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Mind the gap; the transition to hospital consultant

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2012

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citation for published version (APA)

Westerman, M. (2012). *Mind the gap; the transition to hospital consultant*.

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Summary

After graduating from medical school, most students venture into one of the postgraduate training programmes that will, after completion, allow them to practise as independent medical specialists. Postgraduate training in the Netherlands ranges from three to six years, depending on the specialty. As a result of this construction, trainees will have received nine to twelve years of training prior to starting as a hospital consultant. Starting to practise as a hospital consultant, or in other words, the transition from specialist registrar to hospital consultant forms the central topic of this thesis.

Chapter 1 first describes the history of transitions within the medical education continuum, after which an overview of the literature on the transition to hospital consultant is provided. In addition to this overview from the field of medical education research, alternative approaches to transitions are presented, stemming from related research areas within social psychology, organisational studies and pedagogy. Transition processes reflect both an individual's previous development and current challenges. This makes transitions a lens for the merits and failings of the current medical educational system. The presentation of contemporary empirical knowledge and of other perspectives on transitions leads up to the central research questions of this thesis. Firstly, what factors in the transition to new hospital consultant are perceived as salient by doctors? Also, what is the influence of preparation received through specialty training on the progression and outcome of the transition to hospital consultant? And finally, what influential contextual and psychological factors can be identified within the transition to hospital consultant?

Chapter 2 describes a critical synthesis of the medical education literature on transitions and their role in the development of medical doctors. Six leading medical education journals were searched to identify how medical educators currently conceptualise transitions. Research on the three major transitions within the trajectory of becoming a specialist is described and categorised as representing objectifying, clarifying, or descriptive and/or justifying research. The first transition from preclinical to clinical training in medical school is reviewed. In this transition students need to relearn what they thought they had already learned in preclinical training and they must learn new things in a more self-directed way. The second transition from medical student to specialist trainee mainly involves handling the many responsibilities that accompany the delivery of patient care, while simultaneously learning from the process of providing that care. The final major transition, from specialty training to working as a hospital consultant, introduces novel non-clinical tasks as well as decisions on how to delegate responsibilities as main issues. This chapter illustrates that all transitions can be highly demanding stages within a medical career and are characterised by numerous challenging novelties. Also, it illustrates that transitions are currently viewed as undesired and potential harmful interruptions of the medical career and should be avoided. Furthermore, chapter 1 shows that clarifying studies often lack conceptual frameworks that could help to gain deeper insight into the observed phenomena. Research from the field of

psychology offers such valuable theoretical perspectives that are applicable to medical education transitions. The chapter illustrates that in order to help transform transitions from threats to learning opportunities, medical education should assist students and doctors in developing the coping skills they need to effectively deal with the challenges presented by new environments.

Chapter 3 reports on an exploratory qualitative study that retrospectively investigates the question: are new consultants adequately prepared and trained to perform the tasks and duties of their new position? Semi-structured individual interviews were conducted with a total of 14 new consultants in Internal Medicine and Obstetrics and Gynaecology. The study was guided by a grounded theory approach and resulted in a conceptual framework on the transition to hospital consultant. The framework consists of three themes interacting in a longitudinal process and is underpinned by notions from organisational socialization literature and psychology. New consultants are confronted with a plethora of novel disruptive elements (first theme) like new tasks related to supervision, management, and handling financial issues, as well as. Furthermore, the novel disruptive elements consist of an altered role in the organisation and an unfamiliar context. The effects of these novelties appeared to depend on the new consultant's perception and coping strategies (second theme). These perceptions and strategies in their turn seemed to steer the personal development and outcome (third theme) of the new consultant in transition. The conceptual framework developed in this chapter provides insight into the transition from specialty training to working as a hospital consultant and can inform measures to smooth the intense transition.

Chapter 4 represents a population based survey study conducted among all new Dutch hospital consultants from the cohort 2007-2009 ($n = 2643$). This chapter investigates whether preparedness regarding medical and generic competencies, perceived intensity, and social support are associated with burnout of new consultants in transition. A questionnaire was used, which covered preparedness for practise, intensity of the transition, social support, and burnout. Using a structural equation modelling approach the hypothesized associations were statistically analysed. The results indicate that new consultants perceived themselves adequately prepared for the medical and clinical aspects of their work, like mastery of clinical knowledge and skills. However, they reported being unprepared for the generic competencies such as supervision skills, leadership, management, and handling financial issues. Ten percent of the new consultants met the criteria for burnout and 18% scored high on the emotional exhaustion subscale. This lack of preparedness within the generic competencies was found to be associated with burnout among new consultants ($r = 0.15, p < 0.001$) whereas unpreparedness within medical competencies was not. Also, social support was found to be a protector against burnout. These findings illustrate the relevance of generic competencies for new hospital consultants in transition and also indicate that social support facilitates this intense and stressful phase within the medical career.

