

# Practical advice for new doctors

## EDUCATION

### AUTHORS

**Dr Ehinomen Inegbedion**

Institution Maidstone and Tunbridge  
Wells NHS Trust, Guy's and St  
Thomas' NHS Foundation Trust

**Dr Pakinee Pooprasert**

Institution Maidstone and Tunbridge  
Wells NHS Trust, Guy's and St  
Thomas' NHS Foundation Trust

*Address for Correspondence:*

Dr Ehinomen Inegbedion  
Maidstone Hospital  
Hermitage Lane  
ME16 9QQ

Email: [ehinomen.inegbedion@nhs.net](mailto:ehinomen.inegbedion@nhs.net)

ORCID ID: 0000-0002-1509-8704

*No conflicts of interest to declare*

Accepted for publication: 19.08.20

### ABSTRACT

**Summary:** Foundation year 1 doctors beginning their medical career may experience apprehension and uncertainty prior to undertaking their new role. The transition between being a medical student and becoming a doctor can be daunting. It is a pivotal and natural progression in the medical graduate's career.

**Relevance:** The tips in this article provide a practical guide to starting life as a doctor, based on experience from current foundation doctors in the UK.

**Take-home messages:** Starting foundation year 1 can be a challenging experience, however this article aims to ease the transition by offering the following tips:

1. Understanding the contract
2. Being familiar with the new surrounding
3. Staying organised
4. Know your limits
5. Take regular breaks
6. Be proactive
7. Teamwork
8. Continuous learning
9. Learning from mistakes
10. Maintain confidentiality
11. Preparing for night shifts or long on-calls
12. Career planning

## INTRODUCTION

Although medical school equips new doctors with the appropriate clinical knowledge required to begin working in the hospital setting, many new doctors still enter with a feeling of anxiety and unpreparedness. (1) This has often been deemed as a major cause of psychosocial distress amongst medical school graduates. (2) Based on personal experience and discussions amongst clinical colleagues, we have highlighted tips specifically aimed to enlighten UK medical graduates transitioning to foundation year one and provide them with essential information which may not have been a core focus within the medical school curriculum. By understanding this information, medical graduates will feel less apprehensive about the prospect of beginning life as a fully-fledged doctor and therefore improve patient safety.

### Understanding the contract

It is essential to be familiar with the contract, especially in the context of maximum or minimum working hours, eligible sick leave, less than full-time training options and trainee support and supervision at work. This is particularly relevant as the recruitment process has been constantly changing due to the impact of COVID-19. It is particularly important to verify that trainees are well-supported and working within the stated number of hours according to the guideline to ensure fairness at work and patient safety.

### Being familiar with the new surrounding

Entering an entirely new system can dampen productivity and hinder confidence, especially as a junior in the profession. Being familiar involves two aspects: physical familiarity with the work environment, and familiarity with work colleagues and styles of consultation which may vary between the consultants. Firstly, physical familiarity can be achieved by orientating yourself amongst bay and bed layouts, doctor and nursing stations, treatment rooms and document shelves. This could be particularly vital during an emergency on the ward. Additionally, building a good and professional rapport with colleagues in all levels of seniority is especially important in promoting both teamwork and support at work.

### Staying organised

The list of tasks throughout the day will be in a variety of forms, including documentation, referrals, as well as clinical skills – many of which can be time pressing. Having a system of prioritisation will ensure that the most important tasks are completed thoroughly and safely. The time management matrix formulated by Stephen Covey suggests dividing tasks into both levels of urgency and importance. (3) The most urgent and important task should be dealt with first while the non-urgent and non-important task can either be delegated to another colleague or completed last on the list. For example, one should prioritise reviewing an acutely deteriorating patient before attempting to complete a discharge summary. Similarly, when

pressed with two equally important and time-consuming tasks, a decision to delegate one of the tasks to a colleague might be necessary, or can be planned to be undertaken simultaneously, if deemed appropriate. For example, two urgent referrals or advice to the same speciality can be done at the same time.

