

Transitions in the medical education trajectory

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once upon a time in a galaxy far far away



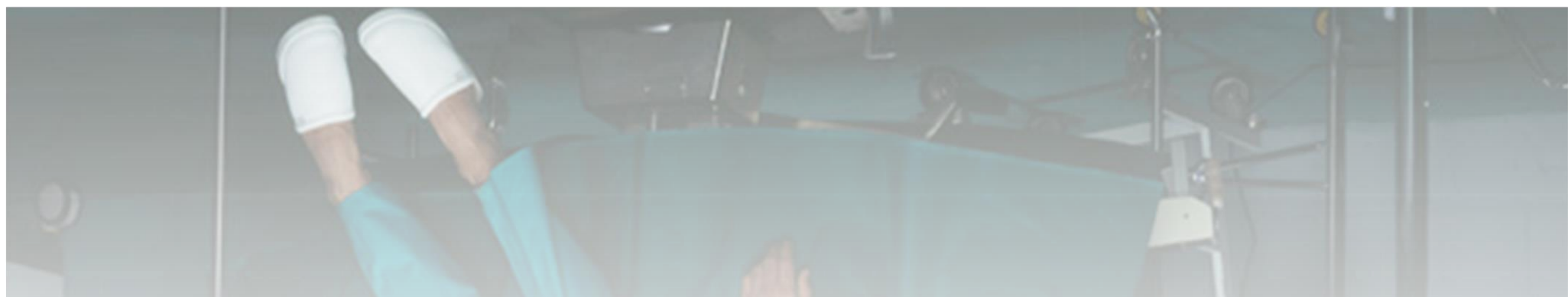


at that same time and not so far away



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structure

- on the origin of transitions
- transitions in the medical trajectory
- opportunity or threat

terminology

- resident = registrar = specialty trainee
- hospital consultant = attending = specialist



