The ABC of Inclusion and Motivation

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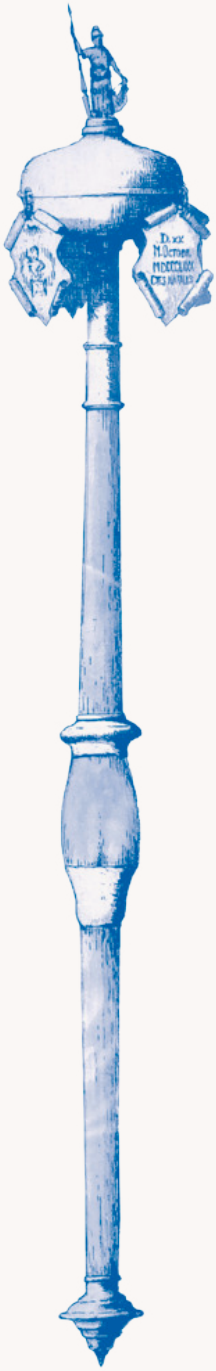
VU VRIJE UNIVERSITEIT AMSTERDAM

Amsterdam UMC University Medical Centers



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The ABC of Inclusion and Motivation

Inaugural lecture delivered on the occasion of the acceptance of the chair of Inclusion and Motivation in Health Professions Education, at the Faculty of Medicine of the Vrije Universiteit Amsterdam, 5 October 2023.

VU VRIJE UNIVERSITEIT AMSTERDAM

Esteemed Rector Magnificus, members of the Boards of Directors of Amsterdam UMC and Vrije Universiteit Amsterdam,

Esteemed colleagues, friends and family present here, as well as the ones watching this online,

A very good morning, afternoon or evening to all of you! Namaste. I would like to begin my inaugural lecture with a Sanskrit verse stating a principle that I have followed my entire life. This verse is from the Bhagwad Geeta, the holy text of Hinduism:

कर्मण्येवाधिकारस्ते मा फलेषु कदाचन।

"Karmanye vadhikaraste ma phaleshu kadachana".

It means, "Do your work without expectation of the fruits of your labour, the results will automatically follow". Focus on your actions, not on the expected gains. After giving you a little peek into one of my most basic norms and values, I would like to take you with me on my journey with motivation and inclusion.

First, my work, for a long time, focused on motivation. Then I discovered the importance of inclusion and what it means for motivation. Combining the two, I plan to conduct work within research, education and societal responsibility domains as part of my chair on 'Inclusion and Motivation in Health Professions Education'.

My journey with motivation started somewhere in 2003. After graduating as a medical doctor with specialization in physiology, I was teaching medical, nursing, physical therapy and occupational therapy students. In one of my medical student cohorts, there was a group of around 10 students who used to sit on the last benches in the class, surround me after my lectures and ask me very interesting questions. These types of moments always inspired me and reminded me of how much I loved teaching and stimulating curiosity among students. I assumed that these students would all excel in their study. But, contrary to my expectations, I saw that some of these students excelled, some didn't and I could see some of them losing their motivation along the way in their first year of Bachelor of Medicine. This intrigued me. I kept thinking: Why do students with similar intelligence and achievement levels in high school, perform differently in their medical study? Could this be related to their motivation?

First I got trained through many faculty development courses on teaching and learning, and subsequently I conducted many faculty development trainings at my University and the regional institute of FAIMER (which is the Foundation for the Advancement of International Medical Education and Research). I also completed the Fellowship of GSMC-FAIMER Regional Institute, but I did not find the answers to my questions.

The next chapter in my professional life opened when I moved to the Netherlands with my husband and 6-year old son. I pursued PhD research at University Medical Center

Utrecht and had the opportunity to choose what research I wanted to conduct. I decided to find answers to the questions that originated from my teaching practice, i.e. investigate the relationship between student motivation, learning and academic performance.

