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Views on the current state of intern training and transition from student to doctor – *what we heard*

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Overview

Your Training Counts 2014

Stakeholder study 2015

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What we heard – Your Training Counts

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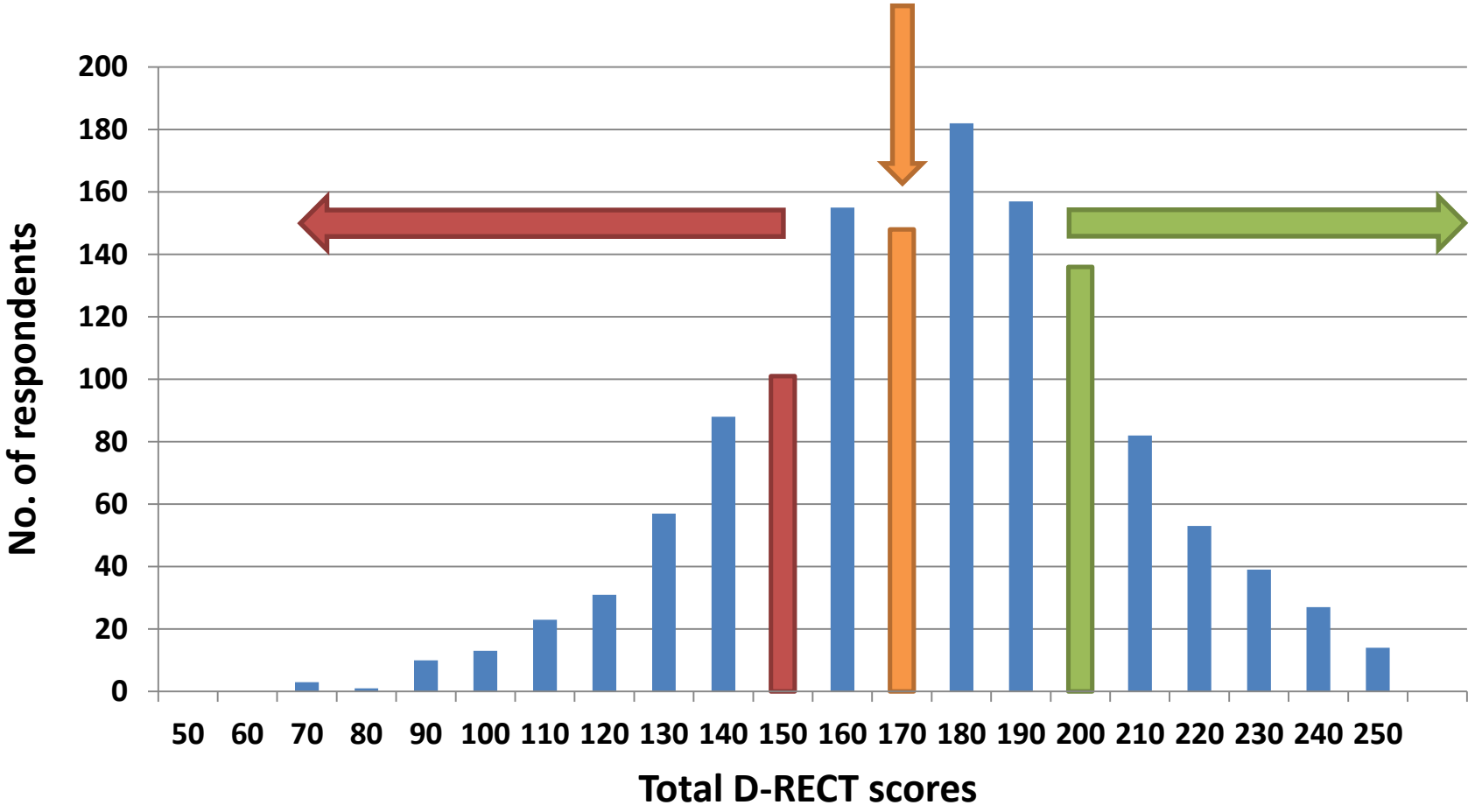
Clinical Learning Environment - Wide variation across trainees



