

# Short Report: Transitions in health professional education: Theory, research and practice

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*This short report follows a keynote talk given by Professor Rees on 12 July 2017 in Adelaide, at the annual conference of the Association.*

Transitions matter in health professional education; they are ever present and can be highly productive for learning but sometimes challenging (Ecclestone, Biesta, & Hughes, 2010). Indeed, the oft-reported transition from final-year healthcare student to new graduate illustrates how transitions can impact negatively on new graduates' well-being and retention (Aubusson, 2017). This invited short report highlights the key messages from my ANZAHPE 2017 conference keynote, which attempted to answer three questions: What are transitions across health professional education? How can we research educational transitions? How can we help students and professionals navigate educational transitions? Furthermore, I have synthesised key patterns across other transition-related presentations given at the conference, before ending with some suggestions for further transitions research.

Multiple definitions of transition exist. While there is no consensus definition in the health professions literature, most emphasise change or movement from one state, condition, context or collection of circumstances to another (e.g., Hart & Swenty, 2015; Poronsky, 2013; Teunissen & Westerman, 2011), and most imply that transitions are bracketed by periods of stability. Indeed, the health professional education literature typically focuses on work-related transitions that could be loosely described as temporal, such as transitions into higher education (e.g., Monrouxe & Sweeney, 2013), into clinical learning (e.g., Hyde, 2015), into clinical practice (e.g., Kilminster, Zukas, Quinton, & Roberts, 2011) and into clinical leadership (e.g., Westerman et al., 2013), and spatial transitions, such as urban–rural (e.g., Rohatinsky & Jahner, 2016), Asia–Australia (e.g., Takeno, 2010) and clinic–academia (e.g., Murray, Stanley, & Wright, 2014). However, we have much to learn theoretically about transitions from our higher education counterparts.

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Indeed, Gale & Parker (2014) identified three conceptions of transition based on the higher education literature: (1) transitions as induction, described as “sequentially defined periods of adjustment” involving *inculcation*, such as the move from one institution (e.g., high school) to another (e.g., university), (2) transitions as development, defined as “qualitatively distinct stages of maturation” involving *transformation*, such as shifts in identity from one (e.g., nursing student) to another (e.g., nurse) and (3) transitions as becoming, described as “perpetual series of fragmented movements” involving *fluctuations* across the lifespan, such as birth to death (p. 737). While both *induction* and *development* understandings of transitions are most popular in higher education, as with definitions from health professional education, they suggest that transitions are sandwiched between episodes of constancy (Gale & Parker, 2014). Gale & Parker (2014), however, call for shifts in thinking about educational transitions as *becoming* and by implication privileging transitions as everyday and ongoing.

Considering some of my own collaborative work, we have employed Multiple and Multi-dimensional Transitions (MMT) theory (Jindal-Snape, 2016) in our education research to explore the everyday and ongoing transitions of UK higher-stage trainees into trained-doctor roles (Gordon et al., in press). MMT theory highlights multiple layers of transitions and their interactions, suggesting that individuals inhabit multiple “domains” (e.g., physical, cultural, psychological, social, etc.) and that movement between domains occurs daily. The theory implies that when someone experiences one transition, it triggers transitions in other domains (e.g., moving job can also mean moving home), and the transitions of one person can trigger transitions for others (e.g., a parental job move can lead to children moving school). Indeed, we found that trainees’ transitions were multiple, multi-dimensional and ongoing, with an almost constant interplay between expected and unexpected workplace and home-life transitions impacting not only the trainees but also their families, colleagues and patients (Gordon et al., in press). So, if we see transitions theoretically as complex, multiple, multi-dimensional and ongoing, how should transitions be researched?

