

# FOUNDATION YEAR ONE TRANSITION COURSE: FROM MEDICAL STUDENT TO FIRST YEAR DOCTOR.

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## INTRODUCTION

Transitions in medicine are often challenging, none more so than the initial jump from medical student to foundation year one doctor (FY1)<sup>1</sup>. The most recent cohort of doctors have encountered an additional hurdle - reduced exposure to clinical environments during their final years at medical school due to the COVID-19 pandemic. Health Education England advised a longer shadowing period prior to starting work as an FY1 as a means of at least partially offsetting this<sup>2</sup>.

## METHOD

Our role as medical education fellows within the postgraduate medical education department was to design and implement a detailed course to ensure that the FY1 transition was as smooth as possible. It aimed to improve confidence and preparedness.

We collected informal feedback from the existing FY1 cohort. The two main themes identified were difficulty accessing IT systems required and feeling isolated from colleagues during the pandemic. Thus, additional objectives were to ensure all new starters had the necessary access to perform their jobs effectively on day one and to ensure they felt supported throughout this period.

A formal questionnaire was sent to the new cohort due to start FY1 to assess how prepared they felt to start their new job and included open questions to identify areas of concern. This information was used to create a two-week course comprised of a variety of talks and interactive sessions to run alongside their extended shadowing. The course was optional and held prior to official start date. 33 of 37 new starters chose to participate.

Throughout the course, the new doctors were given our email and WhatsApp contact details and offered drop-in sessions to discuss issues and concerns. The course also provided the opportunity to get to know their peers, another important source of support.

## RESULTS

100% (n=33) of attendees completed post-course feedback. Confidence scores in all subject domains, measured on a Likert, showed a positive improvement. There was an increase of 31% in those that felt prepared to start FY1. Furthermore, 88% felt reduced anxiety and 79% felt positive about starting work.

Over 90% were able to access and use their IT logins, F1 WhatsApp group, ID cards, smart cards, online training and e-portfolio prior to starting. We noted that PACS and NHS email access was more limited, 79% and 45% respectively, and we were able to rectify this swiftly. All attended at least one drop-in session with the education team or contacted us via WhatsApp, and this was noted by over 95% of participants as a positive feature of the course.

## REFERENCES

1. Brennan N, Corrigan O, Allard J et al. The transition from medical student to junior doctor: today's experiences of Tomorrow's Doctors. Med Educ. 2010 May;44(5):449-58.
2. Extra support for new generation of UK doctors. <https://www.hee.nhs.uk/news-blogs-events/news/extra-support-new-generation-uk-doctors> [Accessed 8th Feb 2022].

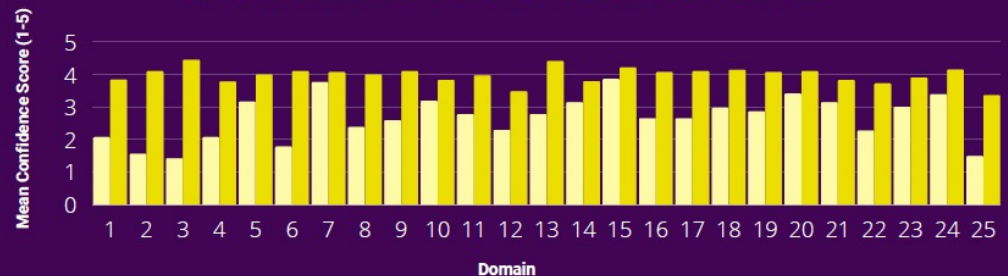
## TALKS

1. Welcome & Meet The Team
2. Medical Education
3. Wellbeing
4. Contracts, Exception Reporting & Rota
5. Expectations of an FY1
6. On-call as an FY1
7. Sepsis
8. Confirming Death & Death Certificates
9. Library
10. VTE
11. Career Extras & CV building
12. Horus & Eportfolio

## INTERACTIVE SESSIONS

13. Tips for an FY1 from an FY1
- How to:
  14. Prescribe
  15. Interpret ABG
16. Approach common bleeps
17. Prioritise bleeps
18. Make a Referral
19. Identify Common Radiology Problems
20. Document a Ward Round
21. Manage a COVID Patient & PPE
22. Complaints
23. CPR & TEQ
24. Basic Life Support & Clinical Skills
25. IT Training

## Confidence Scores Pre & Post Course



## CONCLUSION

In summary, our course has helped our cohort of FY1 doctors to feel more confident and prepared for their new role, and helped them make the transition from student to doctor. Due to its success the course will be embedded permanently in new FY1 induction at our Trust. We feel the course model could be replicated at other hospitals to ensure benefits can be accessed by as many new doctors as possible.