

‘Experience days’: promoting interprofessional collaboration and understanding for postgraduate doctors in training

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Abstract

An ‘experience day’ is a novel concept in medical education, targeted at postgraduate doctors in training. In this article, the term postgraduate doctors in training includes all junior doctors, ranging from foundation year level to junior specialist doctors to higher specialist registrars. Experience days offer postgraduate doctors in training the opportunity to shadow other healthcare professionals in their working environment, to enhance their perspective of their role as a clinician and their understanding of the complex interplay of services. The aim is to promote interprofessional collaboration and to encourage consideration of the expectations placed upon members of the multidisciplinary team and reflection on whether these are realistic. Taster days are a well-established educational opportunity for junior doctors, supported by Health Education England. However, there is a paucity of literature concerning shadowing for doctors who have already qualified, or those who wish to shadow services that they work alongside. This article introduces the concept of experience days for postgraduate doctors in training.

Key words: Clinical; Education; Medicine; Postgraduate; Preparation

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The concept of ‘experience days’

The authors define an ‘experience day’ as:

‘a day where a postgraduate doctor in training shadows a healthcare professional they are directly or indirectly working with, to gain insight into the clinical expectations of the professional’s role, and to encourage reflection on how their own clinical practice relates to the shadowing role’.

This is in line with the General Medical Council (2020) guidance on leadership for clinicians which calls doctors to ‘regularly reflect on your own performance, your professional values and your contribution to any teams in which you work’. The Cambridge dictionary (2023) defines an ‘experience’ as ‘(the process of getting) knowledge or skill from doing, seeing, or feeling things’. Experience days therefore focus on gaining knowledge in a speciality or profession predominantly unfamiliar to the clinician.

The aims of experience days are:

- To promote interprofessional collaboration and improve postgraduate doctors in training’s understanding of healthcare professionals who they work with in the multidisciplinary team (eg nurses, advanced clinical practitioners, occupational therapists, physiotherapists, dieticians)
- To encourage critical thinking and consideration of the expectations placed upon members of the multidisciplinary team
- To support doctors to be more well-rounded and to think holistically, a crucial part of providing patient-centred care in the NHS
- To encourage doctors to undertake experiential learning.

Although shadowing before they start the programme is an approved aspect of the national foundation training programme, there is a paucity of research concerning shadowing of other healthcare professionals by postgraduate doctors in training. Health Education England support

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junior doctors to undertake ‘taster days’ in a speciality they have not previously worked in, to aid career decision making, which usually last between 2 and 5 days (The UK Foundation Programme Officer, 2021). However, many postgraduate doctors in training work closely with other healthcare professionals in their day-to-day job but have little insight into what their job involves or the challenges faced in these professions. An experience day is a new concept, where junior doctors have an educational opportunity to understand more about the set up of the services that they work with directly and the role of other healthcare professionals in these services, such as another healthcare professional within the same department.

It is well recognised that shadowing another speciality is a useful way to learn more about the subject. The Point of Care Foundation (2022) specifically promotes the act of shadowing as a way to fully understand processes of care. Experience days are intended to encompass experiential learning. Experiential learning is described as entering an environment to better understand the setting in ‘real life’ and a key element of interprofessional education (Institute of Medicine, 2013). As such, experience days offer real-life exposure to clinical settings, rather than learning via seminars or reading. A report by the Royal College of Physicians (2005) recommended that the General Medical Council and medical schools should ‘explore ways of strengthening common learning to enable better interprofessional education’. However, to the authors’ knowledge, there are currently no formal programmes to facilitate interprofessional learning in medical or surgical training programmes in the UK, unless locally agreed.

Interprofessional education on the shop floor

The General Medical Council (2020) recognise that the majority of doctors will work with other healthcare professionals in their day-to-day jobs. However, there are varying exposures to interprofessional education in medical schools across the UK. The Royal College of Physicians (2005) describe that it is important to introduce the idea of interprofessional education as early as medical school, so that ‘appreciation of the value and roles of other professionals can be developed and reinforced’. Doctors with little exposure to interprofessional education could benefit from exposure later in their training rather than never at all. The majority of education for healthcare professionals is uniprofessional, where learning is focused on practicing in their chosen field (van Diggele et al, 2020), compared to what is seen in clinical practice which is often a multidisciplinary setting (General Medical Council, 2020).

The World Health Organization (2010) defines interprofessional education as when individuals ‘from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes’. Interprofessional education is internationally relevant for postgraduate doctors in training, and continues to be a priority on the global health agenda. Interprofessional education is thought to enable effective collaborative practice which optimises health services and improves health outcomes (World Health Organization, 2010). Experience days are complementary both to this agenda, and to the Centre for the Advancement of Interprofessional Education’s (2022) strategy to promote collaborative practice. Moreover, interprofessional education is thought to benefit the NHS by improving patient safety, cost-effectiveness and enhancing the patient experience (Choudhury et al, 2020), as well as improving interprofessional team-working and enhancing the quality of patient care (van Diggele et al, 2020). The General Medical Council (2020) advise that ‘multidisciplinary teams can bring benefits to patient care... but problems can arise when communication is poor or responsibilities are unclear’. Experience days can address this challenge, as they promote a greater understanding of the service. They also have the potential to improve efficiency in the workplace, as clinicians who understand the challenges faced by other professionals can proactively avoid common pitfalls.

