



Learning Responsibility

Exploring Doctors' Transitions to New Levels of Medical Responsibility

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Background

Transitions are central to all organizational and individual life, and how they are handled can be a key determinant of performance. All doctors experience many transitions, both during their training and in their subsequent careers. These transitions include changes in status and seniority, changes in geographical location and change of specialty. Such transitions have been shown to be associated with increased risks of untoward events occurring in other high risk professions such as aviation and nuclear power generation.

Up to now, there has been little systematic research about the effects of these transitions on doctors' performance and patient care.

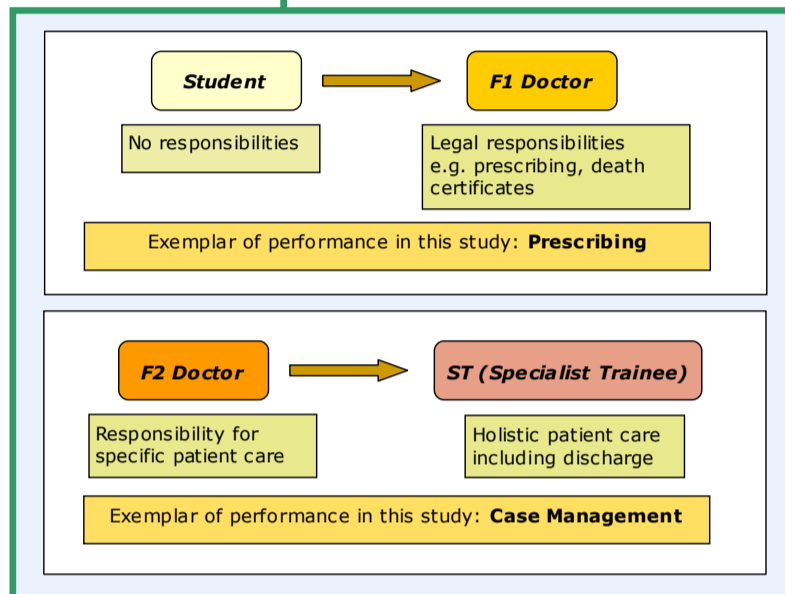


Figure 1. New responsibilities at each transition.

What We Did

We looked at two key types of transition summarised in Figure 1:

- ❖ the point where clinical practice begins – the change from medical student to foundation trainee (F1 in UK terminology). At this point, F1s have a new responsibility for prescribing.
- ❖ the point where doctors change from generalist to specialist clinical practice when they become specialist trainees (ST) and have a new responsibility for patient management.

We interviewed doctors in transition and, where possible, observed them in work during the transition. We also interviewed health professionals working with those doctors. We collected data about induction and the regulation and monitoring of transitions from employers and from regulatory bodies. We worked with 21 doctors in 6 English hospitals (2 university teaching hospitals and 4 general hospitals).

Findings

- ❖ Every transition involves a critically intense learning period (CILP) in which doctors acquire context-specific information and establish context-specific working relationships. Doctors can never be fully prepared in advance of a transition because learning, practice and performance are inseparable.
- ❖ Because the official focus of learning during the two key transitions was patient-centred, other aspects of learning (such as relationships with others, work processes and practical issues) were minimised or ignored. Sometimes this could impede doctors' performance unnecessarily.
- ❖ Trainee doctors in transition recognised that they were learning and expected to under-perform at the beginning. Other professionals may recognise this; however, the employers and regulatory bodies we examined did not recognise and/or accommodate CILPs in their expectations of trainee doctors' performance.
 - ❖ These findings have implications for individuals, clinical teams, employers and regulatory bodies.

Aims

We aimed to find out how doctors learn responsibility by:

- ❖ Observing and talking with doctors in transition from one level of responsibility to another;
- ❖ Examining how transitions were regulated, managed and monitored;
- ❖ Researching how doctors, other healthcare professionals, employers and regulatory bodies understood performance in transition;
- ❖ Identifying implications for better management of transitions and improving medical performance in transition at the levels of the individual, the team, the employer and the regulatory body.



Figure 2. Factors affecting performance during transition.

Find out more...



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