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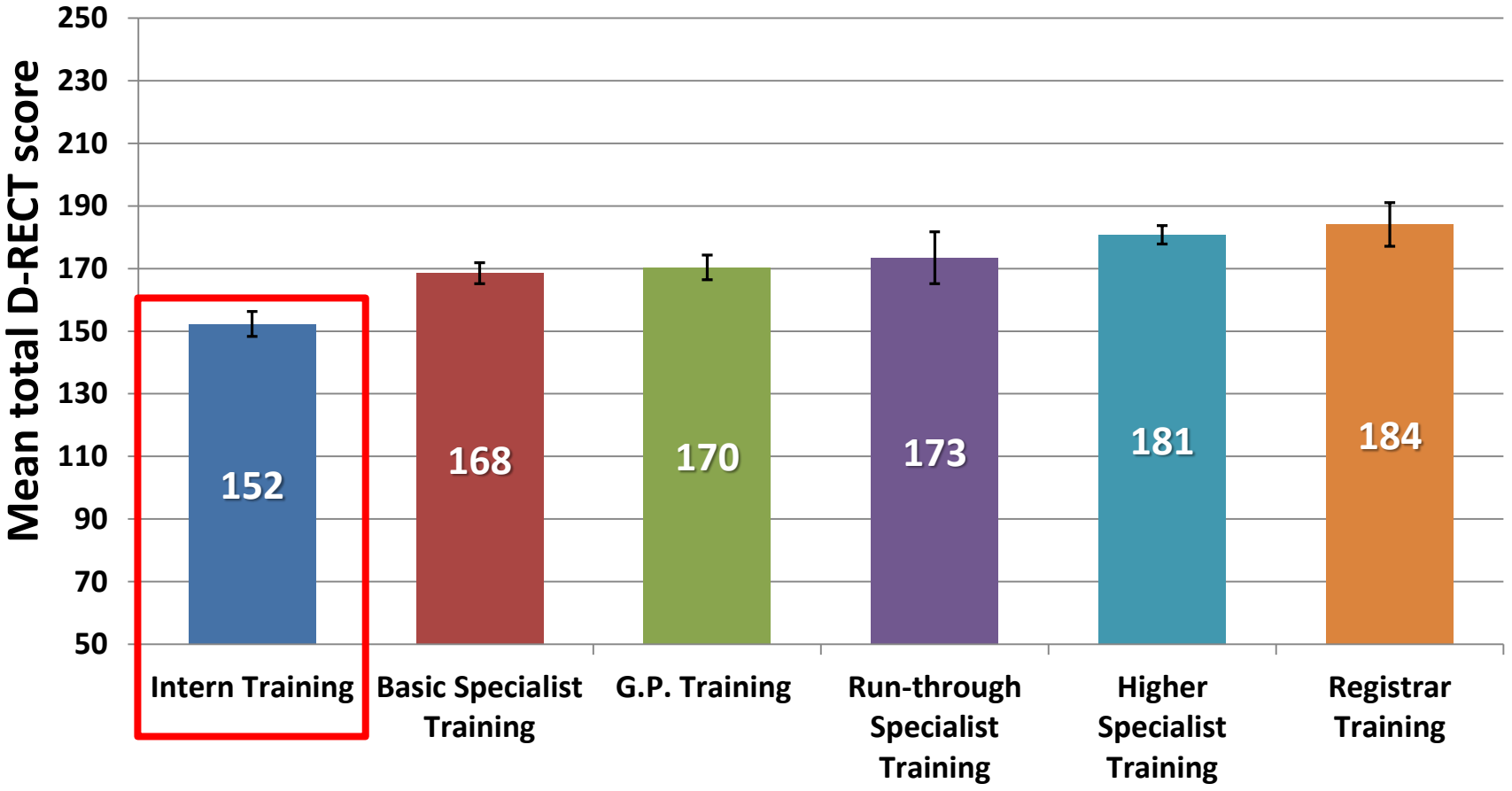
Clinical Learning Environment - systematic variation across trainees



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Clinical Learning Environment - variation across attributes

