

# Am I Cut Out for This? Transitioning From Surgical Trainee to Attending

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**OBJECTIVE:** Progressing from trainee to attending surgeon is arguably one of the most significant transitions in a surgeon's career. Despite this, little is known about this critical period. The purpose of this study was to develop a framework for understanding the phenomenon of the transition from trainee to attending surgeon.

**DESIGN:** A constructivist grounded theory methodology was used to explore the experience of new attending surgeons as they transition into practice. A purposeful sampling strategy was used to conduct 13 semistructured interviews with surgeons from various specialties. Data collection and analysis were performed simultaneously as part of the iterative process. Themes were identified and informed the development of the conceptual framework.

**SETTING:** The setting included 4 separate Canadian urban, academic health centers.

**PARTICIPANTS:** A total of 13 surgeons in their first 5 years of practice from 6 separate departments were included.

**RESULTS:** Participants described 4 phases that marked their transition from trainee to attending surgeon. In the initial phase (getting undressed), participants shared vivid moments where they realized they no longer fit their trainee identity, but did not yet belong to the attending group. An intense phase of vulnerability and self-doubt (exposed and vulnerable), which was associated with building a new reputation and identity, followed. In the next phase (suiting up), surgeons began to project the image associated with their new role to others. With the passage of time and accumulation of successful cases, participants began to internalize their new identity in the final phase (tailoring the fit).

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**CONCLUSIONS:** The transition from trainee to attending surgeon is a critical time during which new surgeons experience an identity shift. The conceptual framework presented contributes to a deeper understanding of the experience of this transition in order to help new surgeons transition successfully into independent practice. (J Surg Ed ■■■-■■■. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** surgery, education, transitions, identity

**COMPETENCIES:** Practice-Based Learning and Improvement, Professionalism

## INTRODUCTION

Every year a large cohort of surgical residents make the transition from trainee to attending. Despite this process being a universal phenomenon, little is known about surgeons' experience of this transitional period. Within medicine, transitions are often understood as a shift in designation—for example a medical student progressing to resident—and the focus is often on whether training has effectively prepared individuals for their new, more senior, role.

Moving beyond an evaluation of preparedness for a new professional role, we use the term transition to describe a period of time during which an individual's professional identity shifts in a fundamental way.<sup>1</sup> The experience of transitioning from one professional "self" or identity to another will often evoke feelings of emotional upheaval and confusion, as one is required to question previously assumed "facts" about who they are in the process of crafting a new identity.<sup>2,3</sup> In the context of shift from trainee to attending, multiple transitions begin concurrently. On an institutional (i.e., professional title) level, an individual is granted different allowances with regard to their practice. Such transitions

are formalized and regulated by licensing bodies, and completion is clearly—and legally—defined. In contrast, an individual's personal identity from trainee to attending surgeon does not have a clearly defined end point. Rather, an individual's professional identity takes time to develop, and may be a longer process than is currently recognized and understood.<sup>3</sup>

Although approximately 25% of final year general surgery residents feel unprepared to transition into independent practice,<sup>4</sup> literature on this transitional phase is sparse, with only 1 preliminary conceptual framework established to date.<sup>5</sup> Westerman et al.<sup>5</sup> explored this transition and found that new staff grapple with several tasks related to their new role, including taking final responsibility for patients, managing multiple tasks, training residents, and dealing with an unfamiliar workplace. Although the transition signified success at completing residency, individuals harbored feelings of incompetence and fear of failure in their new role.<sup>5</sup> In terms of technical preparedness, Edwards et al.<sup>6</sup> showed that new thoracic surgeons reported being able to complete only 7/18 core thoracic procedures independently at the end of training. Although limited, the available literature suggests this transition is a time filled with feelings of uncertainty and self-doubt. As a result, researchers have called for a conceptual framework to gain deeper insight into the experience of transitions.<sup>7</sup>

Although literature exists on the prevalence of burnout, anxiety, and mental illness within the surgical community, little has been done to further our understanding around this meaningful developmental period. The purpose of our study was to explore surgeons' experiences with the transition from trainee to attending, to develop a framework that may serve as a useful tool to help surgeons better understand, self-reflect, and normalize this critical time in their careers.

## METHODS

We used a constructivist grounded theory approach to explore the experience of new attending surgeons as they transition into practice. We obtained ethics approval from the academic hospitals where the study was completed.

Our recruitment strategy aimed to capture a wide range of experiences of new staff at our institution. We used a purposive sampling strategy,<sup>9</sup> including individuals within their first 5 years of surgical practice (any division of surgery) who held a university appointment and were actively practicing surgery at any university affiliated hospital. To broaden our sample, we used snowball sampling, a technique where current participants help identify additional participants who may be information rich.<sup>9</sup> These individuals were contacted for participation in the study.

An iterative approach allowed for data collection to occur in conjunction with, and be informed, by ongoing data

analysis.<sup>8</sup> Sample size was guided by saturation, which is the point at which further interviews no longer revealed new insights relevant to the research question and existing theoretical categories.<sup>9</sup>

We conducted 1-hour semistructured interviews with 13 surgeons (cardiac, neurosurgery, pediatrics, orthopedics, general surgery, and gynecology). Participants ranged from 3 months to 5 years in practice, included 3 females and 10 males. Interviews were conducted in person by the principle investigator and a research assistant and were audiotaped and transcribed. Interview questions explored participants' recollections of the experience of their first few months or years in practice. Early interviews were guided by an interview template, which was modified as part of the iterative process. Subsequent interviews explored emergent themes to refine and clarify thematic concepts.

An inductive approach was used to analyze the transcripts by multiple investigators. Each transcript was read on a line-by-line basis and coded. Categories were created to identify theoretical concepts. The principal investigator met regularly with the larger research team to discuss and refine the emerging themes, as well as discuss and resolve any discrepancies in the categories, and developing framework. We used Nvivo software (2007, QSR International Pty) for data management and analysis.<sup>10</sup>

## RESULTS

There were overwhelming similarities among surgeons' recounted experience of their first several years in practice. Although identifying this period of professional development as difficult, most participants felt that their early experiences in practice were essential to their evolution from resident to attending surgeon. Interview data revealed 4 main phases, which together serve to mark the shift in identity from resident to attending surgeon. These phases include: "*getting undressed*," feeling "*exposed and vulnerable*," "*suiting up*," and "*tailoring the fit*." The following sections will outline the progression of categories in a temporal fashion; however, overlap between phases necessarily exists (Table).

### Getting Undressed

Surgeons described moments early in their transition that served as stark reminders they no longer belonged in the trainee group. With this realization came the acknowledgment that the identity developed during their training no longer "fit" them in the same way. For example, 1 surgeon described being unable to socialize and "*go out for drinks as mates...*" (P004) with the residents, recognizing that as an attending he was outside of the resident social group.

Not only did surgeons recognize they were no longer a resident, many told similar stories where they were

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