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Starting work as a doctor: challenge is essential

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Abstract:

Introduction: Previous research on the student to doctor transition has indicated that new doctors are ill ‘prepared’ to start work. Subsequent efforts to improve preparation in the UK have involved increasing practical experience for final year students through an assistantship period. This study further explored new doctors’ experiences of transition in light of recent critiques of preparedness and the first author’s own experience of the transition.

Methods: A total of 11 foundation year 1 (FY1) doctors from West Yorkshire were recruited via email and snowballing methods. Data was collected using semi-structured interviews and analysed thematically drawing on the authors’ knowledge and experience as a resource.

Findings: The interviews told a story of new doctors learning through challenge. Challenges were contextual, often occurring out of hours when new doctors were working more independently. These challenges were experienced as stressful at the time, but also deemed to be necessary for personal and professional development. The assistantship, when aligned to the new doctor’s starting job, was found to be helpful to new doctors in becoming familiar with the new work environment and clinical staff. However assistantship did not provide all the solutions to the transition, as FY1s will always encounter challenges during this period.

Conclusion: The transition will always be difficult and new doctors cannot be fully “prepared” for it. Doctors will not be able to encounter every clinical scenario before starting work and supported practice is necessary and inevitable. Though assistantship interventions are helpful, there should be equal emphasis on developing effective clinical supervision and addressing barriers to new doctors taking on challenges.

Background

The transition of final year medical student to doctor is recognised to be both demanding and stressful. Previous research has identified that new doctors feel 'unprepared' for activities such as acute management of patients, prescribing, and clinical decision making (1, 2).

In the UK, concerns about preparedness have led to the introduction of assistantships, in which final year students work with a newly graduated doctor (foundation year one, or FY1 doctor), carrying out FY1 tasks under supervision (3). Though mandatory, the timing, length, location, and model of assistantship varies across the UK (4-6). When assistantships take place in the future working environment, these provide additional opportunities for familiarisation on top of the paid shadowing period which occurs after graduation (5).

Kilminster et al. (7) drew attention to the shortcomings of focusing on individual preparedness and instead proposed that transitions be understood as "critically intensive learning periods" (CILPs). This understanding recognises that novice practitioners will take time to acclimatise to their work environment and role before performing effectively and that workplace culture is key in supporting new doctors' transitions. Monrouxe et al. (8) highlighted a lack of shared understanding of the term 'preparedness' and called for greater focus on the supervision of new doctors.

Our study aimed to explore new doctors' experiences in light of these critiques of preparedness. Rather than asking how prepared graduates felt, we sought to explore what supported or hindered FY1 doctors' learning, and what challenges they had experienced and why. Unlike other studies (4-6), we interviewed doctors with further experience of the transition, to shift the focus from anticipatory anxiety to the actual experience of starting as a doctor. This paper discusses doctors' experiences in relation to previous literature and the first author's own experiences of the transition

and makes recommendations for how clinical teachers can best support new FY1 doctors' learning.

Methods

FY1 doctors were recruited via an email sent out to the West Yorkshire Foundation School and individual hospitals in the same region, and interviewees were asked to mention the study to colleagues to facilitate further recruitment. As emails were sent out via a gatekeeper we do not know how many FY1s were invited to take part. The eleven FY1s who responded were all interviewed (five males and six females, Interviewee A-K) from four separate district general hospitals (DGH 1-4) and one teaching hospital (TH1) in 2016, nine months after starting work.

Individual semi-structured interviews were intended to elicit detailed and authentic accounts of transition and questions were designed to focus on doctors' training experiences rather than perceptions of 'preparedness'. Participants were asked about starting work and what influence their assistantship period had on this experience (see Box 1). Two undergraduate medical students in their final years undertook the interviews with prior guidance from an experienced qualitative research supervisor. Although the interviews were short (maximum 19 minutes), the interviewers' position as students who were about to embark on the transition themselves was perceived as an advantage in eliciting frank and honest responses. Interviews took place in workplace offices and were audio-recorded. Ethical approval was granted by the relevant university committee and all participants provided written consent.

Interview transcripts were coded by the first author (DW), as the other student took leave from the project to pursue additional studies. DW marked up the transcripts manually, identifying 8 themes using a codebook approach (9). When the analysis was submitted for assessment, the project supervisor (AL) noted that DW's themes were summaries of interview responses, rather than "active creations of the researcher" which told a story (9). Later, she encouraged DW to reinterpret the data to more effectively convey the story of new doctors' experiences, drawing on his theoretical interest in CILPs (7) and his own experiences as a new graduate. AL and DW then revisited the data and through note-taking and discussion, noticed the central story about learning through challenge which is presented in this paper. This more "organic approach" to theme development did not aim to ensure reliability of the coding, but to use "researcher subjectivity as a resource" (9).

Findings

Most participants experienced the transition to FY1 as a steep learning curve using metaphors such as "a baptism of fire" or "being thrown in at the deep end". As in previous studies (1, 2, 8), working independently, having greater responsibility for decision-making, prioritising busy workloads and managing acutely unwell patients were perceived as challenging. Challenges were evident across first rotation specialties (denoted below).

