

# Beyond the struggles

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# Impact paragraph

In this short chapter, we will highlight the concrete conclusions from this body of work. We also explore the relevance and impact on stakeholders and wider society relevant to this work. We then explore the potential for access to the knowledge we shared in this thesis.

### **Research summary**

This dissertation aimed to enhance the understanding of students' navigating the transition from classroom-based training to learning from patients in the clinical setting. We used concepts from multiple theories that relate to how social contexts influence learning in some way. We conducted four empirical studies using scoping review methodology, qualitative and mixed-methods designs all involving undergraduate medical students. We offer the medical education community insight into the transition of one transition period, from pre-clinical to clinical training. We first found that most authors in medical education research use negative discourse when describing transition to clinical training. Additionally, researchers primarily approach this transition as a problem to be solved cognitively with knowledge and skill sessions to prepare students for their new roles. We found researchers were less likely to consider the social and developmental aspects inherent in students' navigating change to learning and working with patients. We then found evidence that the transition to clinical training is an emotional period with negative and positive emotions that contributes to students' identity formation, being proactive about their learning and development and creation of students' social support networks. Transition to clinical training was both a threat and an opportunity for learning and development of undergraduate medical students, and the social context significantly contributes to whether threat or opportunity is more prominent.

### **Relevance**

Medical trainees will undergo many transitions throughout their career development. Transitions are inevitable. The medical hierarchy leads to many medical students seeing themselves 'below the rubbish bins' in the clinical environment; they feel they have little value. Feeling lesser likely contributes to the challenges inherent in entering a new environment, seeing patients for the first time regularly, and trying to integrate into an environment which often ignores them. Importantly, some research suggests that transition periods are the source of numerous medical errors and psychological distress. Thus, both patients and trainees can be affected, and this thesis is relevant for both the medical community and patients. We also highlight that both healthcare institutions and health professionals at the workplace have a role to play in being open to newcomers, offering support and guidance, teaching lifelong learning skills and providing an outlet for active reflection.

### **Stakeholders that can benefit from these findings**

The results in this thesis are relevant to multiple stakeholders, some more surprising than others. This thesis with the dynamic, honest experiences presented in Chapter Two and other quotes presents **medical students** with an insight into the benefits of active reflection during stressful experiences. Additionally, *Peers* influence how positive a medical student tends to be when entering a clerkship and likely do not recognise how much emotional support they provide to one another during a transition. Similarly, many transitioning students lean on *near-peer* students in other cohorts for support. If a near-peer is exceptional at providing emotional and academic support, that near-peer may become overburdened in helping others in the academic years below them. This awareness is essential for the near-peer, the transitioning student and the institution. Explicit consideration of the 'who' in medical students' social networks was illuminating and showed students in our sample on whom they could depend during difficult times. Our results may be relevant to the **medical and non-medical staff** in clinical settings. These persons are responsible for the climate of the learning environment and creating a space where students feel comfortable to speak up, negotiate their learning goals and ask questions. Additionally, many junior and senior doctors, and **nurses** were present on students' support networks. Awareness of the importance students place on doctors and nurses for support is necessary. These results have relevance for **academic educators and administrative staff**; they too were meaningful members of students' networks as they transitioned to clinical training. Specifically, it could benefit **institutions** to have medical students map their social networks to expose the critical persons that transitioning students go to for information and guidance. Highlighting these persons could alert institutions of the need to support these persons for their often-unintended role of helping students adapt to a new environment. Institutions could therefore facilitate social network mapping sessions allowing students to map their networks and reflect on their options for support during stressful times. Additionally, institutions could utilise technology like smartphones to facilitate students' reflections and portfolio contributions; the mere act of reflection through audio-diaries was powerful for students in our sample. The **family and roommates** of medical students also have an essential role to play. These were often stable relationships and family, and roommates, should remain available where possible to be an outlet for medical students to vent about stressful days and a place where students can gain advice from outside the medical field.

### **Access to findings**

The target groups mentioned above can access three papers from this thesis that are available as published manuscripts (Chapters Two, Four and Six); all are open access. Chapters Three and Five are undergoing peer review. Between 2017 until the present, some of these target groups have already seen the content in this thesis at national

and international conferences — the annual conference of the Association for Medical Education in Europe (AMEE), the Rogano Conference, the annual meeting of the Australian New Zealand Association of Health Professions Educators, online virtual sessions for the Association of scientific medical education (ASME) organisation and local departmental meetings in the Netherlands and Australia. As publications occurred, most members of this research team shared short conclusions on personal Twitter social media pages. Social media interactions were reminiscent of in-person coffee break/water-cooler talks. Further, we also shared our findings on formal online videoconferencing sessions with worldwide participation. Over the next one to two years, outputs from this thesis will continue. This thesis will be printed as a book and placed online in both The Netherlands and Australia. Some participants used their data transcripts and social network maps as part of their mandatory portfolio at their institution.