



**The Dermatologist Identity Crisis:
A phenomenological analysis of dermatology trainee
professional identity during generalist redeployment**

Journal:	<i>Clinical and Experimental Dermatology</i>
Manuscript ID	CED-2021-1170.R2
Manuscript type:	Original Article
Date Submitted by the Author:	15-Dec-2022
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Abbreviated Abstract

Dermatology trainee professional identity is influenced by inter-specialty relationships, clarity of role and sense of purpose. This study examines what it means to be a dermatologist, for trainees, and how they see their future in times of change. It provides recommendations on delivering effective dermatology trainee redeployment in times of crisis.

For Peer Review

[Typesetter: Please use Figure 2 for the graphic TOC/teaser text.]

AW 29.12.22

21_1170

Short title running head: Dermatology trainee professional identity during redeployment

Authors running head: J. Guckian et al.

Running section head: Original article

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Accepted for publication 19 December 2022

Original article

ORCID ID: Not supplied

Teaser text (Figure 2)

Dermatology trainee professional identity is influenced by interspecialty relationships, clarity of role and sense of purpose. This study examines what it means to be a dermatologist for trainees and how they see their future in times of change. It provides recommendations on delivering effective dermatology trainee redeployment in times of crisis.

The dermatologist identity crisis: a phenomenological analysis of dermatology trainee professional identity during generalist redeployment

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Abstract

Background. Dermatology faces a workforce crisis against a backdrop of wider medical education shifts towards generalism. A pivot towards generalism may have an impact on dermatology trainee professional identity, which, to our knowledge, has not been investigated and is known to have an impact on competence and conceptualization of ethics among physicians. Disruption because of the COVID-19 pandemic led to dermatology trainee redeployment and therefore presents a unique opportunity to examine dermatology trainee professional identity during times of pressure.

Aim. To identify the impact of COVID-19 redeployment on dermatology trainee professional identity, the factors influencing identity and whether such factors affect trainees’ perceptions about their future careers.

Methods. Ten trainees were purposively recruited to the study. Data were collected through semistructured interviews and were analysed phenomenologically using the template analysis method. Central and integrative themes were identified.

Results. Three central themes were identified: trainee identity and values; redeployment transitions; and future clarity. Three integrative themes were found: tribes; sense of purpose; and uncertainty. Trainees see competence and community as central to the dermatologist identity. Most trainees experienced a reaffirmation of their prior values, psychologically retreating to close-knit communities. However, some underwent disorienting dilemmas, later reflecting on their futures as dermatologists.

Conclusion. Healthcare crises may have a significant impact on dermatology trainee professional identity and may lead to reaffirmation of prior tribal values or disorienting reflection upon future career trajectories. Improved support among diverse communities, minimization of uncertainty and fostering a sense of purpose among trainees may aid identity enrichment and safeguard the future dermatology consultant workforce.

Introduction

The UK National Health Service (NHS) has faced numerous recent crises concerning resources, ageing populations and the COVID-19 pandemic.¹ Physician training has been quietly shaped by such turbulence, significantly through a pivot towards generalism. The

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3 'NHS Long Term Plan' aimed to 'accelerate the shift from a dominance of highly specialised
4 roles to a better balance with more generalist ones'.² The General Medical Council tied
5 generalism to workforce sustainability during disruption.³ The Health Education England
6 Future Doctor Programme envisioned generalist dominance of training, founding 'generalist
7 schools'⁴ and revising higher specialty curricula.

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12 Dermatology will not avoid shifts to pluripotent health clinicians. We are in a
13 recruitment crisis, as the All-Party Parliamentary Group on Skin recommended increasing
14 England staffing levels by 28% to meet population needs.⁵ Changes to the professional
15 identity of the future dermatologist will have unknown consequences. Professional identity is
16 'a representation of self... during which the characteristics, values and norms of the medical
17 profession are internalized, resulting in... thinking, acting, and feeling like a physician'.⁶
18 Professional identity underpins competence, safety, professional judgements and
19 conceptualization of ethics; higher-level capabilities introduced in the new 2021 dermatology
20 curriculum. Identity may play a role in specialty or subspecialty decision making, with
21 implications for workforce planning. Self-perception as a generalist or specialist may have
22 an impact on dermatology trainee identity formation, yet, to our knowledge, there has never
23 been a study of this phenomenon.