Attribute	Interns	All
Peer collaboration	4.0	3.9
Consultant's role	3.4	3.8
Teamwork	3.5	3.8
Coaching & Assessment	3.0	3.7
Supervision	3.3	3.6
Formal Education	3.6	3.5
Work adapted to trainee competence	2.9	3.4
Educational supervisor	3.3	3.3
Patient handover	3.4	3.3
Professional relations between consultants	3.1	3.2
Feedback	1.9	2.6

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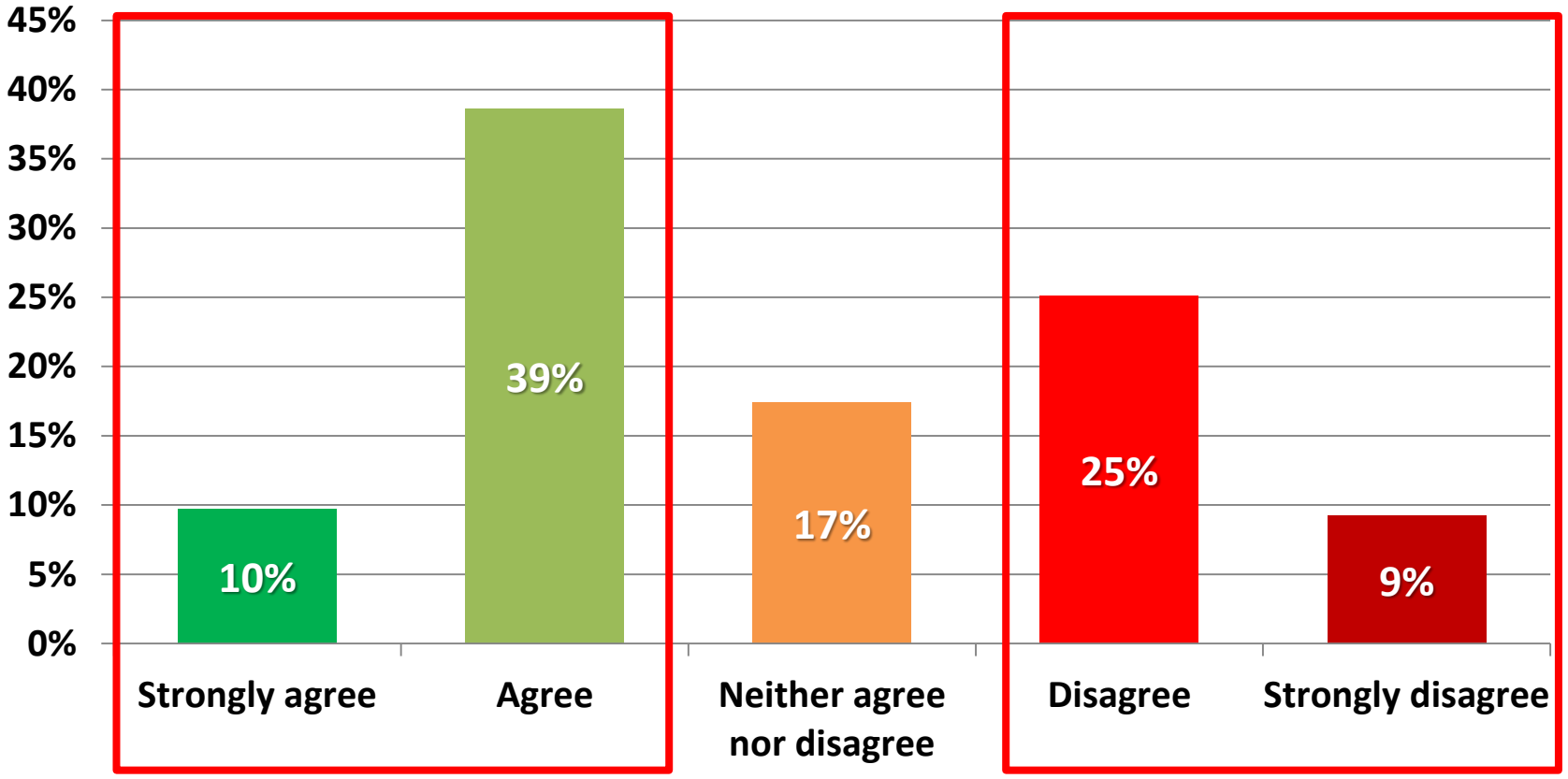
Preparedness for transitions - interns



