



2020 Medical Graduates: The work and wellbeing of interim Foundation Year 1 doctors during COVID-19

Appendices

March 2021

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Appendix A: Questionnaire and interview questions

Questionnaire content

Table A1 summarises the content of the sign up, phase 1 and phase 2 questionnaires. The following sections contain the text of work and wellbeing questions as presented in the online questionnaires.

Table A1. Summary of online questionnaire content

	Sign up	Phase 1	Phase 2
Demographics	Gender Age Ethnicity Disability Medical School Date of starting FiY1 * Region of FiY1 * Reason for doing/not doing FiY1 (free text)		Gender Age Medical School Foundation School of FiY1 Foundation School of F1 Medical experience since April 2020 (inc FiY1) Start and end date of FiY1
Work		Preparedness for FiY1 ** Perception of training during FiY1 Clinical area (inc Covid-specific areas) Availability and use of PPE Work intensity ** Experience of ambiguity † Frequency of specific work activities ‡	Preparedness for F1 ** Preparedness for 25 specific activities † Work intensity Experience of uncertainty
Wellbeing		Perceived Stress Scale ¹ Hospital Anxiety and Depression Scale ² Copenhagen Burnout Inventory (personal and work burnout subscales) ³	
Tolerance of ambiguity		Tolerance of Ambiguity in Medical Students and Doctors scale (TAMSAD) ⁴	
Professional identity		Three subscales: Ingroup Ties, Centrality, Ingroup affect ⁵	

* Only presented to those who indicated they were doing FiY1.

** Item derived from the GMC's National Training Survey.

† Items reflecting different types of ambiguity as described in the literature ^{6,7}

‡ Derived from the GMC's outcomes for graduates ⁸

Phase 1 only

Work as an FiY1

Have you been working as an FiY1 for some or all of the last three weeks? (If you have not, please indicate when your contract finished. You will be routed to the end of the questionnaire).	Yes No - my contract ended No - I terminated my contract No - I have not yet started my FiY1 post No - I was not allocated an FiY1 post
If you are no longer an FiY1, what date did your contract end?	
Have you worked clinically in the last three weeks?	No Yes (please select to expand options)
In what clinical settings have you been mainly working in the last three weeks? (Please select any area where you have worked at least a whole day shift, or equivalent.)	Accident and emergency department Other urgent care unit (eg admissions unit, maternity, neonatal unit) Intensive care or high dependency unit Inpatient ward – surgical Inpatient ward – medical2 Operating theatres Outpatient clinics Digital/online clinics General practice surgery Other hospital setting

Other community setting	
If you selected Other, please specify:	
In the last three weeks have you worked in areas where there are confirmed or suspected cases of COVID-19?	Yes No
Has this been (please click all that apply)...	... in clinical areas reserved solely for COVID-positive patients? ... in clinical areas NOT reserved solely for COVID-positive patients?
If you have worked with patients with confirmed or suspected COVID-19, have you felt you have had necessary and appropriate personal protective equipment (PPE) available to you?	None of the time Some of the time All of the time
What types of PPE have you worn in your clinical work over the last three weeks?	I have not worn any PPE Full PPE (face mask, gown, eye protection, gloves) changed between patients Partial PPE changed between patients Partial PPE not changed between patients Other

Perception of training

Do you feel you have received, during your FY1 post, adequate and appropriate training for working during the COVID-19 outbreak?	Yes No
Please briefly describe your training experience - what it involved, how it was delivered, what was good about it, what could have been improved.	

