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NEW FELLOW SURVEY 2024

Self-reported Preparedness for Unsupervised Practice

Gastroenterology

Combined results from the 2021, 2023, and 2024 New Fellow Surveys, October 2024

2024 New Fellow Survey

The New Fellow survey (NFS) is a cross-sectional survey for members 1-2 years post completion of an RACP training program. It aims to address a number of gaps in our knowledge regarding preparedness for unsupervised practice and making the transition from trainee to specialist/consultant. Implemented annually, the New Fellow Survey allows us to track trends over time.

- The 2024 New Fellow Survey is the **third iteration** of an annual survey, previously implemented in 2021 and 2023.
- **Anonymous, cross-sectional** survey with a mix of Likert style and open-ended questions
- **Administered by the RACP** via survey Monkey between 11 June and 14 July 2024
- Eligible respondents include **all members who completed RACP Advanced, Faculty or Chapter training 1-2 years prior** to the survey period (ie 1 April 2022 to 31 May 2023).

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Combined 2021, 2023 and 2024 NFS data

218 Eligible Gastroenterology Fellows	**14** Gastroenterology respondents completed	**6%** Gastroenterology response rate
3,800 Total eligible new Fellows	**424** Total respondents completed	**11%** Total response rate

About this report

- This report combines three years of New Fellow Survey data in order to give a specialty-specific snapshot of the key findings for members completing **Gastroenterology** training between **1 Oct 2019 and 31 May 2023**.
- Comparisons are made throughout the report back to New Fellow Survey data for all specialities. The following symbols indicate an increase ▲ or decrease ▼ in percentage points relative to the combined result from the 2021, 2023 and 2024 surveys for all specialties. All qualitative data provided is from the most recent survey (2024 NFS).
- A reporting threshold of five responses has been used in this research to support anonymity and confidentiality. In cases where specialty-specific data is not available, all specialty data will be shown.
- For a comparison of the overall results from the 2023 and 2024 survey results or further breakdowns of all specialties data from the 2024 survey by division please refer to the 2024 New Fellow Survey Summary Report available on the RACP website.

Aims and Objectives

The New Fellow survey (NFS) focusses on the short-term graduate outcomes of RACP training programs, with the intent to identify strengths and opportunities for improvement

Aims:

- to enable longitudinal evaluation of the short-term graduate outcomes of RACP training programs
- identify opportunities for improvements.

For the purposes of this evaluation, graduate outcomes are defined as:

- preparedness in the domains of practice of the RACP Professional Practice Framework
- ability to manage the transition from the role of Advanced Trainee into unsupervised professional practice.

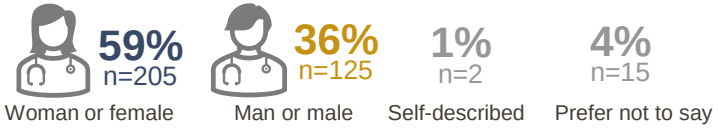
Figure 1. Professional Practice Framework

The objectives are to explore:

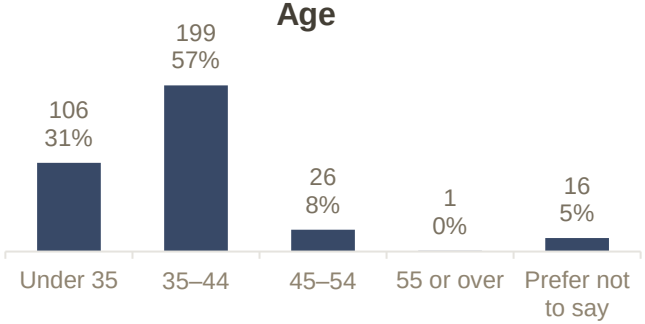
- The perceptions of new Fellows regarding their training experiences and preparedness for unsupervised professional practice one to two years after admission to Fellowship.
- The experiences of the transition between Advanced Training and unsupervised professional practice, the challenges encountered throughout this transition and mechanisms to effectively manage these challenges.
- The nature of the positions that new Fellows occupy, including public versus private practice roles and work structure.
- The time taken to commence specialist roles after completing Advanced Training and any perceived barriers associated with acquiring Specialist roles.

Respondent Demographics
(all specialties)

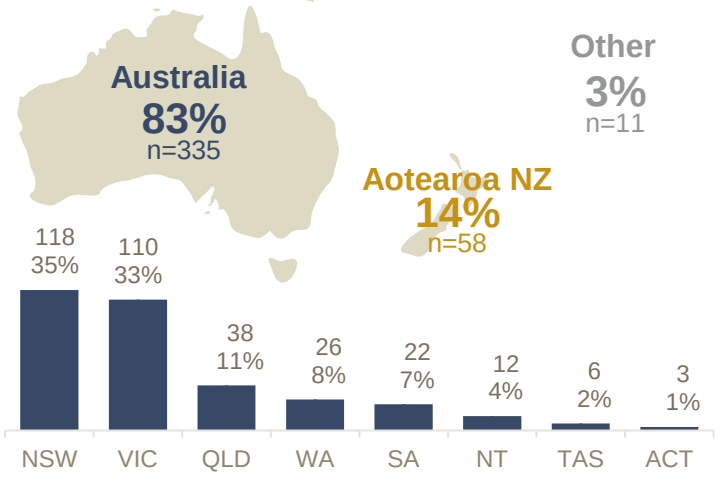
Gender



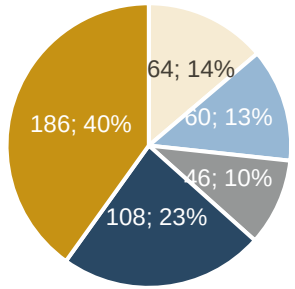
Age



Location of final training rotation

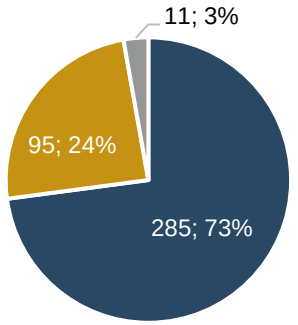


Respondents' training programs



- General and Acute Care Medicine (FRACP)
- General Paediatrics (FRACP)
- Geriatric Medicine (FRACP)
- Training programs with more than 4-6% of responses
- Other

Division



- Adult Medicine
- Paediatrics & Child Health
- N/A

Note:
- Respondents could select more than one training program.
- Training programs with 4-6% of responses: Medical Oncology (FRACP), Endocrinology (FRACP), Haematology (FRACP/FRCPA), Nephrology (FRACP) and Gastroenterology (FRACP)
- Other responses relate to training programs with fewer than 4% of responses.

26%
(n=128)
of respondents undertook **concurrent training in two specialties**

2%
(n=6)
of respondents were on the **Training Support Pathway** at some point in their training

Aboriginal or Torres Strait Islander origin

<1%	<1%	97%	2%
n=1	n=1	n=338	n=8
Aboriginal	Aboriginal and/or Torres Strait Islander	Neither Aboriginal or Torres Strait Islander	Prefer not to say

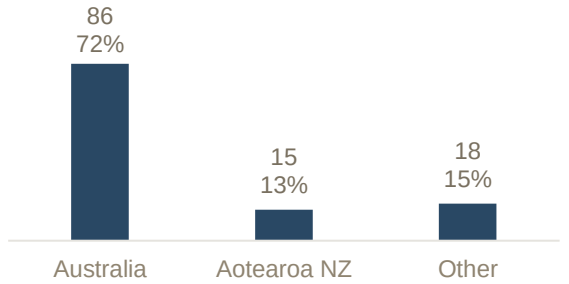
Māori ethnicity

1%	97%	2%
n=4	n=337	n=7
Māori	Not of Māori ethnicity	Prefer not to say

Pacific Heritage

1%	98%	2%
n=2	n=283	n=5
Pacific Heritage (unspecified)	Not of Pacific Heritage	Prefer not to say

