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Transitions in Health Professions Education: Theory, Research & Practice

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Introduction

- Transitions are ever present
- They can be challenging, affecting learners' well-being adversely
- They can also offer huge opportunities for intense learning, benefiting learners' well-being and patient care



Introduction

“transitions can lead to profound change and be an impetus for new learning, or they can be unsettling, difficult and unproductive. Yet, while certain transitions are unsettling and difficult for some people, risk, challenge and even difficulty might also be important factors in successful transitions in others”

(Ecclestone et al. 2010, p. 2)



Damning AMA survey reveals the toll of overworking junior doctor

Kate Aubusson

The other NHS crisis: the overworked nurses who are leaving in despair

The junior doctors' dispute may be nearly over, but another crisis is brewing in the nursing profession, where staff shortages, a lack of recruitment and funding cuts have left many feeling they cannot carry on in the job they love

SHARE TWEET

Getting home safely after a Tessa Kennedy takes for gr
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home after a night shift, or
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COMMENT FEBRUARY 10 201

Three of my Medicine's

A junior doctor in :
pressure experienced by



Student nurses and health workers demonstrating against government plans to scrap NHS bursaries earlier this year. Photograph: Carl Court/Getty Images

NHS frontline

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Presentation overview

- Theory: What are transitions across healthcare education?
- Research: How can we research healthcare educational transitions?
- Practice: How can we help students and professionals navigate educational transitions?





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What are transitions?

Multiple definitions of transition

- No agreed definition
- ‘change from one state or condition to another’ (Hart & Swenty 2015, p. 181)
- ‘as turning points or interludes between two periods of stability’ (Poronsky 2013, p. 351)
- ‘a dynamic process in which the individual moves from one set of circumstances to another’ (Teunissen & Westerman 2011, p. 52)
- ‘the capability to navigate change’ (Gale & Parker 2014, p. 737)



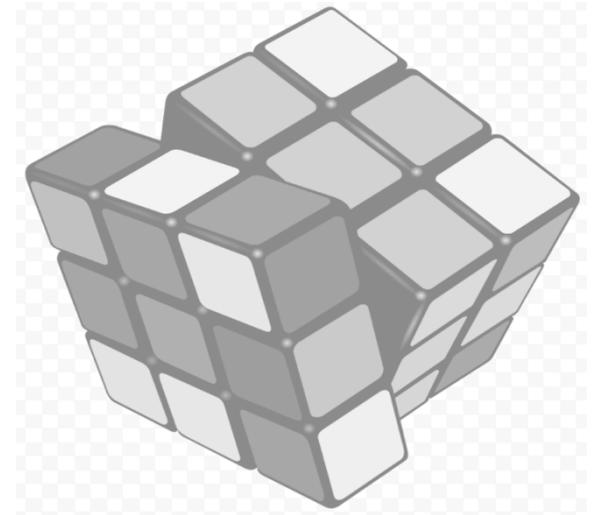
Transitions in higher education (Gale & Parker 2014)

- 3 conceptions of transition based on HE literature:
 - Induction: sequentially defined periods of adjustment involving *inculcation*
 - Development: qualitatively distinct stages of maturation involving *transformation*
 - Becoming: perpetual series of fragmented movements involving *fluctuations* in whole-of-life experiences



Multiple and Multi-dimensional Transitions Theory (Jindal-Snape 2016)

- MMT theory highlights multiple layers of transitions and their interactions
- An individual inhabits multiple 'domains'
- Movement between domains occurs daily
- When one experiences one transition, it triggers transitions in other domains
- Transitions of one person often triggers others' transitions



Will's trainee-trained doctor transition (Gordon et al. under review)

- Multiple exams and hands-on experience

"But she's got her big exams in a couple of weeks' time and quite a lot of courses... we... managed to do things so far but it does not mean that there is nothing like knowing you have to leave at bang on X time because you have to be in the nursery or... If my daughter became ill, there is only me so I have to... go and pick her up, you do feel a bit vulnerable when that happens." [Will, exit interview]

- Expected trainee arrangements
- Unexpected arrangements



Multiplicity of work transitions in healthcare education

Temporal

- **Into higher education** (e.g. Monrouxe & Sweeney 2013)
- **Into clinical learning** (e.g. Hyde 2015)
- **Into clinical practice** (e.g. Ali et al. 2015; Kilminster et al. 2011; Monrouxe et al. 2014; Naylor et al. 2016)
- **Into clinical leadership** (e.g. Poronsky 2013; Westerman et al. 2013; Gordon et al. under review)

Spatial

- **Urban-rural** (e.g. Rohatinsky & Jahner 2016)
- **Asia-Australia** (e.g. Takeno 2010)
- **Clinician-academic** (e.g. Murray et al. 2014)

Summary: what are transitions in healthcare education?

