Eindrapportage Project Innovatie- en wetenschapsprojecten OOR Noordoost

Naam project:	The transition from student to resident from an organizational socialization perspective
Projectleider:	Gerbrich Galema
Datum rapportage:	12-12-2024

- Maximaal 1500 woorden
- Eventuele vragen/opmerkingen kunt u onderaan het formulier kwijt.

1. Geef een beknopte weergave van het doel van het project zoals verwoord in de goedgekeurde aanvraag

Doel
Bijdragen aan het verminderen van vermijdbare stress in de transitie van student geneeskunde naar eerste klinische baan.

2. Welke activiteiten zijn er verricht binnen het project?

Presentaties:
Buitenland:

- AMEE 2025, Barcelona, proefschrift (doctoral report) geaccepteerd voor presentatie
- ICRE 2024, Ottawa, presentatie hoofdstuk 3 en 5
- AMEE 2024, Basel, presentatie hoofdstuk 3
- First Nordic Conference 2023, Noorwegen, presentatie hoofdstuk 3
- Rogano 2023, Glasgow, presentatie hoofdstuk 5
- ICRE 2022, Montréal, presentatie hoofdstuk 2 (poster presentation)
- AMEE 2022, Lyon, presentatie hoofdstuk 2 (short communication)
- Rogano 2022, presentatie hoofdstuk 3

Binnenland:

- NVMO 2024, presentatie hoofdstuk 5: Prijs: beste research paper presentatie
- NVMO 2023, presentatie hoofdstuk 2
- Congres Qualitative Research Group, RUG, presentatie hoofdstuk 3
- NVMO promovendi-dag 2022 (9 april), presentatie dilemma hoofdstuk 3
- NVMO 2021 (uitgesteld naar 2022, online i.v.m. COVID-19), presentatie hoofdstuk 4

Regionaal:

- Workshop proefschrift tijdens werkconferentie in november 2024 in het Martini ziekenhuis voor de opleiders en aios in de OORNO.
- LEARN-dag 2024, presentatie hoofdstuk 3
- In het kader van mijn BKO-traject hebben we 3 masterclasses over socialisatie en systemisch denken opgezet als discipline overstijgend onderwijs (DOO) voor arts-assistenten. Een pilot heeft plaatsgevonden in december 2021 gepilot. In het najaar 2022 hebben we de eerste reeks van 3 succesvolle masterclasses gedaan als DOO.

Begeleiding studenten

- 3 bachelorstudenten bij hoofdstuk 5 (voorjaar 2023)
- 1 masterstudent bij hoofdstuk 2 (voorjaar 2020)

Cursussen
Zie bijlage 1

3. Geef een overzicht van de resultaten

- Afronding promotie, dd 19-6-2024. Galema, G. (2024). *Transitions to and within residency training: Unraveling the importance of social interactions and networks*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. https://doi.org/10.33612/diss.1000116902
- Publicatie hoofdstuk 4, Galema, G., Duvivier, R., Pols, J. *et al.* Learning the ropes: strategies program directors use to facilitate organizational socialization of newcomer residents, a qualitative study. *BMC Med Educ* **22**, 247 (2022). https://doi.org/10.1186/s12909-022-03315-9
- Publicatie hoofdstuk 5, Galema, G., Schönrock-Adema, J., Jaarsma, D. A. D. C., & Wietasch, G. J. K. G. (2024). Patterns of Medical Residents' Preferences for Organizational Socialization Strategies to Facilitate Their Transitions: A Q-study. *Perspectives on Medical Education*, *13*(1), 169-181. https://doi.org/10.5334/pme.1189
- Publicatie hoofdstuk 2, Galema, G., Brouwer, J., Bouwkamp-Timmer, T. *et al.* Transitioning to residency: a qualitative study exploring residents' perspectives on strategies for adapting to residency. *BMC Med Educ* **25**, 6 (2025). https://doi.org/10.1186/s12909-024-06565-x
- Under review hoofdstuk 3, 'Exploring Junior Residents' Barriers in Mobilizing Their Social Capital and Their Coping: a Qualitative Ego Social Network Study'