Country of primary medical degree



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NEW FELLOW SURVEY 2024

Results

Training experiences

Preparedness for unsupervised practice

Transition from trainee to Fellow

Supporting resources

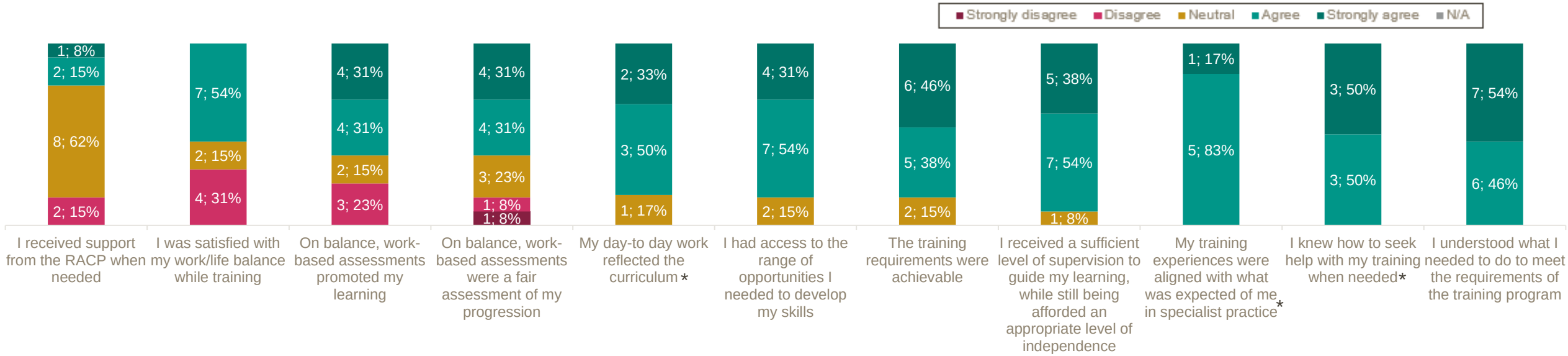
Employment trends

Training

Training Experiences

(Gastroenterology vs all specialties)

All Gastroenterology respondents agreed that they understood how to meet the training requirements, how to seek help with training when needed, and that their training experiences were aligned with specialist practice. Receiving support from the RACP when needed was the biggest concern.



23% (n=3) agreement	54% (n=7) agreement	62% (n=8) agreement	62% (n=8) agreement	83% (n=5) agreement	85% (n=11) agreement	85% (n=11) agreement	92% (n=12) agreement	100% (n=6) agreement	100% (n=6) agreement	100% (n=13) agreement
▼ -3% compared to all specialties	▲ +20% compared to all specialties	▲ +11% compared to all specialties	▲ +9% compared to all specialties	▲ +18% compared to all specialties	▲ +13% compared to all specialties	▼ -2% compared to all specialties	▲ +12% from all specialties	▲ +37% compared to all specialties	▲ +21% compared to all specialties	▲ +10% compared to all specialties

*Question asked for the first time in the 2024 New Fellow Survey

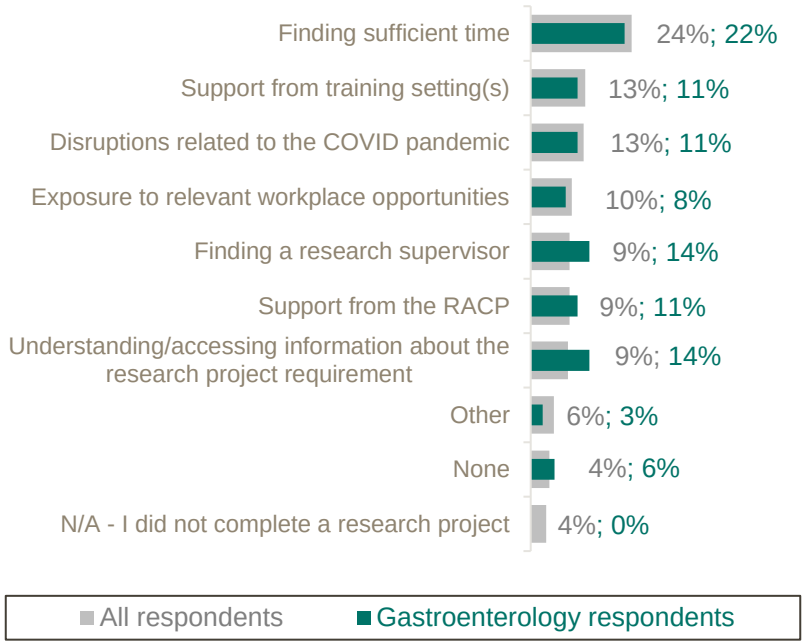
Training

Advanced Training Research Projects

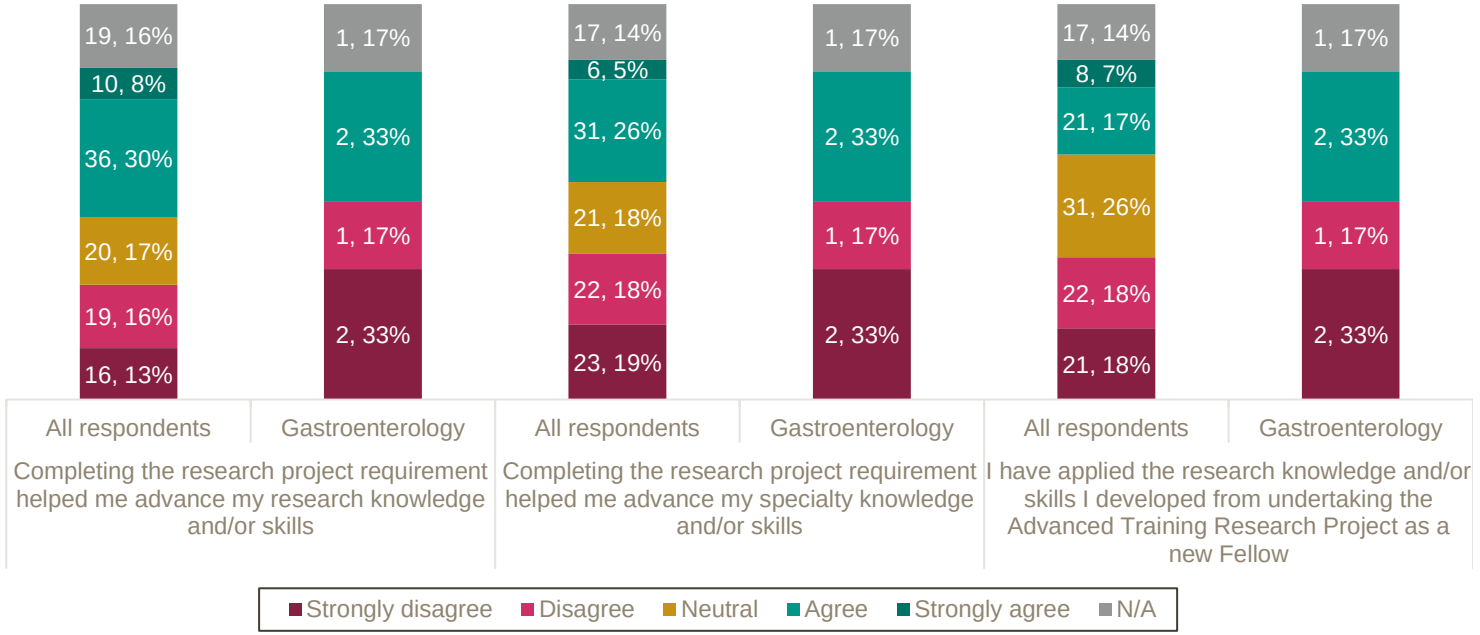
(Gastroenterology vs all specialties)

"What challenges did you experience when completing your Advanced Training research project?"

(% of total responses) ‡



Perceived utility of the Advanced Training Research Project



The main **challenges** experienced with the Advanced Training Research Project amongst Gastroenterology respondents:

- Finding sufficient **time**
- Finding a research **supervisor**
- **Finding/accessing information** about the research project requirement

Approximately one third of Gastroenterology respondents **agreed that they had applied their research knowledge and/or skills they developed** from undertaking the Advanced Training Research Project as a new Fellow.

Respondents to the 2024 NFS commented on:

- seeing **limited value**, particularly for those not interested in pursuing research (n=23)
- lacking **guidance, support and/or training** from the College (n=13)
- significant **delays in research project marking** or lack of Fellows able to mark (n=10)
- lack of **flexibility or alternate pathways** for meeting the research requirement (n=7)
- lacking **appropriate supervision** (n=4)
- lacking the **resources** needed (such as the finance or statistics expertise) (n=3)

*Questions asking about Advanced Training Research Projects were only asked in the 2023 NFS onwards. They were only asked of respondents once, no matter how many training programs (or research projects) they completed.