### Know your limits

Arguably, one of the most important skills you may possess as a doctor is the ability to work only within your capability and ask for help when needed. Patient safety remains of utmost importance. It is far better to seek help when unsure rather than take chances and possibly risk causing harm. This becomes particularly apparent during on-calls and out of hours as there is often a smaller group of seniors to assist. Therefore, it would be useful to familiarise yourself with your direct seniors and anyone else who may be available for you to escalate to. Your colleagues will appreciate you calling them for advice on a matter you are unsure of, or even just to update them on important changes with regards to your patients. This is a good way to ensure that a strong flow of communication is maintained throughout the multidisciplinary team and ultimately enhances patient care.

### Take regular breaks

As a doctor, you will inevitably be exposed to high levels of stress. It is important to learn how to manage this to avoid burnout. Although moderate amounts of stress may be harmless to some, and sometimes beneficial, increasing prolonged stress levels can lead to a decrease in morale and job satisfaction. (4) Doctors who experience burnout are more likely to make poor decisions, display hostile attitudes towards patients and colleagues and make more medical errors. (5) Thus, it is important to work within your scheduled hours and if you find yourself working beyond these limits repeatedly, it is important to identify the reasons for this and escalate to your seniors. Make efforts to take regular breaks during the working day to rehydrate. Facilities such as the doctors' mess are often available and beneficial for providing snacks and a safe space to socialise at work. Maintain a healthy work/life balance by continuing or starting hobbies outside of the workplace. Some ways to implement this include joining or organising group activities, unrelated to work, with fellow colleagues. Often, particularly during the first few weeks or months, foundation doctors partake in social activities together (e.g. climbing, running clubs). Creating a weekly schedule which is flexible for all to join ensures that activities can continue on a consistent basis throughout the year.

### Be proactive

As a junior doctor, it is important to be proactive as there will be various practical procedures and administrative skills to become familiar with daily. Furthermore, there will be a constant list of tasks to act upon proficiently and with an increase in pressure to finish jobs within a limited amount of time. One method of being

proactive is listing out practical procedures that might need further practice. It is also useful to ask colleagues about tips and tricks of how to get certain jobs done. An example could be advice on getting efficient referrals done, such as what certain information specialists might require, or what kind of investigations need to be performed before a referral is sent to aid in management. Another way to remain proactive is being aware of learning opportunities, which can constitute both internal departmental teaching and those in other specialities. Additionally, being familiar with the updated trust guidelines can aid in management and efficiency of working.

### Teamwork

As a doctor, it is important to build a good rapport with both the immediate and multi-disciplinary team as no single task is usually completed alone and the need to engage with others is increasing due to increasing co-morbidities and complexity of care. An effective teamwork can positively affect patient safety and outcome while promoting well-being at work (6). The incorporation of shared responsibilities will increase the accountability between team members and prevent 'near misses' as members of the team can communicate and formulate management plans before actioning. In order to be a good team member, it is important to introduce yourself to the team, clarifying your roles and level of expertise. It is also helpful to be assertive when required, but also be helpful when needed especially during a busy day or when dealing with an acutely ill patient. Further, when in conflict, it is important to concentrate on what is right for the patient, rather than who to blame or who is right. During a particularly difficult day, it can also be useful to perform a team briefing before the tasks are delegated and a debrief afterwards as a reflection on what is performed well and what could be further improved.

### Continuous learning

The importance of lifelong learning and maintaining clinical skills throughout one's medical career is widely recognised. (7) The completion of a medical degree only opens the door to life as a doctor; active learning, practice and experience is what truly prepares doctors for the challenges that the job can bring. Medical science is rapidly evolving and as a doctor, you will be expected to keep up to date with current affairs. (8) Making efforts to read about pathology you come across in hospital will accumulate episodic memory to better retain semantic information. (9) Furthermore, it is worthwhile learning from senior colleagues; making the effort to be proactive about attending teaching sessions not only further clinical knowledge but is paramount as portfolio evidence of professional development. Lastly, take every opportunity to teach colleagues and medical students; this will help to enhance your own understanding and development as a clinical teacher.