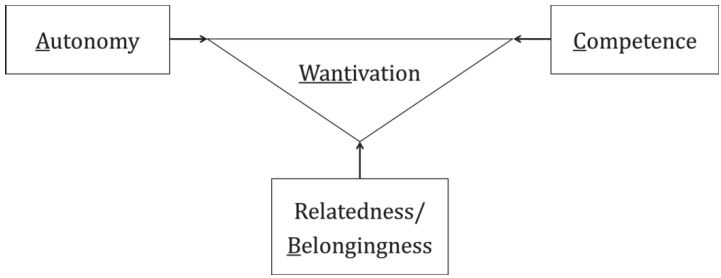
In spite of being successful in publishing an article in the first year of my PhD itself, I was not happy. This was because the approach that I had taken in that article looked at the quantity of motivation, i.e. how high or low student motivation was. This did not help me answer my questions from the practice. I felt like I was at crossroads, I didn't know which way to go. This is when I discovered Self-determination Theory. That was a Eureka moment for me! When I tried to understand my own experiences using the lens of Self-determination Theory, I found that I could explain everything happening around me. Thus, started my foray into health professions education using Self-determination Theory.

Self-determination Theory is a macro theory of human motivation. Central to this theory is the concept of human flourishing. It states that every individual has the natural tendency to engage in activities that lead to self-growth and flourishing. Flourishing is akin to a flower blossoming and means that students are proactive, and they have enhanced functioning, positive social relationships and well-being. This theory focuses on the quality of motivation alongside the quantity, which is about "why do we do what we do". Let's take the example of a medical student. If this student studies medicine because they really like it, i.e. out of genuine interest, or because they find it an important profession, i.e. there is personally felt value or importance, then they are said to have autonomous motivation for studying medicine. Here, since the student studies medicine because they want to, Vansteenkiste and Soenens have termed this as "wantivation". So, in the rest of my lecture I will refer to autonomous, i.e. the good type of motivation as "wantivation". If a student studies medicine because they want to have prestige, i.e. it is for rewards or because of external pressure, or to avoid punishment, or if they feel ashamed if they don't have high ambition, i.e. it is done out of shame, internal pressure or guilt, then they are said to have controlled motivation for studying medicine. Here, the student studies medicine because they think they "must", so Vansteenkiste and Soenens have termed this as "mustivation". So, in the rest of my lecture I will refer to controlled, i.e. the worse type of motivation as "mustivation". Wantivation and mustivation form the continuum of Self-determination Theory.

So why should we have students with wantivation? Wantivation is associated with more meaningful study behaviour, academic success, higher creativity, persistence in the study, and better well-being. What is important here to remember is that motivation has a dynamic nature. Wantivation may very well turn into mustivation and vice versa. In the case of students, teachers hold an immense amount of power. With the right teaching practices, teachers can inspire wantivation among students who came into the study with mustivation. At the same time, with the wrong teaching practices, they can push students who came into the study with wantivation towards mustivation.

So what should teachers do to inspire wantivation among students? Self-determination Theory provides the direction. It puts forth that three basic psychological needs have to be fulfilled for students to have wantivation for their study. I call these the **ABC of motivation**. The first is the need for autonomy. It means that students feel that they are learning out of their own choice and can choose how to learn, what to learn and when to learn. The need for relatedness is the feeling of connectedness to the learning environment or teachers or peers. In the business or organizational literature, relatedness is popularly known as belongingness. I will use the term 'belongingness' for 'relatedness' in the rest of my lecture. The need for competence means that students feel capable of learning. In short, motivated students feel room for personal initiative, feel able to accomplish it and feel part of a group or team. Thus, autonomy, belongingness and competence are the ABC of motivation (See Figure 1).

Figure 1 The ABC of Motivation
(based on Ryan & Deci 2000; adapted from Kusurkar & Ten Cate 2013)



I used the Self-determination Theory framework to study the relationship between motivation, learning, academic performance and well-being. Thus, my PhD thesis became a body of work in which I found that:

- Wantivation was associated with meaningful learning, academic success and better well-being, i.e. Motivated students feel better and perform better,
- Factors in medical education (such as early patient contact) were associated with wantivation, i.e. Patient contact motivates students in a good way,
- But, motivation has not been given consideration in medical curricular design.

Good research is the one that gives rise to further innovative research questions. Accordingly my PhD research brought me to new research questions (which were studied by my PhD students), such as:

- Investigating the relationship between selection and motivation in medical education,

- Exploring Self-determination Theory in other health professions education beyond medical education, such as in interprofessional education, pharmacy education and nursing education,
- Exploring need satisfaction and energizers among medical specialists,
- Investigating unprofessional behaviour of medical students, and
- Investigating academic motivation of ethnic minority students.

