draws attention to the subjectivity of the person whose professional identity is formed. In the following sections, we will explore the relation between PIF and subjectification, and describe how subjectification can be of additional value in health professions education. To do so, we first formulate a consensus about PIF in the current health professions education literature. Next, we argue why medical educators might want to look beyond PIF towards subjectification by contrasting the concepts in three respects: (1) as different approaches to the matter of existence (psychological versus philosophical); (2) in their relation to socialisation as a domain of educational purpose (part of versus addition to); and (3) the relation to the self involved in the concepts (who I am versus how I exist). We conclude the discussion with several suggestions for health professions educators and health professions education researchers.

[2] On potential reasons for this development, Biesta writes: "Although the learnification of contemporary education comes out of a number of different, only partially related developments (for a discussion see Biesta 2010), it partly stems from the suggestion that teaching limits the freedom of students whereas learning provides opportunities for students to be free and enact their freedom outside of the control of the teacher. That is why teaching—and quite often we nowadays hear 'traditional teaching'—is seen as problematic, outdated and 'of the past,' whereas learning is seen as contemporary and 'of the future'" (Biesta 2019, 550).

3.2 Consensus About PIF in Health Professions Education

PIF research within health professions education investigates "the process through which physicians acquire their professional identities" (Cruess et al. 2014, 1446). The concept, sometimes also referred to as *professional identity development*, was discussed in the context of health professions education as early as 1957 (Merton 1957) and is firmly rooted in broader developmental theories that have received much attention in educational and pedagogical research traditions (see Cruess et al. 2014 for an overview). Involvement with the concept in the field of health professions education has spiked in the past decade (Cruess et al. 2019). A much-used definition of PIF is the process of achieving a "representation of self" which is an internalization of "the characteristics, values, and norms of the medical profession, resulting in an individual thinking, acting, and feeling like a physician: think, act, and feel like a physician" (Cruess et al. 2014, 1447). In general, PIF in the health professions education field is understood to be a process of *socialisation*, a process of 'growing into the profession' (see e.g., Jarvis-Selinger et al. 2012; Wald et al. 2015). The profession recognizably represents norms, values, and ways of being and doing, by which established members of the profession can be recognized as representatives of that profession. Rather than having *control* over this process, however, health professions education is seen as providing the *context* in which the process is situated. Medical educators' jobs are facilitative to this end, they must help students "form, and successfully integrate their professional selves into their multiple identities" (Goldie 2012, e641; Rees and Monrouxe 2018).

In the educator's task to facilitate PIF, we see a dual focus: development of the self at the level of the individual (psychologically), and development of the self at the collective level (becoming part of social structures) (Jarvis-Selinger et al. 2012; Sawatsky et al. 2020; Wald et al. 2015). This duality could be described as a core challenge of PIF—PIF is about finding a balance between personal and professional identities in a normative context that includes dynamic interactions between both (Cruess et al. 2014; Holden et al. 2012; see also Beijaard et al. 2004, on professional identity formation in general education context). Finding that balance is a negotiation process that can result in "identity dissonance", that is, a situation in which professional identities are discordant with personal identities (Monrouxe 2010, 42; Costello 2005). Once this balance is achieved, however, professionals move from 'doing' to 'being', inching closer towards full participation[3] in their healthcare community of practice (Cruess et al. 2014).

Currently, we notice that research on PIF within health professions education most often assumes one of two related orientations. Firstly, some research focuses on the unique individuality of those who are becoming part of a healthcare profession.

[3] In situated learning theory, *legitimate peripheral participation* refers to "the particular mode of engagement of a learner who participates in the actual practice of an expert, but only to a limited degree and with limited responsibility of the ultimate product as a whole" (Lave and Wenger 1991 14). Members of a profession, according to this theory, develop from legitimate peripheral participation to full participation as they gain experience in the profession.

Cruess et al. (2015) describe the individuality of that process in terms of a multitude of influences that impact the process differently for different people:

> Multiple factors within and outside of the educational system affect the formation of an individual's professional identity. Each learner reacts to different factors in her or his own fashion, with the anticipated outcome being the emergence of a professional identity. (718)

The diversity in factors and responses to factors described in this quote makes fostering PIF in health professions education difficult—what should we focus on facilitating, what for, and with what effect? Sawatsky et al. (2020) provide some suggestions to that end. Their fundamental recommendation is to create space for openness and vulnerability, authenticity and diversity, weaknesses and feedback through positive role modelling. Wilson et al. (2013) also provide evidence for the importance of role modelling. Additionally, they describe how participation in communities of practice (which originates in *social* theory; Lave and Wenger 1991) and narrative reflection with peers also foster PIF. If identity is seen as a representation of the self, constructing and sharing stories relating to one's identity as a professional helps to form that identity in relation to other members' participation in that profession (Wilson et al. 2013).

