Students' transition to doctor: exploration through visual and qualitative methods

C4ME SUPPLEMENT

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Link to YouTube Video:
https://youtu.be/dMSOAU2EhbY

Background

The NHS is experiencing increasing demand due to an aging population, rise in co-morbidities and increasing patient expectations, (1) leading to a stressful and challenging environment for newly-qualified doctors. This pressurised environment can be overwhelming, resulting in emotional exhaustion and burnout. (2)

The fundamental aim of any medical school is to ensure their graduates are fully prepared to face these challenges. The GMC released 'Tomorrow's Doctors' to outline the requirements of students by the time they graduate, easing the transition to doctor. (3) In response, Cardiff Medical School made changes to its MBBCh course resulting in the launch of C21 in 2013; this included a spiral curriculum and cased-based learning. (4)

Despite medical education reforms, graduates continue to find the transitional period challenging. (5,6) Having adequate knowledge and skills is insufficient; students need to be confident and empowered individuals – aspects that relate to a person's principles and qualities, their identity. The identification with the profession may help students to practice as self-assured doctors (7) and so this study aimed to explore students' sense of identity in relation to preparedness for practice and transition to newly-qualified doctor.

Methods

A mixed-method approach, comprising of qualitative semi-structured focus groups/interview and visual methods was used. Visual methodology complemented focus groups/interview by limiting social desirability bias and initiating idea formation. Data were collected from four groups of medical students at Cardiff University: fifth year, fourth year, fourth year students who took part in the Rural Education Route (RER), a longitudinal clerkship (LIC), and intercalating students. Year 4 students were separated by those who took part in the RER-LIC, as they spent their third year integrated and attached to one General Practice (GP) from which they entered a hospital for placement intermittently.

Participants recruited through emails, convenience sampling and snowballing, attended workshops. The first part of the workshop included a Lego® building session, requiring students to build and write descriptions of models to questions surrounding identity and preparedness for practice through the use of metaphors. This technique allowed students to think independently with time to reflect. Metaphors have been evidenced to add an additional level of depth to what is being said. (8) Participants then proceeded into a focus group/interview where questions, derived from my literature search, relating to preparedness and identity were further explored.

The Lego® model descriptions and focus group/interview transcripts underwent thematic analysis; 20% of data were dual-coded with a coding framework developed jointly.

Ethical approval was granted by the local research committee.

Results

Data were collected from 27 participants and 8 themes were identified: Attributes of a 'good doctor'; identity; feeling prepared; feeling unprepared; becoming a newly-qualified doctor; role/position in the system and improvements.

Participants felt more prepared for some areas of work compared to others. It was frequently voiced that students felt adequately prepared for communicating with patients and daily ward duties. Most students felt less prepared for acute emergencies, weekends and night shifts. Furthermore, students acknowledged the life of a newly-qualified doctor to be challenging with particular concerns regarding lack of support, workload and achieving a work–life balance.

Most students expressed experience to be an influence for both their professional identity development and feelings of preparedness. Some students accepted that they may never feel fully prepared and placed importance on learning on the job, where they could learn from their successes/mistakes. RER-LIC students found being attached to one GP allowed them to feel part of the team and the increasing responsibilities they were given throughout the year aided their perceived preparedness and identification with the profession.

All participants identified with being a medical student as opposed to a doctor-in-training. It was further suggested that there were check-points, such as passing final examinations and graduating, students needed to reach before they could further develop their professional identity. Additionally, students described hobbies outside of work which were considered important to keep separate from medicine to help achieve a work–life balance.

Discussion

Findings indicated that students identified as being more of a medical student than a doctor, but congruous with the literature, they highlighted viewing their identity as an evolving process (7) that would continue to develop after they graduated.

Experience was found to be a pivotal factor for the development of students' professional identity. It has been recognised that giving students a role closer to that of a doctor, helps them to develop a stronger identification with the medical profession. (7) From our research, this was evidenced by the RER-LIC students as they were able to have more experiences closely reflecting that of a Foundation doctor and resultantly they felt better prepared, as well as fostering a stronger professional identity.

Students partitioned certain parts of their identity to be separate from work, resulting in the creation of multiple identities that could be activated depending on the situation. (9) These separate identities were required to achieve a work–life balance and means through which they could ameliorate stress. Furthermore, to aid this, future sessions created on time management, prioritisation and coping strategies may be beneficial in helping students deal with the immense workload they will have, preventing future burnout.

Lessons Learnt

Prior to this year, I had minimal experience with qualitative research and so I was initially apprehensive to commence this project. Utilising a novel methodology also presented challenges as there were limited papers to refer to for guidance on how to collect the data.

Due to students being on placement and Year 5 students leaving for their electives, the recruitment process was more difficult than expected. However, after some perseverance, enough participants were recruited through snowballing and convenience sampling. In hindsight, to prevent stress, I should've started the recruitment process earlier to give myself more time to organise workshops.

My limited previous exposure to qualitative methodology meant I initially struggled with analysing my data and grasping the concept of thematic analysis. After guidance from my supervisor, time and determination I managed to get to grips with the technique, allowing me to sort and understand the data collected.

In conclusion, this process has been a rewarding process allowing me to appreciate the advantages of qualitative research and widen my skillset for future research.

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