Beyond competence: navigating identity and growth in the transition to residency

Au-delà de la compétence : identité et développement au cours de la transition vers la résidence

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I progressed in training - but regressed in confidence.

As a new resident, I experienced a rollercoaster of confidence and competence during my first block. That first week, full of anticipation, was humbling. I was signing orders, triaging patients, and fielding calls overnight. Yet even as I completed early EPAs, I didn't feel like the doctor I imagined.

This is the paradox of transitions in competency-based medical education (CBME), which aims to support transitions through staged progression of entrustable professional activities (EPAs).[1-5] Early EPAs focused on presenting cases, developing plans, and recognizing deterioration, reasonable expectations for a new resident.[3] I met those benchmarks, but they don't capture the quiet, everyday uncertainty: Who should I call? What am I missing?

This leap in independence creates a disorienting learning curve. A step forward in title but back in certainty. I felt less confident than on my final clerkship electives, when I had rapport and fluency. Even at the same institution, I was learning a new role and identity.[1,2]

In the chaos of starting residency, we never discussed how much our identities would change. We graduated, and a month later, we returned as doctors suddenly carrying the responsibilities, privileges, and expectations that accompany the title.

Professional identity formation is rarely discussed, yet it shapes our experiences starting residency. While CBME outlines what we should do, it doesn't prepare us for the slower process of becoming.[4,5] Identity is built through experience, reflection, and community. These early weeks have shown me that being a resident also means discovering who I want to be as a clinician, teammate, and teacher.

What complicates this further is the tension between performance and growth orientation. We are conditioned to demonstrate competence and confidence, but early residency is filled with uncertainty. In CBME systems where performance is tracked, it's hard to know if hesitancy comes from lacking the skills or knowledge, or from fear. In those moments, pushing myself feels important but risky.

One of those moments came early in residency. It was the first time a patient died while under my care. The deterioration was sudden, and in the uncertainty, the family turned to me. I felt unprepared and unsure, but I focused on what I could offer—clear communication, a calm presence, and compassion. I stayed, answered their questions, and did what I could to honour the patient's final moments. I did have an EPA for end-of-life care, but that night wasn't about checking off a box. It was about learning how to care, even when I didn't feel ready.

This dissonance between competence achieved and competence felt is not a failure of CBME but a call to expand its lens. Transitions are not only logistical, but also emotional and developmental. CBME frameworks are essential, but insufficient on their own without supports that foster psychological safety, normalize vulnerability, and create space for reflection, struggle, and growth. In this stage, while negotiating my new identity as a resident, and teacher, I wrestle with my competence, perceived and objective.

So how do we support learners through this transition? We can start by naming this dissonance, something nearly all of us experience, but rarely discuss.

Faculty development can help preceptors see hesitancy as a step toward confidence and encourage curiosity about the factors that contribute to it and other learner behaviours. We also need better alignment of undergraduate and postgraduate expectations, alongside curricula that foster confidence and belonging.[2,3,5] Learners themselves should see the transition not as a test of adequacy, but as a formative phase where uncertainty is expected, not feared or mocked.

As a resident still finding my footing, I'm learning to meet uncertainty with humility, to ask for help without shame, and make room for growth amid responsibility.

References

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