DOI:https://doi.org/10.52206/jsmc.2023.13.3.807
OPEN ACCESS

Career Choices of Junior Doctors: Faculty Perspective

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This article may be cited as: Khan JUA, Wahab A, Qaisar A. Career Choices of Junior Doctors: Faculty Perspective. J Saidu Med Coll Swat 2023;13(3):134-135. DOI:https://doi.org/10.52206/jsmc.2023.13.3.807

There has been tremendous increase in population of doctors and mushrooming of medical institutions that has a colossal impact on the quality of medical education. There is more time, financial, resources and logistic constraints that has added to manifold headache of all the vital stakeholders including the medical students, junior doctors, administration and faculty. Flexner in his report has excellent recommendations for improving the standards and one of them was to increase the essential prerequisites for entering into medical training and train the physicians in a scientific manner.[1]

We have witnessed hundreds of doctors graduating each year throughout the country. They do bear the examination stress and a lot of other assessments before becoming a medical or dental graduate.[1] Within no time they are faced with enormous challenges of professional life which isn't less than a roller coaster drive. They had some sort of an idea and had familiarity with the hospital environment by the virtue of their clinical rotations in later years of medical course.[2] They are overwhelmed with happiness and simultaneously eager to learn the clinical skills including making rational decisions about the management of the patients.

One of the major decisions they are not sure about is the speciality they want to pursue as a career. In 12 months, house job they rotate across the different wards for 3 months rotation with general medicine and surgery mandatory. They have a colossal amount of stress in form of enhanced working hours, working in accident and emergency department and sometimes being victim of workplace bullying from seniors.[3] Bullying is quite common with a prevalence of 63.8 in junior doctors.[4] In this challenging atmosphere they ask their supervisors and consultants different questions about their career choices. Merely answering them that they should follow their seniors isn't enough and certainly not a solution to their confusion.

From a teacher perspective there are some meaningful lines of advice for them. To start with ,career counselling need to start right from the clinical years and there is a need to arouse the curiosity of students to study for their field of interest .In other words be target oriented .There is a concept of mentorship in medical education and that serves the cause very well in most of developing countries.[5] With integrated curriculum in placed, mandatory certificate in Health Professions Education and faculty development workshops, we can and should groom them in a better way. Exposing the students to national and international conferences and empowering them to deliver at journal club meeting is great endeavour for improving their self-esteem and confidence.[6]

Last but not the least junior doctors need to be given positive leadership roles at the very beginning of careers and that will have a positive impact on their future careers as well. The distance between senior consultants and junior doctors need to decrease and at the same time it's inevitable for them to respect their seniors.[7]

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Received: August 30th, 2023 Accepted: September 19th, 2023

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