The second orientation relates to the influence of the environment on the development of identities. Recent research from a constructionist viewpoint has focused on the *social* aspects of identity formation. This type of research draws attention to the way identities are co-constructed through interaction in social settings, enacted interactionally through language, and not limited to the realm of an individual's cognition (Monrouxe 2010; Monrouxe and Poole 2013; Monrouxe and Rees 2015). Although this second orientation indeed widens our perspective on the construct of identity from the individual to the collective, it still describes how an *individual's* identity is developed within a social setting.

In health professions education in general, the focus on personal growth of each individual (even beyond PIF) gets reduced to personal learning goals, lists of competencies, personal development plans, and core activities (see e.g., Sawatsky et al. 2020; Jarvis-Selinger et al. 2012). These are all examples of the language of *learning*: attention is foremostly given to who this specific *learner* is, what this specific *learner* needs, how this specific *learner* develops and how the teacher can contribute to that *learning*. Consequently, PIF-centred educational activities focus predominantly and excessively around the *autonomous individual*.

Now there's the rub.

Historically, education is a place that contributes to the way a person exists as a *free* person in the world (Biesta 2010). That is, education is more than the formation of an individual to fit in a prespecified professional mould. That is also to say that education is more than a handmaid to learning. It goes beyond learning, so to speak (Biesta 2006), in the sense that it creates room for more than learning alone. It creates room for a person *to exist in the world*.

To describe what it means to create room for a person to exist in the world, or, put differently, to describe education *in an educational manner*, we need a discourse

or language which is suited to 'deal with' teachers, learners, and the curriculum, and 'takes into account' the fact that we exist in the world (Biesta 2012a).[4] This discourse, Biesta argues (2010), centres around the question what education is *for*—its *purpose*.

3.3 Three Domains of Educational Purpose

What education is and what it is *for* are complex questions. Biesta has developed a series of ideas around notions of content, purpose, and relationships to deal with those questions in a constructive way. The starting point here is that the "language of learning is not sufficiently precise" because "the whole point of education (..) is not to ensure that students learn, but that they learn *something,* learn it *for a reason*, and learn it from *someone*" (Biesta and van Braak 2020, 450, italics in original). Having made the distinction between learning and education from an intentional, relational perspective, Biesta suggests three domains of educational purpose: qualification, socialisation, and subjectification. These domains of purpose can also be seen as functions of education (for an extensive discussion see Biesta 2010).

Qualification is the domain which includes the transfer of knowledge and skills: any education will be concerned with the question of what knowledge and skills should be made available and mastered by people taking part in that education. *Socialisation* concerns getting acquainted with a profession's ways of knowing and being, its norms and values. It is no question that becoming educated also involves interaction with a certain representation of what is considered valuable or not, in terms of behaviours and identities. The extent to which socialisation should be aimed for, however, can be questioned from the next domain. *Subjectification* is Biesta's third function or domain and is the focus of our discussion. In short, this domain draws attention to the observation that education is always concerned with the (im)possibilities of the individual and his or her capacities, for example in relation to questions around notions of freedom, emancipation, and responsibility.

An important point to stress here is the fact that these functions or domains can be separated from a theoretical, conceptual perspective, while in practice any educational activity affects these three domains at the same time. Whatever didactic model or activity is chosen (e.g., the more teacher-centred lecture or a student-centred lesson based on an problem-based inquiry approach), at any time, qualification, socialisation, and subjectification are happening, in a positive or negative sense. The relevance of these domains for health professions education specifically is in the way they provide a "precise discourse" that allows us to ask not whether participants in

[4] An interesting question for further research, which we will leave open for now, is how health professions education as a discipline is historically more closely related to the psychological research traditions than to pedagogy, and how this could account for the dominance of psychological perspectives on education in health professions education.

health professions education are learning, but "whether their education addresses all three domains of purpose" (Biesta and van Braak 2020, 451). In the context of health professions education, addressing the three domains of purpose entails that education "needs to aim for *professional qualification*, *professional socialisation*, and *professional subjectification* (Biesta and van Braak 2020, 452, italics in original).