on the origin of transitions

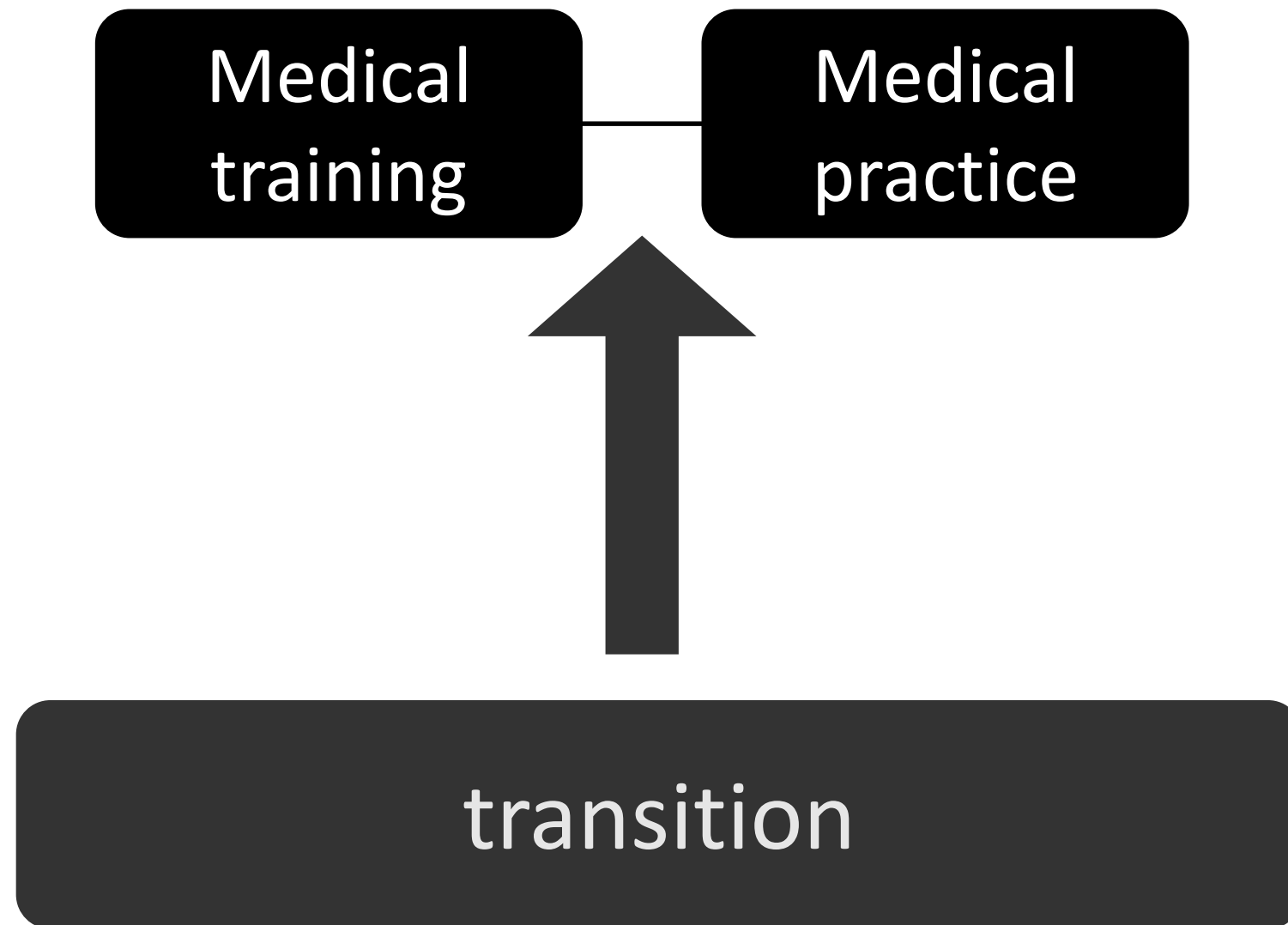


on the origin of transitions

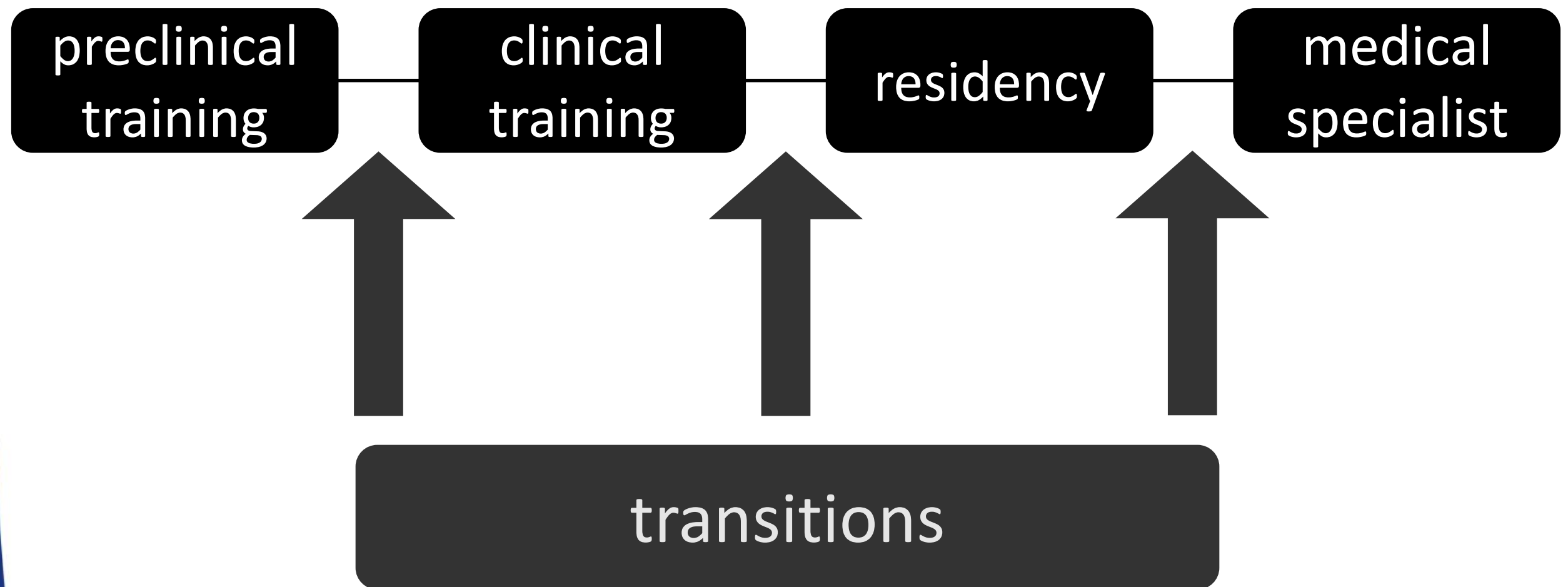
- Flexner report 1908
- initiation preclinical and clinical phase
- first forms of postgraduate education

