

Becoming a young doctor – Meeting Sophie Butler and Clare Holt

MARK AGIUS

Becoming a doctor is a major life changing event for any medical student. Students grow into their new role over the first ‘foundation’ years. Here, a year after their graduation, a senior doctor talks with two junior doctors, who are his friends and colleagues, about their experiences over the first year of their career.

My name is Dr Mark Agius, a Psychiatrist in Bedford and Cambridge, England and I am working with a couple

of FY2 Doctors, or rather, they have just become FY2 Doctors, a year ago they were still medical students. Their names are Sophie Butler and Clare Holt. What I would like to talk to them about is what it felt like to stop being medical students and become Doctors and how it has felt over this last year.

Sophie and Clare are planning to become psychiatrists so the other thing I want to talk to them about is how they are organising themselves so that eventually they will go into psychiatry.

MA - “I have known you for about four years now since you were medical students. I have seen you graduate and I have seen you for a whole year as a FY1 and now that you are about to start your FY2 jobs I just wondered whether you could you tell me about

what it felt like to change from being a medical student to being a doctor”.

SB - “At first it was really very scary, but after the initial shock of having lots of responsibility wore off, it became very enjoyable. It was good to change from being a medical student who was always in the way to having a job to do and contributing towards the team”.

CH - “Definitely quite daunting at first, suddenly feeling quite a weight of responsibilities that you just don’t have to the same degree as a medical student. In fact, probably feeling like you have more responsibility that you actually do have as a FY1 Doctor! It was definitely rewarding to feel that finally we were managing to do what we had been planning to do for 6 years and, as Sophie said, feeling like we actually had a role within the hospital benefiting other people rather than a role that mostly only involved furthering our own learning.”

“I think I definitely gained quite a lot of confidence on actually acting as a Doctor and I think part of that is that patients respond to you differently when you say you are a doctor compared to being a student. There is also an element of sometimes it is only you around so you have to take responsibility and just get on with it in a way that you don’t have to do as a student. Once you have done that successfully a few times then you realise that you really do know what you are doing!”

MA - “Clare, did you find that because you were feeling so responsible, you were perhaps spending more time on the wards than in the office. I know that when you and I meet you tend to be very late owing to your busy schedule, is this because you have found that really you need to spend more time with people?”

CH - “Definitely the office hours are minimal and the reality is that we junior doctors work longer hours than we are officially supposed to. I think





that medicine is a career in which it is difficult just to walk out at the end of the day if you haven't finished absolutely everything that needs to be done. It is not something where you can easily say "it can wait until tomorrow". If a job needs to be done then you need to continue and do it."

MA – "It sounds as though you feel ready to work until the job is done, and I wonder Sophie, is that because this is important since you are dealing with people who somehow seem to depend on you?"

SB – "I think that as a FY1 a lot of the day-to-day jobs do fall down to you; if you don't do them, nobody else will. You have to be the one who makes sure that all the small individual jobs are done, so that the overall patient's management works out. In fact, in my first job, I was living in hospital accommodation and I would go back to my room and think of a very little thing which I had missed during the day, so I would end up either bleeping the on-call from my bedroom or go in to the hospital again to finish things off."

MA – "Does having to do that feel good?"

SB – "Well obviously I would rather spend my own time enjoying myself but when I first started working it was difficult to stop thinking about work. At the end of the day, I would rather take 10 minutes out of my free time to ensure a job was done properly."

MA – "Is that what it was like with you too Clare?"

CH – "Yes, and especially at first; you find that those small things which you have missed during the day play on your mind. I think that it is more so than other jobs because there is actually a human being at the other side of it, so it is quite easy to convince yourself that that small thing which you have missed will have a massive effect on that individual."

"As I progressed through FY1 I have become more realistic about the importance of time management and the importance of not unduly ruminating on the small things. I still do ring up the ward if I feel I have missed something but only if I actually have rationally decided that it is going to have an impact on the patients care"

MA – "I want to talk about something else. I know that both of you

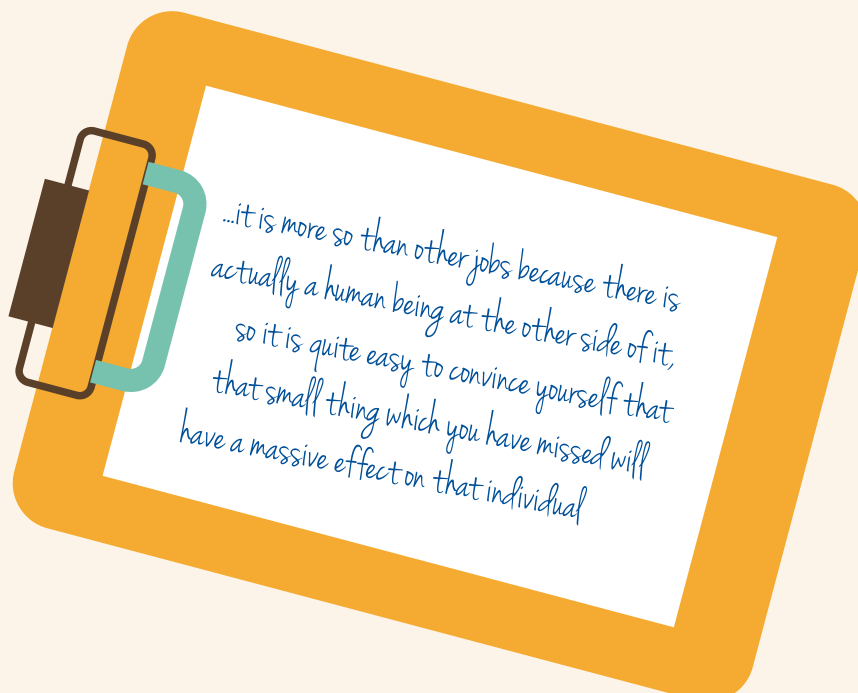
are planning to become psychiatrists. The problem is that there are no psychiatric jobs or really very few psychiatric jobs in the rotations for the FY Doctors in Cambridge, so how are you organising yourself in order to develop a CV which would help you get a psychiatric job next year".

SB – "Basically I have had to do most of my psychiatry in my free time. Thanks to the opportunity given to me by yourself, I already have some ongoing projects on which I work after work. It is also important to remember that actually in the day-to-day work on the wards there are lots of people with psychiatric issues who are very interesting and from whom you can learn a lot about psychiatry".

MA – "Clare, I know that you have been doing the same as Sophie and in fact it is worth saying that Sophie, Clare and myself collaborate together in a number of research projects. Maybe you would also like to tell us what else you are planning to do."

CH – "I have been working with yourself on various psychiatry projects and I also want to reiterate what Sophie was saying about there actually being quite a lot of psychiatry within general medicine. Actually sometimes general psychiatric patients do not interest general medics as much, which means that if you do have an interest in psychiatry then there is even more opportunity to actually get involved in it."

MA – "So really medicine is all about integration; it's knowing a lot of different specialities and using each one of them when and as necessary. I think I ought to close this by saying that actually Sophie, Clare and myself share a lot of experiences. We travel a lot, attend international conferences and present papers and, as we are doing today, catch up on each other during a good meal, to make future plans!" S



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