Thus, my wonderful research group pursued research on developing what I call "students for life", which means students as well as health professionals who have wantivation for learning, constantly interact and learn from the practice, and are dedicated to continuing professional development. This became the theme of my research programme. Within this theme we studied health professionals as well as students from the whole continuum of health professions education, i.e. right from making a choice for health professions education to practicing professionals.

But, who benefits from having Health Professions Education students with 'wantivation'? Why should we care? I would say students or future health professionals themselves, teachers, current health professionals, and patients benefit. Health professions education students with wantivation are happy, give their best performance in their education and practice, and persist in the field. Such a student population leads to high quality health professions education and training. Having motivated students in turn motivates teachers and the current healthcare professionals and makes them happy. The biggest outcome is high quality health care, so you have happier patients and a healthier population.

Thus I stand on the foundation of the questions that came directly from the health professions education teaching practice, and piece by piece we put together the motivation puzzle, which of course, is still incomplete.

I found motivation, but Inclusion found me!

Just after my PhD, when I described my experiences in health professions education in India, I frequently got the response, "Oh, but that was in India, right? That is not relevant for the Dutch context!". I also got another remark: "Indian or collectivistic culture background students join medicine because of parental pressure!". Imagine how I felt about such stereotyped and exclusionary remarks. They were not meant to be hurtful, but they did hurt. I found myself identifying with the problems that students from collectivistic and minority cultures in The Netherlands face. So, I decided to convert my discomfort into constructive scientific work that lay the foundation for building a research line on equity, diversity and inclusion.

But what do the terms equity, diversity and inclusion mean? I will start with diversity. Diversity refers to representation of individuals of varied backgrounds in the society in specific contexts such as professions, work organizations, research populations, etc.

Equity refers to the practice of embedding systems that ensure equal opportunities to all, regardless of their background or personal characteristics with the aim of promotion of fairness, impartiality and access. What you see in the second picture here is that every individual has the opportunity to cycle using a bicycle that takes their unique characteristics into consideration. But, then what about inclusion? On searching the literature on inclusion, I realized that inclusion has been defined or described in different ways in different fields of study. For my work, I use the following definition: "Inclusion is the action or state of including or of being included within a group or structure." Inclusion refers to being included in a group which creates a sense of belonging as well as empowers individuals to contribute in an authentic and meaningful manner. Thus, inclusion has two components: a sense of belonging and the empowerment to contribute meaningfully. Inclusion can be considered in different aspects of an individual's life: education, work, social life, relationships, etc. Today I will specifically explore inclusion in education.

Equity, diversity and inclusion in health professions education should not be handled in isolation from each other, but as an interrelated system. I envisage equity, diversity and inclusion as a triad. Equity, diversity and inclusion cannot be discussed in their entirety without the concepts of positionality and privilege. So what is positionality? According to Slootman and colleagues, a reflection on and understanding of one's personal values and perspectives which are shaped by social identities and experience is called understanding one's positionality. Positionality also includes understanding of one's own position relative to others. Thus, inclusion needs deliberate efforts which begin with reflection on and awareness of one's own privileges, as well as the relative position of the less privileged. So, what is privilege?

Privilege is defined as an unequal opportunity to access power and other resources. This power can be related to varied aspects such as wealth, assets, social position, skin colour, gender, sexual orientation, geographical and historical positions, etc., as well as the intersection or overlap between these characteristics. For example, a white highly educated heterosexual male from a high income or wealth family has far more privileges in comparison with a black homosexual female from an impoverished family. I have used two polarized examples to make the differences clear, but in reality, people are somewhere in between on this spectrum. Now I would like to invite all of you to reflect on your own positionality and privileges for a moment. What is your gender? What is your skin colour? What is your socioeconomic status? Which part of the world do you belong to? Do you belong to a historically colonized country?

Reflecting on one's positionality can be a confronting, but also a perspective-changing experience, and thus also, very valuable. People with privilege can sometimes find it hard to visualize or understand the barriers faced by an underprivileged person. But, why is it important to reflect on your privilege? Privileges or a lack thereof, account for different starting points for different individuals in the society in education or job opportunities or health, and have exponential or multiplier effects on further opportunities and successes. To cite examples from health professions education, ethnic minority background students

are less likely: to be selected or admitted to study medicine, to score equal to their white counterparts in assessments, to have experiences of inclusion during their education, to be selected for specialization training, and to become a specialist in medicine.