Both qualitative (e.g., interviews) and quantitative (e.g., questionnaires) methods have been used in transitions research in health professional education (e.g., Bleakley & Brennan, 2011; Illing et al., 2013). Interestingly, research is typically cross-sectional and retrospective, with participants being asked about their experiences of educational transitions after they have supposedly navigated their transitions. Few longitudinal studies of transitions exist in health professional education, and these typically employ qualitative methods (e.g., Illing et al., 2013; Lundin et al., 2017; Monrouxe et al., 2014), but few explore transitions beyond work to include home-life transitions (e.g., Gordon et al., in press). Consistent with MMT theory, longitudinal qualitative research should enable educational researchers to explore the “interplay of time and texture—or the temporal and cultural dimensions of social life” (Neale & Flowerdew, 2003, p. 192). Indeed, prospective longitudinal qualitative research should help to capture the vitality and immediacy of day-to-day experiences along with “defining moments” and “turning points” (Neale & Flowerdew, 2003).

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The longitudinal audio-diary (LAD) method has great potential for exploring educational transitions as they appear to capture “sense-making in-the-moment . . . [which is] hard to capture outside the audio-diary method” (Monrouxe, 2009, p. 98). The recent LAD studies involving educational transitions (e.g., Gordon et al., in press; Lundin et al., 2017; Monrouxe et al., 2014) in which I have been involved have included entrance interviews with participants to sensitise them to the topic of inquiry and introduce them to LADs, followed by repeated submission of LADs with transcription and follow-up over many months, and finished with exit interviews reflecting on the “long story” of the LADs. While collecting LAD data can be difficult in terms of participant engagement, the key challenge is analysing longitudinal qualitative data.

When one collects large amounts of qualitative data from a sample of participants over time, there are inevitable tensions about the extent to which one privileges the whole sample (as in cross-sectional analyses) or time (as in longitudinal analyses) (Thomson & Holland, 2003). Cross-sectional analyses might focus on themes occurring across the entire sample irrespective of time, whereas longitudinal analyses often focus on how themes change over time within selected cases. With our LAD studies (e.g., Gordon et al., in press), we have tried to attend to both the sample and time by identifying themes across the whole sample and exploring general shifts across time, alongside presenting in-depth analyses of selected cases in order to better understand the complexities and nuances of transitions. So, thinking about transitions research already published, what do we know about how educators can help learners navigate transitions?

Various factors facilitating learners’ transitions at individual, interpersonal and organizational levels have been identified across the health professional education literature. In terms of individual factors, learner characteristics are thought to influence transitions, including demographics, previous educational experiences, motivation, resilience and emotion regulation, and openness to identity shifts (Kehoe et al., 2016; Kennedy, Kenny, & O’Meara, 2015; Monrouxe et al., 2017; Murray et al., 2014; Naylor, Ferris, & Burton, 2016; Payne, 2016). With respect to interpersonal factors, good supervisory relationships, positive mentee–mentor relationships, peer support, positive role modeling and knowing the team are all factors facilitating learner transitions (Ali, Tredwin, Kay, & Slade, 2015; Avis, Mallik, & Fraser, 2013; Grassley & Lambe, 2015; Kehoe et al., 2016; Monrouxe et al., 2017; Murray et al., 2014; Payne, 2016; Rohatinsky & Jahner, 2016; Rush, Adamack, Gordon, Lilly, & Janke, 2013). Finally, at the organizational level, carefully designed and implemented transition interventions, such as shadowing and induction, plus healthy work environments, like those with safe, respectful and helpful colleagues, good interprofessional team work, appropriate staffing and scheduling and sufficient time, are factors thought to facilitate learners’ transitions (Ali et al., 2015; Avis et al., 2013; Hyde, 2015; Kehoe et al., 2016; Monrouxe et al., 2017; Naylor et al., 2016; Payne, 2016; Rohatinsky & Jahner, 2016; Rush et al., 2013). Ultimately, successful transitions should result in a sense of belonging and well-being for the learner, with respectful relationships and good engagement and attainment in their new contexts (Jindal-Snape, 2016).

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Interestingly, the ANZAHPE 2017 conference included a smorgasbord of papers related to learners' transition experiences across various healthcare professions, including medicine, nursing, paramedicine and veterinary medicine. While many papers related to learners' temporal transitions (e.g., into healthcare schools, clinical learning and clinical practice), few papers focused on learners' spatial transitions, such as overseas–Australia or urban–rural. Furthermore, papers scarcely focused on educator transitions (e.g., from clinician to educator or researcher) or those involving whole organisations (e.g., MBBS–MD transitions). Although papers presented at ANZAHPE 2017 included diverse methods incorporating quantitative (e.g., surveys), qualitative (e.g., interviews) and mixed methods, qualitative methods appeared to reign supreme. However, the vast majority of qualitative methods employed were cross-sectional rather than longitudinal.

