Do you remember the first time?
Qualitative research using realist evaluation to explain preparedness for doctors’ memorable 'firsts'

Janet Lefroy, Ruth Kinston, Simon Gay, Stu McBain, Sarah Yardley, Bob McKinley
Background

Big variation in preparedness for FY1

Goldacre et al. 2012 Postgrad Med J
Research question

What are the memorable ‘firsts’ in the transition to being a qualified doctor and how can these be understood within a three stage framework of transition (anticipation, lived experience, reflection)?
Perspectives on Transition

Time

Anticipation

In the moment

Looking back
Data collection

Transition

2013

Log diaries + Interviews
32 Year 5 students

Audiodiaries + Interviews
11 FY1s

2015

10 Focus groups
[57 FY1 13CT2]

7 interviews
Methodology -
A realist evaluation of causation

Realist methods in medical education research: what are they and what can they contribute?

Geoff Wong,¹ Trisha Greenhalgh,¹ Gill Westhorp² & Ray Pawson³

Medical Education 46 (2012): 89–96
Transcript analysis – looking for patterns in the causal chain of a ‘complex’ intervention

A mechanism is ‘something’ that that causes the ‘move’ from A to B

BUT... the context in which this intervention is taking place may limit and/or influence this move
Results – 3 types of ‘firsts’

• Firsts which were anticipated and prepared for in medical school
• Firsts for which total prior preparedness is not possible due to the step change in responsibility
• Firsts which were experiences of failure
Firsts which were anticipated and prepared for in medical school

- Carrying a bleep
- Making a phone call to a consultant
- Attending an acutely ill patient
- Breaking bad news
- Prescribing
Opportunities to do FY1 tasks (Context)

Mechanism is repeated practice and feedback

Outcome is confidence about doing the same task as a doctor

“I think the first time obviously I wasn’t too sure what to write for the medical plan but the times that came after, I was almost, you know, completely right, and that made me feel like oh at least I know where to start – at least in my first year if it is AMU, when I’m a junior doctor, at least I know how to handle it, so that experience made me feel more confident. Student interview 06m
Firsts for which total prior preparedness is not possible due to the step change in responsibility

- First ward round on your own
- Someone wanting to speak to ‘the doctor’
- Prescribing without someone checking
- Assessing an acutely unwell patient alone

“But then you get that scary moment when they look at you and you realise… they say what do we do, doctor?” FY1 interview 05m
"You do hear sort of horror stories about junior doctors being on their own for the first nights and no-one to sort of call for help, so that will probably be quite a big first" Student interview 21f
Firsts which were experiences of failure

- First time being told off down the phone
- First incident report against you
- The day when everything goes wrong
- First drug error
- Taking blood and failing (as a doctor)
Aug 6: Thursday was a horrible day, it felt like everything that I did I failed at.
Aug 8: In terms of when things aren’t successful, I think I’ve realised the type of feedback I respond well to is supportive, encouraging feedback that’s, you know, “oh give it another go”, or constructive feedback, telling me what I’ve done wrong and saying “right, now try it again this way”.
Some of the feedback I’d been getting on Thursday was “oh, you can’t do it, you don’t know how to do it” and I’d only tried most things once, but people were just like “oh it’s okay, I’ll do it”, and that just feels quite undermining and makes you feel like… feel very incompetent when you’re not incompetent, you’re just learning and you just need a bit of support and encouragement rather than someone to come in and just take things over from you. 28f Voicemail
Summary of mechanisms

Constructive, safe and effective

- Welcoming correction
- Being supported through first
- Activating what has been rehearsed physically or mentally

Unsafe

- Face-saving
- Avoidant (confusion, freezing)
Recommendations for practice

• Rehearsal and experiencing responsibility while a student is important preparation
  BUT insufficient for success in transition
• Investment is required in real time, person centred ‘on the job’ support for new doctors (not more online or classroom based induction)
• Practitioners and policy makers need to consider whether withholding authentic real time tasks from students risks more than it solves with respect to patient safety