To illustrate these findings I would like to share the stories of two medical students Martin and Sara with you.

The story of medical student Martin – Martin received pre-university or VWO advice. He had parents who wanted to help him and knew how to. He had access to a medical network. He was selected through a selection-based admission procedure for medical school. He fit well into the partying and drinking culture of the University student association. He became a medical specialist and currently works at a University Medical Center.

In contrast, is the story of medical student Sara – Sara received higher general track or HAVO advice in high school. She had to work hard to get into the pre-university or VWO track in high school. She had no access to a medical network. Luckily, she was admitted to medicine through weighted lottery, while working a job on the side. Sara did not fit into the University student association culture. She failed her clerkship because she was not assertive. Finally, she did not get into specialization and is still working as a doctor who hopes to get into specialization.

Thus, Martin represents a privileged person who did not have to overcome the barriers that Sara encountered in her journey. Again, Martin and Sara are two polarized examples, and in reality people are somewhere in between on the spectrum. These cases have been constructed on the basis of prior research, particularly the work of Ulviye Işik, Lianne Mulder, Hannah Leyerzapf and the article by Michiel Ekkelenkamp with the title, "Nooit genoeg vinkjes", i.e. never enough tickmarks.

From an NRO consortium grant project that I led on 'the unintended effects of selection for health professions education', I would like to particularly highlight two findings in the pipeline from childhood to medical specialist, which is focused on the variables sex, migration background, and socioeconomic status (this is the work of Lianne Mulder):

- Medical school applicants with a non-European migration background and applicants with a lower or average socio-economic status have a lower chance of being accepted.

- Moreover, physicians with a migration background, had lower odds of becoming a specialist. Physicians with a Turkish or Moroccan migration background, both male and female, and female physicians with other non-European migration backgrounds, were least likely to be a medical specialist. Male physicians without a migration background had the highest odds of being a specialist.

The data from 3 studies with Statistics Netherlands Microdata shows that not all groups of people have the same chances to become a medical specialist. Thus, we concluded that medical education in the Netherlands has a leaky pipeline.

So long as the starting points for students remain unequal, equity-diversity-inclusion policies, inclusive teachers and educators, and inclusive leadership in education are pre-requisites to strive towards providing inclusive learning environments.

But, what is an inclusive learning environment? Building on the earlier mentioned definition of inclusion, an inclusive learning environment is one in which "all" students feel a sense of belonging and the empowerment to contribute meaningfully. Here I connect my research on inclusion with that on motivation.

As mentioned before, Self-determination Theory focuses on the concept of 'flourishing'; it emphasizes that education should lead to flourishing of individuals through enhancing wantivation. In research studies conducted by Ulviye Işik, we found that medical students reported negative effects on their motivation due to experiences of 'othering' in the learning environment. Othering meant feeling like the 'other' or 'not belonging' to the group. In these studies, this feeling of not belonging or 'othering' was related to exclusion from the majority group due to, for example, not going on skiing vacations, not drinking alcohol, not being assertive enough, wearing a headscarf or praying five times a day, being considered less competent in speaking Dutch or in their academic and clinical performance or professional behaviour, and a lack of role models from migrant backgrounds in the doctors' workforce.

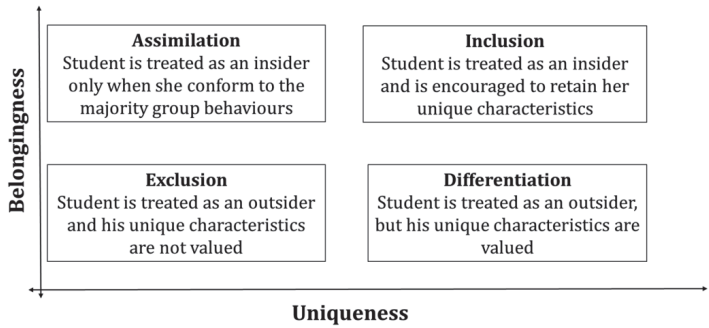
As in the recently proposed model by Anjorin and Busari, othering through exclusion leads to a poor sense of belonging, poor academic performance and negative well-being. On the other hand, advocacy or support through inclusion leads to an increased sense of belonging, better academic performance and positive well-being. This 'sense of belonging' is a bit different from Self-determination Theory's concept of relatedness, which I call belongingness. Mohamedhoesein and colleagues have reported that formal interactions with teachers and formal as well as informal interactions with peer students through satisfaction of autonomy, belongingness and competence enhance academic success.