Work activities

In the last three weeks, how often have you...	
Carried out venepuncture	Never
Carried out intravenous cannulation	Rarely (no more than once or twice a week)
Prepared and administered injectable (intramuscular, subcutaneous, intravenous) drugs	Regularly (at least several times a week)
Carried out arterial blood gas and acid base sampling in adults	
Taken blood cultures	
Set up an infusion	
Carried out blood transfusion	
Carried out a 3- and 12-lead electrocardiogram (ECG)	
Carried out peak expiratory flow respiratory function test	
Carried out urethral catheterisation (male or female)	
Carried out immediate life support	
Carried out or assisted with cardiopulmonary resuscitation (CPR)	
Taken, or instructed patients how to take, a swab (nose, throat, skin, wound)	
Prescribed and administered oxygen	
Carried out nasogastric tube placement	
Prescribed medication	
Made an initial assessment of a patient's problems	
Completed discharge documentation	
Managed symptoms of patients who are at the end of life	
Discussed a patient's care and treatment with them	
Broken bad news to a patient	
Discussed DNAR decisions with colleagues, patients or next of kin	
Supported families when patients are at the end of life	
Sought advice in a situation of clinical uncertainty	
Maintained handwritten or electronic patient notes	
Completed a death certificate	
Had a practice-based learning event	

Phase 2 only

Previous experience and F1 post

<p>We know that people's experience before F1 this year has varied more than usual. Please select which of the following you have done since April 2020. (You may have already told us, but we want to be sure we have up to date information). If you have done more than one, please select the one in which you have spent most time since April.</p>	<p>An interim Foundation (FIY1) post A paid assistantship or other paid medical role Unpaid (volunteer) work in a medical setting None of the above - I have not worked clinically since April 2020 Other</p> <p>Please give more details if appropriate</p>
<p>Roughly what date did you start this role? Roughly what date did you finish this role?</p>	
<p>In which Foundation School area was your FiY1 post? In which Foundation School are you starting F1?</p>	<p>Wales Northern Ireland Scotland East Anglia Essex, Bedfordshire & Hertfordshire Leicester, Northamptonshire & Rutland North Central and East London North West London North West England Northern Oxford Peninsula Severn South Thames Trent Wessex West Midlands Central West Midlands North West Midlands South Yorkshire & Humber Defence Deanery</p>
<p>In which specialty area is your first F1 placement</p>	<p>Medicine: General (internal) medicine Medicine: Acute internal medicine Medicine: Anaesthetics Medicine: Cardiology Medicine: Clinical radiology Medicine: Emergency medicine Medicine: Endocrinology and diabetes Medicine: Gastro-enterology Medicine: Sexual health/Genito-urinary medicine Medicine: Geriatric medicine Medicine: Infectious Diseases Medicine: Intensive care medicine Medicine: Neurology Medicine: Rehabilitation medicine Medicine: Renal medicine Medicine: Respiratory medicine Medicine: Rheumatology Medicine: Other Medical specialty Paediatrics: Medicine Paediatrics: Surgery Surgery: General surgery Surgery: Cardio-thoracic surgery Surgery: Neurosurgery Surgery: Ophthalmology Surgery: Otolaryngology Surgery: Plastic surgery Surgery: Trauma and orthopaedic surgery Surgery: Urology Surgery: Vascular surgery Surgery: Other surgical specialty Obstetrics and gynaecology Psychiatry General Practice Other</p> <p>Please give more details if appropriate</p>

Preparedness for specific activities

The following questions ask how prepared you have felt to carry out a number of activities since starting F1. Please indicate how much you agree or disagree that you felt prepared to do each of the following independently, without direct supervision.	
I felt prepared to maintain handwritten or electronic patient notes I felt prepared to seek advice in a situation of clinical uncertainty I felt prepared to complete discharge documentation I felt prepared to prescribe medication I felt prepared to carry out venepuncture I felt prepared to prescribe and administer oxygen I felt prepared to carry out a peak expiratory flow respiratory function test I felt prepared to carry out immediate life support I felt prepared to set up an infusion I felt prepared to take, or instruct patients how to take, a swab (nose, throat, skin, wound) I felt prepared to carry out intravenous cannulation I felt prepared to prepare and administer injectable (intramuscular, subcutaneous, intravenous) drugs I felt prepared to carry out arterial blood gas and acid base sampling in adults I felt prepared to take blood cultures I felt prepared to carry out blood transfusion I felt prepared to carry out a 3- and 12-lead electrocardiogram (ECG) I felt prepared to carry out urethral catheterisation (male or female) I felt prepared to carry out nasogastric tube placement I felt prepared to make an initial assessment of a patient's problems I felt prepared to manage symptoms of patients who are at the end of life I felt prepared to discuss a patient's care and treatment with them I felt prepared to break bad news to a patient I felt prepared to discuss DNAR decisions with colleagues, patients or next of kin I felt prepared to support families when patients are at the end of life I felt prepared to complete a death certificate	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Phase 1 and 2