Intuitively (as we have learned from interactions with medical educators in response to these domains), professional subjectification very much sounds like the formation of individuals within a professional community. Yet, professional subjectification and PIF are fundamentally different processes. In that sense, our introduction of professional subjectification in the next section is not meant to *replace* the concept of PIF. Rather, we present it as an *addendum*: why should medical educators look beyond PIF towards subjectification?

3.4 Professional Identity Formation and Subjectification

In what follows we will argue for the value of subjectification in addition to PIF by juxtaposing PIF and subjectification on three key points: (1) as different approaches to the matter of existence, (2) in their relation to socialisation as a domain of educational purpose, and (3) the concepts' relation to the self. A summary of these points is presented in Table 3.1.

We work from the assumption that "theory is crucial for the conceptualization of the phenomenon one wishes to investigate" (Biesta 2020a, 13) and approach theory as "*theory-as-a-specific-answer-to-a-specific-question*" rather than "*theory-as-truth"* (Biesta 2020a, 11). With that said, the specific question for our chapter could be articulated as: How can medical students not only *form* their identity as professionals but what can they *do* with it, and what does this ask from medical educators?

Table 3.1 Comparison of PIF and subjectification

	Professional identity formation	Subjectification
Approach to the matter of existence	Psychological	Philosophical
Relation to socialisation	Foremostly linked to socialisation	Different from socialisation
Relation to the self	3rd person perspective: *Who* am I?	1st person perspective: *How* do I exist?

3.4.1 PIF as a Psychological Concept Versus Subjectification as a Philosophical Concept

A first difference between PIF and subjectification seems to be their approach to the matter of existence. Traditionally, questions about the matter of existence belong to the domain of philosophy called ontology: the philosophical study of being in general (see Chapter 12 for a discussion on ontology in health professions education). Ontologists try to clarify what it may mean to speak about existence, becoming, and reality. As such, ontology is part of metaphysics.[5] Ontology and metaphysics have not been very present within the research tradition of health professions education which has been more related to psychology and sociology.[6]

The concept of subjectification, like its related terms subjectness and subjectivity, has not been used much in health professions educational literature.[7] As a concept, subjectification is notoriously hard to grasp. It is not our aim here to make a philosophical argument per se. What we do want to show is how approaching medical students from the specific philosophical background related to subjectification sparks a different kind of educational thinking, discourse, and practice. We will do so by presenting two short arguments.

The first argument is that subjectification implies that the subject is subject to their own existence. The fact that we exist in the world is an important given that we should not ignore, since it enables *and* limits our possibilities, both as educators and as human beings in general. Like the authors of Chapter 12 will later point out, it may be utterly helpful to move beyond the traditional focus on individual autonomy to an alternative ontology that focuses on the *relationships* between individuals. An explicit stance on how we exist means that relationships become the central focal point of an educational approach to education: to ask, 'how do I exist?' means also to ask, 'how do I relate to others, the world and also to myself?'. These types of questions are often asked by philosophers of education working from traditions like existentialism, pragmatism, hermeneutics, and phenomenology. What these approaches generally share is an explicit stand towards the matter of existence: human beings exist in the world—and that very existence in the world confronts us with a range of (educational) challenges.

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[5] Merrian-Webster dictionary defines metaphysics as a "division of philosophy that is concerned with the fundamental nature of reality and being and that includes ontology, cosmology, and often epistemology".

[6] It would be interesting to study in more depth how configuration of health professions education as an academic discipline has influenced the surfacing of certain concepts (for a reconstruction of the history of the discipline, see ten Cate 2021).

[7] An informal Google Scholar search in June 2021 using ["medical education" and "subjectification"] only yielded 429 hits, ["medical education" and "subjectness"] resulted in 28 hits, ["health professions education" and "subjectification"] in 25 hits, and ["health professions education" and "subjectness"] led to none. The combination of "medical education" or "health professions education" with "subjectivity" resulted in considerably more hits, but these mainly concerned bias-related meanings of subjectivity.

The notion of PIF does not so clearly provoke statements of how we exist or, put differently, where we exist, nor how existing in the world is an activity or engagement as such. Philosophically, PIF seems to focus more on epistemological questions such as how human beings construct meaning within social contexts. Questions on how knowledge—or identity—is or should be constructed are omnipresent, evident also in the many references to theories of learning as constructivism, cognitivism, and, more recently, constructionism (see Sect. 3.2), but ontological statements seem rather absent.

