

FAQs – Q&A session 15th December 2021

How did you know Medicine was the right career for you?

Manuk – I was lucky to have medics in my family and I could see how hard they worked but also how they worked with people and were at ease with adapting and managing different situations. I was always interested in science subjects but it wasn't always clear how they could be applied to real life and I think medicine provided what was an eventually obvious path for thinking scientifically every day. I think it's important to be aware that your views will change over time and having entered medical school and become a doctor since, it was clear that there were (and still are, having qualified!) so many different paths within medicine to take that anyone can find their niche.

Emily – I come from a non-medical background but again always loved the science subjects at school, so medicine was a natural progression of that. I also love the problem-solving side of medicine. Every patient is different and it is your job to figure out what is wrong with them and try and improve it.

What does a typical day look like?

When not on call, as surgical registrars, we are either in clinic or theatre.

Clinics start around 09:00AM and depending on the number and complexity of the patients can finish any time up to around 13:30PM. Clinic involves seeing patients who are well enough to live at home but have been referred to the specialty for assessment and possible management, for example discussion about having a hernia fixed. There is a consultant surgeon around (seeing their own patients) if any advice is needed. You work with nurses and healthcare assistants and dictate letters detailing the plans which get typed up and sent to patients and their GPs.

Theatre also gets going around 09:00AM but requires some extra legwork from 07:30AM onwards. We would consent the patients for their operation and then update the theatre team about specifics for each procedure. We normally have a coffee/do some paperwork while the patient gets to the operating theatre and is anaesthetised, after which we would operate together with the consultant.

The working day would normally finish around 05:30/06:00PM.

Some days there are meeting within teams to discuss specific patients plans and outcomes. There is always some paperwork (e.g. checking letters before they are sent out, discharge summaries). We haven't even talked about what on call days/nights entail. A 'typical day' is never the same!

What is the hardest part of the job?

Manuk – I think the hardest part of the job is managing risk. This varies from day to day and each member of the team (in surgery, we always work in teams) is well supported by each other. For example, when on call, if I get 5 referrals in the space of 5 minutes, it can feel difficult to prioritise who I need to see first i.e., who is at most risk. It is important to remember that you are not the only one who can see patients and you learn how to manage difficult situations.

Emily – I agree with Manuk. It can seem like there's so much to do. Being able to prioritise and delegate are key skills that you learn quite early on in your career, and getting the help and support of the team around you is the key to being successful here. As well as actually seeing the patients, as a junior doctor, you are also required to complete audits, presentations, publications etc. It can

sometimes seem hard fitting all of this in, but there is a lot of support around to help encourage you with these extra projects. The other hard thing about being a doctor is dealing with what you might perceive as 'failure'. Sometimes you can't help everyone, some patients won't make it, not all operations are successful. And these might be patients that you have invested a lot of time and effort in. Dealing and coping with this can be hard, but it is important to know that it is not failure and no one else sees it like that. This is where your support network becomes really important – debriefing, talking to others involved and learning from the case are crucial to allow you to move on.

How do you balance a family and social life when being a Dr?

Manuk – I think you balance them differently at different times in your life. My experience as a foundation doctor was brilliant as thankfully, I worked alongside a great bunch of FY1s who I am now friends with for life (the vast majority have the same experience). I think the balance does get more difficult as you progress in your career with more responsibility placed upon you at work and at home. It is all quite manageable with good planning. I think the demands of different specialties vary greatly and you will gravitate towards what suits you best. All that being said, I have recently found this quote which made me think about things differently:

“My best advice is to stop thinking of work and life as a ‘balance’ – that implies that they are opposing forces, and that will only set you up to fail. Surgery doesn’t stop my life, and my life doesn’t stop surgery. I am a *better surgeon* because I am a wife and a mother. And, I am a *better wife and mother* because I am a surgeon.” - Jamie J. Coleman, trauma surgeon.

Make of that what you will!

Emily – The short answer to this is yes you can find a balance, but your life will look different to your non-medical friends! As a junior doctor, you will get moved around the different Trusts in your region, and this sometimes means you might have to move house as you do so. You also will work on calls, which means you are not free every weekend, and will miss out on some social events. However, in my opinion, these small sacrifices are totally worth it! Training is a lot of fun, and you get invaluable experiences, see new places, meet new people and learn new things as a result of this. You will be surrounded by other medics who will all have a similar mindset which definitely helps! With regard to having a family, it is also definitely feasible, and there are many more women in surgery now too. Having children, parental leave, annual leave etc is now encouraged! You do have to have a good support network around, and there will be times you need to ask for help from friends, particularly when trying to fit on calls around family commitments, but it is totally doable!

How did you know the specialism was right for you?