Overall preparedness

How much do you agree with the statement 'I felt adequately prepared for my [FiY1/first F1] post'?	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
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Work intensity

How would you rate the overall intensity of your work in the last three weeks?	Very light Light About Right Heavy Very heavy
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Experience of Uncertainty

These questions ask about the type of clinical situations you have been in during the last three weeks. In the last three weeks, how often have you been in situations...	
... where the nature of a patient's symptoms was not clear to you? ... where it was not clear what the desirable course of action for a patient would be? ... where you did not know what the outcome would be for a patient? ... which challenged your expectations of what medicine can achieve? ... where it was not possible to diagnose or manage a patient definitively? ... where it was not clear what the desirable outcome for a patient would be? ... which challenged your expectations of how healthcare professionals should act? ... where you felt that no-one knew the right course of action to take for a patient? ... where you did not know what other healthcare professionals expected of you?	Never Rarely (no more than once or twice a week) Regularly (at least several times a week)

Perceived Stress Scale ¹

In the last three weeks... ...how often have you been upset because of something that happened unexpectedly? ... how often have you felt that you were unable to control the important things in your life? ... how often have you felt nervous and "stressed"? ... how often have you felt confident about your ability to handle your personal problems? ... how often have you felt that things were going your way? ... how often have you found that you could not cope with all the things that you had to do? ... how often have you been able to control irritations in your life? ... how often have you felt that you were on top of things ... how often have you been angered because of things that happened that were outside of your control? ... how often have you felt difficulties were piling up so high that you could not overcome them?	Never Almost never Sometimes Fairly often Very often
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Anxiety ²

I feel tense or 'wound up'	Most of the time A lot of the time From time to time, occasionally Not at all
I get a sort of frightened feeling as if something awful is about to happen	Very definitely and quite badly Yes, but not too badly A little, but it doesn't worry me Not at all
Worrying thoughts go through my mind	A great deal of the time A lot of the time From time to time but not too often Only occasionally
I can sit at ease and feel relaxed	Definitely Usually Not often Not at all
I get a sort of frightened feeling like 'butterflies' in the stomach	Always Often Sometimes Seldom Never/almost never
I feel restless as if I have to be on the move	Very much indeed Quite a lot Not very much Not at all
I get sudden feelings of panic	Very often indeed Quite often Not very often Not at all

Depression ²

I still enjoy the things I used to enjoy	Definitely as much Not quite so much Only a little Hardly at all
I can laugh and see the funny side of things	As much as I always could Not quite so much now Definitely not so much now Not at all
I feel cheerful	Not at all Not often Sometimes Most of the time
I feel as if I am slowed down	Nearly all the time Very often Sometimes Not at all
I have lost interest in my appearance	Definitely I don't take so much care as I should I may not take quite as much care I take just as much care as ever

I look forward with enjoyment to things	As much as ever I did Rather less than I used to Definitely less than I used to Hardly at all
I can enjoy a good book or radio or TV program	Often Sometimes Not often Very seldom

Work burnout ³

Is your work emotionally exhausting? Do you feel burnt out because of your work? Does your work frustrate you?	To a very high degree To a high degree Somewhat To a low degree To a very low degree
Do you feel worn out at the end of the working day? Are you exhausted in the morning at the thought of another day at work? Do you feel that every working hour is tiring for you? Do you have enough energy for family and friends during leisure time?	Always Often Sometimes Seldom Never/almost never

Personal Burnout ³

How often do you feel tired? How often are you physically exhausted? How often are you emotionally exhausted? How often do you think: 'I can't take it anymore'? How often do you feel worn out? How often do you feel weak and susceptible to illness?	Always Often Sometimes Seldom Never/almost never
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NB, anxiety, depression and burnout subscales were mixed on the page.