Inclusive environments are necessary breeding grounds for every individual to reach their optimal potential, i.e. to flourish. We have seen that satisfaction of autonomy, belongingness and competence through enhancing wantivation leads to flourishing. Thus, the missing piece in inclusive learning environments leading to flourishing seems to be satisfaction of autonomy, belongingness and competence, and hence wantivation. Thus the **ABC of Inclusion** also seems to be satisfaction of autonomy, belongingness and competence. (See Figure 2) If in health professions education we want students who are knowledgeable, highly engaged, competent, creative and healthy, it is critical to create inclusive environments in order to foster their autonomy, belongingness and competence and thus their wantivation.

Figure 2 The ABC of Inclusion

An inclusion framework which can be extrapolated to the educational setting is the one put forth by Shore and colleagues (See Figure 3). It has belongingness on one axis (i.e. whether an individual feels that they belong to the broader group at school), and uniqueness on the other axis (i.e. whether the individual feels that their unique qualities are considered important in school). The combination of low belongingness and low uniqueness leads to exclusion (i.e. student is treated as an outsider and their unique characteristics are not valued), while the low belongingness and high uniqueness combination leads to differentiation (i.e. student is treated as an outsider, but their unique characteristics are valued). High belongingness and low uniqueness leads to assimilation (i.e. student is treated as an insider only when they conform to the majority group behaviours), while high belongingness and high uniqueness leads to inclusion (i.e. student is treated as an insider and is encouraged to retain their unique characteristics). This means that the educator has to get the balance of belongingness and uniqueness right for being inclusive or for their students to feel included.

Figure 3 Inclusion framework extrapolated to education
(adapted from Shore et al. 2011)



Inclusion needs at least two people: the one who is inclusive and the other who is being included. What is being inclusive? This can be at an individual level or at an organizational

level. Being inclusive at the level of an individual means that you behave in such a manner that other individuals studying or working with you feel a sense of belonging and have the opportunity to participate and contribute meaningfully. What is being included? Being included means that you feel a sense of belonging to your learning or work environment and have the opportunity to participate and contribute meaningfully. Being inclusive as a learning or work environment means that people studying or working in this environment feel a sense of belonging and have the opportunity to participate and contribute meaningfully. Being inclusive is a greater responsibility of the management of an educational institute or work organisation as they can actively work to take away structural barriers or inequalities, which is not possible at an individual level, unless you are in a top leadership position. At the same time, to make an educational institute or work organisation truly inclusive, the people involved need to embrace the culture that the organisational management wants to create. Thus, individuals and organisational managements need to work hand in hand to create truly inclusive learning environments. Thus, inclusion is as much about being included as about being inclusive.

In inclusion, it is important to realize that one cannot forget to take historically disadvantaged groups, e.g. through racism and colonization, into account. It is not the onus of these groups to feel included, rather it is the responsibility of others, who have enjoyed historical advantages, to make them feel included.

But, who benefits from equity, diversity and inclusion? I would say students or future health professionals, current health professionals, and patients. Equity, diversity and inclusion in the student population leads to high quality health professions education and training, while among physicians it provides better access and high quality healthcare to underserved populations, decreases health inequities among minority patients and leads to better research on health problems of the underserved populations. The biggest outcome is high quality, sustainable health care. Equity in healthcare cannot be achieved without a healthcare workforce that mirrors the diversity in the patient population, and to achieve this equity inclusive leadership in health professions and health professions education is non-negotiable.

My vision for my work in health professions education and practice is that we have a healthcare workforce that mirrors the diversity in the society, and every individual in this workforce can flourish through being part of inclusive learning and working environments. I will try to realize my vision through generating evidence for inclusive learning and working environments through my research, bringing in changes in the educational practice, and advocating for inclusion in the society.

Plans for Research - Using the principles of Self-determination Theory, I will investigate how inclusion or exclusion influence autonomy, belongingness and competence and how these are in turn related to wantivation, performance, well-being and flourishing. I aim to do this through large quantitative research, design-based research and intervention

studies on inclusive learning environments. I also plan to use the Boundary Crossing Theory for investigating learning in heterogeneous student groups.