To better understand and to stress the importance of ontology in educational theory, we point to the notion of *resistance*. The notion of resistance could function as a clarifier between PIF and subjectification, as we will explain with an example. As subjects existing in a world, we experience resistance. We are not only actors, but also sufferers in the sense that we are subject to others and the world (Arendt 1958; Biesta 2014). This experience can be frustrating, since the world does not always listen to us, so to say.[8] Within the context of education, teachers experience resistance because students are free to make their own choices, which often do not align with what teachers have in mind for them. Students experience resistance when discovering that mastering certain subject matters challenges them to stay put and invest more time and energy than initially allocated. Approaching education from the standpoint of subjectification does not lessen the experience of resistance, as such, but reconfigures the relationship to it.

Giving meaning to resistance from the perspective of identity formation may not fully or less adequately capture the educational value of such experiences: identity, as such, does not tell us much about how to exist *in the world*. For education, this means that an educational purpose for health professions education should be to address the questions of existence, resistance, and frustration in a fruitful manner.[9]

The second argument for the introduction of subjectification instigating a different kind of educational thinking, discourse, and practice is the idea that existing as a subject is related to freedom, emancipation, and responsibility (Biesta 2014) in a way that identity is not. By approaching students-as-subjects, educators open up an *educational* view wherein students *can not* solely be *objects* who are to be formed. That is something most educators would agree with, but it is not always easy to describe what that means in the process of becoming a healthcare professional. It is at this point we think the notion of subjectification could enrich the conversation within health professions education when discussing questions like what it means to become a (good) doctor. Not only does subjectification provoke other questions than PIF, but it also introduces to the discussion elements, e.g., how to deal with

[8] "The first thing that the experience of resistance teaches us is that the world we live and act in – and this includes both the material world and the social world – is not a projection of our mind but has an existence of its own. This means that it is fundamentally *other*" (Biesta 2012b, 94–95).

[9] For a different take on this topic, we refer readers to Vlieghe and Zamojski who would say that such an aim would qualify more likely as an ethical aim and not so much as an educational one (Vlieghe and Zamojski 2019, 73).

responsibility, that could benefit positively from more explicit attention in medical school.[10]

Making implicit ontological assumptions of educational theory and practice explicit, and approaching students as subjects with their own freedom, agency, and responsibility are two arguments that show the difference between PIF as a *psychological* and subjectification as a *philosophical* concept.

3.4.2 PIF as Socialisation Versus Subjectification as Different from Socialisation

Professional Identity Formation is, rightly so, often considered as part of socialisation. Brown and Finn (2021) in their discussion of the concept state that:

> To advance knowledge in regard to mechanisms of social reproduction within health professions education, scholars must carefully consider what they mean when they say 'socialisation'. (781)

In discussing the three domains of purpose, Biesta (2020b) specifically conceptualizes socialisation as:

> The (re)presentation of cultures, traditions, and practices, either explicitly but often also implicitly, as the research on the hidden curriculum[11] has shown. (92)

The work of identity takes place within this domain because it is aimed at reproducing specific identities:

> …the "work" of identity actually takes place in the domain of socialisation. It is, after all, in that domain that education seeks to provide students with access to traditions and practices, with the invitation to "locate" oneself in some way in such traditions and practices (bearing in mind that this is not a process over which we have total control, also because our self-identifications may be quite different from how others identify us). (Ibid., 99)

What Biesta proposes here is that socialisation is a question of becoming part of an *already existing order*. This is a legitimate and useful task of education. Education always implies the question of what 'we' want to conserve and transmit to new generations. Society legitimately demands education socialises students. For health professions education, this question often comes in the form of professionalism discourse (see, for example, Cruess et al. 2014).

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[10] For more on the connection between identity and responsibility in medical education, see Yardley et al. (2020).

[11] The hidden curriculum in medicine was first described by Hafferty and Franks in 1994 as "the values, attitudes, beliefs, and related behaviors deemed important within medicine" and that are internalized "not within the formal curriculum but via a more latent, one, a "hidden curriculum," with the latter being more concerned with replicating the culture of medicine than with the teaching of knowledge and techniques" (864–5). Here, Hafferty and Franks closely link the hidden curriculum to socialisation processes.

Whereas socialisation is aimed at the (re)production of a certain social order through the creation of identities, subjectification cannot be reduced to a certain order and, in a sense, disturbs it, or adds something new to it. Subjectification functions in a different realm than socialisation.