Tolerance of ambiguity in medical students and doctors (TAMSAD) ⁴

This page asks how you feel about ambiguity in your clinical practice. Please indicate which response most applies to you for each statement.	
<p>I have a lot of respect for consultants who always come up with a definite answer</p> <p>I would enjoy tailoring treatments to individual patient problems</p> <p>I would be comfortable if a clinical teacher set me a vague assignment or task</p> <p>A good clinical teacher is one who challenges your way of looking at clinical problems</p> <p>What we are used to is always preferable to what is unfamiliar</p> <p>I feel uncomfortable when people claim that something is 'absolutely certain' in medicine</p> <p>A doctor who leads an even, regular work life with few surprises, really has a lot to be grateful for</p> <p>I think in medicine it is important to know exactly what you are talking about at all times</p> <p>I feel comfortable that in medicine there is often no right or wrong answer</p> <p>A patient with multiple diseases would make a doctor's job more interesting</p> <p>I am uncomfortable that a lack of medical knowledge about some diseases means we can't help some patients</p> <p>The unpredictability of a patient's response to medication would bring welcome complexity to a doctor's role</p> <p>It is important to appear knowledgeable to patients at all times</p> <p>Being confronted with contradictory evidence in clinical practice makes me feel uncomfortable</p> <p>I like the mystery that there are some things in medicine we'll never know</p> <p>Variation between individual patients is a frustrating aspect of medicine</p> <p>I find it frustrating when I can't find the answer to a clinical question</p> <p>I am apprehensive when faced with a new clinical situation or problem</p> <p>I feel uncomfortable knowing that many of our most important clinical decisions are based upon insufficient information</p> <p>No matter how complicated the situation, a good doctor will be able to arrive at a yes or no answer</p> <p>I feel uncomfortable when textbooks or experts are factually incorrect</p> <p>There is really no such thing as a clinical problem that can't be solved</p> <p>I like the challenge of being thrown in the deep end with different medical situations</p> <p>It is more interesting to tackle a complicated clinical problem than to solve a simple one</p> <p>I enjoy the process of working with a complex clinical problem and making it more manageable</p> <p>A good job is one where what is to be done and how it is to be done are always clear</p> <p>To me, medicine is black and white</p> <p>The beauty of medicine is that it's always evolving and changing</p> <p>I would be comfortable to acknowledge the limits of my medical knowledge to patients</p>	<p>Strongly disagree</p> <p>Disagree</p> <p>Neutral</p> <p>Agree</p> <p>Strongly agree</p>

Professional identity⁵

<p>These questions ask you how you feel about being a doctor at the moment. Think about how you feel about the group 'doctors' in general and indicate the response that most reflects how you feel.</p>	
<p>Ingroup ties I have a lot in common with doctors. I feel strong ties to doctors. I find it difficult to form a bond with doctors. I don't feel a sense of being 'connected' with doctors.</p> <p>Centrality I often think about the fact that I am a doctor. Overall, being a doctor has very little to do with how I feel about myself. In general, being a doctor is an important part of my self-image. The fact that I am a doctor rarely enters my mind.</p> <p>Ingroup affect In general, I'm glad to be a doctor. I often regret that I am a doctor. I don't feel good about being a doctor. Generally, I feel good when I think about myself as a doctor.</p>	<p>Disagree strongly Disagree a little Neither agree nor disagree Agree a little Agree strongly</p>