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33 Against the backdrop of this identity crisis, the COVID-19 pandemic wrought further
34 chaos, particularly concerning redeployment. Elective surgery and outpatient clinics were
35 postponed and junior doctors were redeployed from regular rotations to new wards, resulting
36 in unprecedented interruptions to medical training.^{7,8} Redeployed doctors expressed shame,
37 dread and fears about deskilling, fearing burnout and poor job performance.^{7,9,10}

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42 Exploration of such disruptive transitions is pertinent for dermatology trainees, often
43 redeployed to entirely new generalist wards without recent training or appropriate
44 preparation.¹¹ Crucially, redeployment also presents a unique opportunity to examine
45 dermatologists' professional identity. Understanding what it means to be a dermatologist and
46 relationships with generalist colleagues during pressured periods may inform workforce and
47 educational policy as we move towards generalism.

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52 We aimed to identify the impact of COVID-19 redeployment upon dermatology
53 trainees' professional identity, with three research questions.

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57 (i) What has been the impact of COVID-19 redeployment upon dermatology
58 trainee perceived professional identity?
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- (ii) Which redeployment factors influenced professional identity transition in positive or detrimental ways?
- (iii) How may changes to professional identity alter dermatology trainees’ attitudes regarding their future practice?

Materials and methods

Methodological rationale

Phenomenology is a qualitative methodology exploring how the lived experiences of participants generates meaning, while understanding the ‘bigger picture’ (Table 1). Phenomenology has been used to explore complex phenomena related to medical education and dermatology patient experiences.^{12–15} It is well established in medical education in exploring professional identity.^{16,17}

Data collection

Dermatology specialist trainees redeployed from clinical practice from March until August 2020 were recruited (Appendix S1, see Supporting Information). Purposive sampling aimed to capture experiences across regions and demographics. Semistructured interviews, via video call, explored and developed rich understanding of the phenomenon (redeployment) and enabled a conversation with participants around the meaning of experiences (Appendix S2, see Supporting Information).¹⁸ Interviews were conducted by one dermatology trainee and two medical doctors with training in semistructured interviews. Interviews continued until saturation was reached and no new information was discovered through analysis.

Analysis

Template analysis was applied to interview transcripts. This is a high-quality method of understanding phenomenological research (Table 1).^{18–20} Two researchers (N.Y.M. and K.M.) reviewed the first four transcripts and iteratively generating a priori hierarchical themes through discussion.¹⁹ This initial template (Figure 1) was reviewed by the research group and underpinned further analysis. Each remaining interview was analysed by two researchers, applying and revising the original as thematic understanding was developed. A final central theme template (Figure 1) was developed.

A ‘holistic’ understanding of the data was gathered via development of integrative themes; themes permeating across all hierarchical codes in the template.^{20–23} To improve

credibility and trustworthiness, field notes and reflexive journals were recorded to provide audit trails. Group discussion ensured reflexivity and member checking was undertaken.

Results

Data saturation was achieved at 10 participants; educational and demographic characteristics are detailed in Table 2.

Themes

Three central themes were identified: trainee identity and values; redeployment transitions; and future clarity. Supportive quotes are provided in Table 3. Three integrative themes cut across central themes: uncertainty; tribes; and sense of purpose.

Trainee identity and values

Sense of self as a dermatologist

Trainees cited qualities associated with dermatologists, including 'technical' and 'niche' skills, demand for 'life-long learning' and 'competence'. They associated a sense of purpose with dermatology. Trainees felt expertise mattered to patients, professionals and society. Participants identified as part of a 'close-knit' community. Dermatology was cited as a 'supportive' specialty, with regular supervision and discussion. Trainees valued support networks and noted it set the specialty apart, sometimes physically, from other departments.

