

How to organize a 'taster' week for foundation year 2 doctors

This article describes the aim of short, focussed placements ('taster' experiences), and outlines some of the practicalities of organizing them.

What are they?

The idea of 'tasters' is to give young doctors (those in foundation year 2; FY2s) an opportunity to spend time in an area which may be their possible career choice. This may be a speciality or specialities which they have not experienced before.

What sort of experience should it be?

Ideally the experience should be different from that of a medical student, with them working alongside doctors in the speciality. The tasters were organized by the Director of Postgraduate Education (JY) and one of the postgraduate administrators (ER), who tried to include experience with a doctor training in the speciality and a consultant, so that the FY2 doctor would be able to find out what it is like to train in the speciality and what the job at the end is like.

Where there are subspecialities (such as in ophthalmology) some of these were included. We arranged experience in both the operating theatre and in the clinic for surgical specialities.

For some tasters time in 'related' specialities which might not have been considered was included. For example one doctor was very interested in oncology as a career. For her taster, she shadowed the oncology specialist registrar, spent time in the chemotherapy suite and with the oncology nurse consultant, attended a radiotherapy clinic with a consultant and spent a session in the CT/PET (computed tomography/ positron emission tomography) scanning department. She was

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already rotating through the palliative care firm, otherwise this would also have been included.

How did we organize them?

The trainee doctors

We contacted trainees as early as possible and asked them for their choices. We have found that around 2 months' notice is ideal.

We had a website with some outline programmes for specialities which they could look at. If they were not sure what they wanted to do we also offered them a session with the postgraduate tutor to help them determine their options.

The FY2 doctors were all shown their outline programme before it was finalized, to ensure that it covered the areas they wanted.

The departments

We were very fortunate to have great enthusiasm and cooperation from virtually all the departments we contacted. We spent quite a lot of time arranging the tasters and this was not without its frustrations.

It helped that we were a 'pilot programme' so people were interested in what we were doing. However, we had to explain what a taster was and what we wanted from the department. This was done by producing a letter which could be emailed to the head of the department.

There was one placement which we had some difficulty arranging locally, but we succeeded in placing the doctor in a department further afield. We asked postgraduate deans and chairs of specialist training committees for advice where this happened.

Figure 1. Examples of objectives set on two taster weeks.

Ophthalmology taster week

Aims	To understand the practice of ophthalmology and the structure of training
	To appreciate the breadth of subspecialities within ophthalmology (e.g. retina, squints, neurophthalmology)
	To understand the management of common ophthalmological problems
	To observe surgery
	To appreciate the role of screening in diabetic eye disease and/or retinopathy of prematurity
	To understand the role of the optometrist and links with opticians

Oncology taster week (taken from Royal Marsden outline experience)

The attachment should be able to contribute significantly to:	Understanding of modern day cancer care including the multidisciplinary model of cancer care and team working
	Understanding of the respective roles of surgery, radiotherapy and chemotherapy in the management of the cancer patient
	Understanding of management of common cancer-related symptoms
	Knowledge of communication issues in the context of cancer care
	Awareness of ethical issues in the context of cancer
	Understanding the relationship of primary, secondary and tertiary care in the patient journey and their respective roles in patient management. Impact of government initiatives in cancer care, cancer organization and national cancer plan
	Understanding of the importance of academic cancer medicine (basis of cancer clinical trials, translational research and teaching)

It was striking how enthusiastic the consultants were to accommodate a potential future trainee.

Practical points

Get the email and phone number of the secretary of the head of department of the speciality, and explain what you need to him/her.

Ask him/her to contact their human resources department to find out what notification procedures they require (see below).

Email sample objectives if this is a new attachment.

Objectives

It was helpful to have these agreed in advance (*Figure 1*). We had some outlines from the London Deanery and used these to help specialities create their own objectives.

We asked for a timetable for all taster weeks, and asked for them to arrange a short meeting to agree objectives at the beginning and feedback at the end.

Where to put the taster in the rotations?

We sited all ours in the accident and emergency component, as it was the least disruptive to the rotations. Wherever you choose to put them, make sure the consultants are aware, and have agreed the dates in advance. (It is counted as study leave for the trainees.)

Human resources issues

Early on in the process, we realized that there was a potential risk management issue of trust indemnity for these doctors. Would they be covered by the Whittington Trust's indemnity or the host trust's indemnity? In our case this issue was referred to

the trust solicitors who concluded that the Whittington's indemnity would provide the necessary cover. It is useful to include this in the email or letter to the host trust.

A small number of trainees needed to provide evidence of occupational health screening but this was easily done and did not hinder the process.

All doctors were instructed to take their ID badge with them. Many received a temporary ID from the host trust.

Feedback

At the Whittington, we designed a feedback form, which was adopted by the London Deanery for the pilot. We send the forms to the doctors after they return from their taster. We collated the information received, all of which has been very positive and used this to design future tasters.

The outcomes

Of the 16 doctors who have undertaken tasters so far, all valued them.

