

Editorial

The Transition from Medical Student to Resident Physician and the Importance of Potentially Relevant Actors

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The transition from medical student to resident physician has always represented a special stage of medical training. It is a time of managing the anxieties inherent in suddenly becoming a physician, bearing responsibility for one's personal learning process, handling professional relationships with the entire healthcare team, and growing toward the main goal and ultimate purpose of the physician: care and communication with the patient and their family environment. From all of this arises the recurring question: *Is one truly prepared for this upon entering medical residency, and who are the individuals that provide help or support during this stage?*

Directors of medical residency programs in different specialties, together with several actors involved at various levels of formative responsibility and supervision during this period of service-based training, face the increasingly frequent problem of burnout, or significant psychophysical exhaustion, with a high emotional impact, which often becomes critical at this stage, just as daily clinical training begins ^(1,2,3).

Performing bedside procedures, such as the placement of catheters, tubes, venous access lines, and other diagnostic and therapeutic clinical procedures, requires knowledge, reasoning, practice, and even the development of physical or manual skills with self-confidence, all accompanied by the need for support from the surrounding healthcare team ⁽⁴⁾. In this regard, nursing professionals play an important and friendly psychosocial role in supporting the learning and affirmation process of the resident physician, especially during the first year. However, there is no structured implementation, internalization, or specific evaluation of this stage.

Identifying and valuing the contribution of relevant actors who could strengthen both the initial technical-procedural medical training and the support for knowledge consolidation in this

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first stage is important as a potential role in the training and gradual affirmation of the young physician who is beginning their formative path.

In this sense, the reflective contribution of the qualitative study reported and published in this issue of *Anales de la FCM-UNA*: “*The Role of Nursing in Medical Training: The Hidden Teacher*” becomes particularly interesting.

It is important to recall that for years there has been an emphasis on the teaching-learning approach based on fostering collaborative learning. Among the many perspectives in this regard, we highlight what Casamayor G. ⁽⁵⁾ states, namely, that collaborative learning allows students to develop the transversal competencies necessary for professional development, such as time management, communication, problem solving, and decision making, which, in addition, may promote innovative and creative capacity and, ultimately, foster greater depth in learning. All of this is particularly significant and real throughout medical training, since medical practice essentially constitutes a necessarily team-based activity.

Therefore, training for this purpose must be developed from the undergraduate stage and, needless to say, structurally addressed from the initial stage of training in the basic or core specialties: Internal Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, and Family Medicine.

Identifying and valuing potential learning spaces, including those not explicitly defined or “hidden”—the hidden curriculum ⁽⁶⁾ or, indeed, the “hidden teacher”—certainly constitute a pedagogical challenge, and a responsibility, for the various actors in medical training and, in particular, for the young physician.

Educational interventions that support the acquisition of knowledge and skills in this transition from student to “doctor” are therefore necessary to be explored within research in the very specific field of medical education.

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