Therefore, future transitions research in Australian and New Zealand health professional education could consider the following: (1) exploring not just temporal transitions but spatial ones, (2) exploring the transitions of educators and organisations not just learners, (3) exploring multiple and multidimensional transitions, including home-life transitions not just work transitions and (4) exploring transitions longitudinally not just cross-sectionally. By drawing on transition conceptualisations such as *becoming* and theories such as MMT, borrowed from higher education, coupled with sophisticated deployment of longitudinal qualitative research, further transitions research in health professional education should help us better understand the multiplicity of factors contributing to successful transitions, thus benefiting learners, educators and organisations. The ANZAHPE 2017 conference organisers are to be applauded for their foresight in selecting such an important topic as the conference theme. It is now in our hands, the educational researchers and educators, to undertake theoretically-informed, high-quality transitions research that can be translated back into educational practice and policy improvements. Bring it on.

## References

- Ali, K., Tredwin, C., Kay, E., & Slade, A. (2015). Transition of new dental graduates into practice: A qualitative study. *European Journal of Dental Education*, 20, 65–72.
- Aubusson, K. (2017, June 7). Damning AMA survey reveals the toll of overworking junior doctors. *Sydney Morning Herald*. Retrieved from <http://www.smh.com.au/national/health/damning-ama-survey-reveals-the-toll-of-overworking-junior-doctors-20170606-gwlbvdv.html>
- Avis, M., Mallik, M., & Fraser, D. M. (2013). “Practising under your own pin”: A description of the transition experiences of newly qualified midwives. *Journal of Nursing Management*, 21, 1061–1071.
- Bleakley, A., & Brennan, N. (2011). Does undergraduate curriculum design make a difference to readiness to practice as a junior doctor? *Medical Teacher*, 33(6), 459–467.
- Eccleston, K. G., Biesta, G., & Hughes, M. (2010). Transitions in the lifecourse: The role of identity, agency and structure. In K. Eccleston, G. Biesta, & M. Hughes (Eds.), *Transitions and learning through the lifecourse* (pp. 1–15). London, England: Routledge.

