

The chronically indecisive

Read our sample scenarios and possible points for action.

Scenario 1

Doctor E is coming to the end of her first foundation programme year (F1). She has adjusted well to her first job as a doctor after completing medical school. She is aware that the specialty application window will open in a few months and is now beginning to feel a bit panicked about deciding which specialty training programme she should apply for.

Doctor E feels certain that surgery is not for her having experienced a surgical rotation. She is considering medicine but is not entirely sure of which branch of medicine she would consider specialising in.

She's also been thinking about pursuing general practice as a career but has not had the opportunity to experience it during her [foundation training](#) [1]. She's concerned that general practice will not be challenging enough and that she will become frustrated dealing with the 'walking well'.

The first step is to carry out a thorough self assessment

Doctor E has arranged to meet with her educational supervisor to discuss career options and to try to gain some clarity in the build up to the specialty application window opening.

Scenario 2

Doctor F is a diligent and competent foundation year 2 (F2) doctor. The assessments carried out during foundation year 1 suggest that he met, or exceeded, expectations on all the different criteria.

During Doctor F's F2 year, he had placements in general practice, psychiatry and obstetrics and gynaecology. He enjoyed all three of these placements and is finding it hard to say what his preference is. He is no closer to deciding on a career pathway for his [post foundation training](#) [1] and has arranged a meeting with his educational supervisor to seek advice.

Points to consider

The first step would be to make sure that both Doctors E and F have carried out a thorough self-assessment [2] and career exploration [3] [4] (see the four stage career planning model [5]). The exercises contained self assessment will help students and trainees generate ideas about specialties that might suit them. If somebody comes to you saying that they don't know how to start making career decisions, you can concentrate your discussion on the exercises contained in self assessment.

You can ask them:

- how much research have you done?
- have you spoken to trainees and consultants or taken a 'taster' in the areas you are considering?
- how have you made a career decision in the past? This could be about how they chose their elective [6], or their student selected components in their medical school years

Understanding how an individual makes their decisions is also important here. For example do they act spontaneously and decide on a whim, or do they only commit themselves after extensive information collation and research? The decision-making stage can help individuals to make considered decisions and there are plenty of decision making tools that you could encourage your trainees to carry out.

You could emphasise that keeping an open mind could be an advantage and they should use their foundation years to become as rounded as possible as a doctor. They can apply for two or three different specialties which will give them more of a chance to consider which would suit them best.

Always encourage them to have a plan B, or even a plan C. Note that for the more competitive specialties, the doctors may not be able to show enough commitment if they choose their options too late. This is not always the case and doctors have been successful at getting through to the next stage if they have done well in their application forms and at interview.

Considering role models and the part they may play in decision making could be useful. Ask them to describe who they admire most of the clinicians they have met. They don't need to name names!

The doctors you are supervising will all be at different stages of readiness to make a decision. In careers terms this is what is called 'career maturity or adaptability'. Some may feel it is too early to make such a decision and it may be that taking a year out after foundation year 2 is a sensible way forward. Working as a locum at home or abroad and the opportunity to try out different specialties may be a good option here.

Above all, you can remind your supervisees that a career is a journey, rather than a destination. For some people, taking a longer route via a diversion or two is a sensible idea.

Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation_training [2]

<https://www.healthcareers.nhs.uk/career-planning/planning-your-career/self-assessment> [3]

<https://www.healthcareers.nhs.uk/career-planning/planning-your-career/exploring-your-options> [4]

<https://www.healthcareers.nhs.uk/career-planning/introduction-career-planning/exploring-your-options> [5]

<https://www.healthcareers.nhs.uk/career-planning> [6] <https://www.healthcareers.nhs.uk/glossary#Elective>