"My previous medical education and training prepared me well for the jobs I have undertaken so far this year"

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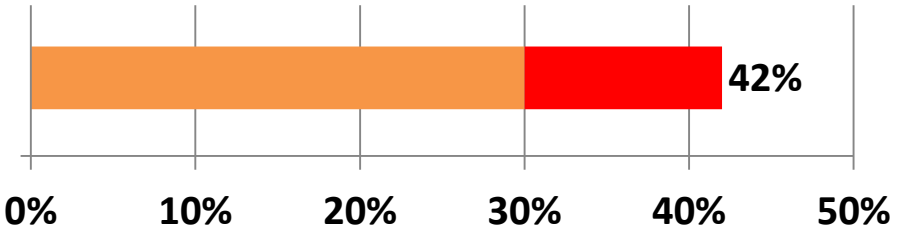
Preparedness for transitions - interns

"Experiences at medical school prepared me well for the jobs I have undertaken so far" (Goldacre UK 1999/2000)



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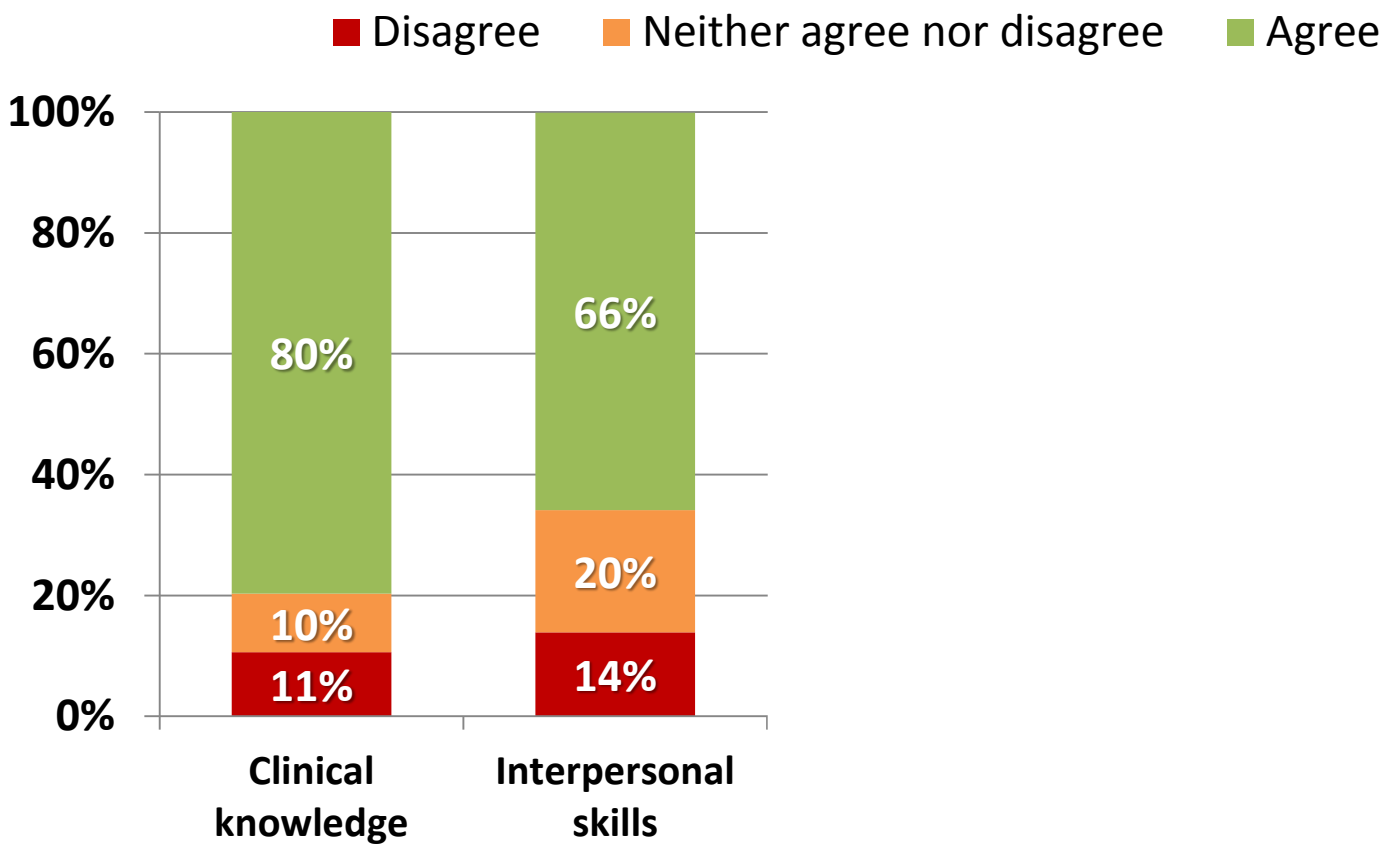
Preparedness for transitions - interns