## TRANSITIONS IN HEALTH PROFESSIONAL EDUCATION

- Gale, T., & Parker, S. (2014). Navigating change: A typology of student transition in higher education. *Studies in Higher Education, 39*(5), 734–753.
- Gordon, L. J., Jindal-Snape, D., Morrison, J., Muldoon, J., Needham, G., Siebert, S., & Rees, C. E. (in press). Multiple and multi-dimensional transitions from trainee to trained doctor: A qualitative longitudinal study in the UK. *BMJ Open*.
- Grassley, J. S., & Lambe, A. (2015). Easing the transition from clinician to nurse educator: An integrative literature review. *Journal of Nursing Education, 54*(7), 361–366.
- Hart, J. A., & Swenty, C. F. (2015). Understanding transitions to promote student success: A concept analysis. *Nursing Forum, 51*(3), 180–185.
- Hyde, E. (2015). A critical evaluation of student radiographers' experience of the transition from the classroom to their first clinical placement. *Radiography, 21*, 242–247.
- Illing, J. C., Morrow, G. M., Rothwell, C. R., Burford, B. C., Baldauf, B. K., Davies, C. L., . . . Morrison, J. (2013). Perceptions of UK medical graduates' preparedness for practice: A multi-centre qualitative study reflecting the importance of learning on the job. *BMC Medical Education, 13*, 24. Retrieved from <http://www.biomedcentral.com/1472-6920/13/34>
- Jindal-Snape, D. (2016). *A–Z of transitions*. London, England: Palgrave.
- Kehoe, A., McLachlan, J., Metcalf, J., Forrest, S., Carter, M., & Illing, J. (2016). Supporting international medical graduates' transition to their host country: Realist synthesis. *Medical Education, 50*, 1015–1032.
- Kennedy, S., Kenny, A., & O'Meara, P. (2015). Student paramedic experience of transition into the workforce: A scoping review. *Nurse Education Today, 35*, 1037–1043.
- Kilminster, S., Zukas, M., Quinton, N., & Roberts, T. (2011). Preparedness is not enough: Understanding transitions as critically intensive learning periods. *Medical Education, 45*, 1006–1015.
- Lundin, R. M., Bashir, K., Bullock, A., Kostov, C. E., Mattick, K. L., Rees, C. E., & Monrouxe, L. V. (2017). "I'd been like freaking out the whole night": Exploring emotion regulation based on junior doctors' narratives. *Advances in Health Sciences Education*. Advance online publication. doi:10.1007/s10459-017-9769-y
- Monrouxe, L. V. (2009). Solicited audio diaries in longitudinal narrative research: A view from inside. *Qualitative Research, 9*, 81–103.
- Monrouxe, L., Bullock, A., Cole, J., Gormley, G., Kaufhold, K., Kelly, N., . . . Scheffler, G. (2014). *How prepared are UK medical graduates for practice? Final report from a programme of research commissioned by the General Medical Council*. Retrieved from <http://www.gmc-uk.org/about/research/25531.asp>
- Monrouxe, L. V., Grundy, L., Mann, M., John, Z., Panagoulas, E., Bullock, A., & Mattick, K. (2017). How prepared are UK medical graduates for practice? A rapid review of the literature 2009–2014. *BMJ Open, 7*, e013656.

## TRANSITIONS IN HEALTH PROFESSIONAL EDUCATION

- Monrouxe, L. V., & Sweeney, K. (2013). Between two worlds: Medical students' narrative identity tensions. In C. Figley, P. Huggard, & C. E. Rees (Eds.), *First do no self harm: Understanding and promoting physician stress resilience* (pp. 44–66). New York, NY: Oxford.
- Murray, C., Stanley, M., & Wright, S. (2014). The transition from clinician to academic in nursing and allied health: A qualitative meta-synthesis. *Nurse Education Today*, *34*, 389–395.
- Naylor, S., Ferris, C., & Burton, M. (2016). Exploring the transition from student to practitioner in diagnostic radiography. *Radiography*, *22*, 131–136.
- Neale, B., & Flowerdew, J. (2003). Time, texture and childhood: The contours of longitudinal qualitative research. *International Journal of Social Research Methodology*, *6*(3), 189–199.
- Payne, C. (2016). Transitions into practice: First patient care experiences of baccalaureate nursing students. *Nurse Education in Practice*, *16*, 251–257.
- Poronsky, C. B. (2013). Exploring the transition from registered nurse to family nurse practitioner. *Journal of Professional Nursing*, *29*(6), 350–358.
- Rohatinsky, N. K., & Jahner, S. (2016). Supporting nurses' transition to rural healthcare environments through mentorship. *Rural and Remote Health*, *16*, 3637. Retrieved from [www.rrh.org.au/publishedarticles/article\\_print\\_3637.pdf](http://www.rrh.org.au/publishedarticles/article_print_3637.pdf)
- Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, *50*, 345–356.
- Takeno, Y. (2010). Facilitating the transition of Asian nurses to work in Australia. *Journal of Nursing Management*, *18*, 215–224.
- Teunissen, P., & Westerman, M. (2011). Opportunity or threat: The ambiguity of the consequences of transitions in medical education. *Medical Education*, *45*, 51–59.
- Thomson, R., & Holland, J. (2003). Hindsight, foresight and insight: The challenges of longitudinal qualitative research. *International Journal of Social Research Methodology*, *6*(3), 233–244.
- Westerman, M., Teunissen, P. W., Fokkema, J. P., van der Vleuten, C. P., Scherpbier, A. J., Siebert, C. E., & Scheele, F. (2013). The transition to hospital consultant and the influence of preparedness, social support, and perception: A structural equation modelling approach. *Medical Teacher*, *35*(4), 320–327.