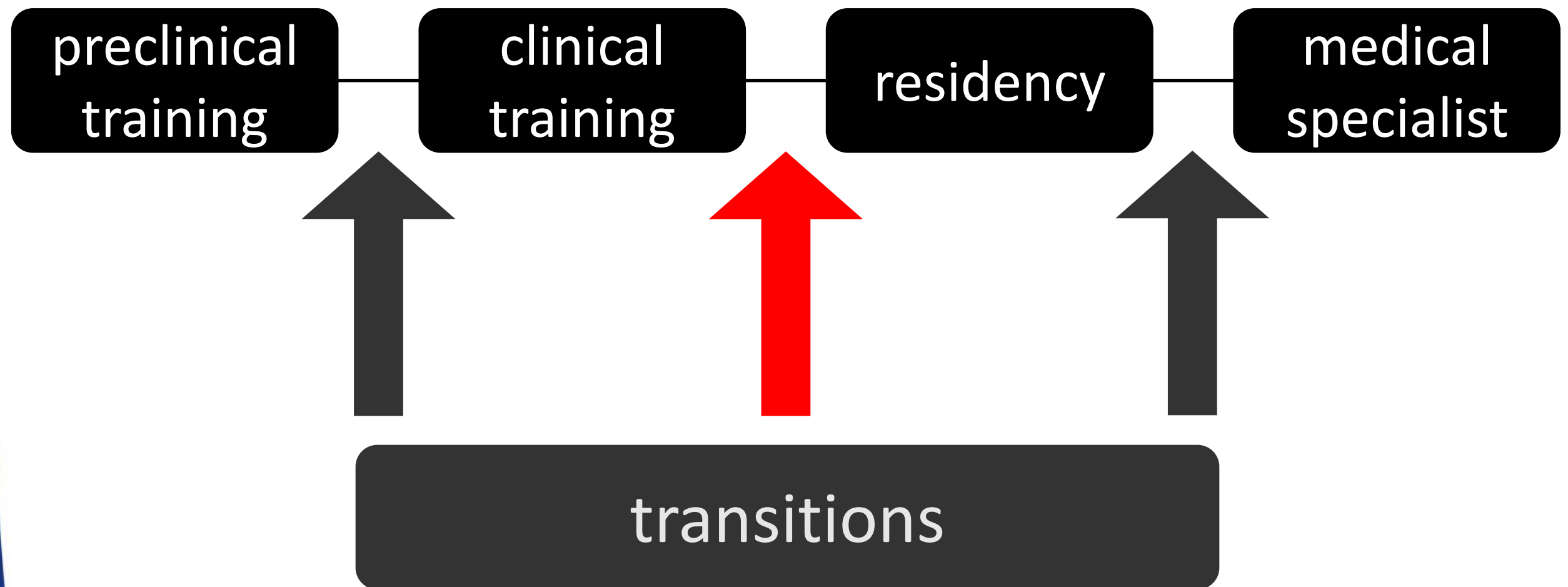


pre Flexner



post Flexner



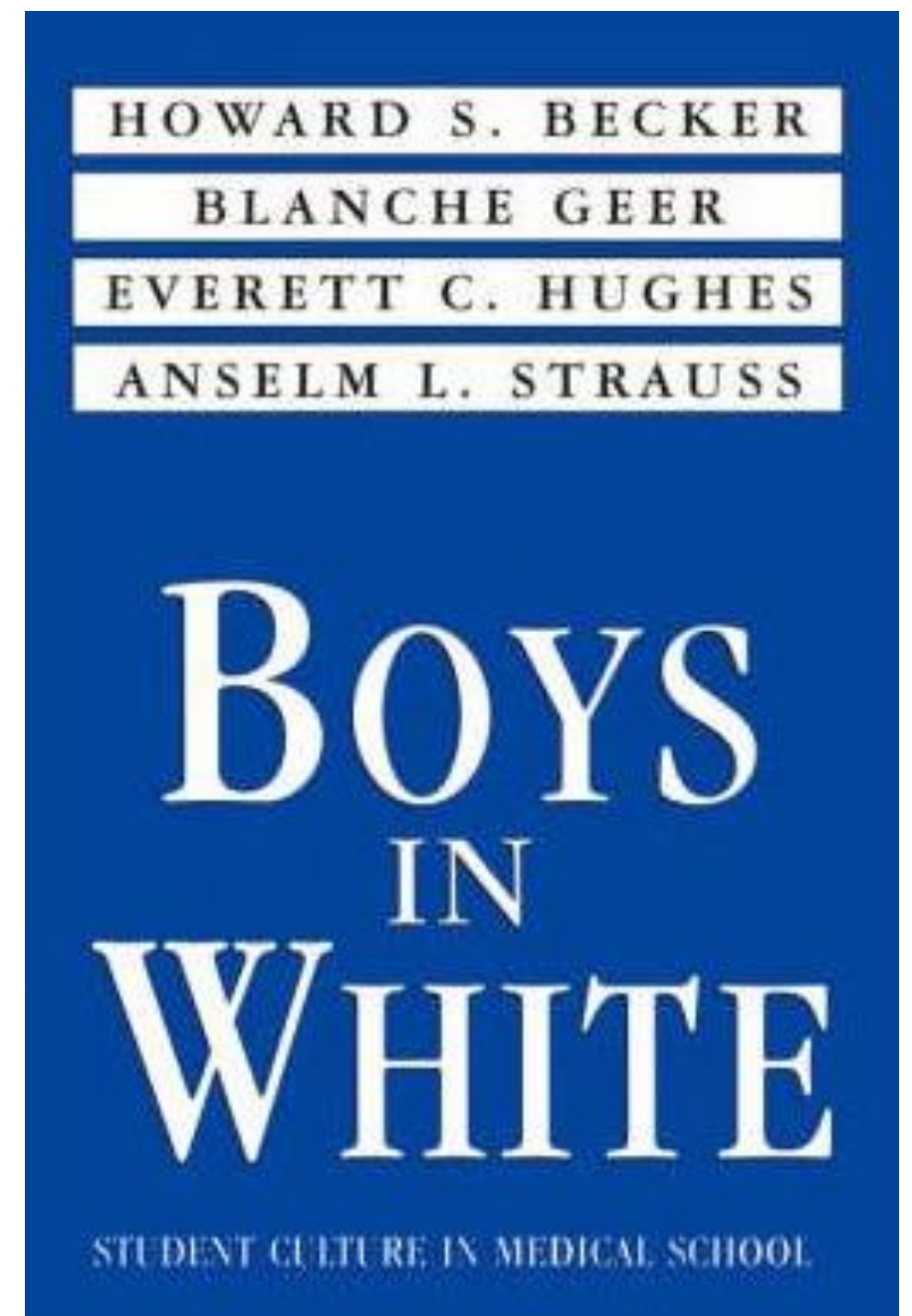


the transition into residency

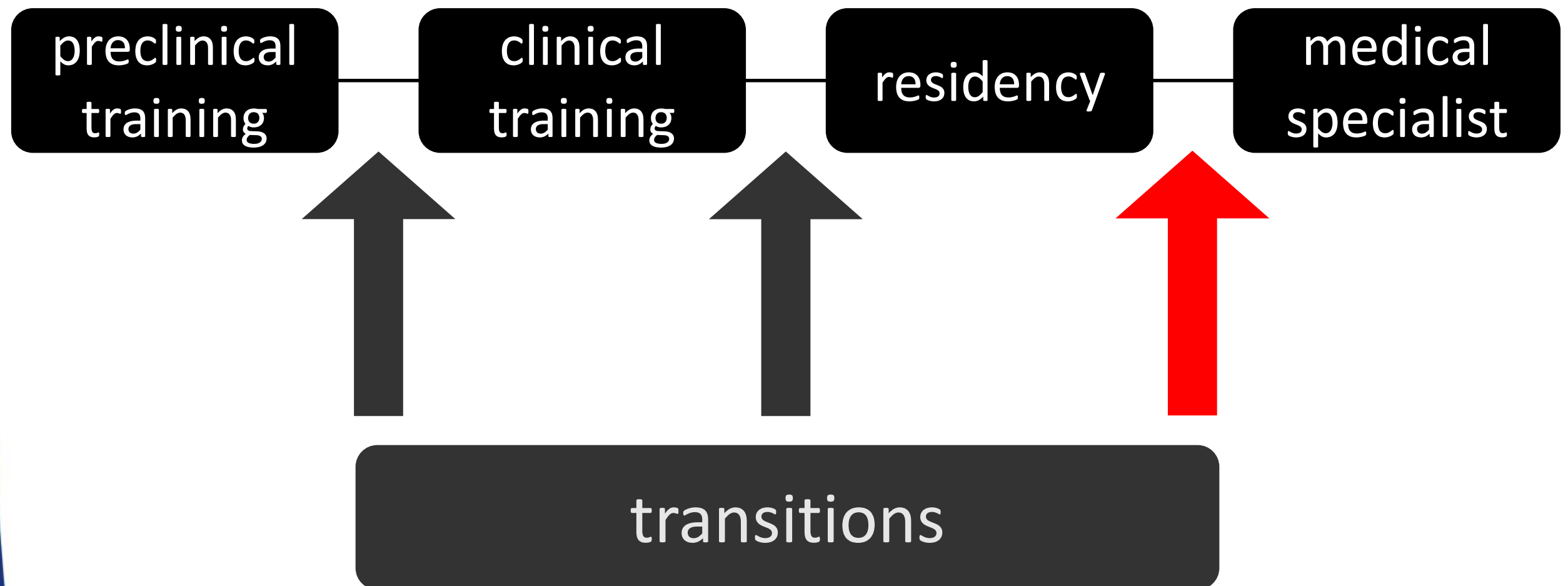
- preparedness
 - prescribing and medication
 - communication skills
 - ward management
 - prioritizing and time management

the transition into residency

- role identification
 - nurses, supervisors, patients
- responsibility shift; learner to provider
- change in learning

