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**Belonging and becoming across boundaries: How medical student work across physical and virtual settings in becoming doctors (0217)**

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Medical students like other students working on professional degree programmes spend a considerable amount of time in work-based as well as educational settings. This involves being off campus, physically mobile and working in clinical organisations whose main purpose is not education but patient care. Their learning will also vary according to local specialisms and experiences that students have in their different clinical and workplace settings. In addition students are focussed on educational outcomes *alongside* learning how to become a doctor, not just acting professionally but becoming *a professional*. Learning to participate in new discourses and practices is always a matter of identity and this may involve multiple and shifting identities.

However, settings are not just physical spaces but increasingly digital media offer additional learning spaces which can be appropriated or adapted. Whilst positioning students as 'digital natives' has been widely contested, it is argued that students do engage in a variety of digital practices, are moreover increasingly required to do so by universities and NHS Trusts and digital space forms part of their learning landscape. . Ellis and Goodyear suggest that to address this, students should become more adept at understanding their own learning needs and using tools and media across their various 'learnplaces' .

This paper argues that this complex contextual landscape involves continual reconfiguring practices and identities in order to adapt to different cultural settings, spaces and expectations. Identity can be understood in terms of performance - "Being recognized as a certain "kind of person, in a given context" , as such identity can be seen as a performance or 'facework' (Goffman, 1959) and involves moving between publicly visible, front stage arenas to backstage where other identities are kept hidden or suppressed . It has also been recognized that becoming a doctor is part of the medical students' hidden curriculum .

The paper draws on a study investigating third year medical students' uses of digital media across formal and informal learning settings whilst on clinical placements. Student co-researchers worked alongside the researchers in a collaborative inquiry group. They maintained a weekly video diary for 7 months, documenting their use of digital media across the different contexts and settings they worked in whilst on clinical placements. Data was thematically co-analysed by following a five-step method and validated through collaborative discussion by the whole group with reference to full transcripts.

We found that students were moving continually between different cultures and practices, involving several different clinical settings in one day in addition to returning to the university and studying at home and with peers. Each of these settings required different ways of working, and access to and use of technology. The culture of the specialisms (e.g. psychiatry, orthopaedics, surgery) also had a strong influence on the practices and use of digital media as staff expectations and practices within each specialism. Taken individually, this may appear to be unremarkable, but when considering that students constantly moved between many settings, these changes in culture and practice become more significant. The students had to learn whilst 'on the move' and needed to transport work with them. They frequently used digital spaces when working across contexts to support their mobility and retain control of the context and their work.

Working across boundaries (e.g. between higher education and healthcare organisations, and between different specialisms and settings) was also found to involve new working practices and frequent changes of roles. Digital media often acted as a means of bridging the different contexts, locations and cultures and helped in managing the fluidity and changes of space and time. Equally these culturally situated tools and artefacts so that they too require adaptation and adjustment and formed part of the identity performances as students' moved between different specialisms and settings. The paper concludes by considering the student experience of becoming and belonging as both a medical student and a doctor including the tensions and disconnects implicit in evolving identities and performances across physical and digital contexts.