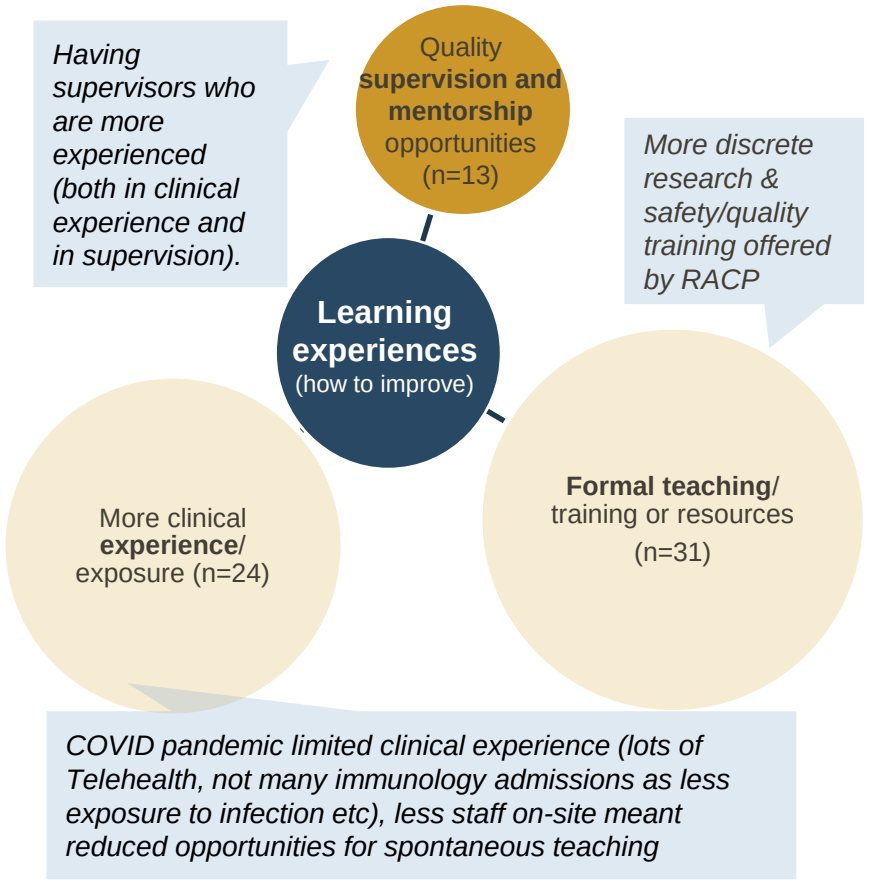
‡ As some Fellows chose more than one answer option, this represents the total number of responses rather than respondents. The relative numbers are expressed as % of the total responses.

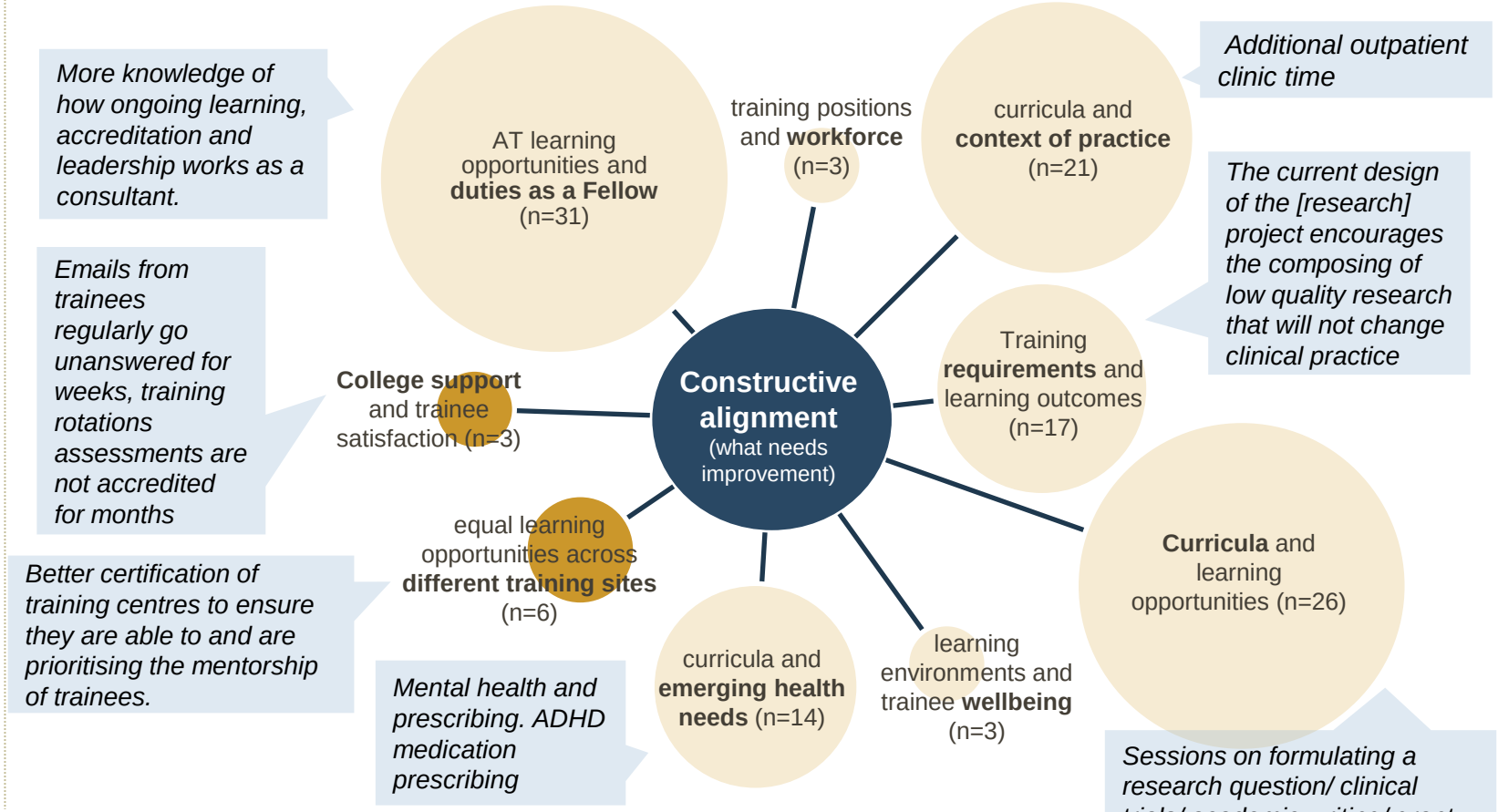
Training

Areas for Improvement
(all specialties; 2024 data)

Respondents commented on how the training programs could have been improved to better prepare them for unsupervised practice. Analysis of the comments revealed two key schemas related to 1) learning experiences and 2) constructive alignment.

New or revised themes for the 2024 NFS include the need for mentorship opportunities as well as quality supervision, equal learning opportunities across different training sites and alignment between College support and trainee satisfaction.





***Key**: Themes raised in both the 2023 and the 2024 NFS are shown in cream while new/modified themes emerging from the 2024 data are shown in gold. The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.*

Preparedness

Overall preparedness
for unsupervised professional practice
(Gastroenterology vs all specialties)

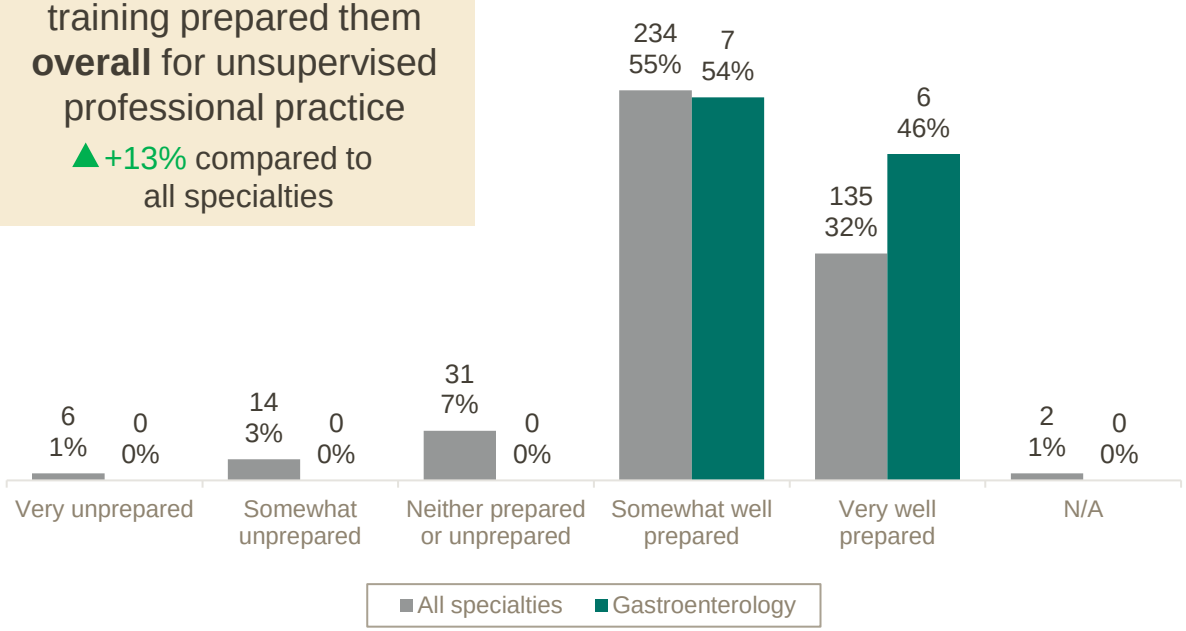
"To what extent has your training prepared you overall for unsupervised practice?" ‡