Phase 3 interview guide

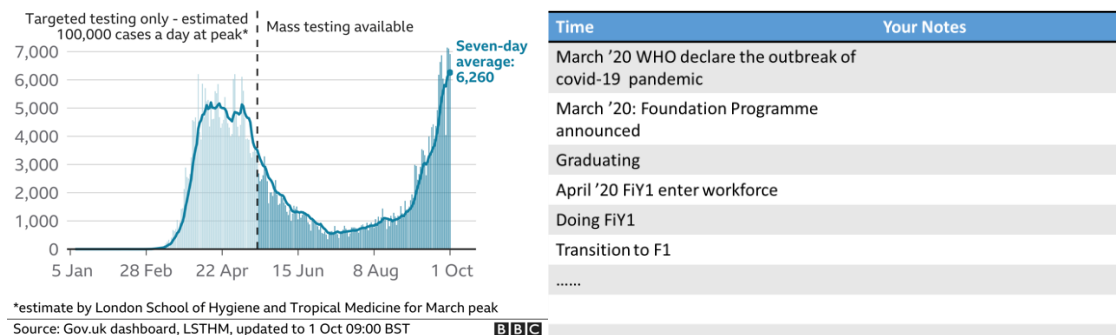
The interview guide was the basis for interviews in October-November 2020. Being semi-structured, the sequence and wording of questions and prompts varied between individual interviews, and not all completed the timeline task, but all interviews covered the same main points.

Introduction

- Thank you for your time. [Acknowledge extraordinary Covid context (do you feel you are in a safe/comfortable space and happy to talk?)]
- Aim of project: main UK project to draw on your experience to improve training.
- Aim of interview: walk through your work and experiences since the pandemic using the timeline
- No right answers, confidentiality
- This interview should last around 60 minutes – but flexible to how much you want to say!
- Go through consent form if needed
- Any questions before we begin?

Timeline task

- We begin with a task. Use the 'timeline' of the pandemic and annotate it with:
 - a) your key events e.g. graduation, FiY1, F1, holiday
 - b) a line representing your degree of learning/development.
 - c) a second line representing your degree of wellbeing.
 - d) how (if it at all?) does your 'wellbeing' and 'learning' line differ from the pandemic one? why?



- Please talk me through your timeline.
 - What were you doing then?
 - What were you learning?
 - How did that affect your wellbeing?

Graduating

- What was your experience of graduating (early)?
 - What were your hopes/concerns (in relation to graduating early and starting FiY1)?
 - How did your experience compare with others? e.g. who graduated earlier/later.

Applying for FiY1

- How did you decide whether or not to apply for FiY1?
- What specific factors affected your decision?
- How did that compare with your peers?
- What was your experience of the process?

Doing FiY1

- Where were you working as an FiY1?
 - What did you do?
 - To what extent were you responsible for the care of Covid patients?
 - What was the main focus of your activity? e.g. learning, clinical service?

- What were the most challenging / most positive/ memorable experiences?
- What was the impact on your learning/wellbeing?
 - What tools have helped/hindered you? e.g. technology, handbooks, mnemonics
 - Who did you work most closely with?
 - What unspoken rules, etiquette and codes of conduct were you aware of?
- How did your role compare with that of the F1 doctor you were buddied with?
- How prepared did you feel for FiY1?
- To what extent did you feel like a doctor in this role?
- In what ways did the training you received prepare you?
 - What form of training was effective/ineffective and why?

Transition to F1

- What was your experience of the transition to F1?
 - What was the main focus of your activity on starting F1? e.g. learning, clinical service.
 - What tools helped/hindered you? e.g. technology, handbooks, mnemonics
 - Who do you work most closely with?
 - What unspoken rules, etiquette and codes of conduct are you aware of as an F1?
- How does your F1 role differ to an FiY1 role?
 - How prepared did you feel for F1 (after FiY1)?
 - To what extent did you feel like a doctor at the start of F1, having done (or not) FiY1?
- What factors shaped your transition to F1?
- How does your experience compare to peers who did (or didn't) do FiY1?

Looking back

- What are your reflections on your transition from medical student to doctor?
- If you could go back, would you make the same choice (apply/not apply to FiY1)?
 - Why?

Looking forward

- In what ways do you think your experiences have shaped your future e.g. perceptions of medicine, specialty choice?
- Is there anything you would like to add?
- Thank you for your time

References for Appendix A

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Appendix B: Summary of demographic effects

The inclusion of covariates in regression analyses identified a number of consistent effects of demographic variables. These effects, drawing on analysis of Phase 1 data from the first questionnaire only, are shown in table C1.

Male respondents indicated lower stress and burnout, and were less likely to be at risk of anxiety than women. White respondents indicated lower stress than BAME respondents. There were no effects on depression.