- No consensus definition
- Transitions are multiple, multi-dimensional and ongoing
- Constant interplay between expected/ unexpected workplace and home-life transitions
- Both temporal and spatial





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How can we research transitions?

Common methods in health education transitions research

- Range of quantitative and qualitative methods
- Typically cross-sectional (e.g. Payne 2016)
- Often retrospective
- If we accept that transition is ongoing (*i.e. becoming*), then longitudinal research is key
- Few longitudinal studies of transitions exist
- Few include home, as well as work, transitions (e.g. Gordon et al. under review)



Longitudinal research

“The **ideal method** for monitoring an individual’s experience of change across time would be a **proper longitudinal study** where the person is **followed across a lengthy span of time**... practical difficulties however mean that longitudinal studies will always be **rare**... **financial costs, maintaining a committed research team** across years... the difficulty of **identifying suitable individuals for study** at the onset... and **keeping the main respondents committed**... all conspire to keep true longitudinal studies rare” (Miller 2000, p. 109)

Longitudinal qualitative (LQ) research (Neale & Flowerdew 2003)

- Explores the *‘interplay between time and texture’*
- Time is appreciated in relation to the vitality and immediacy of daily experiences
- Life course is understood as fluid and individualised
- Prospective LQ research tends to be small scale with modest time periods

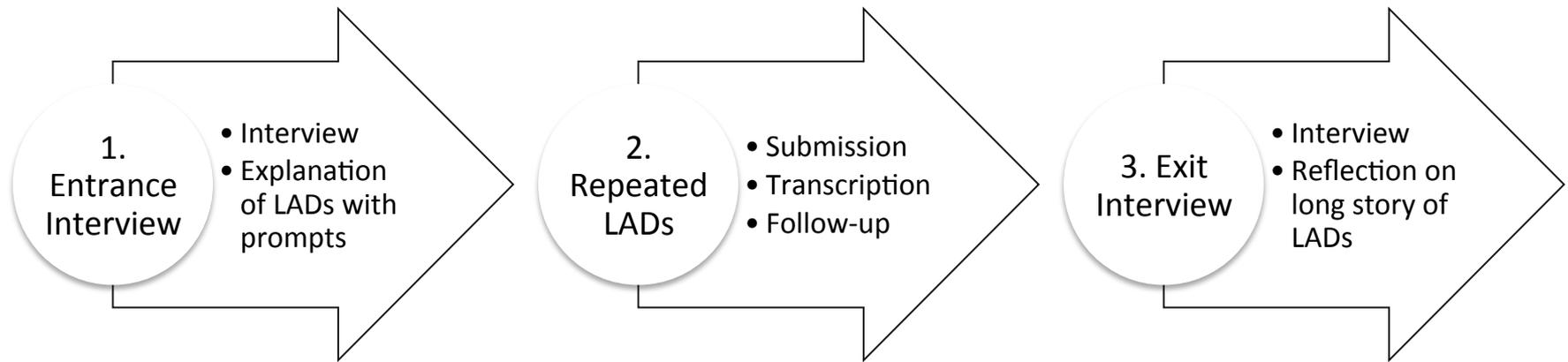


Small scale with modest time periods

- Identities, success and retention over clinical placement transitions: 20 students over ~3 months (Verma et al. 2017)
- Development of clinical reasoning over Y5-FY1 transition: 19 participants over 12 months (Smith 2015)
- Development of preparedness for practice over FY1 transition: 26 FY1s over 4 months (Monrouxe et al. 2014)
- Trainee-trained doctor transition: 18 trainees over ~9 months (Gordon et al. under review)