Experience days on the shop floor

Experience days involve a postgraduate doctor in training locally arranging to shadow a healthcare professional they work with directly or indirectly. NHS Health Careers (2023) suggest that ‘shadowing (ie observing) a medic and/or another healthcare professional will allow you to directly observe the work of a doctor and to ask questions’ in the context of gaining experience for medical school. However, such an experience can also be helpful

for postgraduate doctors in training to learn more about their role in a wider context of the multidisciplinary team. The General Medical Council (2020) state that: ‘Whatever the composition of the teams you work in, you [doctors] must respect and value each person’s skills and contributions’ which is achievable as part of experience days, where postgraduate doctors in training can keep up-to-date with the services they work with daily.

This article now discusses learning from experience days undertaken by a postgraduate doctor in training working in a community geriatric hospital between February and July 2021, having been approved by the clinical lead and embedded in the locally approved personalised work schedule.

Tissue viability clinic

The clinical lead had advised that wound management should be a core component of all junior doctors’ personalised development plans. The postgraduate doctor in training was able to attend visits in the community with one of the lead nurses, seeing a wide range of patients with wounds at different stages of healing. The doctor learnt about different types of dressing including honey, which they had not previously come across; this inspired them to learn more about different dressings. Moreover, seeing the severity of such a large number of wounds improved their confidence in knowing when to escalate antibiotics or specialist services, and provided greater insight into the severity of wounds that can be successfully managed in the community.

Parkinson’s disease clinic

The postgraduate doctor in training attended a nurse-led Parkinson’s disease clinic, shadowing a team who had specialist experience, knowledge and skill in managing patients with Parkinson’s disease. They learnt about the process of referring patients to the nurse-led clinic, which is usually done by GPs, hospital doctors or Parkinson’s nurse specialists. This experience helped them to appreciate some of the challenges faced in the outpatient setting, including not having access to the patient’s drug chart to check for possible drug interactions. Seeing discussions about prescription alterations in person helped the junior doctor consolidate their knowledge of medications used to treat Parkinson’s disease and improved their confidence in this area.

Lymphoedema

The lymphoedema team comprised specialist nurses with expertise in this area. The postgraduate doctor in training learned about how the team take a holistic approach to care, with the team not only managing the treatment of lymphoedema, but also empowering patients and supporting them from a psychosocial perspective. During the clinic the postgraduate doctor in training saw how technology can be used to find the most appropriate fitting garment for the patient. Using the clinic iPad, a 360° video was taken of the area affected by lymphoedema, to help create an individualised garment rather than providing generic large, medium or small garments. The experience provided insight into the detailed approach required for fitting. It was helpful to know that as the team are on site, doctors working in the community hospital could request a review from this service if time permits. This could improve the patient journey by expediting reviews when possible.

Discussion

Experience days are an example of self-directed learning. However, they are an additional educational learning opportunity rather than the educational right of a doctor. Patients have the right to decline the presence of such a shadowing doctor in their consultation, as these doctors are not considered essential members of the team. As such, it is the duty of the supervising professional to seek consent of the patient for the shadowing doctor’s presence, while ensuring there is no coercion. Moreover, the shadowing doctor would be expected to follow the Caldicott principles (General Medical Council, 2017) and to adhere to principles of confidentiality, as they should be doing in any healthcare setting (National Data Guardian, 2020).

Outlining clear goals in the initial request can help the supervising clinician. A requirement for those applying for experience days is ensuring that there is sufficient cover for the ward

or practice they are working in. However, sufficient notice and a helpful rota coordinator can ensure the educational learning opportunity is achievable, notwithstanding limits on the number of experience days that can be accommodated by the ward or practice. Martens et al (2021) also recognise the impact of having additional people in the clinic on productivity in a clinic setting, which has been exacerbated after the COVID-19 pandemic. Study leave allowance can also limit postgraduate doctors in training pursuing experience days. However, discussing the request at one's initial placement meeting can help a supervising consultant to know what a doctor wants to achieve out of the placement (including attendance of experience days), and may encourage consultants to help facilitate these educational opportunities. It is important to ensure that experience days do not take time away from the minimum number of days required for a clinician to be working in the training post, to progress to the next stage of their training.

Conclusions

Experience days offer postgraduate doctors in training the opportunity to reflect on their role in the wider context of a multidisciplinary team. This educational opportunity promotes a collaborative approach by allowing doctors to understand the work that their colleagues do and the challenges faced in other departments. Experience days complement international agendas promoting interprofessional education and contribute to the doctor's development and growth during the placement regardless of their stage in training. This ultimately nurtures doctors to be more well-rounded and to think holistically, which is a crucial part of providing patient-centred care in the NHS.

Top tips

- Arrange experience days early to avoid disappointment, explaining to your supervisor why you want to pursue this particular learning opportunity.
- Always ensure you have the permission of your supervisor and rota coordinator before arranging experience days and ensure your requests are in line with your local trust policies.
- Reflect upon which profession you know least about and arrange to shadow a professional in this area.
- If it is not possible to shadow colleagues in particular specialties because of constraints of time or availability, speak to professionals in that speciality about the challenges they face.
- When working with other healthcare professionals, consider what your expectations of them are and whether these are feasible and realistic.

Key points

- Experience days are a novel but important concept for postgraduate doctors that provide trainees with a better perspective of their role as a clinician among the complex interplay of services and professionals surrounding them.
- Experience days promote interprofessional collaboration and improve junior doctors' understanding of healthcare professionals they work directly with.
- Experience days are valuable to pursue for postgraduate doctors in training regardless of the speciality they have chosen to pursue.
- Shadowing is a key component of experience days and encompasses experiential learning.
- Experience days can nurture doctors to be more well-rounded and to think holistically, which is a crucial part of providing patient-centred care in the NHS.

Curriculum checklist

This article addresses the following requirements from the general internal medicine training curriculum:

- Able to successfully function within NHS organisational and management systems.
- Able to deal with ethical and legal issues related to clinical practice.
- Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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