**4E SHORT COMMUNICATIONS:**

**Transition to Clinical Practice**

**Location:** Brown 1, Level +2, MiCo

**4E1 (19958)**

“*It’s a whole different ball game*”: A longitudinal audio diary study of junior doctors’ preparedness

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**Background:** “Preparedness for practice” is a poorly understood and highly subjective term. Medical graduates face significant challenges through the transition from medical school into the clinical workforce. However, little is known about the longitudinal aspect of preparedness.

**Summary of Work:** A longitudinal audio diary methodology was used as part of a larger national study. 28 Foundation Year 1 (FY1) doctors across four UK sites were recruited. Following initial narrative interviews, participants were asked to record weekly audio diaries about their experiences of being a FY1 doctor. A thematic framework analysis was conducted to identify main themes concerning both what trainees narrated and how they narrated their experiences.

**Summary of Results:** To date 22 interviews have been conducted, with 158 audio diaries submitted (from 26 participants) totalling 480 minutes of data. The main themes include:
1. Explicit definitions ‘preparedness for practice’
2. Transition-talk
3. Perceptions of their own preparedness and unpreparedness for practice
4. Enabling/inhibiting factors
5. Becoming a doctor

**Discussion and Conclusions:** The transition of medical graduates into the workforce involves more than the initial transition from medical school. Participants talked about the longer-term transition difficulties. We will present the ‘becoming a doctor’ theme in detail to illuminate participants’ experiences.

**Take-home messages:**
1. “Preparedness for practice” has a significant longitudinal dimension and encompasses the wider issue of becoming a doctor.
2. Audio diaries are key to developing our understanding of these longitudinal issues and informing development of future medical education policy and practice.

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**4E2 (22133)**

A simulated ward exercise improves insight into the hidden curriculum of the junior doctor

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**Background:** Preparation for practice is a key function of undergraduate medical education. Junior doctors feel under-prepared for their role, particularly with regards to prioritisation and time management; processes not easily learned away from the workplace. Traditional shadowing of junior doctors does not adequately replicate their role as students frequently default to observation rather than practice.

**Summary of Work:** An exercise for final year medical students was designed to simulate the junior doctor role prior to their shadowing placement. The 25-minute exercise involved giving and receiving handover, prioritising tasks and dealing with interruptions. During debrief, the student received feedback and created a learning plan for their on-call shifts.

**Summary of Results:** The first cohort of ten students highlighted that self-identified learning needs changed from “assessing unwell patients” to process oriented goals of “prioritisation”, “handover” and “time management”. Following the simulation, students viewed shadowing as a previously unrecognised opportunity to learn these skills. Approaches to learning changed after simulation from “observation” of practice to “doing”.

**Discussion and Conclusions:** Students gained insight into the role of the junior doctor; their learning needs moved from “knowledge-based” to “practical-based”, and approach to learning from “observation” to “practice”. The students highlighted multi-tasking and prioritising independently as the most useful aspect of the simulation. Students felt less prepared for practice following this insight, however there was a new eagerness to perform the jobs of a junior doctor rather than observing whilst shadowing.

**Take-home messages:** A simulated ward setting raises awareness of the skills needed to work as a junior doctor and provides a safe environment for identifying learning needs.
Preparedness for practice following the introduction of enhanced practice placements

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Background: The goal of undergraduate medical education is to ensure that new doctors are prepared for practice. Recent changes in UK undergraduate programmes include the provision of more hands-on experience through a 'Student Assistantship' placement. This study explores the effects of this experience on preparedness.

Summary of Work: A questionnaire study was carried out with a cohort of new doctors (n=356, 92% response rate) in one region of England. Questions were mapped to key outcomes in the GMC's guidance for medical degrees, and also addressed exposure to different areas of practice during the final year.

Summary of Results: Analysis focused on 344 UK graduates whose programmes are regulated by the GMC. Large minorities reported not gaining experience in prescribing (33%) or acute management (27.5%), and respondents reported a median of 1-2 experiences of providing immediate care in acute settings. More specific questions about acute conditions found variation in exposure – from 265 (77%) having actively participated in management of COPD exacerbation, to only 42 (12%) participating in management of anaphylaxis. Overall, and for specific conditions, greater experience was associated with greater reported preparedness (p < 0.01).

Discussion and Conclusions: While increased hands-on experience is associated with increased preparedness for practice, many students lack this opportunity in final year placements.

Take-home messages: Educational initiatives need to explicitly consider areas of particularly low experience in order to improve graduate readiness for practice.

Perceived preparedness and learning needs of medical trainees undertaking outpatient clinics

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Background: The clinical consultation is the hallmark of medical practice. There is a strong emphasis on the development of consultation skills in primary care but appears more variable for medical trainees within the hospital setting. This study sought to explore the degree of preparation offered to medical trainees before embarking on their first outpatient clinic and to identify learning needs that would be a prerequisite for a better experience.

Summary of Work: All second-year Core Medical Training doctors working in the London Deanery were invited via e-mail to complete an online validated questionnaire. A reminder e-mail was sent 4 weeks after which the data was analysed.

Summary of Results: Response rate was 24% (n=37/156). Only 35% of trainees underwent an induction process. The majority reported feeling 'poorly prepared'. How best to dictate letters, follow-up on requested investigations and manage time effectively were the top three chosen aspects of guidance trainees wished they received prior to starting. The two most commonly chosen responses to improve the experience included time devoted to prior consultant observation with feedback along with prior tutorials on common patient presentations at the clinic.

Discussion and Conclusions: Medical trainees report a lack of preparation upon undertaking outpatient clinics.

Take-home messages: Supporting medical trainees to feel better prepared in the hospital outpatient setting needs to be prioritised with the aim of developing standards to facilitate consultation skills training within this clinical environment.
Improving perceived preparedness of students entering clinical education in a single session: A novel near-peer approach

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Background: Many UK medical students entering clinical education feel underprepared despite formal induction periods. Long-term near-peer shadowing programs in other countries have proven effective in making pre-clinical students feel better prepared for clinical learning. Our aim was to improve students’ levels of perceived preparedness using a single session near the start of their first clinical year.

Summary of Work: We, students in our second clinical year, composed and delivered an interactive one hour session for 100 students two weeks into their first clinical year. It included information and advice drawn from reflections on our own experiences. Students' perceived levels of preparedness before and after were assessed using a feedback questionnaire with 5-point Likert scales and free text spaces.

Summary of Results: 75 attendees provided feedback. Perceived preparedness dramatically increased: only 9.3% felt “prepared” or “very prepared” for the year before the session, and 76% after. 41% felt underprepared before, 0% after. Feedback on the quality of the students running the session was unanimously positive. Written feedback included praise for the “informal atmosphere” and “approachability of the older students”.

Discussion and Conclusions: This single near-peer session made new first clinical year students feel considerably better prepared for the year. Older students were able to deliver a high quality session with a supportive environment enabling attendees to confidently express concerns, ask questions and engage in discussions.

Take-home messages: A near-peer approach to improve feelings of preparedness in students starting their first clinical year can be highly effective, even when as simple as a well-designed one-off session.