

The Impact of Previous Healthcare Experience on the Practice of Medicine

Amy Cox¹, Stephen Loftus, PhD²

¹M.D. Candidate, Oakland University William Beaumont School of Medicine, Rochester, Michigan

²Department of Foundational Medical Studies, Oakland University William Beaumont School of Medicine, Rochester, Michigan

Introduction

The medical education system has been expanding to meet the shortage of physicians that the AAMC predicts will reach 120,000 in the United States by 2030¹. Meanwhile, current physicians grapple with challenges of burnout which studies estimate affect more than half of all physicians². Challenges can begin as pre-medical students as students apply to medical school with an overly idealistic idea of medicine and could make more informed career decisions if they understood the day-to-day realities of medical practice³. There are clear benefits to having early clinical experiences, both before and during medical school, but the benefits, as perceived by practicing physicians, have not yet been studied.

There is a unique population of practicing physicians who worked in other patient care positions before becoming physicians such as nurse assistant, nurse, medical assistant, EMT, phlebotomist, etc. This study seeks to explore how prior healthcare employment experience influences their practice of medicine. Results of this study can help the medical community by informing its critique of the process of becoming a well-rounded physician prepared to face the challenges of the healthcare system.

Aims and Objectives

This study seeks to explore how prior healthcare employment experience as nurses, aides, phlebotomists, and others, influences how physicians perceive their practice of medicine.

Methods

Seven practicing physicians from the Beaumont Health System were interviewed one-on-one in a semi-structured interview format to share their stories, perceptions, and reflections from their healthcare experiences.

The interview transcriptions were analyzed using thematic analysis with an inductive framework to allow codes and themes to be identified directly from the data.

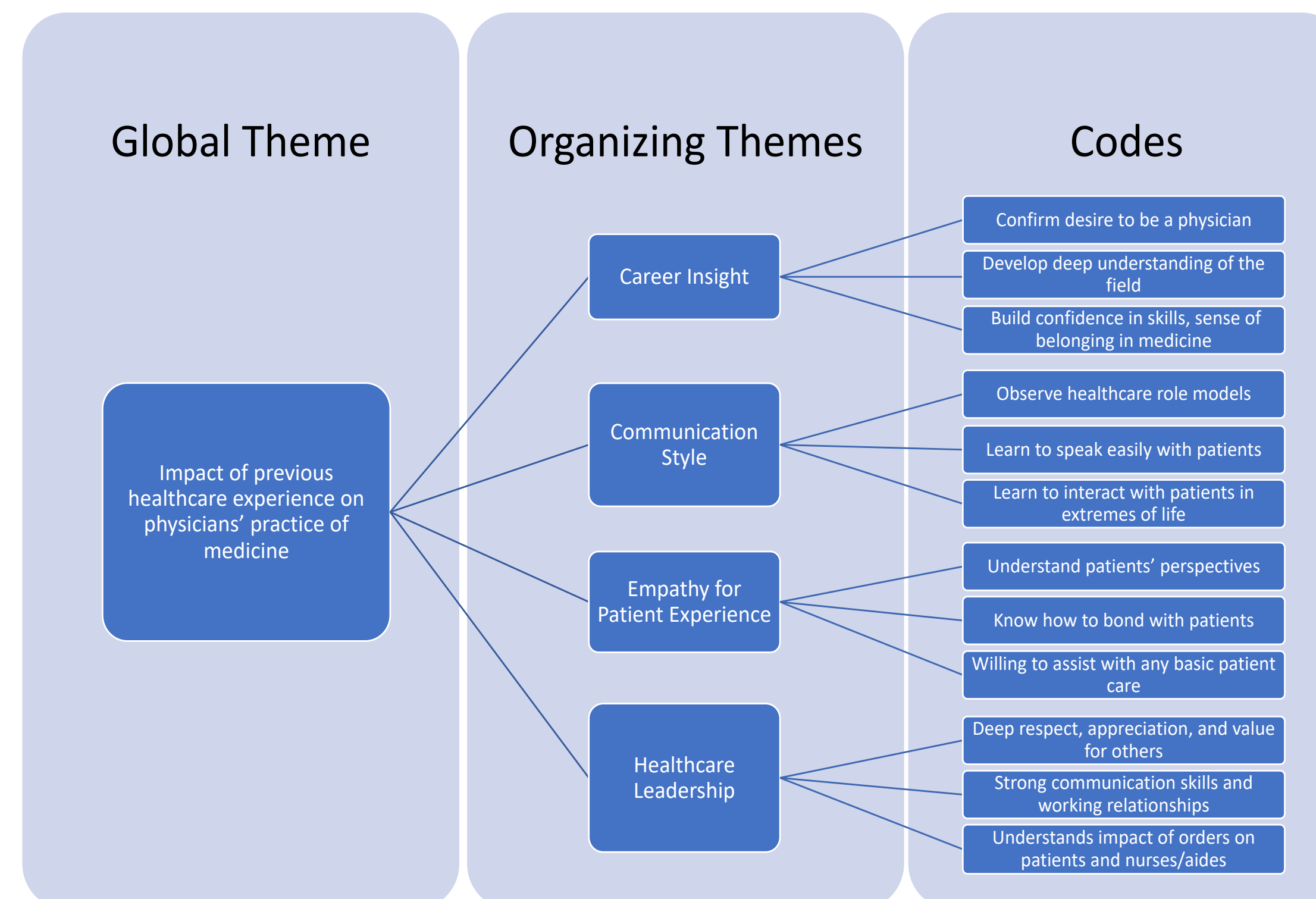
Each transcript was read several times and viewed as a whole.