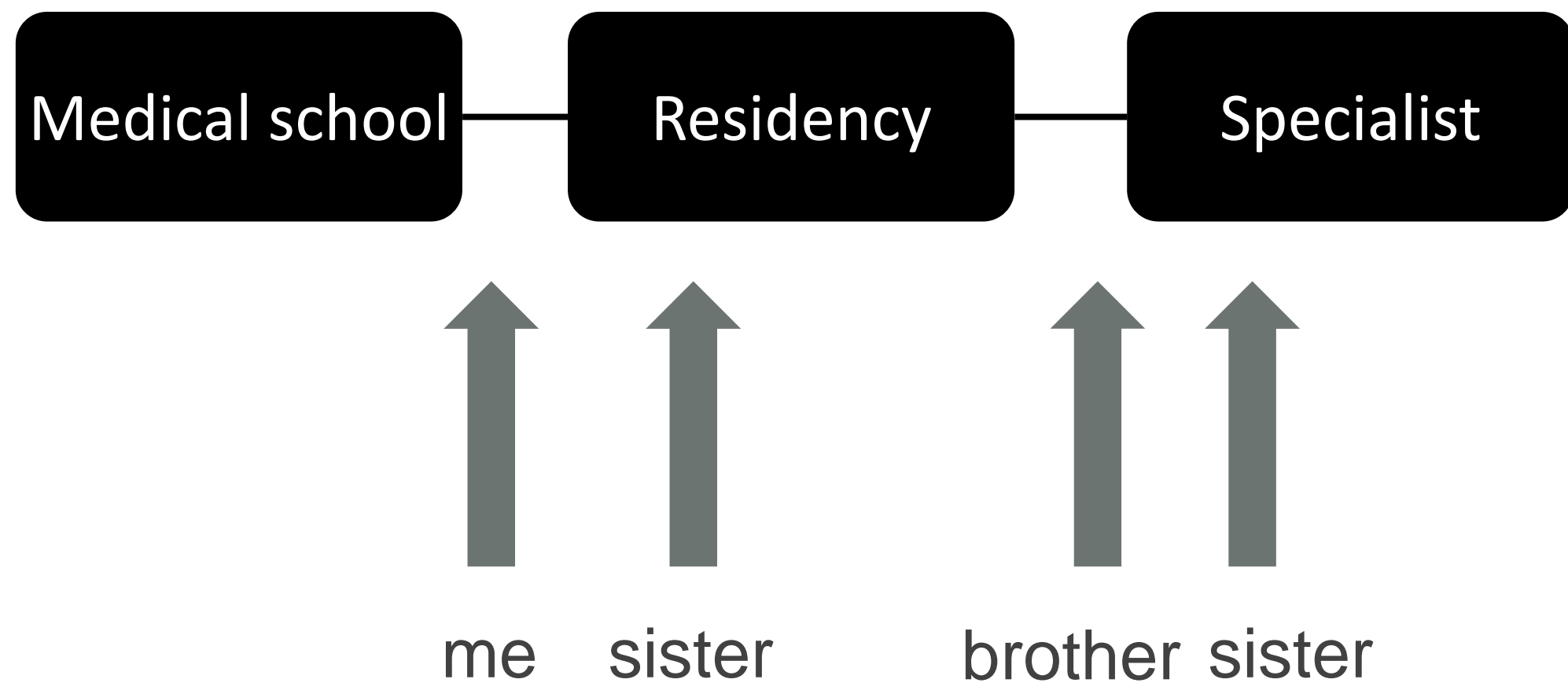


the transition to medical specialist





why



why

there is an urgent need to conduct empirical research into the needs
of new hospital consultants

Higgins et al 2005

why



1,000,000,000 €
The Netherlands

goal

- do we train the medical specialist for the work they have to do?
- how can we influence this transition?



methods



literature review
73 publications



2 interview studies
38 interviews



2 questionnaire studies
1469 participants

the transition

- educational factors
- psychological factors
- contextual factors



educational factors



medical vs generic

“I was trained to be a doctor but I
have become a manager”

“I have been trained for 50% of the
work I have to do”



medical vs generic

business case
change management
being effective within the organization
negotiation skills
financial issues



responsibility



“As a resident there was always a safety net. So therefore I thought Yeah a breach delivery! But now as a specialist I am that safety net and therefore it is no fun at all!”

supervision

“Now, during on call supervision, I have to decide upon treatment for a patient I have not examined myself while relying on a resident I don't know”



educational factors

medical expert
supervision
responsibility
leadership
management
financial issues



TRANSPHER

Transition to Physician Experience Review

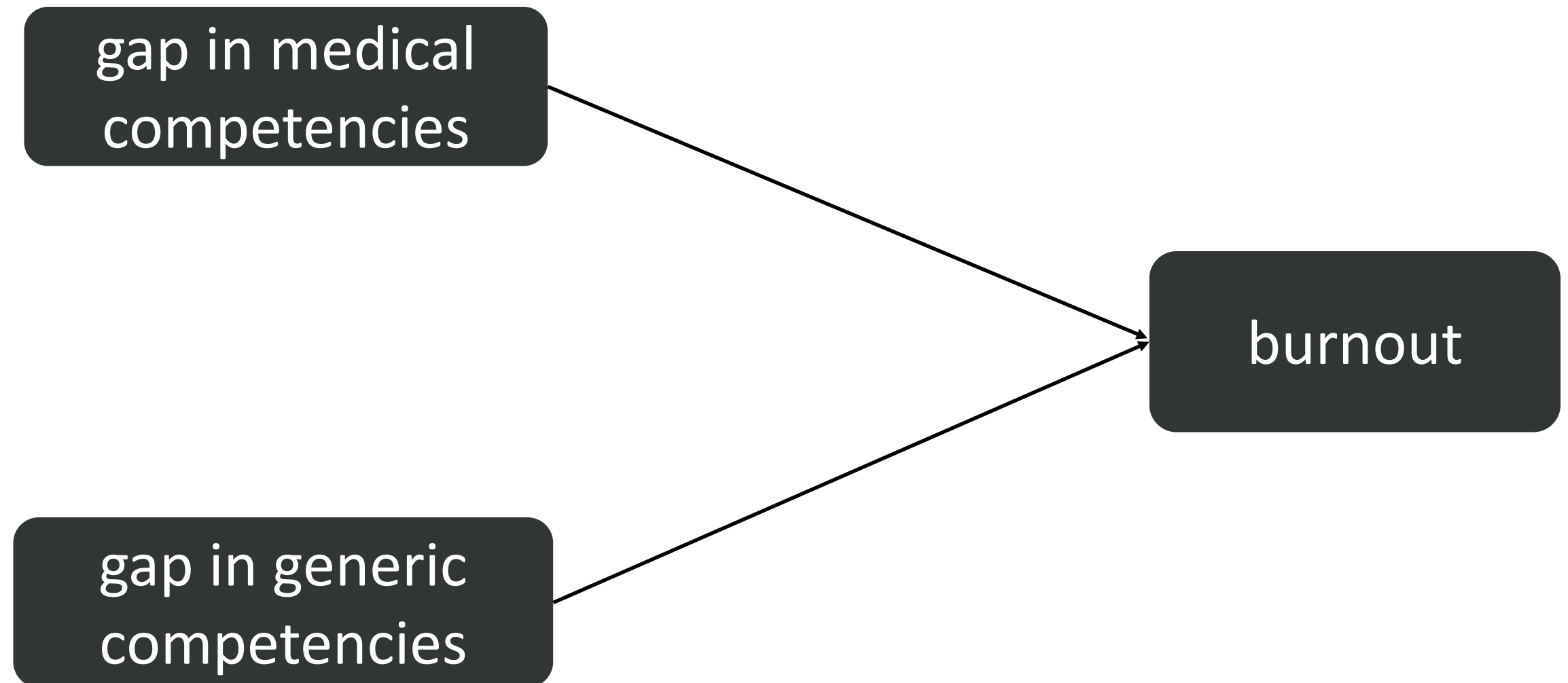
A: achieved level poor → excellent					B: required level poor → excellent				
1	2	3	4	5	1	2	3	4	5
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792 new Dutch medical specialists (32%)
2007-2009