Chapter 5 further explores the transition to hospital consultant by comparing Danish and Dutch new consultants' perceptions regarding their transition. This approach allowed the investigation of different contextual factors in this transition. In particular, contextual factors concerning the influence of factors related to the organisation of specialty training and healthcare. A survey, identical to the one described in chapter 4, was distributed to all 1336 Danish new consultants registered in 2007-2010. Data on the received preparation for medical and generic competencies, perceived intensity, and burnout compared between the two countries. Additionally, to investigate whether disparities between the findings can be explained by contextual dissimilarities, differences in working conditions and cultural dimensions of the two countries are explored. The results illustrated that, compared to their Dutch counterparts; Danish consultants perceived their specialty training and the transition as less intense, reported higher levels of preparation for generic competencies and scored lower on burnout. Possible explanations for these differences are discussed in this chapter. Specifically, explanations related to progressive independence received during specialty training, regulations concerning working hours and cultural dissimilarities, such as differences in shared decision making. These results underscore the importance of contextual aspects in the transition to hospital consultant. Furthermore, they show that Denmark appears to be more successful in aligning training with actual practise. This indicates that the transition from training to work can be facilitated by regulations regarding working hours and progressive independence of trainees.

Chapter 6 describes a longitudinal qualitative study aimed at the examination of new consultants' development into the role of supervisor during on call shifts. This chapter concentrates on supervision, since difficulty with supervision is identified as a major issue in the transition to consultant in chapters 3 and 4. Furthermore, the longitudinal design of the qualitative study enabled the follow up and development of new consultants in transition. To do so, serial individual interviews with new Internal Medicine consultants were conducted during a six month period. The interviews focused on: the preparation for the role of supervisor received during their specialty training, their actions to master this role, and their development over time. Analysis resulted in the identification of three interrelated domains of relevant factors: preparedness, personal attributes, and contextual characteristics. First of all, preparedness by training for taking full responsibility for specialty trainees' actions while supervising them from a distance turned out to be important. Secondly, personal attributes, like coping strategies and views on supervision appeared to guide consultants' development as supervisors. Finally, contextual characteristics were identified essential to this process, especially knowing the trainee, being familiar with departmental procedures, and support from colleagues. Chapter 6 presents how notions from psychology research on effective coping strategies and goal orientation underpin these results. Also, chapter 6 illustrates that exposure to supervision during specialty training is pivotal for a smooth progression into the role of supervisor as new consultant. Finally, practical implications that surfaced from the results are discussed, like proper induction courses for new consultants.

Chapter 7 combines the research findings of the individual research projects of this thesis with elements derived from the four perspectives on transitions as described in chapter 1. By merging the research findings and the varying perspectives on transitions, a different approach of the transition to hospital consultant and transitions in general is proposed. An approach in which transitions are not just threats, but also opportunities for rapid personal and professional development. Chapter 7 continues by illustrating how transitions are characterised by an intricate interplay between preparation received through training, psychological characteristics like coping strategies, and contextual factors. This approach contrasts with medical education's most prevalent view on transitions as threats that should be prevented through curriculum alterations. Such a perspective builds on the view that transitions result from inadequate preparation, and thereby ignores the psychological and contextual characteristics of transitions. Subsequently, the strength and limitations of this thesis are discussed. Its strength relates to the relevance, methodological diversity and rigour, and the incorporation of multiple theoretical concepts derived from adjacent research fields. The limitations pertain to the transferability of the research findings and potential sources of bias, relating to self assessment and non response. Additionally, chapter 7 discusses implications for the organisation of specialty training and health care. These implications relate to the institution of training in generic competencies for specialty trainees. This training should be followed by progressive independence in specialty training programs. This would enable the actual deployment of the newly acquired competencies. Another implication relates to the incorporation of sound induction courses for new consultants to familiarize them with the new departments, its employees and other logistic characteristics. Finally, several possibilities for future research are discussed. The effect of competency based curricula on the level of preparedness of new consultants within generic competencies provides ample research opportunities in the future. Also, the further investigation of transitions as developmental processes and learning opportunities is a first fertile area for future research.