On identity measures, older respondents indicated lower ingroup ties – the perceived bond to the group – than younger respondents. There were no effects on centrality or ingroup affect.

Table C1. Summary of effects of demographic variables on wellbeing scales

	Stress ^a	Work Burnout ^a	Personal Burnout ^a	Anxiety ^b	Ingroup Ties ^a
Gender Male compared to female	$\beta=-2.14$ (CI -3.20 to -0.97) ***	$\beta=-5.67$ (CI -9.09 to -2.24) **	$\beta=-7.95$ (CI -11.38 to -4.51) **	OR=0.20 (CI 0.05 to 0.58) **	
Age Group 25 and over compared to under 25					$\beta=-0.18$ (CI -0.35 to -0.02) *
Ethnicity White compared to BAME	$\beta=-1.62$ (CI -3.06 to -0.19) **				

^a Numbers are regression coefficients and 95% confidence intervals from multiple linear regression and indicate the difference in scores between groups.

^b Numbers are the odds ratio and 95% confidence interval from multiple logistic regression. Odds ratios lower than one indicate a lower chance of meeting the threshold of risk.

* $p<0.05$, ** $p<0.01$, *** $p<0.001$

Appendix C: Foundation school and medical school of questionnaire respondents

Signed up participants by Medical School

The table shows the number of participants who signed up to the study from different medical schools, whether they indicated they were doing FiY1 or not, or had not yet graduated when they signed up. The 'total eligible FiY1' figure indicates the number of graduates from each school who received provision registration in the period of FiY1.

Medical School	Total eligible FiY	Signed up - FiY1	Signed up - non-FiY	Signed up - not yet graduated	% FiY1 signed up
Aberdeen	155	28	0	1	18%
Barts and The London	178	31	4	2	17%
Birmingham	222	22	6	0	10%
Brighton and Sussex	98	10			10%
Bristol	208	63	4	3	30%
Buckingham	32	5	1	1	16%
Cambridge	222	44	1	0	20%
Cardiff University	217	26	20	3	12%
Dundee	106	17	2	0	16%
Edinburgh	189	35	2	0	19%
Exeter	110	33	6	3	30%
Glasgow	218	42	2	1	19%
Hull York Medical School	88	24	0	0	27%
Imperial College London	216	25	2	0	12%
Keele University	92	20	2	1	22%
King's College London	302	41	3	0	14%
Lancaster	39	6	0	0	15%
Leeds	180	49	6	0	27%
Leicester	120	21	3	0	18%
Liverpool	23	4	1	0	17%
Manchester	355	57	0	1	16%
Newcastle University	290	126	4	1	43%
Norwich Medical School	110	22	9	2	20%
Nottingham	264	37	9	2	14%
Oxford	130	6	1		5%
Plymouth University	89	23	2	1	26%
QUB	233	69	2	1	30%
Queen Mary, London	155				
Sheffield	248	41	6	1	17%
Southampton	140	30	3	1	21%
St. George's, London	148	38	18	4	26%
Swansea	66	11			17%
UCL	259	26	2		10%
Uclan	20				0%
Warwick	8	7		1	88%
Not given	0	15	0	1	

Questionnaire respondents by Foundation School

This table shows the number of FiY1 respondents who signed up to the study from each Foundation School, the number of actual F1 posts filled in those Foundation Schools (data from UKFPO), and the percentage of those posts from which responses were received.

Foundation School	Signed up	Actual FiY1 posts	% signed up
East Anglia	40	243	16%
Essex, Bedfordshire & Hertfordshire	30	180	17%
Leicester, Northamptonshire & Rutland	17	99	17%
North Central and East London	35	239	15%
North West	52	165	32%
North West London	15	488	3%
Northern	127	266	48%
Northern Ireland	70	213	33%
Oxford	9	178	5%
Peninsula	40	115	35%
Scotland	111	552	20%
Severn	54	198	27%
South Thames	79	547	14%
Trent	17	125	14%
Wales	13	136	10%
Wessex	32	193	17%
West Midlands Central	24	92	26%
West Midlands North	19	157	12%
West Midlands South	8	53	15%
Yorkshire & Humber	117	423	28%