100%

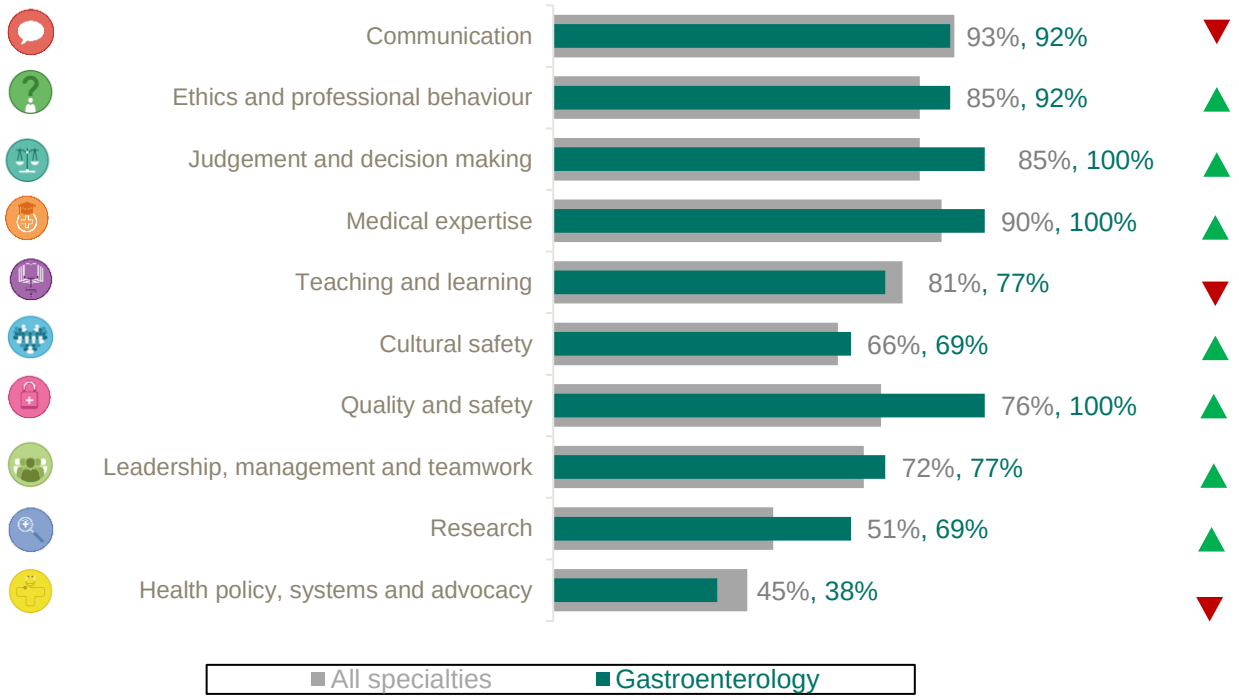
(n=13)

of Gastroenterology respondents felt their training prepared them **overall** for unsupervised professional practice

▲+13% compared to all specialties



Respondents self-assessed preparedness ("somewhat well prepared" & "very well prepared") against the 10 Professional Practice Domains ‡



Gastroenterology respondents' self-assessed preparedness was **higher across the 7 of the 10 Professional Practice Domains** compared to that of all specialties. All Gastroenterology respondents felt prepared for competencies relating to **medical expertise**, **judgement and decision making** and **quality and safety**

‡As some Fellows completed concurrent training in two specialties, all specialties data represents the total number of responses rather than respondents.

Transition

Ease/Difficulty of transition
from Advanced Training to unsupervised professional practice
(Gastroenterology vs all specialties)

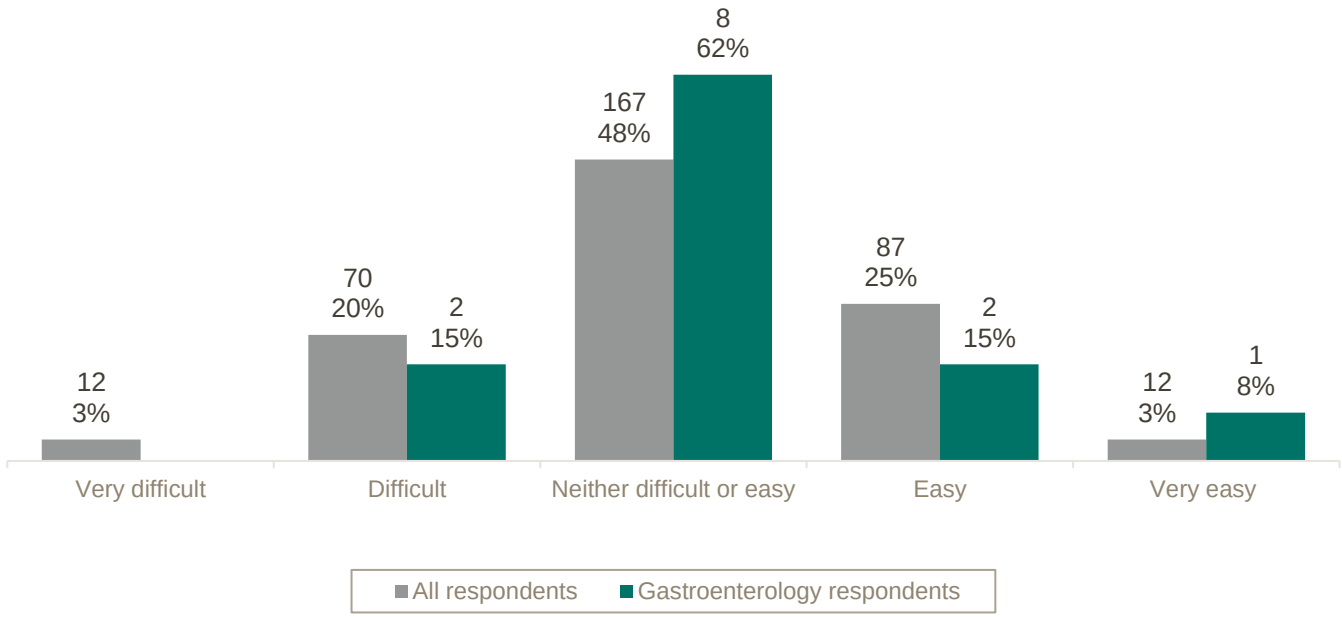
Respondents rated the difficulty of their transition from Advanced Trainee to unsupervised professional practice.

15%

(n=2)

of Gastroenterology respondents indicated transitioning from AT to unsupervised professional practice was **difficult or very difficult**

▼ -8% compared to all specialties



Gastroenterology respondents were **more likely to rate their transition from AT to unsupervised practice as neither difficult or easy** compared to all specialties.