Manuk – I fell in love with the dynamism and philosophy of surgery. The constant working within a team, the relatively high risk, responsibility, and instant(-ish) reward and impact on patients' lives, and the challenge of incremental improvement of your own skills. You will always learn and grow. I also think that your relationship with your patients is different to those between non-surgeons and their patients, as you can *physically* play a significant part in their wellbeing – for better or for worse. That being said, I honestly think I'd have enjoyed most specialties given my experience of the foundation programme (first 2 years after qualifying) which was very varied.

Emily – I love the fact that in surgery your day is so varied – from ward round to clinic to theatre. I enjoy the hands-on side of surgery, and the fact that you often can 'make patients better' (e.g. removing someone's appendix results in an instant cure!) It is a fast-paced specialty, and I enjoy that fact that you often have to think on your feet. I did however love most of my Foundation jobs and had no idea what I wanted to do when I left uni. It was through experience and my initial rotations

that I decided surgery was the specialty for me, so you definitely don't need to decide what you want to do yet!

How do you deal with patients dying in your care?

You reflect and talk about both clinical and emotional aspects of the case. It is fair to say that you become more 'numb' to death than a lay person but that doesn't mean you do not care.

In surgery, there is something called the 'Mortality & Morbidity' (M&M) meeting in which you discuss inpatient deaths as a team. I think this is a really useful way in which you work through such cases (as a form of debrief and closure) and focus on any learning points in which we could have done better (if any).

What are the average hours you work?

The European working time directive dictates that overall average of 48 hours per week. On call weeks/nights (Monday to Thursday 08:00AM-08:30PM/08:00PM-08:30AM) amount to 50 hours which is the longest weekly stretch I do in my current trust. Keeping up with the curriculum (i.e. sending assessments to be signed off, doing work related projects etc) should also be done around these hours.

How do you manage stress working within high pressurised environments?

Manuk – On reflection, I think you 'fall back on your training'. You learn to work things through smoothly without rushing which could make things worse. You practice being systematic, communicating precisely, clearly, and succinctly. It is important to be self-aware as well as having an overview of the situation and your team (their roles, their experience, and how they are doing). It's actually quite fun when you relax!

Emily – It's also important to have hobbies outside of medicine. For me that's sports, and going home and doing something completely different to how you've spent the day is a really good way to step back, reflect and relax.

How can I choose between Dentistry and Medicine?

Difficult one. I would do plenty of research online, speak to lots of dentists and different types of medics, and finally think about what the final outcome is (in terms of reaching 'consultant' level) and how this will look in 20 years (when you would have reached that stage). Look at what it is like to be a consultant vs. a dentist and think about that lifestyle and which one suits you.

Did you always know you wanted to be a doctor?

Manuk – I wanted to become a musician until aged about 17! The logic in the final decision was I could continue music while doing medicine but couldn't do medicine while doing music. I'm in a band so it's still something I find time for. The take away is really that you don't have to 'know' you want to do medicine at the stage you currently are at.

Emily – As a kid I wanted to be a farmer, but I think from the age of about 14, I knew I wanted to be a doctor. I don't recall ever wanting to do anything else, and think this stemmed from a science-based background and also a want to 'help' people and work with people. The idea of doing an office job in front of a computer is really not for me – I definitely wanted a job that was hands on.

Medicine is perfect for this; every day is different, you are on your feet, seeing and talking to different people from all walks of life – it's a privilege!

How is training funded after Med School?

After medical school, all graduates are automatically enrolled in the Foundation Program which is the first two years you will spend as a doctor, where you will rotate around a variety of medical and surgical specialties. You will preference where you want to work for these years and the jobs you would like to do, but where you get placed comes down to how well you perform in your final year exams. After these first two years, you have to choose a specialty, and then will have a separate application to that training program.

What work experience is good before applying for Med School?

In light of Covid, this has changed a bit in recent years. When we applied, universities were keen for you to have at least a week of work experience – which could range from working in a hospital, GP, nursing home etc. Now this is no longer a requirement, but work experience is always useful as it demonstrates your commitment to medicine and also gives you an insight into what really is involved. It gives you something to talk about in your interview. That is why with this program we are offering virtual work experience, as we hope this will give you the opportunity to get access to, and gain an understanding of patients and doctors despite Covid, and hopefully this will give you something to reflect on and discuss at interview too.

What were the first few months like as a Junior Dr compared to Med School?

It always seems like there is a bit of a jump from medical school to actually being a doctor. However, your last couple of years at uni will involve a lot of time where you are based at one of the hospitals in your region, and will spend many weeks on the wards alongside the other junior doctors. Here you will go on the ward rounds, do bloods, write in notes etc, and hopefully this will give you a good idea of what it's really like to be a first-year doctor. Although it can seem daunting at times, the key thing to remember is that there is always support around. No one expects you to know exactly what you are doing when you first start, and there's always people to ask for help. It's a really exciting time!