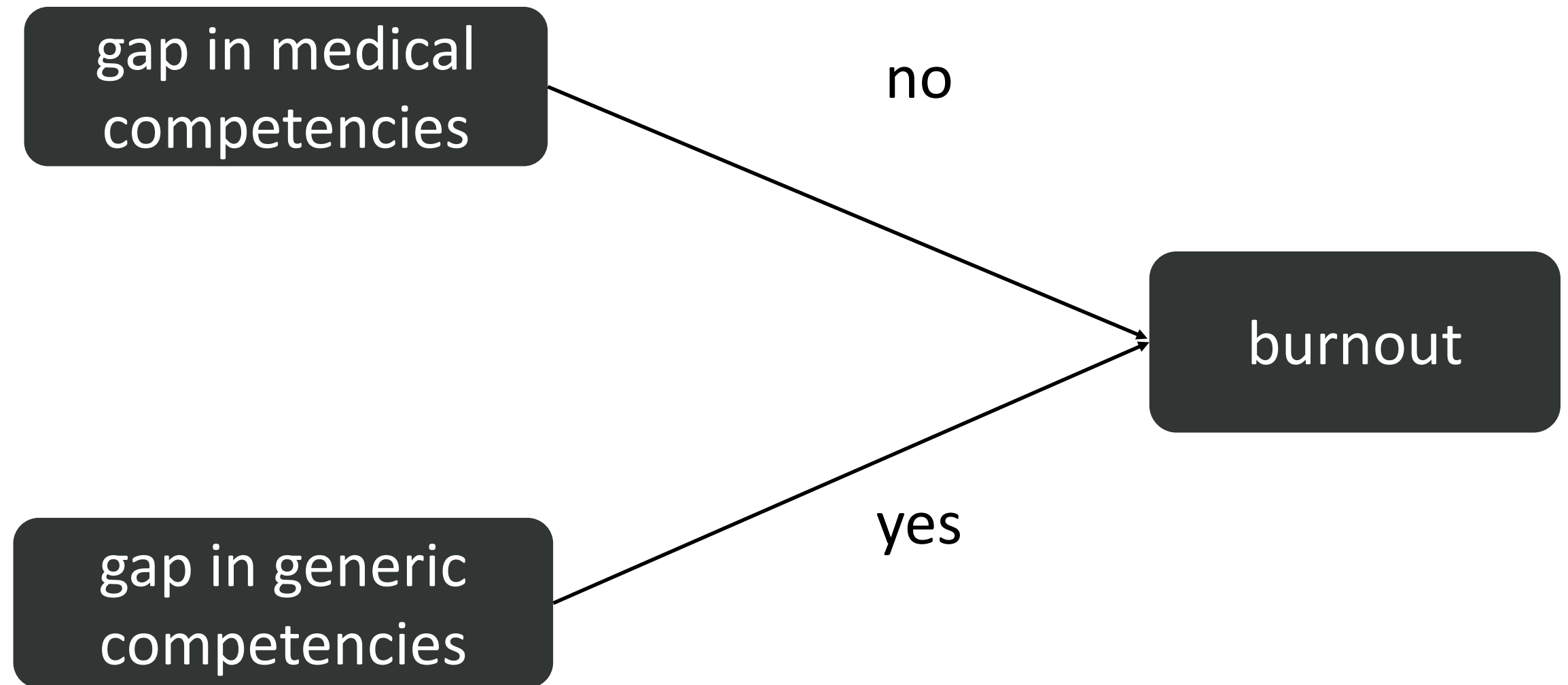
medical competencies	gap score
medical knowledge	0.31
medical skills	0.32
responsibility over patient care	0.62
generic competencies	
working effectively in organization	1.08
leadership	1.13
supervision	1.16
management	1.60
handling financial issues	1.89

n= 792

so what?