Respondents who found the transition difficult, cited reasons* such as:

- Lack of **job availability** (n=18)
- **Temporary/casual nature** of many roles (n=12)
- Having to **change career direction to meet demand** (e.g. moving to regional locations, taking temporary positions and working in private practice) (n=9)
- Needing to **apply to many positions** (n=3)
- Having to **balance work and other commitments** (n=3)

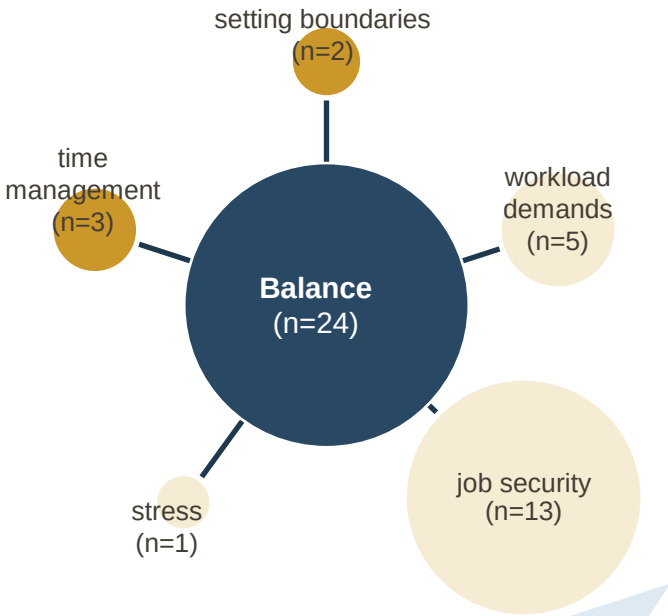
* Reasons provided in respondent comments in the 2024 NFS (all respondents).

Key Challenges faced in Transition
(all specialties; 2024 data)

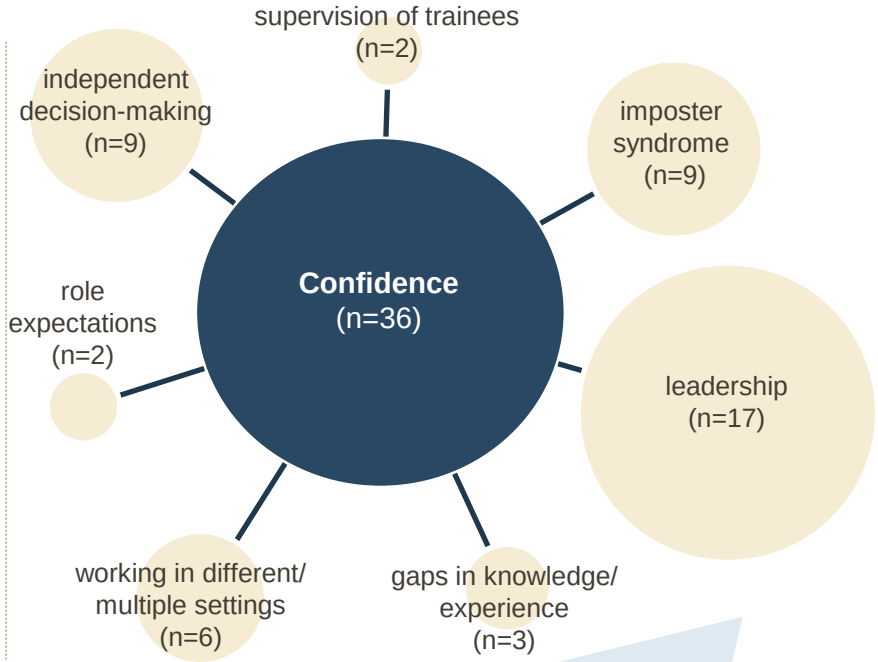
Transition

Respondents commented on the key challenges they faced in their transition from Advanced Trainee to unsupervised professional practice. Analysis identified challenges related to the three key areas of 1) balance, 2) confidence and 3) support.

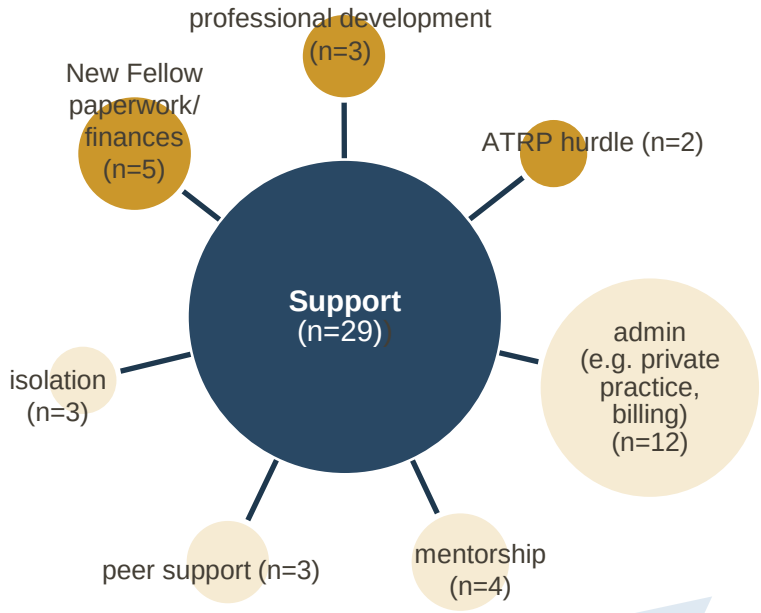
New or revised sub-themes for the 2024 NFS include challenges with time management and setting boundaries as well as lack of support with professional development, the Advanced Training Research Project (ATRP) and the paperwork and financial burden when becoming a new Fellow. COVID-19 impacts did not appear as an issue in 2024.



Finding the job in a supportive environment in a location where you want to work. Certainly publicly there is a need for more oncologists, but no funding for them



I think it is unavoidable that there will be challenges and stressors when being the person ultimately responsible for a patient's care - this is difficult to learn before the responsibility is actually yours



Large number of invoices that suddenly appears - "invitation to fellow" fee - annual fellow subscription fee - AHPRA update fee - indemnity insurance update fee. All whilst on registrar pay is a significant financial burden.

***Key**: Themes raised in both the 2021, 2023 and 2024 NFS are shown in cream while new/modified themes emerging from the 2024 NFS are shown in gold.*
The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.

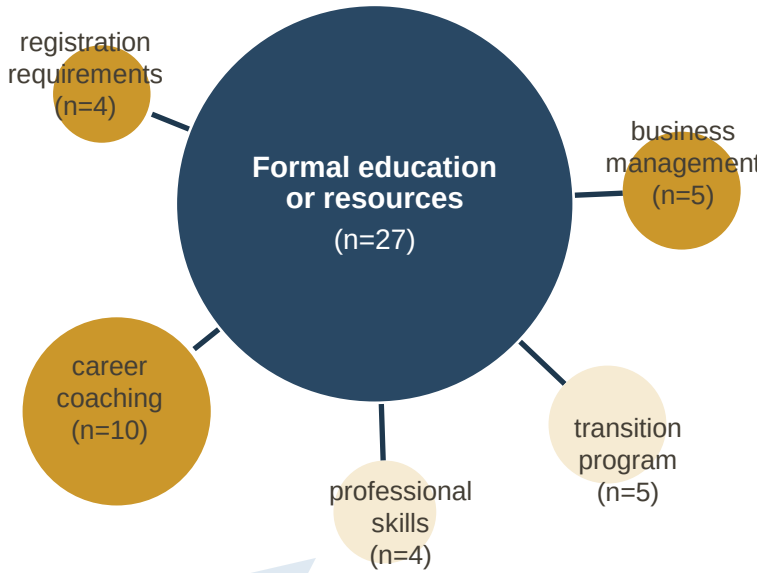
Transition

Suggestions for an Easier Transition

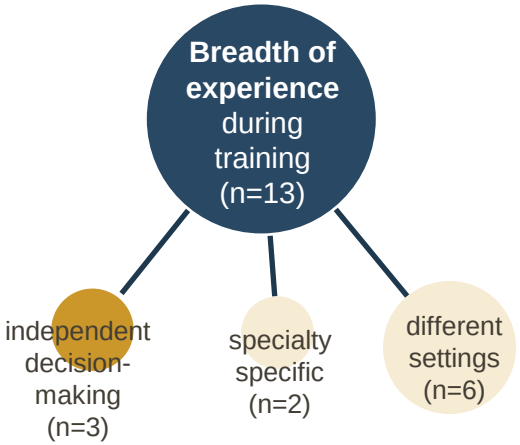
(all specialties; 2024 data)

Respondents were asked to provide suggestions about how their transition from Advanced Trainee to unsupervised professional practice could have been made easier. Analysis identified themes related to 1) formal education or resources, 2) breadth of experience and 3) support.

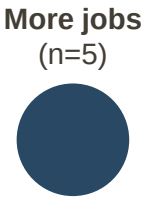
New or revised sub-themes for the 2024 NFS include the need for more resources on career coaching, business management and registration requirements and as well as RACP support with the timely admission to Fellowship and advocacy for a smoother registration process.



