



thriving as a junior

Andrew McArdle and Clare Mason offer practical and biblical hints

The three 'FYI survival kit' seminars at CMF's 2011 National Student Conference raised broadly similar issues. In describing these and the advice given, we are mindful that we tread where many have gone before. We commend the articles written by Laurence Crutchlow¹ and Peter Saunders.² Their principles still apply, even if the environment in which you will practice has changed.

Advice such as this can create an illusion that the authors had it sorted from the first day, or at least have it sorted now. We would like to emphasise that this is not the case!

looking back

You face a time of transition and opportunity, as well as potential pitfalls. At such times, we often look back as well as forward, considering how we feel about where we are.

Humanly speaking, there may be many reasons why you are now a qualified doctor: you may have felt called, or simply followed a longstanding desire; you may have followed the advice of others, or even felt coerced; or maybe it was a logical decision, driven by matching your aptitudes with the career. Whatever the human reasons, we can be confident that God has us here for a purpose.

looking up

Paul's prayer in Colossians 1 is helpful,³ reminding us who has given us our primary qualification. Why not make it your own prayer? Don't stop 'asking God to fill you with the knowledge of his will ... joyfully giving thanks to the Father, *who has qualified you* to share in the inheritance of the saints in the kingdom of light.'



Andrew McArdle and Clare Mason are members of CMF's Junior Doctors' Committee, and liaise with the National Students' Committee. Andrew is an ST1 in paediatrics in London, and Clare is an FY1 in Kettering.

challenges

New-found clinical responsibility is the most obvious challenge. At times the learning curve is steep. But this is not the main pitfall. Most juniors are reasonably well-supervised initially (and pointed in the right direction by helpful nurses). Clinical training should have given you the knowledge and skills to do the basics, even if it takes a while to get running. Retrospective surveys suggest that juniors feel increasingly prepared for practice.⁴

More significant challenges are the physical, mental, emotional and spiritual demands of the job, the high potential for loneliness, and the transience that can come from shifting rotas and frequent changes of post. You might find yourself tested in new ways, and discover new things about yourself.

Christians face specific challenges. Moving home and establishing new relationships can bring loss of established support, and temptations to compromise our behaviour or standards. Working hours are tightly regulated, but shift-work can be tiring and disruptive, impeding a regular devotional life and restricting fellowship. Although the 'big' ethical issues of abortion and euthanasia may be rarely encountered, everyday issues are paramount: dealing with conflict, honesty and our attitude to our work, patients and colleagues.

necessities for professional survival

We suggest that only three things are necessary to be a 'safe' doctor: core clinical knowledge and skills (eg recognising and managing bowel obstruction; placing an intravenous line) awareness of the limitations

of your knowledge and skills; and an ability to seek help when necessary.

However, a good doctor is more than this. We cannot emphasise enough how important it is to have interest in and compassion for your patients as people, which could manifest in openness, honesty, listening to patients and being willing to identify and engage with the issues important to them. Jesus modelled such an approach in his healing of the blind man at Bethsaida, who he led out of the town to heal in quieter surroundings, and instructed 'don't even go into the village'.⁵

In our relationships we should try to be personable and approachable (even when we need to say that a third bleep about a non-urgent job was unnecessary), following Paul's advice, 'if it is possible, as far as it depends on you, live at peace with everyone'.⁶

The good doctor must also be diligent, 'as working for the Lord',⁷ and organised, ensuring that 'yes' is 'yes'.⁸ Find a way to keep track of tasks, and prioritise them. Look to your colleagues and seniors for ideas and advice on this.

We must also work hard on our written and verbal communication with patients, families or colleagues. Failures in communication are implicated in a high proportion of medical errors.

Despite our best intentions occasional error is inevitable, and you must be prepared to deal with this. Be prepared to admit error to yourself, and then to colleagues and patients as necessary, without carrying overwhelming or unnecessary guilt. 'Facing our mistakes',⁹ a harrowing and personal account of medical error by a rural doctor from the USA, should be required reading for all new doctors. We also

recommend recent articles from *Triple Helix*¹⁰ and the Medical Protection Society.¹¹

necessities for personal and spiritual survival

Maintaining your personal relationship with God is the cornerstone to surviving and thriving through all of life's challenges, and the foundation years are no exception. Jesus promises, 'if you remain in me and my words remain in you, ask whatever you wish, and it will be given you'.¹² Though each of us has different ways to maintain our relationship with God, we need to think how we can continue them while working.

Saunders emphasises the importance of making time with God a time to *be* rather than to *do*.¹³ It's a time to be *you* and to remember who you are in God's grace. Regular quiet times can be difficult to maintain and you may need a more flexible approach. Quick 'arrow' prayers are a lifeline during busy days, for example while walking to another ward, chasing results or even while going to the loo! You can also use this time to read the Bible, even via your phone. You can pray through your patient list while travelling to work, which has the added advantage of helping you to remember who they are!