Plans for Education - What can be a better way of learning than through listening to, being open to, critically assessing and embracing diverse perspectives in teaching-learning situations. The student population at the Faculty of Medicine Vrije Universiteit Amsterdam is rich in diversity. In order to create a learning environment in which every student can flourish, I would like to bolster our current curriculum with the VU Mixed Classroom model for teaching and learning. This model, put forth by Ramdas and colleagues, builds on diverse perspectives and brings them to the fore.

Plans for Social Responsibility - Two positions give me the possibility to create impact on health professions education and health professions research nationally. As the chairman of the Netherlands Association for Medical Education, NVMO, leading an agenda on inclusion of different health professions within NVMO and diversity is close to my heart. As Member of the Advisory Board of KWF Fighting Cancer, i.e. KWF Kankerbestrijding, which is the biggest funding association for cancer research in the Netherlands, I intend to stimulate thinking on research related to involving family in decision making and the after-treatment care of cancer patients. Two positions give me the possibility to create impact on health professions education and health professions research internationally. Through my membership of the Governing Committee of AMEE - the International Association of Health Professions Education and as an associate editor on equity diversity inclusion for the journal Medical Teacher, I will continue to work on broadening of the health professions education knowledge base by giving due recognition to the knowledge produced in historically colonized as well as lower and middle income countries. My life is dedicated to correcting the Northern tilt in health professions education literature, i.e. bringing a balance between knowledge generated and accepted from the Global North countries, such as the Netherlands, and Global South countries, such as India.

A Word of Thanks

I have a lot of people to thank today. Because of them I have the honour to stand on this podium and tell my story. I would like to apologize in advance for unintentional omissions. To begin with, I would like to thank the Boards of Directors of the Vrije Universiteit Amsterdam and Amsterdam UMC, especially the Dean, Prof. Dr. Chris Polman, for bestowing the honour of this professor's chair on me.

The biggest mentors guiding my journey:

Dear Olle – Without the chance you gave an unknown Indian woman to pursue her PhD, I would never be standing here. You were inclusive in your approach and never questioned me why it took me two months into my PhD to start addressing you as Olle instead of Prof. Dr. Ten Cate. You have been a mentor providing me with the first access to an international network. I have learned a lot from you not only about research, but also about research ethics.

Dear Gerda – I can't begin to thank you for your mentorship and advice over the last 15 years. You said: "If you walk alone you will go faster, if you walk together you will go farther". I took your advice to heart. If you look at my team today, I don't have to explain it further. You have been a role model to me because of your vision on diversity and inclusion in education.

Dear Saskia – Thank you for your mentorship. Your inclusive leadership helped me pave my way through the Dutch academic world. You said, "It's not about you, it's all about your people". Your strength and authenticity have always been inspiring for me. I look forward to your leadership as the next Dean of our faculty.

Next I would like to thank the founders of Self-determination Theory, Profs. Drs. Richard Ryan and Edward Deci, for their support and opportunities such as organisation of the Self-determination Theory conference 2019. Thanks to Mrs. Shannon Hoefen-Cerasoli of the Centre for Self-determination Theory.

I would like to thank many people from the Faculty of Medicine Vrije Universiteit Amsterdam. A big thank you to Prof. Dr. Christa Boer for giving me autonomy in my work and for supporting my appointment. I would also like to thank the old IOO team, especially Mrs. Margreeth van der Meijde, and the Examination Board for their collaboration. I would like to thank the colleagues who allowed me to shadow them at work and inspired me through their passion for their work and education.

Next I would like thank my the old AMEE Executive Committee members and the new Governing Committee members for the important work that we have done together. Special thanks to Prof. Dr. Ronald Harden and Mrs. Pat Lilley for giving me the opportunity to do impactful work on equity, diversity and inclusion as an associate editor on Medical Teacher. My Indian mentors, Profs. Drs. Avinash Supe and Nirmala Rege - I was inspired by you to better understand teaching-learning processes and to conduct research on education. Thank you to the GSMC-FAIMER Regional Institute! I would also like to thank

Profs. Drs. David Irby, Cees van der Vleuten, Fedde Scheele, Maurice Crul and Vinod Subramaniam for their mentorship and pearls of wisdom.

