

## Medical Education and Training: The Old Ways and Modernity

Medical trainees fulfil a vital role in service delivery in the hospitals and GP practices where they train. They are the future senior workforce decision makers. It is important that they are properly prepared to enable them to practice safely and autonomously throughout their working lives. They need the necessary cognitive, clinical, and administrative toolkits that will help them to cope with the inevitable difficult circumstances that they will encounter during a long career. There is much debate about how to best prepare future doctors. It involves getting the appropriate balance between the old ways and the integration with the new concepts about the delivery of medical care.

Over recent decades there has been a movement away from the medical apprenticeship model of education and training. Students and trainees have become averse to tasks that they do not perceive as advancing their cognitive and procedural skills. Lisa Rosenbaum<sup>1</sup> points out their unwillingness to undertake work such as getting case notes, faxing forms, making appointments etc. Previously these tasks were seen as grounding one's clinical foundations. That is no longer the case. They are now perceived as an unacceptable burden. Workstreams and boundaries are being more clearly defined. In the new era tasks such as repeatedly staying on late at the end of a shift are considered as a threat to physical and mental health. Educators are being advised to avoid any negative comments in trainee logbooks and only record positive points. In addition there is a tendency by some to mistakenly believe that one's mental, physical, and emotional health is the responsibility of the hospital or medical organisation where one work. While the role of the hospital or health organisation is important, doctors must also ensure to take care of their own well-being.

For a previous generation it was instilled in doctors to arrive early, stay late, and work very long hours. The apprenticeship model has relied on the transmission of professional values from one generation to the next. Learning was to a substantial degree by osmosis rather than by didactic teaching. That form of transmission is under scrutiny. Trainees now seek more formal teaching and training sessions as part of their daily work.

Another paradigm shift is the increased emphasis on wellness, self-care, and work-life balance. This is important as too little attention was paid to these issues in the past. Doctors were exposed to the physical and mental consequences of heavy, constant workloads. However, the demanding and stressful nature of being a doctor can't be completely avoided. It is important to make a distinction between avoidable factors that have the potential to cause an adverse mental health issue for a trainee from the expectant challenges posed by undergraduate and postgraduate medical training. Achieving this balance is not new to medical practice. To an extent trainees must be taught and guided on how to be comfortable

with the uncomfortable. Dealing with uncertainty is part of everyday practice. The core theme is 'how do I take on and cope with responsibility'.

A career in medicine is very rewarding but it can be tough at times. It is demanding with constant requests from many directions. This needs to be appreciated by young people aspiring to become a doctor and those on postgraduate programmes. The training requires long hours, steep learning curves, and difficult exams. There is the ever present spectre of medical litigation, a coroner's court inquest, or an investigation by the Medical Council. An New Zealand study<sup>2</sup> found that the immediate and long-term impact on doctors who receive patient complaints included feelings of anger, depression, less enjoyment of work, and feelings of guilt and shame. Medical education and training must prepare doctors for all these potential, albeit uncommon eventualities. Particularly, the ability to continue with one's work and family life during the often protracted period when a legal case is in progress. It is important to build resilience from an early stage in a trainee's career<sup>3</sup>. Put simply, resilience is an individual's ability to bounce back after being involved in an adverse clinical situation or outcome. It relates to one having the necessary emotional and psychological capacity to cope with additional stress. Early signs of not coping include irritability, making simple errors, and difficulty in sleeping. When present, help and support should be sought at an early stage. There is there considerable debate on how best to teach resilience. In many medical schools, students themselves are innovating and developing wellbeing initiatives, including the use of social media. It is helpful to provide learning and support environments that are non-judgemental and provide a safe place for critical reflection and discussion. These issues have been termed the 'hidden curriculum'.

The GMC in its 'workplace experiences 2023' has provided a valuable insight and direction for young doctors<sup>4</sup>. It recognises that there are increased workloads, stress-related absences, and the risk of burnout. Some of the solutions are straightforward including fair and reasonable rotas, facilities for rest breaks, and the provision of meals and drink when on-call. Rotas should take into consideration the latest research about fatigue and the support of the doctors' well-being. All hospitals should make arrangements for safe transport home after late shifts. Other factors are more challenging. Moral injury is a distress caused when a trainee witnesses practices against their values and moral beliefs. Examples include having to prioritise some patients over others due to lack of resources, and being unable to provide the level of care that they would have wished to have provided. The most commonly cited barriers to good care are inadequate staffing, and the pressure of workloads. Struggling with their workload has increased and varies with specialty – psychiatry 29%, paediatrics 28%, radiology 23%, anaesthetics 13%. Younger doctors are more likely to be struggling than older doctors. Feeling valued by employers is highly rated. Teamwork and support are protective factors associated good job satisfaction. The enablers are the right culture, communication

and feedback, leadership, and sound organisation structures. They give a sense of belonging. When a doctor joins a new workplace it is important that there is a thorough induction into their new role. Mentorship also has positive benefits.

It is important to continually listen to trainees and to respond appropriately and constructively to their concerns and requests. This is the most effective way of promoting their self-confidence and their ability to cope in critical situations. At their end-of-year assessments, trainees repeatedly emphasise the importance that 'being supported' is to them.

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#### **References:**

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3. Peters D, Horn C, Gishen F. Ensuring our future doctors are resilient. *BMJ* 2018;4/12
4. The state of medical education and practice in the UK: Workplace experiences. General Medical Council. June 2023.