Building on Jacques Rancière's ground-breaking theory of emancipation, Biesta (2014) states that:

> Subjectification is about the appearance – the 'coming into presence', as I have called it elsewhere (Biesta 2006) – of a way of being that had no place and no part in the existing order of things. Subjectification is therefore a supplement to the existing order because it adds something to this order…. (47)

An overfocus on socialisation—or paying too little attention to the question how doctors-to-be may alter their professional order—may lead to a reduction of the possibilities of students to emancipate and develop their own ways of *being* within the profession. A critique may, thus, be that PIF works (implicitly) from a perspective which does not make (enough) space for the recognition of the potentiality of medical students.

3.4.3 PIF's Third Person Perspective Versus Subjectification's First-Person Perspective

The last core difference between PIF and subjectification, or the related difference between identity and subjectness, is that identity is linked to a *third person perspective*, whereas subjectification approaches education from a *first-person perspective*. Whereas identity concerns the abstract question of *who* I am, subjectification emphasizes the question specific *how* I am.

Research on PIF builds on literature in developmental psychology (Cruess et al. 2015). This psychological point of departure means that the focus of personal growth in the context of becoming a doctor is mostly understood as an individual pursuit to become part of a pre-existing profession (i.e., identity within that profession)—albeit the social nature of a person's identity construction is increasingly acknowledged in identity research within the health professions (e.g. Monrouxe 2010; Monrouxe and Poole 2013; Monrouxe and Rees 2015). The question here is *who* you are as a person and professional—a question of identity. From an educational point of view (Biesta 2014), identity formation, be it professional or otherwise, ultimately is about the question of *how* you are as a person and what you can do with your identity:

> [I]t seems safe to say that identity concerns the question of who I am, both in terms of what I identify with and how I can be identified by others and by myself. The question of subjectness, however, is not the question of who I am but the question of how I am, that is to say, the question of how I exist, how I try to lead my life, how I try respond to and engage with what I encounter in my life. It therefore includes the question regarding what I will "do" with my identity – and with everything I have learned, my capacities and competences, but also my blind spots, my inabilities, and incompetence – in any given situation, particularly

> those situations in which I am called upon or, to put it differently, in which my "I" is called upon. (Biesta 2020b, 99)

From the third person perspective that identity entails, we can describe ourselves as being so and so, doing this and this, and working in that and that function. In doing so, we identify with others or groups of others. Education, in this line of thinking:

> Is seen in terms of the creation of particular identities – the lifelong learner, the good citizen, the high-achieving student – and in terms of the creation of a competitive, stable, and successful social order. (Biesta 2006, 99)

This perspective acknowledges the social nature of identity formation but leaves out what we consider a key issue in describing what it means to 'be in the world'. An issue that the idea of subjectness, indeed, does address.

Subjectness, in contrast to PIF, entails a first-person perspective and has to do with the idea of irreplaceability. In linguistics, the subject is literally the one doing the action, not the one or the thing *to* which things are done. In the context of the formation of medical students, subjectness is about being an agentive subject, who can take initiative and exists in the world (see Chapter 11 for an interesting view on agency in health professions education). Subjectness is about how I exist, that is, *what I can do with my identity* in the world around me.

For medical students the question of what they can do with their identity as a doctor is a very relevant one. For medical educators it may show how subjectification somehow changes the way in which they look at the development of students: having a vision, embedded in a curriculum, on how medical student form their professional identity may fall short from what we consider as an educational task: teaching students how to exist in the world by dealing with their freedom and its limitations. The difference between a third- and first-person perspective thus is highly relevant when thinking about 'formation': it constitutes the difference between treating students as objects which are to be formed, versus subjects with agency and freedom to choose.

3.5 Conclusion

We started out by claiming that Professional Identity Formation is a conceptual area within health professions education where 'learnification' as a development becomes visible. Starting from the three domains of educational purpose suggested by Biesta, we suggest that PIF is foremostly a domain of socialisation, exemplified in an overfocus on individual learning goals, competences, and pre-moulded trajectories of development. Thinking about education in an *educational* manner, identity may not be the *only* concept we should concern ourselves with regarding the formation of students.[12] What it means to become a good doctor can not only be a question

[12] Our approach developed here differs from Vlieghe and Zamojsk's (2019), who state "*that educational equality is about sameness, but not in relation to any identity*"(p. 48). Interested readers are referred to their work for further discussion.

of identity. As subjects, we are subject to specific situations and we find ourselves 'thrown' into the world, existing and taking up our own existence in a way in which only we ourselves can do.

