

# How to manage the transition between clinical and academic work

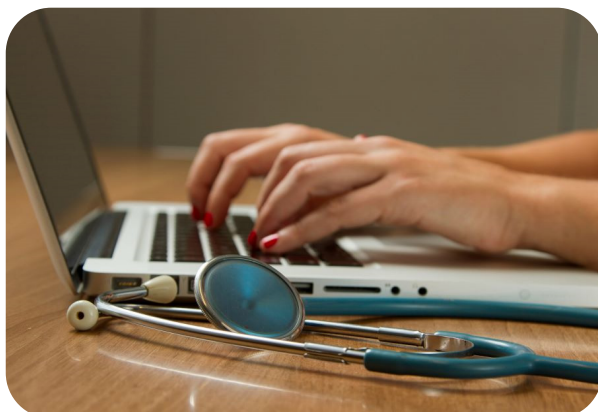
## Clinical vs. Academic time

The transition is tough! Clinical work just keeps coming to or at you - you don't need to seek it out, and your days are filled for you with "stuff". Academic work/research does not come to you. You need to proactively plan your days, plan your work, think up research questions, experiments, reading, data analysis. If you are not in control, nothing happens! Research provides greater opportunity to have ownership over your day, time and projects. Whilst this can take some time to get used to, it is a definite bonus coming from busy clinical jobs.

Similar prioritisation skills are needed for clinical and academic work, however, academic work will require self-imposed deadlines to ensure milestones are met.

Recognise that regardless of clinical seniority, you are (often!) the most junior person in a research setting... and may know the least about the science, the skills, the techniques. But this can actually be a really great experience, providing opportunities to learn new skills - and usually people are very willing to help (although you may need to ask for it)!

Enjoy having the opportunity to read around concepts you may have learnt as 'dogma' during your training.



## Some tips:

- Consultants should be supportive of you as a clinical / academic trainee - e.g. going to academic meetings to present work / increase the departmental profile. If you have any difficulties with this go to the Academic Training Lead for your specialty (list on CATO website), or research supervisor, or talk to the CATO team.
- Agree a clinical time commitment between PhD funder, supervisor and yourself at the very beginning of your research time: this should be minimal.
- Be prepared to take on and persevere with administration/HR issues when you get started. Unfortunately, some PhD fellows can spend a significant amount of time trying to co-ordinate contracts/ pay etc moving from NHS employment to University employment. There will be some key individuals at Imperial College that can help with this – administrators in your Section are the best place to start. Often it is the NHS side that is more complex as there is never a single individual who you can contact who has a good understanding of the programme and the fact that although you do research you are still in a clinical training programme etc. This can be frustrating and you have to stick with it. The bottom line is that organisation and chasing is key. Talk to the CATO team early if you have problems: [cato@imperial.ac.uk](mailto:cato@imperial.ac.uk).
- Maximise your use of clinical time - perhaps regularly do emails in the morning or take a laptop to work and work in gaps between cases/ clinics (especially surgeons and anaesthetists).
- Healthcare Professionals Should be especially wary of being sucked into excessive routine clinical work when undertaking research.

**From one previous clinical PhD fellow:**





“Research/ PhD moves at a different pace to clinical medicine and requires a general change in mindset. It has been a hugely enjoyable experience but at times can be frustrating at first when you have your clinical hat on and expect more immediate results. Everything takes longer (planning/ learning techniques/ optimising experiments/ generating results), often things fail and rarely are there any instant results. You also move from an environment where as a Registrar you are feeling generally competent and capable (in the hospital) to one where you feel very much a novice (in the lab).

I would advise anyone setting out to expect this, not to be discouraged, enjoy the training, anticipate no immediate results and draw on the skills / expertise of those around you in the lab. Key to my enjoyment has been getting truly immersed in the lab- helping collect clinical samples, being active / providing input/ asking questions at meeting, socialising with the lab.”

### Doing locums/shift work/bank work

- Minimise this! As a general rule of thumb you should be looking to do no more than one half day per week, and ideally none at all in the first year of your PhD.
- Clinical work comes with admin / extra things to sort, and academic work never ends. Therefore you must balance any clinical shifts carefully.
- Clinical work can be physically tiring making academic work more difficult.
- It all hinges on being organised and developing good time management skills, but you must protect your research time, which will go very fast. Three years is NOT long.
- Develop a clear plan with your research supervisor (and other lab colleagues) of what is and what is not reasonable whilst undertaking clinical work during your PhD.
- As a PhD student the priority is to get the data and thesis done and it can be difficult not to be “sucked in” by the clinical side of things. Avoid getting sucked in to cover routine clinical work.
- If on rota / have regular commitments, you must be very protective of academic time and ensure you have the appropriate number of days a week to sort research out.
- If locuming / doing extra shifts - you must be careful not to over-commit.
- If you will be locuming get your name added to the mailing list for SpR locums and aim to work to a regular maximum pattern of shifts – eg, one weekend or evening shift per month. It may be a good idea to limit doing your locum work to places where you have already worked and are familiar with the hospitals.
- Make sure you have time to rest - clinical work and academic work are both tiring for different reasons.

#### Notes:

- This guidance sheet has been prepared specifically for Doctors in training