4. Wat zijn de conclusies?

Chapter 2 sheds light on residents' individual strategies, their perceptions of organizational strategies, and whether these strategies facilitated or hindered their transitions. The individual strategies range from seeking information, observing, and experimenting, to asking questions and fostering relationships. The purposes of these strategies include acquiring knowledge, task acquisition, acclimatizing to their role, learning how to behave appropriately, and understanding the norms within this specific healthcare team. Residents' experiences of the organizational strategies stemmed from both direct interactions with other healthcare professionals, such as the presence or absence of a role model, and decisions made at the system level, like the presence of a formal or informal orientation program. These organizational strategies both facilitated and hindered residents' own adaptation efforts, and residents differed on whether they experienced a specific strategy as positive or negative.
Chapter 3 examines how residents use their social capital and therefore their social network to deal with barriers to integrating in their healthcare team. Residents articulated physical and psychological barriers in mobilizing their social capital. They reported experiencing physical barriers, often due to a lack of familiarity and certainty about the potential support others could provide, or limited access to the other (i.e., physical unavailability of other healthcare professionals). They reported experiencing psychological barriers when they perceived that gaining access to specific people was too costly. They perceived approaching these others, mainly supervisors and PDs, as difficult, likely due to these team members' influential roles in both patient care and decision-making related to accessing specialty training positions. To surmount these barriers, residents leaned on the support of trusted members of their social networks to attain their goals.
Chapter 4 examines how PDs facilitate the organizational socialization process of newcomer residents. Their strategies include approaching newcomer residents as a group or as individuals, letting newcomer residents get acquainted with many supervisors, and acting on expectations of newcomer residents' adjustment to their new role. The study substantiates two overarching insights. First, PDs exhibited variability in their approach to tailoring these strategies to meet the specific needs of newcomer residents. Some PDs adopted individualized strategies, especially when addressing poor performance, while others relied on workplace-based strategies that required residents to adapt to the workplace with minimal intervention, viewing adaptation as an implicit expectation. Second, PDs varied in the extent to which they guided residents' socialization processes. Some PDs made the socialization processes explicit, while others assumed that socialization emerged organically through interactions like sharing office space or collaborating with nurses during ward rounds.
Chapter 5 delves deeper into junior residents' preferences for organizational strategies to facilitate their next transition. This chapter uses the results of Chapters 2 and 4 to develop a statement set describing several organizational strategies, at both interpersonal and system levels. Using a by-person factor

analysis, this study identifies four distinct viewpoints on residents' preferences: (1) Dependent residents (n=10) favor a task-oriented approach, clear guidance, and formal colleague relationships; (2) social capitalizing residents (n = 9) prefer structure in the onboarding period and informal workplace social interactions; (3) independent residents (n = 12) prioritize a loosely structured onboarding period, independence, responsibility, and informal social interactions; and (4) exploring residents (n = 5) desire a balanced onboarding period that allowed for independence, exploration, and development.

5. Wat zijn de aanbevelingen voor de praktijk en welke voor verder onderzoek?

Practical implications

The subsequent sections report implications for practice, addressing both organizations (departments, hospitals, and healthcare team members) and individual residents.

How departments, hospitals, and healthcare team members can enhance residents' transitions

Departments and hospitals should adopt a resident-centric perspective when crafting onboarding programs, aiming to impart knowledge on individual strategies and their practical application. These programs should emphasize the significance of building social capital, navigating potential barriers to integration within the healthcare team, leveraging social networks to overcome these challenges, and understanding various organizational strategies. In addition, residents should be exposed to diverse viewpoints during these formal onboarding sessions (dependent, social capitalizing, independent, exploring viewpoints), which will help them identify their own perspectives. If such elements get integrated into onboarding efforts, residents can better navigate the social challenges inherent in the transition. Furthermore, to comply with diverse learning preferences, departments and hospitals should offer a spectrum of onboarding activities, ranging from highly to more loosely structured. This flexibility would provide residents the autonomy to explore, develop, and evolve in their roles, contributing to a smoother and more fulfilling transition process.

To enhance the social aspects of transitions, departments and hospitals should establish faculty development initiatives. These initiatives should extend beyond just supervisors and PDs, targeting peer residents, nurses, and other advanced practice providers who frequently interact with residents. One effective approach is to create interprofessional faculty development initiatives, integrating knowledge of both individual and organizational strategies. These initiatives should particularly focus on the dynamics of the social interactions between newcomer residents and healthcare professionals, emphasizing the ability to discern individual residents' needs in their transitioning. Residency programs should be encouraged to identify residents' preferences for organizational strategies prior to the start of their rotation, with the aim of enhancing their autonomy, competence, and relatedness. Encouraging participants to facilitate a dialogue between residents and the healthcare team on socialization principles, including norms and culture within the training program or Post Graduate Medical Education (PGME) institution, is crucial. Introducing practical tools such as sociograms into these conversations can enhance discussions and help residents reflect on how to leverage their social networks to achieve their goals.

How individual residents can enhance their transitions

Residents should actively participate in onboarding programs, as detailed in section 6.6.1. Ideally, these programs help residents understand their responsibilities during the transition process, including employing various individual strategies, recognizing the significance of their social capital, addressing the barriers in mobilizing their social capital, and determining their preferences for organizational strategies. Being aware of diverse viewpoints regarding organizational strategies can help residents communicate explicitly with supervisors, PDs, and other healthcare professionals about their specific needs in adapting to their new workplace. Articulating these insights during onboarding courses not only allows residents to internalize this knowledge but also encourages them to share it with their peers, promoting awareness of this crucial subject. Taking leadership in even minor aspects of their work has the potential to contribute to improved well-being among residents.

6. Hoe worden (straks) de resultaten implementeerbaar in andere ziekenhuizen/ de regio?

1. Samen met Wieke van der Goot heb ik op het jaarlijkse OORNO werkconferentie in november in het Martini ziekenhuis een workshop gegeven, hoe de opleiders de resultaten van mijn proefschrift kunnen implementeren in hun dagelijkse situatie.
2. Tijdens het proefschriftperiode heb ik een DOO ontwikkeld, gebaseerd op mijn proefschrift.

7. Financiële verantwoording

	Specificatie: **Functie/fte** **Omschrijving materialen/middelen**	**Kosten (€)**
Personele kosten	Gerbrich Galema Sept 2019 / sept 2023 1 fte	353,899 EUR
Overige kosten		2,279 EUR
Totaal		356,178 EUR