### Learning from mistakes

Oftentimes, medical errors are attributed to laziness, inattention or incompetence of an individual. One of the first principles you are taught in medical school is to "do no harm". This stigma creates an

environment focused on blame and guilt. (10) Although few errors are caused by physician negligence, the majority are the result of poorly designed processes and systems of care. (11) As a foundation doctor at the beginning of your career, the lack of knowledge and experience can potentially lead to errors in the workplace. It is also important to note that not all errors lead to patient harm. Learning from your mistakes enables you to build confidence, strengthen your knowledge and ultimately provide better patient care. Support systems in the form of senior colleagues, nursing staff and the wider multidisciplinary team are in place to assist you during this transitional period.

### Maintain confidentiality

Maintaining patient confidentiality is a widely recognised topic of importance in the medical profession. (12) The GMC states that "doctors are under both ethical and legal duties to protect patients' personal information from improper disclosure." (13) Therefore, respecting confidentiality is legal and ethical duty of healthcare professionals which is essential to safeguard the wellbeing of patients and maintain the doctor-patient relationship. Although the fact may seem obvious, most occasions where patient confidentiality is breached are unintentional. (14) For example, discussing cases in hospital corridors, canteen, or other public areas. Additionally, breaches may occur when using technology which is not adequately encrypted to communicate with colleagues. Uphold good practice from the beginning of your career by anonymising patient information wherever possible, not allowing others to use your hospital login information and not viewing the information of any patient to whom you are not involved with.

### Preparing for night shifts or long on-calls

The demand to work long hours while aiming to maintain patient safety and high-quality care can be physically and mentally straining. Thus, it is important to be prepared for a long day of on-call or a night shift, especially when working during unfamiliar hours. Before the start of the shift it is wise to get adequate rest, stay hydrated and have a nourishing meal. It is also vital to attend handovers as this will keep you updated on the patients to be aware of, and how busy the shift can potentially be. Handovers are also a good opportunity to fully meet the team and delegate tasks if needed. During the shift, it is important to take timely breaks as this will maintain alertness and stamina. Preparing for a nightshift can involve building a sleep routine such as getting extra sleep before working the first night shift, and a pre-shift two-hour sleep can reduce the build-up of fatigue. After a nightshift, it is important to gauge the level of fatigue as driving while tired is effectively no different to driving while over the legal limit for blood alcohol content. (15) An alternative could be taking public transport or using sleeping accommodation to recover.

### Career planning

In the beginning, you may or may not have an idea of which specialty you would like to pursue after foundation training. As many

specialty applications open during the beginning of foundation year 2, it is worthwhile taking time to evaluate your interests and beginning planning for your future. Completing online medical specialty aptitude tests, such as the 'specialty explorer' available from the BMA, (16) may help you to identify specialties most compatible with your interests and priorities. Maximise your chances to obtain specialty posts by undertaking audits, attending conferences and publishing research. Some specialties are more competitive than others and therefore early preparation will greatly increase your chances of securing a place in your chosen job. Reach out to registrars and consultants within your specialty of interest and enquire about the pros and cons that they have experienced throughout their career. Furthermore, researching into the specific requirements for your chosen specialty will enable you to actively work towards strengthening your application. Points are often awarded per portfolio requirement; research relevant courses to attend as well as specialty exams which can often be undertaken during foundation years e.g. MRCP/MRCS/FRCOphth. It is also worth reflecting on projects, presentations and awards you may have completed during medical school, as such achievements may contribute to your application. Focus on 'low hanging fruit' i.e. be strategic; 'easy' points can be gained by organising taster weeks or teaching sessions in comparison to points gained by completing a master's degree or publications.

## CONCLUSION

The tips outlined in this article can help shed insights for new foundation doctors in the UK on how to effectively start their career – ensuring patient safety while fostering an interest in lifelong learning and training progression.

## Note on contributors

Ehinomen Inegbedion and Pakinee Pooprasert are currently foundation doctors working in ophthalmology and acute medicine. They have a special interest in medical education and ophthalmology.