Transcripts were coded then reflected on and refined.

Codes were used to search for repeated patterns that were organized into themes.

Results

Four themes emerged as effects of previous healthcare experiences on now practicing physicians from the interviews.



Theme 1: Career Insight, Learned what the field of medicine is truly like and whether that aligned with their professional vision.

“it took my blinders off so that I truly realized what I was dealing with. And I think when you're aware of your surroundings and what you're dealing with, your chances of survival are much better. ... staying at a job longer term, not getting burned out, not doing stupid things at work, always doing the right thing for patients. In that sense it's helped me significantly”.

Theme 2: Communication Style, Everyday interactions with patients taught participants how to speak easily with patients in order to build good relationships without confusing medical jargon.

“Learning to have conversations with people in a non-medical way, I think was a really helpful skill set and understanding that position provided for me. And that too, I think is something that I tried to carry forward today. People want to talk to docs in a language that they understand.”

Theme 3: Empathy for Patient Experience, Frontline workers such as nurses and assistants spent countless hours with patients at the bedside. They were with patients in their suffering and through the extremes of life which gave them an understanding of the patients' experience.

“I think nursing assistants get the deepest glimpse into human suffering, to tell the truth. They're right there all the time, and they see what the patients are going through. They're at the bedside even more than the nurses now ... Just the appreciation of what they do and just the whole experience was seeing a lot more suffering and emotional extremes than you do just as a regular med student, resident, attending physician.”

“Just how to interact with people in their really difficult times in life, either they're in pain, just had an operation, very scared, depressed, at the end of their life. It was just learning to interact with people in those extremes of life situations, which I think was really valuable.”

Theme 4: Healthcare Leadership, described a deep respect and appreciation for other healthcare team members because they “walked in their shoes” and knew what their day was like. Taught them how to interact with other healthcare team members effectively and have strong working relationships.

“I think, I really understood that it is a team approach. You have to have a leader for every team and a doctor is the leader in the team, but a doctor definitely can't do everything on their own. They need a good nurse, a good respiratory therapist, a phlebotomist to get the blood work, a lab to run the blood work that they're going to interpret. So you really see how important everyone's role is in the care of a patient.”

Conclusion

The lessons these physicians learned from their previous healthcare experiences had a significant impact on their understanding of the practice of medicine that led to a notable healthcare experience for themselves, the patients, and other healthcare workers. Moreover, participants said they had career satisfaction and fulfillment. Such factors guard against the physician burnout crisis threatening the medical profession. These insights can help those considering a career in medicine. Furthermore, the awareness of the benefits of these experiences may assist medical schools in selecting future physicians.

We recommend continuation of this type of study to further benefit the medical education system. This study was limited by the number of participants and should be expanded to other health systems to identify more of these unique physicians.

References

1. Association of American Medical Colleges. New research shows increasing physician shortages in both primary and specialty care. AAMC News. https://news.aamc.org/pressreleases/article/workforce_report_shortage_04112018/. Published 2018. Accessed January 22, 2019.
2. Martin M. Physician Well-Being: Physician Burnout. *FP Essent*. 2018;471:11-15. <https://pubmed.ncbi.nlm.nih.gov/30107104/>. Accessed February 18, 2021.
3. Chuck JM. Do premedical students know what they are getting into? *West J Med*. 1996;164(3):228-230. <http://www.ncbi.nlm.nih.gov/pubmed/8775934>. Accessed January 22, 2019.

Acknowledgements

The authors thank OUWB Capstone Program for funding the transcription service.