Psychosocial environment

- 27% interns reported frequent bullying vs 15% other trainees

- Interns reported poorer work engagement (3.9 UWES) vs other trainees (4.3 UWES)

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What we heard – Stakeholder Study

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Undergraduate education

- Although many felt prepared in terms of what they could expect of the course pace, content and complexity, they still found the **work load overwhelming**.

- All highlighted the **switch in focus from knowledge based learning in medical school to skills based practice** in the intern year and while most were aware of this switch in focus in advance many did find this somewhat challenging.

- There was felt to be **little information** about the intern year until the final year of medical school. Most had some sense of what to expect from the intern year after **speaking to interns they knew personally and from any informal observations made in a hospital setting**. However, additional information was neither desired nor sought after given **the emphasis on exams**.

- When prompted about their pre-internship experience, many cited the **induction week as the key source of information** on their intern year. Aside from this, the amount and quality of information provided **varied from school to school** with some citing that they had been provided with opportunities to practice hands on skills based tasks in advance of the intern year while others had not.

Induction

- Experiences of the induction week **varied not just by intern but by specific placements and by individual hospitals.**

- The most **highly rated aspect of the year is 'intern shadowing'** where new interns shadow their "predecessor" and many felt that more time should be dedicated to this procedure. **However, the quality of this experience is dependent upon the intern they shadow** some of whom were felt to be exceptional while others engaged less well in the process.

- **Scenario based workshops and skills based sessions were deemed very useful**, as were the training sessions related to hospital systems and procedures.

Intern Year

- While many found the year to be extremely intense and found it difficult to maintain a **work life balance,** interns unanimously felt that **the year prepared them for the next stage of their career.** This was primarily attributed to the 'experience' focused nature of the intern year with on-call duties having the greatest impact and providing the steepest learning curve.

- It is important to highlight that most interns felt **very unprepared and unsupported during their first on-call experience** and were concerned about the risks their inexperience could potentially pose to patient safety.

- Interns reported significant **variations between the quality of rotations** and this was attributed to the team they were working with. Some teams were rated extremely highly and considered to be very supportive, while others were not. Where teams were supportive, interns reported learning about professionalism (such as bed side manner, how to handle difficult situations, how to work as a team etc.). This profoundly impacted the experience of the intern and more consistency in this area would be welcomed by interns.

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Intern Year

- Interns felt **sufficiently prepared for the administrative tasks** they were required to complete but **unprepared for the volume** of these tasks.

- Most interns mentioned receiving some training on writing **prescriptions** while at medical school and felt that this was an important and well covered skill. Most reported a common range of medicines being prescribed and that pharmacists were generally very supportive and did not feel there were any issues in this area.

- Interns reported significant **variations in the quality of training lectures** attended, some of which were felt to be **outstanding** while others were **mediocre**. **The highest rated lectures are those using simulation methods**.

- **Few reported having direct contact with their network co-ordinator** outside of the specified points. While this was recognised as 'no news is good news', many found not receiving feedback or guidance of any kind to be quite difficult, particularly in the aftermath of the feedback provided during medical school.

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Next steps?