

**PWG_10_143_P_PWG Proposition for Transition in
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Policy on Transition in Medicine

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1. Preamble

Medical professionals make multiple transitions throughout their training and careers which involve acting in multiple environments with new levels of responsibility.

These transitions may cause large amounts of stress and also affect the physicians' motivation and attitude towards practice. Transition problems may also be related with increased risk for patients.

The goal of this document is then to raise awareness on the importance of *transition periods* in medical education, with a focus on the student/junior doctor transition and on patient safety. It also intends to provide to PWG National Member Organizations a framework with which they can work with to ensure an easier transition to new doctors.

2. Transition periods

There are many transition periods during a doctor academic life. The main transition periods we find important to establish are:

- Medical school to foundation years/ general internship years
- Medical school to specialization training
- Foundation years to specialization training
- Specialization training to specialist.

3. Why '*coping with transition*'?

At the end of undergraduate medical education a new world full of challenges is waiting for the new doctors. Transition from student to internship life is probably the most complex period of medical training. New responsibilities, fears, uncertainties and inexperience all contribute to make this transition harder.

There is limited literature describing curriculum that enhances medical students' preparation for internship.⁽¹⁾

We focus on the possible consequences of an erroneous transition to:

- *The Junior doctor;*
- *The Patient;*
- *Interprofessional Relations.*

Junior Doctor

If the JD doesn't know "how it works" he/she will take more time to accomplish work which decreases **efficacy**.

Studies show that doctors don't feel prepared for dealing with many aspects of the new professional context, including acutely ill patients, legal aspects or institutional ground rules.⁽¹⁾ An unprepared JD will be more stressed and unhappy and will possibly develop a **burnout syndrome**.

A recent study revealed that 76% of the interns were burned-out.⁽³⁾ Interns' distress relates frequently with heavy workload, sleep deprivation, complaints from patients and relatives, insufficient knowledge, poor learning outcomes, peer competition, uncertain career plans and socio-cultural or financial issues.⁽⁴⁻⁷⁾ *Burnout* is a syndrome defined by three main components of emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment.⁽²⁾ Burnout is most likely to occur in jobs that require extensive care of other people.⁽²⁾

JD will have a worse perception of his context and a negative perception of the environment will make the **learning process less efficient**.

It is also known the important role that the interns may have as teachers and leaders. Over time, interns teach students and other junior interns. **Developing skills** to teach is also a matter of great importance, but during medical school are students trained to develop those skills? (for more information on leadership skills please refer to PWG_08_041_Policy_on_Leadership_and_Management_Training)

Patient

Literature shows that a burned out professional will make more mistakes. As more mistakes he/she does, larger will be the **risk to the patient**. It's also known that a stressed doctor has more **difficulties in getting closer to the patient**. Patients won't feel comfortable with a doctor who is not well in his/her workplace.

Interprofessional relations

When arriving to a new context if a JD does not know in whom he/she can and should find help it will be more difficult to establish relations with other professionals. This can potentially lead to **disruptive relationships**.

Literature also shows that when questioned JD express major difficulties in communicating with and being respected by seniors and peers in particular, and hospital staff in general, problems in coping with emotions, either their own or those of their patients.⁽⁸⁾

All this facts can be harmful for patient safety.

4. What sort of transition programs is currently available?

Experiences around the world found that a transitional course based on common skills is relevant to students' clerkship experiences and can increase students' self-reported preparedness for the clinical years of medical school.

Yedidia MJ *et al* wanted to determine whether communication training for medical students improves specific competences known to affect outcomes of care. They developed comprehensive communication curricula at three schools. Students exposed to the intervention significantly outperformed those in the comparison cohort. Communication curricula using an established educational model significantly improved third-year students' overall communications competence as well as their skills in

relationship building, organization and time management, patient assessment, and negotiation and shared decision making—tasks that are important to positive patient outcomes.

Laack TA *et al* described an Internship course designed to prepare fourth-year medical students for the transition from medical school to internship, consisting of an intensive 1-week course with longitudinal patient-care scenarios, standardized patients, procedural task trainers, and problem-based learning to help students apply their knowledge and develop a framework for response to the challenges they will face as interns. At the end of the medical course participant students elected this experience as the single most important aspect in preparation for internship.

Naylor RA *et al* designed a study to develop and evaluate an integrated cognitive and proficiency-based skills curriculum based on American College of Surgeons Graduate Medical Education Committee (ACGME) competencies to prepare students for surgery internships. They found out that the integrated curriculum did improve confidence levels, and skills proficiency can be achieved in an abbreviated time.

Boehler ML *et al* created a project that intend to design, implement and evaluate a one month long elective course that would meet the majority of the American College of Surgeons Graduate Medical Education Committee prerequisites for graduate surgical education. The students took a knowledge pretest and post-test that was compared with the performance of eight surgical interns on the same examination. The post-test knowledge examination scores were significantly higher than pretest scores and surgical intern scores.

Fisher JW *et al* created a 2-week course to prepare graduating medical students for the new responsibilities and stressors that they will face as interns. Participants evaluated the course qualitatively and quantitatively, they found the course useful and educationally valuable. They also had a statistically significant increase in perceived preparedness for internship upon completion of the course.

Recently, at the 2010 Conference of Association for Medical Education in Europe (AMEE), a workshop focused on Transition in Medicine was held - *Surviving in a new internship, surviving in a new job: Workshop and training on Transitions and Leadership by Students and Junior Doctors*. This pre-conference workshop was an initiative from PWG/EMSA/IFMSA.

During this AMEE conference there were also many other project presentations (short communications and posters) on this theme, showing that academics are increasingly worried about transition in medicine.

5. What aspects should transition programs engage?



Transition programs should be tailored to the needs of the Junior Doctors at hands. Institutions should find what can be done to cope with transition and help new doctors feel more prepared to deal with the stressing aspects cited.

PWG proposal is to:

1. Analyze and evaluate what happens in our institutions;
2. Collect data and create knowledge;
3. Create comprehensive approaches to prepare interns for some of the major challenges associated with internship and support implementation at local, regional or national level.

Work can be done on a local or national level. We cite some of the many examples which can be put in action.

A) Local actions:

- Joint introduction of all new employees in order to understand the multidisciplinary conditions of the hospital
- Introducing new residents to the institution, the culture, each other and the hospital protocols to provide them with the necessary tools to work
- Implementation of courses with different modules
 - Managing acutely ill patients
 - Teaching skills
 - Communication skills
 - Leadership skills
 - Breaking bad news
 - Coping with stressors
 - Medical–Legal Issues
 - New technologies and institutional procedures

B) National actions:

- Educational interventions designed to equip interns with the specific skills
- Implementation of clinical courses
 - Basic life support
 - Advanced life support

4. Who should provide transition programs?

Transition programs should be provided by all the intervenient on medical education.

Universities should be able to provide curriculum that enhances medical students' preparation for internship. It is a medical school imperative mission to provide to the community prepared professionals.

Moreover JD's training institutions should focus on their main difficulties, helping them to overcome their weaknesses in the best interest of patient safety. Post-graduate educators should be responsible for organizing training to enable the JD to cope with transition stressors and gain the skills to succeed as competent doctors.

After all what JD's really want is to survive as new graduates, developing the skills and the confidence to be competent doctors.

Transitional program are important not just for Junior Doctor but mainly for patient safety

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