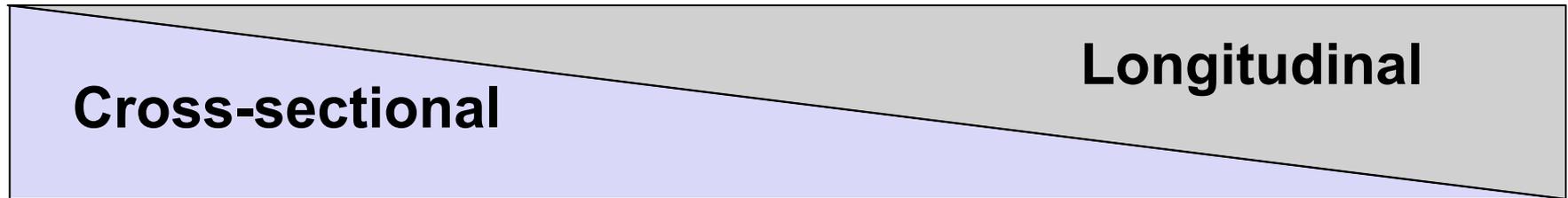
Longitudinal audio-diary (LAD) methodology

“the audio-diary method appears to be capturing... sense-making in-the-moment... this sense-making process, driven purely by the narrator, [is] hard to capture outside the audio-diary method” (Monrouxe 2009)



Longitudinal qualitative (LQ) data analysis (Thomson & Holland 2003)

Focuses on how themes change over time within cases (e.g. case study approach: Yin 2013)



Privileges
Sample



Privileges
Time

Focuses on themes occurring across sample irrespective of time (e.g. Framework analysis: Ritchie & Spencer 1994)

Benefits and challenges of LAD methodology

Benefits

- 'In-the-moment' data: immediacy and rawness
- High degree of participant control over data
- Narrative approach can help participants make sense of their experiences
- Method consistent with theories privileging multiple, multi-dimensional and ongoing transitions

Challenges

- Participant engagement can be variable and attrition rates high
- Researcher will sometimes hear worrying LAD entries and action can be difficult at distance
- LQ data analysis is challenging with such large volumes of textual data
- Difficult to balance breadth/depth in presenting findings

Summary: how to research transitions in healthcare education?

- Limited 'in-the-moment' longitudinal HPER exploring transitions
- LQ research can explore the complexities of transitions
- LAD research shows promise but requires sophisticated LQ data analysis





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How can we help learners navigate transitions?

Common factors facilitating transitions

- Across temporal/spatial transitions and professions, multiple facilitating factors:
 - Individual
 - Interpersonal
 - Organisational





Review

Best practices of formal new graduate nurse transition programs: An integrative review

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ARTICLE INFO

ABSTRACT

BMJ Open How prepared are UK medical graduates for practice? A rapid review of the literature 2009–2014

Lynn V Monrouxe,¹ Lisa Grundy,² Mala Mann,³ Zoe John,⁴ Eleni Panagoulas,⁵ Alison Bullock,⁶ Karen Mattick⁷

To cite: Monrouxe LV, Grundy L, Mann M, *et al*. How prepared are UK medical graduates for practice? A rapid review of the literature 2009–2014. *BMJ Open* 2017;7:e013656. doi:10.1136/bmjopen-2016-013656

► Prepublication history and additional material is available. To view please visit the journal (<http://dx.doi.org/10.1136/bmjopen-2016-013656>).

ABSTRACT

Objective: To understand how prepared UK medical graduates are for practice and the effectiveness of workplace transition interventions.

Design: A rapid review of the literature (registration #CRD42013005305).

Data sources: Nine major databases (and key websites) were searched in two timeframes (July–September 2013; updated May–June 2014): CINAHL, Embase, Educational Resources Information Centre, Health Management Information Consortium, MEDLINE, MEDLINE in Process, PsycINFO, Scopus and Web of Knowledge.

Eligibility criteria for selecting studies: Primary research or studies reporting UK medical graduates' experiences between 2009 and 2014, immediately in

Strengths and limitations of this study

- A rigorous review using nine major databases resulting in a comprehensive narrative synthesis of 87 manuscripts.
- Our rigorous approach has clearly identified areas where research is lacking and the need for programmatic research in this area.
- The broad scope of what comprises *preparedness*, the lack of definitions in the literature and diversity in study designs and quality led to difficulties in ascertaining firm generalisable conclusions in some areas.
- Many studies collected data immediately after graduation and focused purely on preparedness for graduates' first day as a junior doctor.

Supporting international medical graduates' transition to their host-country: realist synthesis

Amelia Kehoe,¹ John McLachlan,¹ Jane Metcalf,² Simon Forrest,¹ Madeline Carter¹ & Jan Illing³

CONTEXT Many health services and systems rely on the contribution of international medical graduates (IMGs) to the workforce. However, concern has grown around their regulation and professional practice. There is a need, in the absence of strong evidence and a robust theoretical base, for a deeper understanding of the eff-

Fourteen case studies were included to further aid theory refinement.