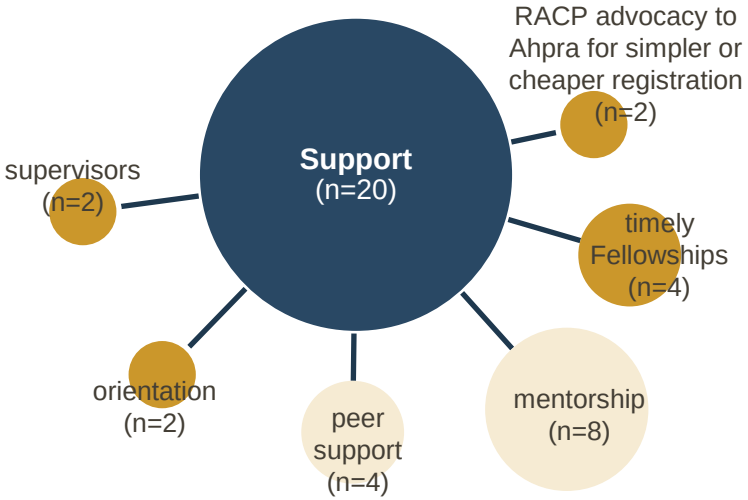
being given a session on medicare billing, how to set up specialist recognition or rather a session on "what needs to be done now that you are a specialist who sees outpatients and orders tests"



More emphasis on leadership and exposure to different types of medical practices eg private practice during AT training (especially in the final years)



Availability of fellowship positions to local trainees.



Not having such a significant delay between training time finishing and admission to fellowship. Maybe ensuring there are enough admin staff that they can respond to emails/phone calls etc

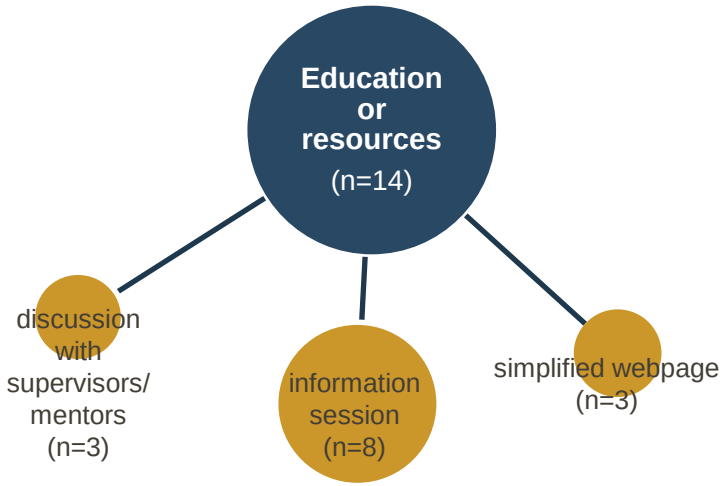
***Key**: Themes raised in both the 2023 and the 2024 NFS are shown in cream while new/modified themes emerging from the 2024 NFS are shown in gold.*
The relative size of the circles indicates the number of respondents who raised each theme and sub-theme.

Transition

Suggestions for easier CPD transition

(all specialties; 2024 data)

Respondents were asked to provide suggestions for making the transition to meeting CPD requirements easier for the first time in 2024. Analysis identified suggestions relating to 1) education or resources, 2) technology, 3) workplace support and 4) easing or modifying CPD requirements.



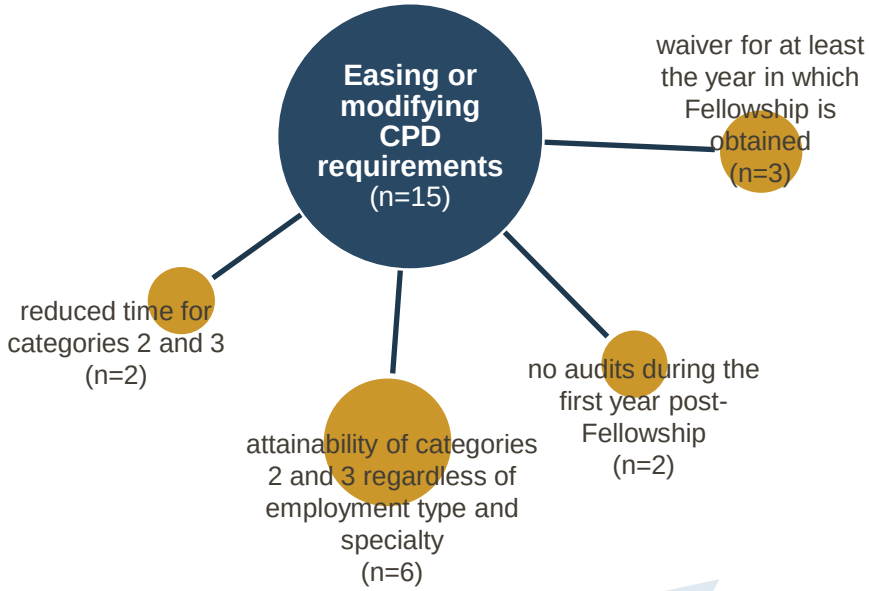
Having dedicated sessions for new fellows on CPD, starting from basics as we've never done it before.

Technology to log activities automatically
(n=4)

An app to readily record hours / QR codes for common activities such as M&M

Workplace support
(n=4)

paid time off to achieve these for locums or ppl working fractional positions

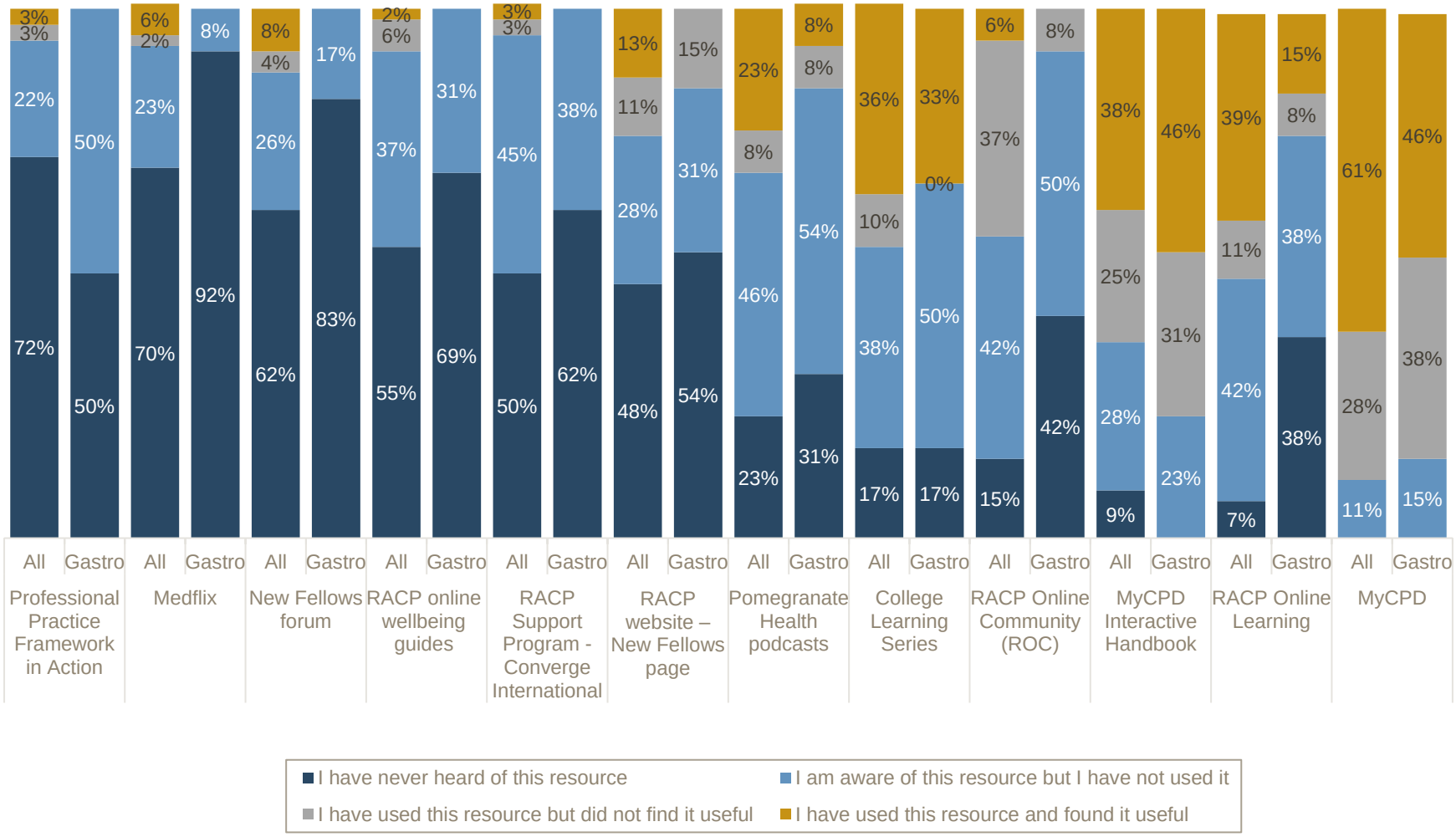


Of note, Category 3 requirements are difficult for FAFPHMs to achieve - given the long-term health outcomes we work towards and the fact we tend to work in teams, not in individual practice. I am not sure how this could be improved for New Fellows - but suspect it is not isolated for New Fellows alone.