## REFERENCES

1. Ochsmann E, Zier U, Drexler, H, Schmid K. Well prepared for work? Junior doctors' self-assessment after medical education. *BMC Medical Education*. 2011;11:1-9  
doi: 10.1186/1472-6920-11-99  
PMID: 22114989 PMCID: PMC3267657
  
2. Tyssen, R. and Vaglum, P. Mental Health Problems among Young Doctors: An Updated Review of Prospective Studies. *Harvard Review of Psychiatry*. 2002;10:154-165.  
doi: 10.1080/10673220216218  
PMID: 12023930
  
3. Covey, Stephen R. The seven habits of highly effective people: restoring the character ethic. 1989; New York: Simon and Schuster.
  
4. Lockwood, N. Work/Life Balance: Challenges and Solutions. *SHRM Research*. 2003;2.
  
5. Kumar, S. Burnout and Doctors: Prevalence, Prevention and Intervention. *Healthcare*. 2016;4:37.  
doi: 10.3390/healthcare4030037
  
6. Babiker, A., El Hussein, M., Al Nemri, A. and Al Frayh, A. Health care professional development: Working as a team to improve patient care. *Sudanese Journal of Paediatrics*. 2014;14:9-16.  
PMCID: PMC4949805 PMID: 27493399
  
7. Teunissen, P. and Dornan, T. Lifelong learning at work. *BMJ*, 2008;336:667-669.
  
8. Hughes, D., Burke, D., Hickie, I., Wilson, A. and Tobin. Advanced Training in Adult Psychiatry. *Australasian Psychiatry*. 2002;10:6-10.  
doi: 10.1046/j.1440-1665.2002.00384.x
  
9. Sprenger, M. Learning and Memory: The Brain In Action. Association for Supervision & Curriculum Development. 1999.  
PMID: 27417625 PMCID: PMC5041038
  
10. Reinertsen, J. Let's talk about error. *BMJ*. 2000;320:730-730.  
doi: 10.1136/bmj.320.7237.730  
PMID: 10720339 PMCID: PMC1117751
  
11. Reason, J. Human error. 1990; Cambridge: Cambridge University Press.
  
12. Cordess, C., n.d. Confidentiality And Mental Health.

---

13. Gmc-uk.org. 2020. Ethical And Legal Duties Of Confidentiality. [online] Available at: <<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/ethical-and-legal-duties-of-confidentiality>> [Accessed 10 May 2020].

14. Beltran-Aroca, C., Girela-Lopez, E., Collazo-Chao, E., Montero-Pérez-Barquero, M. and Muñoz-Villanueva, M. Confidentiality breaches in clinical practice: what happens in hospitals?. BMC Medical Ethics, 2016;17.

doi: 10.1186/s12910-016-0136-y

PMID: 27590300 PMCID: PMC5009672

15. Williamson, A. Moderate sleep deprivation produces impairments in cognitive and motor performance equivalent to legally prescribed levels of alcohol intoxication. Occupational and Environmental Medicine. 2000;57:649-655.

doi: 10.1136/oem.57.10.649

16. Archive.bma.org.uk. 2020. BMA - Specialty Explorer. [online] Available at: <<https://archive.bma.org.uk/advice/career/applying-for-training/specialty-explorer>> [Accessed 10 May 2020].



**The British Student Doctor** is an open access journal, which means that all content is available without charge to the user or his/her institution. You are allowed to read, download, copy, distribute, print, search, or link to the full texts of the articles in this journal without asking prior permission from either the publisher or the author.

[bsdj.org.uk](http://bsdj.org.uk)



/thebsdj



@thebsdj



@thebsdj

[Journal DOI](#)

10.18573/issn.2514-3174

[Issue DOI](#)

10.18573/bsdj.v5i3



**AOME**

The **British Student Doctor** is published by **The Foundation for Medical Publishing**, a charitable incorporated organisation registered in England and Wales (Charity No. 1189006), and a subsidiary of **The Academy of Medical Educators**.

This journal is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. The copyright of all articles belongs to **The Foundation for Medical Publishing**, and a citation should be made when any article is quoted, used or referred to in another work.



Cardiff University Press

Gwasg Prifysgol Caerdydd

**The British Student Doctor** is an imprint of Cardiff University Press, an innovative open-access publisher of academic research, where 'open-access' means free for both readers and writers.

[cardiffuniversitypress.org](http://cardiffuniversitypress.org)