It is vital that you develop and maintain a network of Christian fellowship. The readers of Hebrews were encouraged not to give up meeting together.¹⁴ If moving somewhere new, try to settle into a church quickly – but keep contact with your established Christian friends so you can support each other.

Our work offers many opportunities to witness for Christ in behaviour, attitude to work and through speaking to people about the hope that we have. This may be as simple as mentioning church to colleagues when asked about your plans for the weekend. We are

encouraged by the GMC to provide holistic care, which includes spiritual beliefs, so we needn't be afraid of sensitively discussing spiritual issues with patients' consent (do read the GMC guidance).¹⁵ Ultimately the most important thing is to pray for opportunities to speak to others about Christ – a prayer that God is longing to hear and very keen to answer!

The most obvious personal challenges are those of physical and mental exhaustion. Although juniors work fewer hours than previously, work can be higher intensity. In most jobs you will work a shift pattern. On call shifts provide good clinical experience, but can make maintaining a social life and fellowship more difficult. Flexibility is key to coping. You may need to reduce your commitments, but keeping up some hobbies is important in tackling both physical and mental stress.

Our physical needs are important to God. Jesus himself often withdrew to be alone to pray,¹⁶ and God provided for Elijah's physical needs as a priority.¹⁷ It's easy to forget to eat and drink enough, with a long list of jobs to do and people demanding attention. Learn to recognise the signs that you need a break, like irritability. Very few jobs can't wait for ten minutes, and you will work much more effectively when refreshed.

Starting work has the potential for a significant change in lifestyle. There is an opportunity or temptation to reinvent yourself; both positively, as we find new ways to witness to others, and negatively, with the potential to slip into bad habits. It can be easy to follow those around us who have very different world-views to our own, especially if we are tired, lonely or struggling spiritually. Our walk with God and Christian fellowship are important in encouraging us to continue to imitate Christ in our new role.

Doctors are known for working hard and playing hard. In the same way that you may have been challenged as you started medical school, issues such as sex and alcohol consumption might come up in your new peer group. Gossiping and cynicism are also common challenges in the work place. These situations provide the opportunity to stand out as 'children of light'.¹⁸

Your financial situation will change - with the challenge to use these resources for God's glory. We do not pretend to have all the answers, and not everyone will do the same thing. Plan early how you will manage your income. It is easier to develop good habits from the beginning than to try to change them later on. Pray for wisdom in the use of the resources God has given you and remember the Bible's emphasis on giving as a joyful act of freewill.¹⁹

Surprisingly, a busy ward can be very lonely. Although you will have a lot of personal contacts at work, interactions can be superficial. Coupled with changes in location and difficulty keeping up regular social activities, this can lead to isolation and loneliness. Do not fall into the trap of thinking you are the only one struggling with these feelings. Remember the promises of God that he will never leave us or forsake us,²⁰ and allow negative feelings to drive you closer to God, not further away. Also look out for isolated

colleagues so that you can support each other.

Self-esteem is frequently an issue. The work environment can be very high-pressured and we have high expectations of ourselves. This can easily become a rod to beat ourselves up with over every mistake. We have found huge comfort and security in the knowledge that we are God's children and in basing our identity in him.

how CMF can help

Foundations, a junior doctors handbook, is soon to be printed. CMF meetings and 'open house' groups in your area can help - please let CMF know your new address, so that we can link you with these. CMF has a large number of experienced doctors throughout the country who offer to support new graduates - contact the office for details. The Junior Doctors' conference (28-30 October 2011) provides the ideal environment to share fellowship and support. Careers days are being held in both London and Edinburgh this year - highly recommended to Foundation doctors seeking guidance and support in making career decisions.

conclusions

We have a great God who promises not to forsake us. Let us not be 'anxious about anything, but in everything, by prayer and petition, with thanksgiving, present [our] requests to God'.²¹ ■

- Crutchlow L. Surviving as a House Officer. *Nucleus*. 2004; Autumn: 26-32
- Saunders P. Surviving the Foundation Years. CMF. tinyurl.com/3onuq5z
- Colossians 1:9-13 author's italics
- Goldacre MJ, Taylor K et al. View of junior doctors about whether their medical school prepared them well for work: questionnaire surveys. *BMC Medical Education*. 2010 (10):78
- Mark 8:22-26
- Romans 12:18
- Colossians 3:23-24
- Matthew 5:37
- Hilfiker D. Facing our mistakes. *N Engl J Med*. 1984; 310(2):118-22. tinyurl.com/3fcfnzb
- Hargrave A. Be perfect therefore *Triple Helix*. 2007; Spring/Summer:10-11
- Forgiving Fallibility. Medical Protection Society Casebook. 2005; 13:3. tinyurl.com/6zkyh7s
- John 15:7
- Saunders P. *Art cit.*
- Hebrews 10:24-25
- Personal Beliefs and Medical Practice - guidance for doctors. GMC. 2008. tinyurl.com/3vcaxva
- Luke 5:15-16
- 1 Kings 19
- Ephesians 5:8
- 2 Corinthians 8:7
- Hebrews 13:5
- Philippians 4:6