Support

Involvement with and Support from the College
(Gastroenterology vs all specialties)

Respondents indicated the usefulness of various resources and identified topics they would like further support with



Following use, Gastroenterology respondents most commonly found the **College Learning Series** useful.

More than half of Gastroenterology respondents were **not aware** of:

- Medflix
- New Fellows Forum
- RACP online wellbeing guides
- RACP Support Program – Converge International
- RACP website – New Fellows page

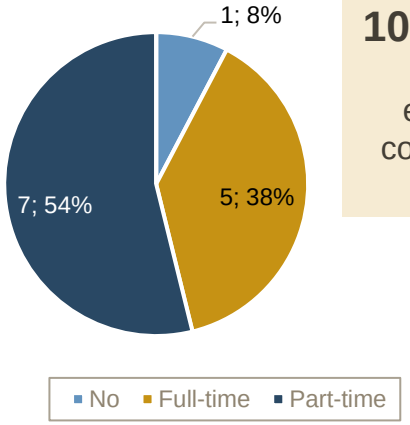
Top topics Gastroenterology respondents would find helpful for the College to provide further support on
(% based on total responses):

1. Career planning and advice: 13%
2. Financial advice/services: 13%
3. Managing the transition from trainee to Consultant/Specialist: 9%
4. Setting up a private practice: 9%

Employment

Respondent Employment
(Gastroenterology vs all specialties)

Current employment as a Consultant/Specialist



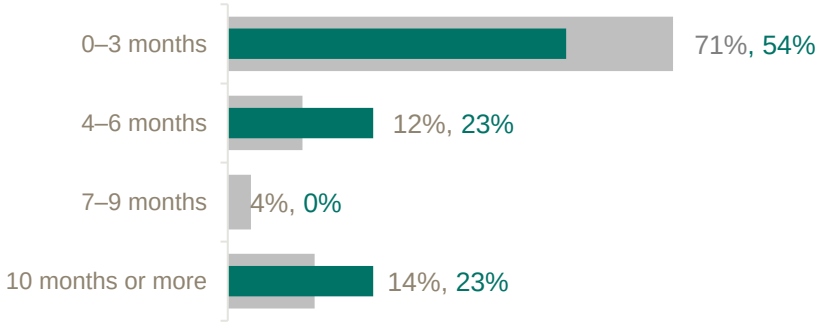
10% increase in part-time employment compared to all specialties

Reasons for part-time employment†

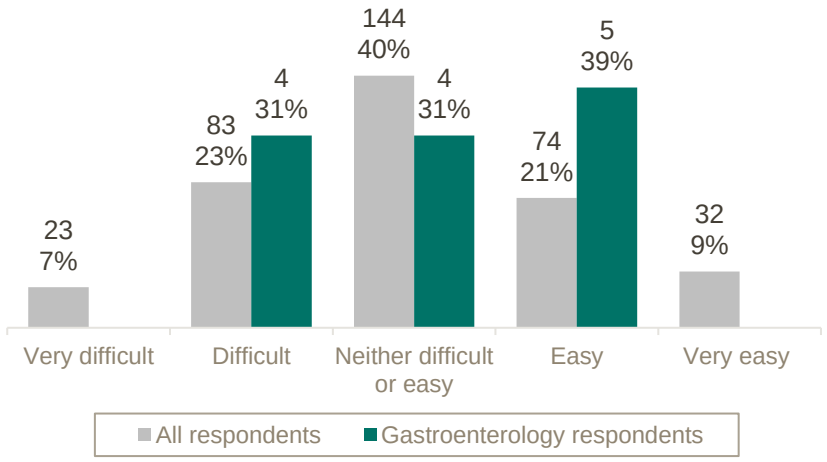
30%	10%	50%	10%
n=3	n=1	n=5	n=1
There were only part-time roles available	Personal reasons	Undertaking further study	Other

Obtaining a Consultant/Specialist role

Time from completion of Advanced Training to commencement of role

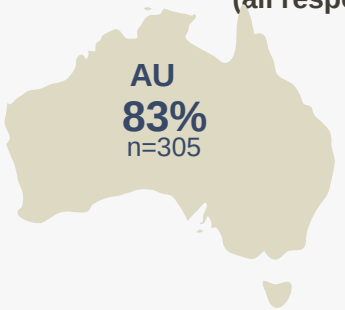


Difficulty of obtaining role

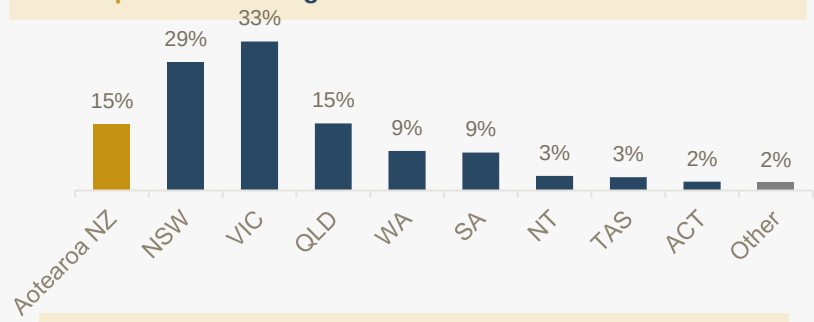


Location and place of current Consultant/Specialist role†

(all respondents)



65%	28%	7%	1%
n=265	n=116	n=27	n=3
Metropolitan	Regional	Rural or remote	Unsure



Top 5 current place(s) of employment†

1. Public health service/Hospital: 56% (n=314)
2. Private practice: 18% (n=102)
3. Private health service/Hospital: 11% (n=60)
4. University/higher education sector: 6% (n=34)
5. Self-employed: 3% (n=19)

†As some Fellows chose more than one answer option, this represents the total number of responses rather than respondents. The relative numbers are expressed as % of the total responses.

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NEW FELLOW SURVEY 2024

Key insights

Key insights are presented by:

1. **Findings consistent with previous surveys**
2. **New insights for 2024**
3. **Key insights for Gastroenterology**

Findings consistent with previous surveys
(all specialties)

There is room for improvement in training experiences

Areas for further development include:

- aligning learning activities, work experiences and training requirements to support job-readiness, linked with Professional Standards
- provision of co-ordinated mentorship, supervision and support in training
- More support from the RACP in the form of formal training courses in areas of need

It is difficult to find time to complete the Advanced Training Research Projects

Finding **sufficient time** is considered the biggest challenge when completing the Advanced Training Research Project

Work life balance and support from the College are key concerns in training

Work/life balance and receiving support from the College when needed are key concerns experienced during training.

Overall, new Fellows' preparedness for unsupervised practice is high

Overall preparedness is generally high (>85%)

New Fellows now feel least prepared for unsupervised practice relating to the following domains:

- Research
- Health policy, systems and advocacy

New Fellows continue to find it challenging to adjust to new role expectations

There is a need for improved mentorship, peer support, and support from the College during the transition to help:

- take on leadership responsibilities and feel confident with clinical decision-making in an environment with less support
- find and maintain consistent employment
- navigate administrative requirements such as private practice and billing
- balance new role expectations and workload

Low awareness of existing College resources to support transition

The transition from training to professional practice is a distinct period in the learning continuum that stretches through the latter phase of training into early years of Fellowship.

Feedback from respondents indicates:

- a need to improve awareness about the existing suite of resources relevant to this period
- an appetite for further tailored support during the period of transition

The transition to unsupervised practice can be difficult and a transition program is a frequently requested resource

Around one fifth of new Fellows perceive the transition from Advanced Training to Consultant/Specialist to be difficult or very difficult.