Appendix D: Regression coefficients for effects of ambiguity on wellbeing scales

Regression coefficients for exposure to types of uncertainty associated with changes in wellbeing measures

Have you experienced events where...	Stress	Personal burnout	Work burnout
...the nature of a patient's symptoms was not clear to you	2.59 (CI 0.66 to 4.53)**	6.66 (CI 1.34 to 3.65)*	5.75 (CI 1.34 to 3.65)*
...it was not clear what the desirable course of action for a patient would be	2.81 (CI 1.21 to 4.40)***	7.65 (CI 1.34 to 3.65)**	6.26 (CI 1.34 to 3.65)**
...you did not know what the outcome would be for a patient	2.44 (CI 0.64 to 4.26)**	5.94 (CI 1.34 to 3.65)*	8.04 (CI 1.34 to 3.65)**
...challenged your expectations of what medicine can achieve	1.69 (CI 0.27 to 3.10)*	5.42 (CI 1.34 to 3.65)**	5.85 (CI 1.34 to 3.65)**
...it was not possible to diagnose or manage a patient definitively	3.00 (CI 1.38 to 4.62)***	4.91 (CI 1.34 to 3.65)*	5.25 (CI 1.34 to 3.65)*
...it was not clear what the desirable outcome for a patient would be	2.30 (CI 0.99 to 3.62)***	4.99 (CI 1.34 to 3.65)*	5.96 (CI 1.34 to 3.65)**
...challenged your expectations of how healthcare professionals should act	1.82 (CI 0.69 to 2.96)**	4.08 (CI 1.34 to 3.65)*	5.34 (CI 1.34 to 3.65)**
...you felt that no-one knew the right course of action to take for a patient	1.69 (CI 0.56 to 2.82)**	4.56 (CI 1.34 to 3.65)**	5.15 (CI 1.34 to 3.65)**
... you did not know what other healthcare professionals expected of you	4.27 (CI 3.12 to 5.43)***	9.47 (CI 1.34 to 3.65)***	11.58 (CI 1.34 to 3.65)***

Appendix E: Demographics of free text journal respondents

Demographics of respondents who completed the free text journal.

Gender	FiY1 region	Stated ethnicity	Age group
Female	England (North)	Not given	Under 25
Female	England (North)	Not given	31-35
Male	England (South)	White	Under 25
Female	England (South)	White	25-30
Female	England (South)	White	Under 25
Female	England (South)	White	Under 25
Female	England (South)	White	25-30
Male	England (South)	Other	Under 25
Female	Northern Ireland	White	Under 25
Male	England (South)	Other	Under 25
Male	Northern Ireland	White	Under 25
Female	Northern Ireland	White	Under 25
Female	England (North)	White	Under 25
Female	England (South)	White	31-35
Male	England (North)	White	Over 35
Female	England (North)	White	25-30
Male	Northern Ireland	Other	25-30
Male	England (South)	White	31-35
Female	Scotland	White	Under 25
Female	England (North)	White	25-30
Male	England (South)	White	Under 25
Male	Northern Ireland	White	Under 25
Male	Scotland	White	25-30
Female	England (North)	Other	Under 25
Male	England (South)	White	Under 25
Female	England (South)	White	Under 25
Male	England (South)	Other	25-30
Female	England (North)	White	Under 25
Female	England (South)	Other	25-30
Female	Northern Ireland	White	Under 25
Female	England (North)	White	25-30
Male	England (South)	Other	25-30
Male	England (South)	White	25-30
Female	England (South)	White	25-30
Male	England (North)	White	Under 25
Female	England (South)	White	Under 25
Female	England (North)	White	Under 25
Female	Scotland	Other	Under 25
Male	Scotland	Other	25-30
Male	England (North)	Other	Under 25
Female	England: NW	White	Under 25
Female	England (North)	White	Under 25
Male	England (North)	White	25-30
Female	Scotland	White	25-30
Female	England (North)	White	25-30