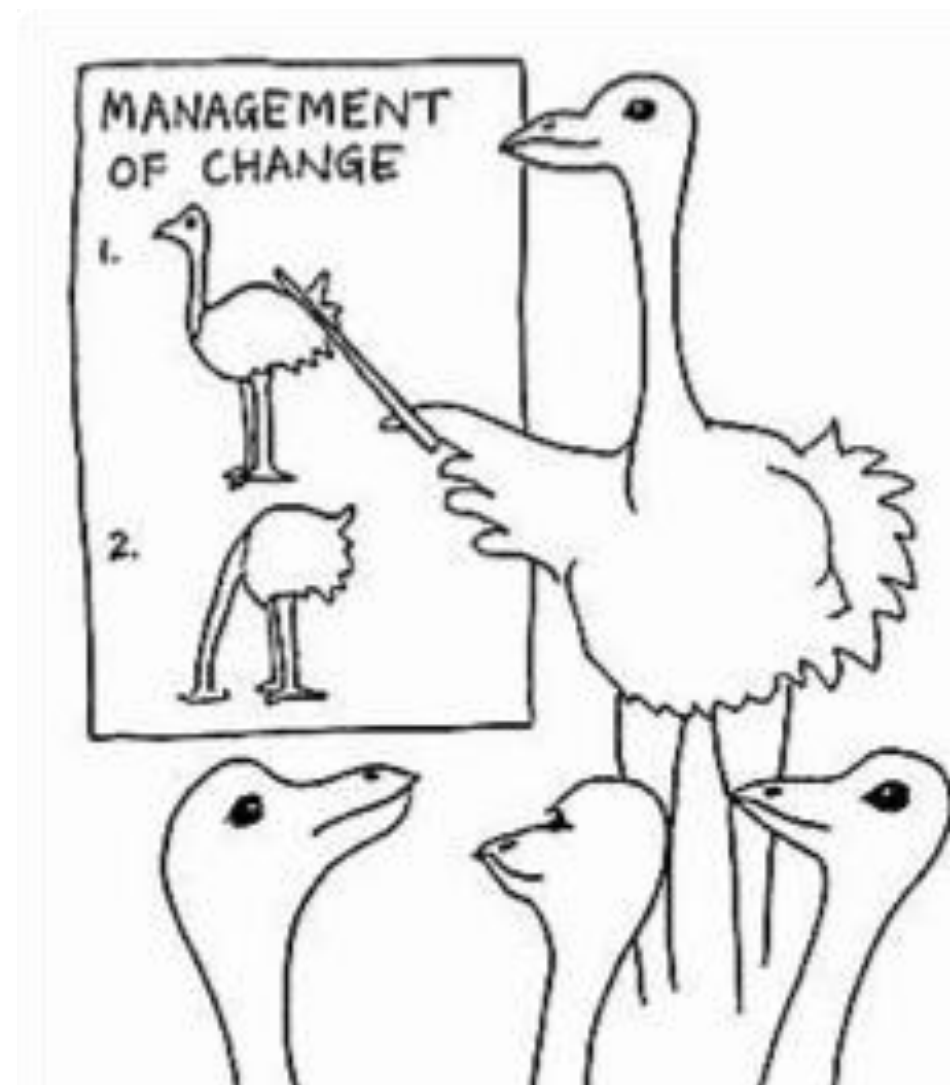
so what?



10% burnout
18% emotional exhausted

psychological factors

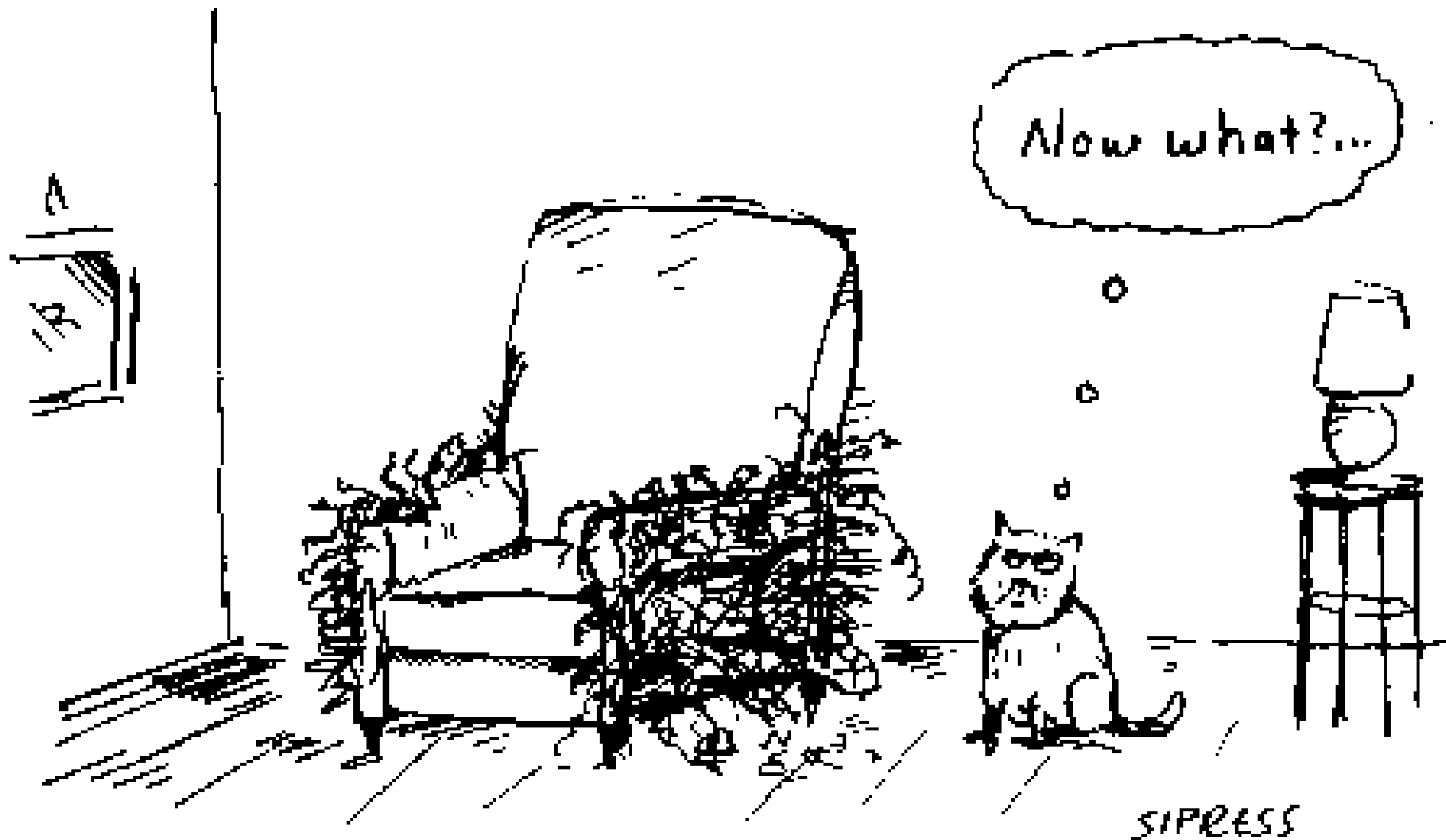
- coping
 - problem oriented
 - emotion oriented
- feedback seeking behaviour
- social support



coping & feedback



residency programs



comparison



comparison



0



3

better prepared
less intense transition
lower burnout scores



n = 792
(32%)



n = 677
(52%)