More than half of respondents would like further College support on managing the transition. Respondent comments also supported the need for career coaching or a dedicated transition program.

***Note**: The stronger or more impactful findings are indicated in dark grey*

New insights
(all specialties)

The perceived quality of training is declining over time

The proportion of new Fellows who perceived they received **sufficient supervision** and had **access to the range of opportunities needed to develop their skills** is **declining over** time (down 10% and 14% respectively).

There was also a significant drop in the proportion of respondents agreeing that the **training requirements were achievable from 2023 to 2024** (down 14%).

More support needed for research projects, currently perceived to be of low value

42% of respondents indicated they would find it helpful for the College to provide **further support with research skills** (up from 31% in 2023).

Only 25% of respondents agreed that they had **applied the research knowledge and/or skills** they developed from undertaking the project as a Fellow

Need for RACP to be more responsive to requests for information and support

Respondents commented on **significant delays experienced with responses to trainee enquires** from the RACP in regards to training requirements. These delays, perceived to be avoidable, often resulted in postponing Fellowship, causing considerable emotional stress, uncertainty and financial pressures.

Support for the transition to CPD

Transition to CPD was included for the first time and the majority of respondents did not raise challenges in this area. A small number of respondents made suggestions in the following areas:

- **Easing or modifying the CPD requirements** for new Fellows
- Dedicated **information sessions**
- Provision of **technology to automatically log activities**
- **Workplace support** to keep up with CPD requirements

Increasing awareness of existing College resources to support the transition

There is good awareness of key resources for trainees and the transition to fellowship and CPD with the most useful resources being: **MyCPD**, **My CPD Interactive Handbook**, the **College Learning Series**, and **RACP Online Learning**.

There is an opportunity to consider the timing of promotion of other resources as at least half the respondents remain unaware of: the **RACP Support Program - Converge International**, **RACP online wellbeing guides**, **Medflix**, **New Fellows forum**, and the **Professional Practice Framework in Action**.

A high level of overall preparedness is maintained but preparedness in most domains is decreasing

Overall preparedness has remained consistent at 87%

Preparedness is changing in the following domains:

- **Research** (down 13% in 2024)
- **Teaching and learning** (down 11% in 2024)
- **Judgement and decision making** (down 7% in 2024)
- **Quality and safety** (down 7% in 2024)
- **Leadership, management and teamwork** (up 7% in 2024)
- **Cultural safety** (down 6% in 2024).

Additional resources most frequently requested for career planning and advice

Career planning and advice is the most frequently requested topic for the College to provide additional resources for new Fellows (requested by 63% of respondents).

Respondent comments also supported the need for **career coaching** to help support the transition to unsupervised practice.

New Fellow employment trends are changing

New Fellows are taking **less time to find employment** as Consultants/Specialists. 86% found employment within 6 months of Fellowship (up from 78% in 2023).

44% of new Fellows are **working part-time**, down from 58% in 2023.

***Note**: The stronger or more impactful findings are indicated in dark gold*

Key insights
(Gastroenterology respondents)

Preparedness for unsupervised practice

Overall preparedness for unsupervised practice in Gastroenterology is high and higher than that reported for all specialties (100% vs 87%).

Preparedness is highest amongst Gastroenterology respondents in the following domains:
- **judgement and decision making** (100%)
- **medical expertise** (100%)
- **quality and safety** (100%)

Gastroenterology respondents' self-assessed preparedness was **higher across the 7 of the 10 Professional Practice Domains** compared to that of all specialties.

Gastroenterology respondents were **more likely** to report preparedness for **quality and safety, research,** and **judgement and decision making** compared to all specialties.

Support needs

Following use, respondents most commonly found the **College Learning Series** useful:

More than half of Gastroenterology respondents were **not aware** of:
- Medflix
- New Fellows Forum
- RACP online wellbeing guides
- RACP Support Program – Converge International
- RACP website – New Fellows page

Key topics Gastroenterology respondents would like **further support** on:
1. Career planning and advice
2. Financial advice/services
3. Managing the transition from trainee to Consultant/Specialist
4. Setting up a private practice

An easier transition

A smaller proportion of Gastroenterology respondents found it **difficult/very difficult** to make the **transition to unsupervised professional practice** when compared to all specialties (15% vs 23%).

Understanding training requirements, support and alignment of training with specialist practice

All Gastroenterology respondents agreed that they **understood how to meet the training requirements, how to seek help with training when needed, and that their training experiences were aligned with specialist practice.**

Receiving support from the RACP when needed was the biggest concern for Gastroenterology respondents.

Advanced Training Research Projects are challenging

The **main challenges** experienced with the Advanced Training Research Project amongst Gastroenterology respondents were:
- finding sufficient **time**
- **Finding a research supervisor**
- **Finding/accessing information** about the research project requirement

Only a third of Gastroenterology respondents agreed they had **applied their research knowledge and/or skills** from undertaking the research project as a new Fellow

Employment trends

54% of Gastroenterology respondents are **working part-time** as consultants/specialists, up 10% compared to all respondents. 30% specified that **only part-time roles were available.**

Gastroenterology respondents tended to take **longer to obtain consultant/specialist roles** compared to all specialties.

Recommendations
(all specialties)

Ongoing/ modified from 2021	1. Consider whether there is a need for **additional or revised educational interventions** in **domains where respondents indicated they felt less prepared** (e.g. research and health policy, systems and advocacy), **where preparedness is declining** (e.g. research, teaching and learning), **and where additional resources have been requested** (e.g. career planning and advice, financial advice/services) and the best stages in training/ professional practice to implement these (noting some have already been developed since respondents would have completed training such as a Health Policy, Systems and Advocacy online course). Explore opportunities to support trainees and/or New Fellows in identifying on-the-job learning opportunities, such as coaching.
	2. Explore development of a **transition to professional practice program** to provide advice on career pathways as well as targeted interventions regarding common transition challenges such as confidence in leadership and guidance in new administrative tasks, bolstered by newly created mentorship and peer-support communities (noting that a mentor match program, ROC communities, and supervisory training/requirements are now in effect).
	3. Continue to improve accessibility and consider additional promotional opportunities for existing **RACP resources to assist new Fellows** with their transition to unsupervised practice, especially for newer resources. This promotion could feature as part of a transition to professional practice program.
Ongoing/ modified from 2023	4. Consider opportunities for the College to **assist trainees achieve more of a work life balance** such as reviewing the Advanced Training Research Project requirement for each specialty (or allowing alternate pathways for building research knowledge and/or skills), advocating for decreased workloads or protected time to devote to training requirements such as studying for exams or completing research projects, and continuing to promote flexible training/working arrangements.
	5. Continue to **track trends in new Fellow preparedness and experience of the transition to unsupervised practice** over time in order to assess the impact of educational interventions made and evaluate the revised curricula as they are rolled out. Consider best mechanisms to balance need for currency of information about preparedness and reduction of survey fatigue.
New	6. Consider ways to ensure trainees gain **experience in a broader range of settings** such as outpatient clinics, private practice, and rural locations where relevant in order to better prepare new Fellows for the transition to unsupervised practice.
	7. Improve trainee experience and belonging by being **responsive to requests for RACP support** and providing timely communication regarding training requirements, especially those with the potential to delay granting of Fellowships.
	8. Continue to **promote CPD resources to ease the transition into unsupervised practice** including the New Fellows Forum, CPD Handbook and Online Learning.

Strengths, Limitations and Further Research
(all specialties)

Strengths	Limitations	Further research
• The findings from this research can be used to inform training, professional development opportunities and resource development. • This research extends and complements previous iterations of the survey in 2021 and 2023, as well as and other existing literature regarding new Fellow preparedness for unsupervised practice • Longitudinal analysis possible due the routine implementation of the survey	• The data collected in this research is self-reported, and therefore may not be an accurate measure of actual preparedness. • The sample size was small, with participation from 12% of eligible respondents. While this could potentially introduce respondent bias, triangulation using other datasets identified similar themes. • It may be worth considering ways to consolidate surveys or work with partners to reduce the number of surveys distributed to trainees and Fellows, or moving to implement the survey on a biennial rather than annual basis.	• Ongoing evaluation of the preparedness of new Fellows, particularly in relation to the domains where respondents indicated they were less prepared. • Integrating other perspectives such as supervisors or assessment data to triangulate findings • Considering qualitative interviews to explore more in-depth responses from new Fellows in terms of how to improve preparedness or assist with the transition to unsupervised practice. • Evaluation of any interventions that result from this research.