

## PREFACE

It is 7 a.m., second week in January, I walk into a room full of 50 noticeably nervous, and fresh faced first-day interns. Yesterday they were graduated medical students with their Bachelors of Medicine and Surgery - today they are 'doctors' and will be for the rest of their lives. In this hospital for the next year, as conditionally registered doctors by the State Medical Board, they will be under careful supervision and guidance by the senior doctors. They will be enrolled in a junior doctor training program. The next twelve to twenty-four months will be a time of significant professional and personal change for them.

It is now 1:00 p.m., and I walk into a room of several junior house officers (JHOs) who could get away from their ward duties for a non-compulsory medical seminar. The changes that many of the JHOs (which refers to the second year of medical training after the first year of internship) have gone through in the previous twelve months will parallel what the interns from the morning will go through as well. I have seen at least 150 interns start their first year in this hospital and now several years later they have progressed to registrars and are studying to be specialist consultants.

What is it, then, that doctors encounter in their graduate and postgraduate training that shapes them in particular ways as identifiable medical professionals? How is medical culture perpetuated and imbued in these human subjects? How do they shape themselves in relation to the many overt and unwritten (and indeed unspoken) demands and expectations of becoming a doctor? For my own purposes importantly, what set of analytic tools enable such an investigation of such a complex institutional phenomenon? A phenomenon that is not accessible as evidential research data, evidence or culture in any hospital policy guidelines, university calendar, or rulebook. These questions guide the research I report in this book.

Traditional research on early medical professional development has focussed on medical students, but usually it stops there. Working from a sociological framework with a focus on medical practice, this book examines the link between the first two years of medical practice and future professional life as a doctor. Early professional socialisation (or development) is seen as a fundamental process for the doctor, medical culture and health care of patients. What this volume describes and analyses are a range of cultural forces that impinge on the development for doctors learning about being a 'doctor' and how to survive in the medical system. Central to this analysis is Pierre Bourdieu's sociological framework and his concept of *habitus*. My aim here is to highlight and describe the complex and interwoven processes of internalising a particular medical habitus, to document structures and discourses that junior doctors (the first two postgraduate years are referred to as junior doctors) enter when they finish medical school. This is just the first step in their professional development.

Research has tended to generalise and universalise findings about medical students into claims about their professional lives as doctors. There are also studies

of doctors' attitudes, beliefs and practices as mature professionals. This book looks at the interface between initial training and career. This book is based on research that is an in-depth exploration of the experiences of Australian intern and Junior House Officers during their first two years of professional development. Here I want to challenge many of the myths of the medical cultural experiences and 'socialising' forces that are an integral part of early medical training. Bourdieu's theory of habitus is reconceptualised and applied to a domain of inquiry outside traditional sociological areas of interest such as family, social class or education. This volume is a theoretical and qualitative exploration of the concept of habitus as related to the professional development process of junior doctors.

The evidence here suggests that the weight of the medical culture and the unconscious and structuring habitus developed through institutional and medical/professional practices and 'codes of conduct', are mutually reinforcing in the 'construction' and shaping of a particular kind of medical professional: the junior doctor. The sociological research on interns' and junior house officers' (junior doctors') medical training primarily using sociological concepts to analyse the medical culture has indeed been lacking. Here I analyse the cultural developmental experiences of junior doctors to see how professional cultural change in junior doctors accounts for change across the first two years of their early hospital work. There are qualitative interviews at two distinct training points: the entry point, at the first weeks of internship and second year and at the exit point (after twelve months) of the medical training years. I also describe how through an analysis of videotaped medical and surgical ward rounds much of the video themes complement that of the interviews.

I suggest that as part of the professional development process, junior doctors are learning to become 'social doctors' as opposed to 'clinical doctors' through the training experiences within the medical culture. In these pages we read about and are drawn into the world of doctors we know as patients, colleagues, friends, admired professionals and relatives.