How do you separate patients and their issues from your own life?

Emily - At first this is something that is quite hard, and it is very easy to bring your day home with you, and stew on all of the events of the day all evening. It's really important to try and leave work at the door. The great thing about medicine is that there is always an on call team to look after the patients, so it's important that you hand over any outstanding jobs to that team so that you don't stay late or spend the evening wondering if they get done. Overall, it is something that becomes easier with time. Personally, I find playing sports really helps me forget about the day, focus on something else, decompress and sleep better at night! It's also really important to have a good network of friends to talk to. There will be some upsetting cases, and being able to discuss these with friends so that you can rationalise it and move on is really important.

Manuk – Completely agree with Emily. It is normal to invest in the people you treat and this is a sign that you actually care. That being said, it is important to have defined boundaries (for example, you wouldn't give a patient your personal telephone number – however much you care!). This is the basis of professionalism and is something you probably have an intuitive understanding of but it is honed over medical school and your career. There is definitely a balance and you don't have to be rigid. My colleagues and I have sorted out patients' pet care while they are in hospital!

If you could change one thing about your job what would it be?

Emily – The job is unpredictable. Some days are quiet, others are manic and run away with you. Some days you stay late, don't eat lunch and realise you haven't stopped all day. You might be dealing with sick patients, your operating list might overrun, a patient might become ill. It is impossible to predict this and this sometimes means that you do have to compromise on extra-curricular activities. But would I actually change this? No, because the unpredictability of the job is one of my favourite things about it! I love the fact that I have no idea what the day will bring! The other thing I wish I could change about my job, would be to have more time! More time to speak to patients, more time to do the paperwork, the non-clinical requirements of training, time to go to the toilet or grab a drink! In surgery it is very fast-paced which I really enjoy. There's always lots going on and this makes it a very exciting specialty and is one of the reasons I love it. But it does mean you sometimes spend your evenings doing some of this 'extra work', or you come back to have a patient chat far later in the day than you planned.

Manuk – I would change a lot of the IT systems! The great point that this question brings up is the capacity for change in the modern NHS has to some extent been formalised in 'quality improvement' projects that you can organise/get involved in. As the people who actually do the job, doctors are well placed to guide the changes we want and it is important to flag issues up and get involved in trying to fix them. For example, I am working with a group to try and affect change in the IT we currently use in my hospital... it does get a bit tiring!

Are you happy with the salary? Do you think it's worth the time and effort sacrificed?

Yes. As doctors, you get paid a good salary that will put you in the upper bracket of pay nationally. The work is hard, you will work long hours and sometimes you will stay late. There are times where it might seem that you are spending all your time at work! However, we didn't go into medicine to earn a lot of money. There are a lot of other careers that will earn you more money, for potentially less work and stress. However, in our opinion they are no way near as rewarding as medicine. We would do our job for less money and we would do our job for more money – it is not the driving factor. But on a whole, the salary for doctors is pretty good!

Did anything surprise you when you first became a Dr?

Emily – I think what surprised me most, was how quickly I picked things up, and felt like I had been working for ages! When you start work, everything does seem new – the hospital, the IT systems, the ward rounds, patients etc. And the first few weeks you do feel a bit clueless! But because you are thrown into it, you do pick it up really quickly, and it's a great feeling when you look back and you can see how far you have come. Every day you are learning and it is a far steeper learning curve than I ever imagined! But as a result, it is exciting and I love constantly learning new things.

Manuk – I was surprised by how much patients looked up to me as a doctor. You do grow into the role and trust yourself quite quickly but it was initially quite shocking that the patient wanted to speak to me (a brand new F1 doctor) about how their complicated operation went (which I wasn't physically at!) just before they were discharged. I remember looking through their notes quickly before speaking to them and they were really grateful that 'the doctor said it all went well' – this had been reiterated by lots of doctors (especially the consultant who actually did the operation) before but I found it interesting how patients may not always take in the information in their vulnerable state. So much of the job is helping people psychologically and I think that only struck me properly once I started working as a doctor.

What qualities do you think make a good Dr?

Emily – Motivation, dedication, insight, the ability to reflect on your own work, problem solving, dealing with uncertainty, conscientiousness, good communication, teamwork, leadership, time-management, resilience, empathy, integrity and honesty; are just some words that could describe a good doctor.

“A good leader inspires people to have confidence in the leader, a great leader inspires people to have confidence in themselves”. Eleanor Roosevelt.

If I had to pick my top three, they would be; resilience, empathy and teamwork.

Manuk – All of the above. I only add adaptability and kindness.