They were generally very highly rated. Most doctors have confirmed their career choices. Two have decided against the speciality they had initially chosen, and at least one has found other options which he is now considering that he had not previously experienced. [BJHM](#)

Conflict of interest: none.

KEY POINTS

- Taster experiences allow a doctor to look at potential career choices.
- Good organization and plenty of notice for everyone involved are key.
- It is important to agree objectives at the beginning of the taster week, and to give feedback at the end.
- Human resources issues must be considered, such as risk management and occupational health.

A tasty week in international and public health

For the first time in my medical career, some one took time out beyond their given role and (with real enthusiasm) arranged a gourmet 'taster' week for me.

I want to work for Médecins Sans Frontières (MSF), and was served up a five-course feast fit for a junior doctor with an interest in public and international health.

Canape (day 1): International Health and Medical Education Centre, Archway

Professor Yudkin and Dr Jaime Miranda run this institution to provide medical students with the opportunity of experiencing developing world medicine through elective exchange placements. In the morning Tanzanian, Cuban and UK students presented their projects – both those planned and those which had been undertaken.

In the afternoon, the new Director of Medical Operations at Amnesty International described his role. Amnesty is widening their field of human rights activities to incorporate rights to good health as a basic requirement of all people. It is not only the absence of disease but also the presence of a feeling of wellbeing (mental and physical) that is the definition of good health.

Antipasto (day 2): International Health and Medical Education Centre, Archway

This morning Nathan Ford, the Head of MSF Medical Unit, told us of the influence of non-governmental organizations (NGOs) and civil society on health and health-care policy. He cited the well-known battle to reduce the cost of antiretrovirals available to sub-saharan Africa. This was a minor victory within the struggle for access to medicines.

Malaria, tuberculosis, sleeping sickness and kala azar are politically and economically unimportant to Western governments and big pharmaceutical companies,

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so research and development of new treatments are not prioritized. I volunteered on the Access to Medicines Exposition in London 3 years ago and was happy to see this still high on the MSF agenda.

After lunch, we met Therese Hesketh, a paediatrician and public health consultant who works with Children in Difficult Circumstances – a UNICEF-type organization. She spends a large amount of her time in south-west China dealing with child prostitution. She has become fluent in Mandarin and has residency in China.

Plat du Jour (day 3): Ethical Decision Making with North Central London SHA

Dr Catherine Brogan is the Medical Director and Director of Public Health at the North Central London Strategic Health Authority (SHA). She took me along to a 1-day conference on ethical decision making – focusing on the pressing financial situation the NHS finds itself in and how this affects services provided.

Should a child with severe mental dysfunction, requiring three full-time carers at a cost of £750 000 a year, continue to be funded? He would self harm if left alone.

A new London hospital will have 13 new intensive therapy unit beds at a cost of £30 000 a year each. Should there be a points-based system that dictates access to these beds – one that gives negative points for being elderly?

Does a retired Professor of Medicine have the right to insist on NHS-funded spa-treatment abroad for his wife because of his working history?

Should there be an NHS-wide ethical framework for assessing applications for one-off treatments, e.g. laser removal of a young lady's facial hair for cosmetic reasons? She suffers with polycystic ovaries.

There exist very subtle ethic and logic paper-tests to gauge one's response. I spent the day doing these exercises with the people whose daily responsibility it is to allocate NHS funds. I did not even know that these commissioners existed.

Pudding (day 4): London School of Hygiene and Tropical Medicine

The morning ward round – we encountered malaria, HIV, dengue, recurrent

visceral leishmaniasis and trypanosomiasis. It makes you realize that we are all susceptible to these wonderful diseases.

The afternoon was spent in a clinic with Dr Tim Doherty. An MSF project organizer had returned from Congo and Sudan with schistosoma, malaria and dengue – do I really want to work with them?

Cheese and Wine (day 5): Shadowing a Public Health Consultant

Dr John Hayward is the Director of Public Health for East Central London SHA and a member of the Newham Tuberculosis Network. I did not know what a network was and how influential they were on policy and effective in public health. Newham has fulfilled World Health Organization criteria for tuberculosis epidemic status since the 1980s. The network comprises consultants, specialist nurses, GPs, council representatives for housing and social services, community members and health authority management. They meet every 6 months and together put forward community, primary care, council and hospital-wide initiatives to combat tuberculosis.

After-dinner thoughts

As I ruminate on the week, I wonder at how little I knew of careers out there in the world – recall Therese who commutes to China for work.

I learnt that public health consultants do have a bearing on my working life – recall Dr Hayward and remember we have a reverse-flow infection-control room in the emergency department at the Whittington.

I learnt that there really is someone sitting in an office making very hard decisions about funding based on ethics – recall Dr Brogan and her commissioners.

I learnt that international health relates to the UK – recall Professor Yudkin, Dr Miranda and the ward round at the London School of Hygiene and Tropical Medicine. I learnt that facilities exist for specific training within the field of NGO work and that recruitment facilities exist for these NGOs.

My appetite has been whetted by this taster – thank you very much to the organizers and the people and departments who hosted me. [BJHM](#)