Special thanks to my dear friends and peer mentors Subha Ramani, Lia Fluit, Thirusha Naidu, Zarina Shaikh-Druiventak, and Helene Vlessing for their friendship and support. Thanks to Nadia Gerver and Margreet van Rixtel for their coaching. Thank you to the Netherlands Association for Medical Education (NVMO) Board.

I look forward to chairing the Board from November. Thanks to the members of the Steering Committee of Diversity & Inclusion at Amsterdam UMC for setting diversity and inclusion on the agenda of our institution.

I would like to thank all my collaborators in and outside the Netherlands. A special mention to LEARN! Research Institute and VU Centre for Teaching and learning.

A big thank you to my students in India, whose pictures I don't have, and in the Netherlands, some of whose pictures I do have, for inspiring me to keep doing research on how to motivate them and create an inclusive environment.

The biggest thanks to my wonderful, wonderful team! Together we have built trust, a collaborative and inspiring way of working, camaraderie and a strong support system. Anouk, Anne, Malou, and Louti - thanks for all the hard work you have put into the team and in making this day a success. A special mention for Anouk who has been a rock for me all these years and has shouldered many team responsibilities. Andries Koster – You have been an integral part of the team - working with us tirelessly even after your retirement. When I look at my team I feel proud of what we have built and what we have achieved together! I look forward to many years of working together and defining new levels of excellence.

My family – I grew up with a wonderful, large family of 10 people; my grandparents, my parents, my brother, my sister, and my aunts. I would like to thank my very loving grandparents and aunts (Mai, Sadhan aatya and Raju) who looked after me and my siblings when my parents went to work. Their unconditional love and support helped me become who I am today. My parents - Mom and Dad, thanks for your love, the beautiful family and the emotional stability that you provided. Because you provided for the whole family we always had limited means, but we had abundant love. I am grateful for everything that you have done for me. Mom, you have been my role model for strength, compassion, energy and for how you kept the family together. Dad, thanks for always believing in me and encouraging me to "flourish". Thank you to my dearest sister, Meenal and my dearest brother, Mohit, who are probably glued to their screens in India right now, for their love and support. Thank you to my parents in-law who have been very loving and super supportive of my career. Aie and Baba, while I know you are watching this online, I am really missing you today. A special thanks to my brother in-law's wife, artist Dr. Madhumita Sen, for the wonderful painting she made for my professor's robe and this day.

My wonderful children, Aryaman and Yohaan, thank you for being who you are, supporting me and keeping me grounded. No failure at work has ever seemed big enough to take away the joy you have given me. Yohaan, our bundle of happiness, you inspire me with your positivity, love and often wise sentences like, "Mumma, you need to calm down" and "You worry too much". Aryaman, you have inspired me for the best work I have done in my career through your deep thinking, critical questions and fearless stance. I love our conversations. The time we spend together as a family rejuvenates me and reminds me of what is really important in life. I look forward to a great many years of a great family life.

Last but not the least, the most heartfelt thank you goes to my husband, Aniruddha, the love of my life, my pillar of strength, and my best friend. Dearest Anu - You have provided me with a sense of belongingness and stimulated my want<u></u>ivation leading to flourishing. Little did I know when we started dating at the age of 15, that we would have such an exciting life together. You have stood with me through thick and thin. Working like a team, in a seamless manner, we have built this wonderful life together. Your support for my career has been the deciding factor for the success that I have achieved. I dedicate the lines from the song, 'Wind beneath my wings' to you:

"Did I ever tell you,

You're my hero,

I can fly higher than an eagle,

Cause you are the wind beneath my wings."

For me you will always remain the 16-year old boy, who used to wait for me to pass him by on my bicycle. I look forward to many, many, more years of happiness together.

'Ik heb gezegd'.

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Artwork on the last page:

"The identity work of a migrant doctor, educator and researcher in academic medicine". By artist, **Dr. Madhumita Sen**. (https://www.madhumitasen.com/)

Made specifically for Prof. Dr. Rashmi Kusurkar and depicts her identity work as a migrant academic in the Netherlands. In the identity battle that was happening mainly within herself, Dr. Kusurkar held on to her Indian roots (depicted by the Indian rose from her mother's terrace garden), which are central to her identity, and built her Dutch identity (depicted by the tulips from the Keukenhof gardens) around this core, while experiencing a beautiful integration between the two. She believes that she can have the best of both cultures through her integrated identity. This artwork is also printed on the lining of her professor's toga.