

Returning to clinical practice for Nurses, Midwives, AHPs, Healthcare Scientists, Pharmacists, Psychologists (NMAHPPs)

Many clinicians worry about their clinical skills when returning to clinical practice after a period of research (PhD), whether they will be able to cope with clinical work, and especially around practical skills. Most of you will have been undertaking some clinical work throughout the period of research, but some may have been doing none.

This is a common anxiety, you are not unique. Most clinicians in fact do not have any problems at all, although it can take some weeks to settle back into clinical routines, and recognise you are not in complete control of your life/time/work as you may have been during the research period! The NHS is busy. Your efficiency may have declined but clinical skills come back quickly. It can take 3 months or so to improve your efficiency.



Where to seek support:

- Talk to your clinical manager before returning to clinical work, to ensure proper support over the early days.
- At ICHT Dr Sadie Syed (contactable via the Trust Education Team) has a number of schemes in simulation which may be useful, and all Trusts have simulation or skills centres where you may be able to practice various skills if this is appropriate. Nursing and AHP education teams can also provide updates.
- As soon as you start back in clinical work, where appropriate talk to your clinical colleagues at your level to see what you can learn from them

(some things may have changed while you were undertaking research), ask to watch them with procedures to remind yourself of the tips and tricks, and always seek guidance and help.

- Write up as much of your thesis as you can before you go back, ideally have it fully completed, perhaps just awaiting the viva - undertaking full time clinical work along with thesis writing is not easy.
- Inevitably many people still have some writing to do, so set yourself clear timescales.
- It will be near impossible to do further experimental work or analysis once back in a clinical job and you cannot have left any of this outstanding.
- Ideally you should have organised your PhD viva dates before returning to clinical practice, or this too gets lost. The University will have a clear timescale within which you must have submitted and completed the PhD. You may well have revisions to make to the thesis which will take some time: see if you can negotiate some planned time for this!
- Writing up your papers is also difficult once you have returned to a busy NHS post. However, dissemination is fundamental to research so draw up a timetable, with support from your supervisory team that ensures you complete the dissemination of your findings after you have completed your thesis.
- Try and ensure that your clinical team is included in your plan for dissemination.



Thoughts from previous clinicians returning to clinical work after PhDs

Person A (Allied Health Professional, ICHT):

Returning to clinical practice is an exciting and challenging time of change. Regardless of how experienced we are, we all get out of practice when not regularly performing clinical tasks. And if we researchers are doing our jobs, then new clinical techniques may have been implemented! To upskill and get back in the swing of things, you might observe colleagues, test yourself against competency checklists or access online learning resources to build your confidence. In addition to new clinical methods, you may also be returning to new team structures and new ways of doing things. Re-engaging with a new line manager or new colleagues can take a bit of time while you all learn how to work collaboratively, as a cohesive team. Expect that your productivity will be decreased while you learn new departmental processes and procedures; this is temporary, you'll be up and running in no time. It's easy to feel pulled in ten directions. Face it, if you weren't a high achiever you wouldn't have done a PhD in the first place. So on return, try to be gentle with yourself, maintain contact with your mentor and ask for help when you need it.

Person B (Nurse, ICHT):

1. It will be challenging to write when you return to clinical practice. Complete as much writing as possible or have a realistic timeline to meet your submission deadline and potential revisions post-viva. Talk to your clinical manager and PhD supervisor(s) if you are struggling to adjust and manage your workload, it's better to be open and honest to get the right support.

2. Returning to practice means clinical activity will take priority. You may feel frustrated with the misalignment between clinical and research activity. Connect with NMAHPP clinical academic leaders for guidance on navigating a clinical academic career pathway. Seek out peers with shared experience both internal and external to the Trust for support and networking. This includes social media; there are many NMAHPP trailblazers on Twitter.

3. Returning to clinical practice may be daunting and you may rely on colleagues for support to find your feet again. It is important to remember that you will bring expert knowledge, skills and experience to your clinical team. This may be recognised and

appreciated differently by colleagues who may not be familiar with your research or clinical academic career pathways. It is important to share your research with colleagues, as well as wider dissemination, to improve understanding among teams and to help translate your findings into practice.

Advancing a clinical academic career after the PhD

If you found research was not for you in the end, you will still have learned huge amounts you can put to use in advancing your clinical career, upskilling, inspiring and mentoring your colleagues, improving patient care, supporting research and service evaluation in any organisation.

If you enjoyed the research (and it was successful) and want to try and continue a clinical academic career, talk to the CATO team early. It will be key to ensure your results are published and disseminated, that you can show how they make an impact, and then think about winning funding for a further period of research training (a post-doctoral fellowship). There will inevitably be a one to three year period between finishing a PhD and a next period of dedicated research, but you can use your time well to progress things. There are specific and novel opportunities at Imperial – look at the [CATO website](#).

Whenever possible remember to stay connected with research by networking with other researchers, attending training events & conferences

Notes:

- Clinical staff based in the Imperial College AHSC but not registered for PhDs at Imperial College London should seek guidance from the equivalent departments at the HEI where they are registered.