

The first foundation year is integral for clinical development

Editor – Pearce *et al* identified that 84% of foundation year 1 doctor (FY1) respondents disagreed or strongly disagreed with the statement ‘At the start of my medical rotation, I felt prepared conducting ward rounds on my own.’¹ As FY1s, this result resonates with our observations when starting our first medical jobs. As graduates of various medical schools, we have all had some form of undergraduate training in ‘ward round conduct’ from simply attending real ward rounds to participating in dedicated small-group simulations. Despite this, we still found ourselves less prepared than desired when commencing the first foundation year. We believe this highlights the limited effectiveness of teaching ‘ward round conduct’ in medical school, despite best intentions, without the active participation that is gained upon starting the first foundation year.

Medical learning emphasises ‘learning on the job’. Yardley *et al* illustrate how an increasing gradation of active participation and responsibility is essential in building confidence and proficiency.² Brennan *et al* similarly highlight the impact of meaningful contact with patients (conscious involvement in patient care), as opposed to simple patient exposure.³ While it may be possible to teach ‘ward round conduct’ through more frequent and robust simulations during medical school, the cost and effectiveness are unlikely to equate to experiential workplace learning. Final-year students are consistently invited to take the role of a deputy-FY1 for patients on the ward round, but preoccupation with examinations results in disappointing uptake of this opportunity. A shadowing period post-examinations is valuable, however the lack of responsibility in active decision-making limits meaningful contact and true patient ownership.

Despite our initial apprehension, we quickly became confident at undertaking ward rounds after several weeks of active participation. It is therefore our collective impression that we were able to do our most effective clinical learning (so far) as FY1s – not just in ‘ward round conduct’ but also in clinical judgement and interpersonal skills.

An important framework facilitating this gradation of active participation is provisional registration. The Shape of Training report recommends moving full registration to the point of graduation, citing governance issues.⁴ A practical evaluation of whether FY1 competencies can be fully addressed in medical school given the above factors should be undertaken as we strongly believe the FY1 pre-registration year to be a crucial part of medical training.

CHARLOTTE LIM

Foundation year 1 doctor, Imperial College Healthcare NHS Trust, London, UK

NANDITA KAZA

Foundation year 1 doctor, Imperial College Healthcare NHS Trust, London, UK

FARAH JAFFAR

Foundation year 1 doctor, Imperial College Healthcare NHS Trust, London, UK

KARIM MEERAN

Professor of endocrinology, Imperial College Healthcare NHS Trust, London, UK

References

1. Pearce J, Govan S, Harlinska A *et al*. Newly graduated doctors’ experiences of conducting medical ward rounds alone: A regional cross-sectional study. *Future Healthcare Journal* 2019;6:47–51.
2. Yardley S, Teunissen PW, Dornan T. Experiential learning: AMEE guide No. 63. *Med Teach* 2012;34:e102–15.
3. 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.
4. The Shape of Training Review. *Securing the future of excellent patient care: Final report of the independent review*. Shape of Training, 2013.