Thus, subjectification seems a promising concept for educators and educationalists to use as a springboard to embark on conversations concerning questions of freedom (lacking a certain pre-established malleability), responsibility, and activity. Subjectification helps us to understand what we really mean when we want to create room for individuals to express themselves as unique and increasingly established members of the medical profession (see Lave and Wenger 1991). A radical idea would be to suggest that we avoid the use of the idea of PIF altogether, since it constrains the formation of students too much to the domain of socialisation and may even facilitate an instrumental approach of treating students as objects rather than subjects. For now, we would suggest that health professions education look beyond the idea of identity towards the notion of subjectification, without disregarding identity as an apparently fruitful domain of research and practice.

Two critical notes need to be made about this chapters' discussion on PIF and subjectification, though. First, subjectification, though valuable as an addition to PIF, seems to instigate confusion sometimes: what exactly does it mean, how is it related to identity? Despite it being hard to grasp and even harder to put to practice (more on that below), the concept of subjectification may help health profession education to conserve its educational character.

A second critical note is that identity discourse may be more flexible than what is presented here. For example, we speculate that the notion of 'identity dissonance' could be fruitfully related to the idea of subjectification. Such links between identity and subjectness could move discussion in the field beyond a contrastive approach to PIF and subjectification towards a productive dialogue.

3.6 Implications for Practice

The conceptual differences between PIF and subjectification have consequences for health professions education research and for how we 'treat' students in health professions educational practice. We summarize these in Table 3.2 and discuss some in more detail in Sect. 3.6.1 and 3.6.2.

3.6.1 Implications for Health Professions Education Research

We would like to draw attention to two broad suggestions for health professions education researchers. First, health professions educators should be conscious of

Table 3.2 Practice points

1	Recognize the complexity of educational practice by paying attention to the connection between often implicit philosophical assumptions about existence and educational theory
2	Add subjectification as a specific concept to health professions education discourse to enrich discussion and practice
3	Approach students as subjects, emphasizing their freedom and uniqueness, not solely as objects
4	Do not treat subjectification as a learning outcome but create room for students to 'come into presence'
5	Teachers and students can develop a grownup manner through which they can engage with the idea of existing as a subject in the world, which entails dealing with the experience of resistance

often implicit educational theory in health professions education discourse—such as the implicit notion of the link between learning and teaching.

Second, we suggest that the three domains of educational purpose, and subjectification specifically, could bring about a new and more educational conversation in health professions education literature. Future research could attend to subjectification as a research object to further facilitate its place in the health professions educational curriculum.

3.6.2 Implications for Health Professions Education Practice

In terms of teaching, the chapter's discussion of PIF and subjectification leads to three suggestions. Firstly, educators must strive to challenge views that conceptualise students as objects. Students in higher education may sometimes be reduced to 'numbers' or 'objects', whereas our educational task and responsibility should be to make space for students to exist as subjects. This would mean that we view teaching not as something which is *done to* students, but as something which is *experienced by* students, individually and collectively. The relational aspect and the existential nature of the concept of subjectification are very valuable in this plight.

Secondly, educators must understand that students cannot be 'subjectified'. Starting out from the three domains of educational purpose, we could conceptually envision students becoming more qualified and socialised. Subjectification, however, presupposes initiative from the subject itself, and can therefore never be done *to* them. Hence, we would suggest educators refrain from oversimplified operationalisations of subjectification as a learning outcome.

Third, related to our discussion of the notion of resistance, it is important to realize that teachers and students not only *experience* and *react to* resistance, but that teachers and students can also *use* or to *coexist with* resistance to achieve what has been called a "grown-up" way of existing in the world (Biesta 2019).

In terms of curriculum design, we suggest that educators and institutions create room for 'coming into presence'. Subjectification cannot be done to students, but education can create room for it. To create room means to leave room within the limits of socialisation, refraining at times from recreating a specific social order (e.g., explicitly assigning teacher-related tasks to students to involve them in the process and avoid traditional hierarchical order, or creating open slots in the infrastructure of a training programme for issues that are topical to students at that point in time, or emphasizing the possibility of doctors-to-be to enrich the world of medicine with their unique contribution). It also means space to discuss questions of freedom, emancipation and existence—which may not be forefronted, or approached in the same manner, if education and student formation is viewed through the lens of PIF.

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