* $p < 0.01$

medical competencies	gap score	gap score
medical knowledge	0.31	0.38
medical skills	0.32	0.34
responsibility over patient care	0.62*	0.26*
generic competencies		
working effectively in organization	1.08*	0.62*
leadership	1.13*	0.67*
supervision	1.16*	0.51*
management	1.60*	0.71*
handling financial issues	1.89*	1.02*



n = 792
(32%)

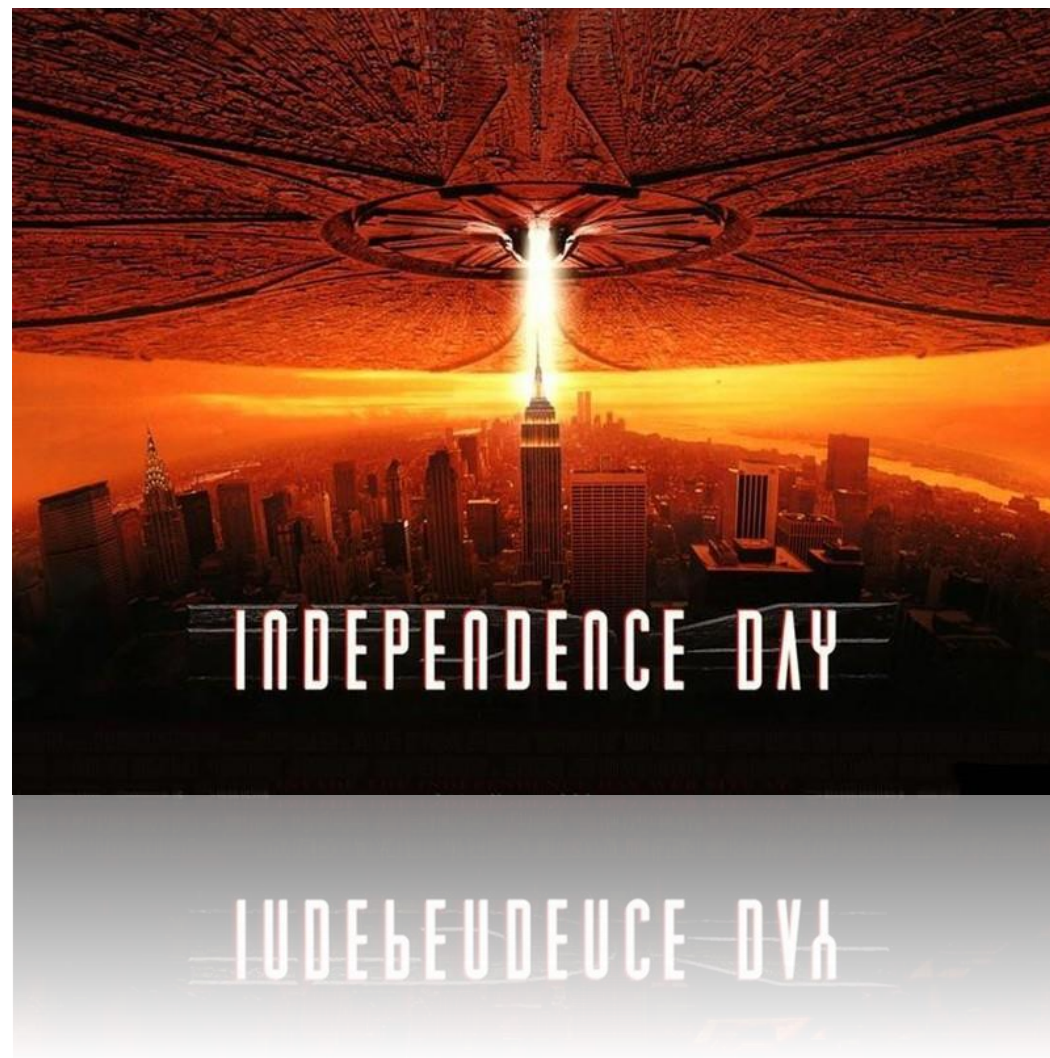


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(52%)

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medical competencies	gap score	gap score
responsibility over patient care	0.62*	0.26*
generic competencies		
supervision	1.16*	0.51*

differences



opportunity or threat

- transitions in medical education
 - interruptions
 - intense and stressful stages
 - avoided through better preparation

a transition is a phase in which we have cast ourselves adrift
from the past, but cannot yet see the land of the future.

Levinson, the seasons of a men's life, 1978

opportunity or threat

- transitions in medical education
 - interruptions
 - intense and stressful stages
 - avoided through better preparation
- transitions in transition psychology
- transitions in organizational socialization

opportunity or threat

- not merely interruptions and threats
- education, psychological, contextual factors
- opportunities for personal development

conclusions

- lens for merits and failings of medical education
- transitions => intricate interplay factors
- preparation, role identification, socialization
- opportunities for personal development

thank you

download: <http://dare.ubvu.vu.nl>