Although interviewees recounted challenges, they highlighted the value of taking on responsibility for clinical work and patients' health. With hindsight, they appreciated essential learning had taken place. Interviewee A recalled difficulties in working independently and managing a busy caseload, but said:

> I think it made me a better and a more competent FY1 because I had such a challenging start (A:TH1, General Surgery)

Learning on the job

Consistent with current understandings of workplace learning (10), interviewees emphasized the importance of being allowed to practice:

> I've learnt a lot more as an FY1 'cause…you're kind of forced to learn really, learn by doing as it were (E:DGH4, Elderly)

The importance of practice was also evident in reflections on "busy" first rotations, which were perceived to be more valuable than rotations where FY1s were not expected to be so actively involved:

> I feel like people who didn't start on it [the rotation] are probably hindered in a way, whereas we kind of got chucked in and expected to swim (K:DGH1, General Surgery)

Interviewee K emphasized the value of seeing acutely unwell patients and discussing his findings with seniors. Access to support appeared key to him swimming rather than drowning.

Learning in the absence of direct supervision

Out of hours work was portrayed as both a challenge and a time when FY1s learned the most:

> I suppose on a night shift you have more responsibility than during the day… that's scary, but at the same time, it's also quite satisfying (I:DGH1, Gastroenterology)

Interviewee F also highlighted the value of weekday on-calls for opportunities to work independently:

> you got the opportunity to like, spread your wings but there were people around if you needed it (F:DGH2, Orthopaedics)

Interviewee F's experience suggested that FY1s may derive strength and confidence from being afforded responsibility, yet knowing that support is on hand if required. Interviewee J highlighted the potential benefit of telephone communication for advice when unsure:

> if you're stuck you just ring somebody and they give you advice over the phone to cover you for that small period of time but then they'll come along and…help you if you need it (J:DGH1, General Surgery)

Familiarity breeds participation

Consistent with previous research (5), participants confirmed that assistantships were useful when the student was placed in the same ward as their first rotation. Assistantships were beneficial in allowing familiarity with the work environment, other staff, and the FY1 role in the particular context. This familiarity allowed for active participation from the beginning of the first rotation:

> It sort of took away the unknown element of things…you knew the ward set-up, you had already to know the nurses a bit, how to request bloods or what you fill in for certain forms (B:DGH2, Elderly)

However, participants recognised that it was impossible to become familiar with everything you may encounter as a FY1:

> Unfortunately it's just a case of you can't have come across everything in your training (C:DGH3, Neurology)

Discussion

Our finding that new doctors experienced the transition to work as challenging was not new (1, 2, 8). However, what was striking was that doctors in our study recognised the need to take on new challenges in order to develop their performance. Rather than focussing on a lack of "preparedness", interviewees described being able to "spread their wings" and take on new challenges, safe in the knowledge that support was on hand if required. Other staff seemed to recognise the FY1's transition as a CILP (7) and provided essential opportunities for supported practice. These findings further emphasise the importance of active participation and senior support during the transition to work (8).

To date, transition interventions have focussed on improving "preparation" through increasing workplace experience prior to the new doctor starting work (4-6). The experiences of interviewees confirmed that prior exposure was helpful for improving familiarity with the new work context, but also that it was impossible to prepare for every possible clinical scenario. It is therefore essential that new doctors are supported to take on new challenges, so that they can gain the practice necessary to develop as clinicians. Instead of focussing solely on preparation for practice, there is a pressing need to understand affordances and address barriers to effective supervision of doctors. Further observational research is needed to understand how new doctors can best be supported to start work in increasingly pressured and complex healthcare environments, in which expectations of new doctors are constantly changing (8).

Limitations

This was a final year student project which was limited in scope due to timing and work constraints. It is recommended that other stakeholders' experiences of new doctors' transitions are further explored. Our participants likely volunteered as they were not

expecting the interview process to evoke strong emotions and more difficult transitions may not be represented.

Conclusion

Challenges are essential for new doctors' development. It is recommended that those working with FY1 doctors recognise the need for them to practice with support available as required. Supported practice allows FY1s to overcome and learn from challenges as they arise, whilst protecting patient safety. Assistantship allows familiarisation of the work environment but is not a substitute for the learning that happens through work, where responsibility requires the new doctor to assess situations, make decisions and seek assistance as necessary, developing competence and confidence along the way.

Box 2 includes a personal reflection on starting work as a doctor.

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Box 1. Interview Questions

Tell me about your first clinical rotation, what was it like?

What did you feel went well in your first rotation?

Were there any aspects that were particularly difficult or stressful? (What happened?)

Can you think of any ways that your experience could have been improved?

What supported your learning in the first rotation?

What hindered your learning in the first rotation?

What effect did your assistantship have on your experience of the first rotation?

Box 2. A personal reflection (DW)

In starting work this past year, I was encouraged to take on challenges and ask for help. Though I started in a ward where I had previously worked in as an undergraduate student, a final year assistant, and then shadow, I still encountered new situations. A particularly challenging encounter was my first septic patient. As there was no senior doctor on the ward, I assessed and began management myself, before ringing for assistance from a speciality registrar (resident). The speciality registrar provided me with valuable advice, simultaneously acting as a “guardian of patient

safety” (8). I was then able to learn through discussing and gaining feedback on my decisions, including ways to improve.