RESULTS Sixty-two articles were identified, describing diverse interventions of varying intensity. A further 26 articles were identified through a secondary search. The findings illustrate that, alongside a developed pro-



Review

The transition from clinician to academic in nursing and allied health: A qualitative meta-synthesis[☆]



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University of South Australia, International Centre for Allied Health Evidence, Occupational Therapy Program, Australia

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SUMMARY

Objectives: The meta-synthesis provides a collective qualitative understanding of the transition experience from nursing and allied health clinician to academic. This understanding assists the preparation for those making the transition as well as giving guidance to those who have recently commenced in academia.

Design: Published qualitative studies about the transition from clinician to academic were systematically selected in order to integrate their findings in a meta-synthesis.

Individual factors

- **Learner demographics** (e.g. Kehoe et al. 2016; Monrouxe et al. 2017)
- **Learners' previous educational experiences** (e.g. Monrouxe et al. 2017)
- **Learner motivation to develop** (e.g. Kehoe et al. 2016)
- **Learner resilience and emotion regulation** (e.g. Kehoe et al. 2016; Kennedy et al. 2015; Payne 2016)
- **Embracing identity shifts** (e.g. Murray et al. 2014; Naylor et al. 2016)

Interpersonal factors

- **Good supervisory relationships** (e.g. Avis et al. 2013; Kehoe et al. 2016; Monrouxe et al. 2017)
- **Positive mentee-mentor relationships** (e.g. Ali et al. 2015; Grassley & Lambe 2015; Kehoe et al. 2016; Payne 2016; Rohatinsky & Jahner 2016; Rush et al. 2013; Murray et al. 2014)
- **Peer support** (e.g. Kehoe et al. 2016; Rush et al. 2013)
- **Positive role modeling relationships** (e.g. Kehoe et al. 2016)
- **Knowing the team** (e.g. Avis et al. 2013; Ali et al. 2015)

Organisational factors

- **Carefully designed/implemented transition interventions** (e.g. Monrouxe et al. 2017; Rush et al. 2013)
- **Knowing the environment** (e.g. Avis et al. 2013)
- **Healthy work environments** (e.g. Ali et al. 2015; Avis et al. 2013; Hyde 2015; Kehoe et al. 2016; Naylor et al. 2016; Payne 2016; Rohatinsky & Jahner 2016; Rush et al. 2013):
 - Safe, respectful and helpful colleagues
 - Good interprofessional teamwork
 - Appropriate staffing/scheduling
 - Sufficient time (e.g. supernumerary time, time in placement/post)

Successful transitions

- Successful transition = belonging/well-being + respectful relationships + good engagement/attainment in new context
(Jindal-Snape 2016):
 - ✓ Learner well-being and retention
 - ✓ Development of learner competence
 - ✓ Improved patient safety

Summary: How we can help learners navigate transitions?

- A learner-centred approach is optimal
- We need a multi-pronged approach that considers: individual + relationships + organisation
- Further research needs to examine the evidence for transition interventions



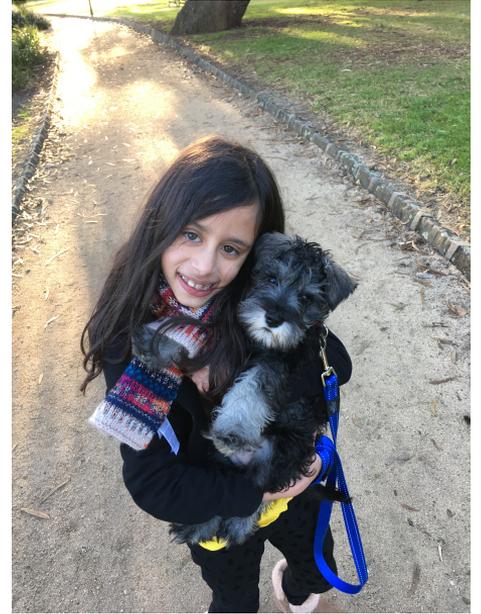


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Final take-home messages

Final take-home messages

- Theory: Multiple, multi-dimensional and ongoing transitions
 - Research: Need for longitudinal qualitative approaches (e.g. LADs)
 - Practice: More research to help us design optimal transition interventions
- ! Let's not forget work-home transitions



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