

Foundation year-1 transition course: from medical student to first year doctor

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Table 1. Talks and interactive sessions

Talks	Interactive sessions
Welcome and meet the team	Tips for an FY1 from an FY1
Medical education	How to: prescribe
Wellbeing	How to: interpret an ABG
Contracts, exception reporting and rota	How to: approach common bleeps
Expectations of an FY1	How to: prioritise bleeps
On-call as an FY1	How to: make a referral
Sepsis	How to: identify common radiology problems
Confirming death and death certificates	How to: document a ward round
Library	How to: manage a COVID-19 patient and PPE
VTE	How to: handle complaints
Career extras and CV building	CPR and TEP
Horus ePortfolio	Basic life support and clinical skills
	IT training

Introduction

Transitions in medicine are often challenging, none more so than the initial jump from medical student to foundation year-1 doctor (FY1).¹ 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.²

Materials and methods

Our role as medical education fellows within the postgraduate medical education department was to design and implement

Table 2. Confidence scores pre- and post-course

Subject domain	Mean score pre-course (n=37)	Mean score post-course (n=33)
The hospital team	2.07	3.84
Medical education	1.56	4.10
Wellbeing and support	1.42	4.45
Contracts, exception reporting and rota	2.07	3.78
Expectations of an FY1	3.16	4.00
On call as an FY1	1.78	4.10
Sepsis	3.76	4.07
Confirming death and death certificates	2.38	4.00
Library	2.59	4.10
VTE	3.19	3.83
Career extras and CV building	2.78	3.97
Horus ePortfolio	2.29	3.48
Day-to-day F1 life	2.78	4.41
Prescribing	3.14	3.79
Interpreting an ABG	3.86	4.21
Approaching common bleeps	2.65	4.07
Prioritising bleeps	2.65	4.10
Making referrals	2.97	4.14
Identifying common radiology problems	2.86	4.07
Ward round documentation	3.41	4.10
COVID-19 and PPE	3.14	3.83
Handling complaints	2.27	3.72
CPR and TEP	3.00	3.90
Basic life support and clinical skills	3.39	4.15
Using IT systems	1.49	3.36

a detailed course to ensure that the FY1 transition was as smooth as possible. It aimed to improve confidence and preparedness.

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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 this included open questions to identify areas of concern. This information was used to create a 2-week course comprised of a variety of talks and interactive sessions (Table 1) to run alongside their extended shadowing. The course was optional and held prior to the official start date. Thirty-three 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 and discussion

100% (n=33) of attendees completed post-course feedback. Confidence scores in all subject domains, measured on a Likert, showed a positive improvement (Table 2). There was an increase of 31% in those who 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 ePortfolio 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.

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 the 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. ■

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;44:449–58.
- 2 Health Education England. *Extra support for new generation of UK doctors*. London: HEE, 2021. www.hee.nhs.uk/news-blogs-events/news/extra-support-new-generation-uk-doctors [Accessed 8 February 2022].