Relationships between dermatology and other specialties

That trainees felt 'cut off' from other hospital environments led to attitudes that other clinicians had a poor understanding of dermatologists' roles. Although trainees used this as an opportunity to 'educate' their peers about dermatology, they used defensive language to advocate for dermatology, feeling they had 'something to prove'. This led to reaffirmation of prior tribal identities.

Conversely, one redeployed trainee highlighted how their identity had shifted closer to that of a generalist. Strengthened by recency of core medical training their sense of competence was not exclusively tied to the specialist nature of dermatology, comfortably drifting between tribes. They advocated for a stronger relationship between dermatology and general medicine, to the extent of dual accreditation for dermatologists.

Redeployment transitions

Many practical and reflective factors had an impact on professional identity (Figure 2).

Educational fulfilment

Redeployed wards were ‘overstaffed’, contributing to frustration that time away from dermatology was an educational ‘waste’. Time off training and loss of ‘e-portfolio opportunities’ led to educational anxiety. Senior trainees described ‘a big step backwards’ by returning to general medicine, accompanied by loss and that their ‘achievement’ of getting into dermatology had been stripped away.

Supported reflection was rare, with the only reports of conscious, guided reflection occurring among small groups of redeployed dermatologists. However, some trainees encountered busy, well-supported or even ‘challenging’ redeployment environments and felt growth and positive change. Given responsibilities like leading ward rounds or supervising juniors, trainees felt ‘resilient’ and ‘adaptive’.

One trainee faced conflicts with junior members of their team and recounted actions taken towards conflict resolution, which aided leadership development useful for consultancy. This experience was lived by several participants who viewed identities through the lens of future roles as consultants.

Tensions within communities of practice

All felt subjected to stereotypes related to dermatology during redeployment. This had an impact on identities, feeling self-conscious, defensive or determining to promote dermatology. Trainees responded to negative attitudes by embracing self-appointed roles as ‘champions’ of dermatology, strengthening their dermatologist identities. Many assumed dual roles of medical doctor and ‘unofficial’ dermatologist on call. Some trainees highlighted colleague attitudes or systemic aspects of redeployment that were discriminatory against women.

Trainees felt undervalued, were informed about redeployment days or even hours in advance and highlighted rota concerns and pay disputes. However, those who received positive communication from leaders felt that their work was more rewarding. This was evident among trainees who believed they were contributing to a wider societal effort.

Future clarity

The future of individual careers

Although most described redeployment as reaffirming career trajectories there were exceptions. Prolonged redeployment led to loss of subspecialty time for some causing a perceived dearth of competence and confidence in surgical competencies or subspecialties such as lasers. Participants were concerned about the impact of ‘missed opportunities’ in a ‘short’ training programme: indeed, one trainee no longer saw themselves exploring a career in surgical dermatology.

Alterations to professional identity had real-world, long-term training consequences. One participant had strongly valued professional competence and saw themselves as a ‘high-achieving’ goal-oriented doctor. However, the disorienting dilemma of stepping out of familiar, structured training led to transformative reflections on career pacing. The ‘sudden’ halt of a target-based approach resulted in a shift of identity and priorities and a decision to take more time with training. There was a desire to maintain general medical knowledge, to work more closely with medical doctors and a perception that spending time in medicine may improve competence.

The future of dermatology as a specialty

There was a sense that trainees were returning to dermatology uncertain as to how the community had changed in their absence. Technological interventions such as teledermatology or virtual clinics were viewed with mistrust and ‘hopelessness’ and there was a lack of confidence that teaching in the virtual space would be of a high standard. Uncertainty extended to consultant recruitment and skin cancer service ‘backlogs’.

Discussion

Trainees perceive competence, community and ‘life-long learning’ as central to the dermatologist identity. All participants’ professional identities were affected by transitioning away from training programmes during redeployment. Although most experienced reaffirmation of prior values some underwent disorienting dilemmas and questioned their futures. Factors influencing identity included educational fulfilment, support and relationships with redeployed teams.

Sudden redeployment of trainees with strong preconceptions regarding generalism may have been detrimental to professional identity. This notion is underpinned by the

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concept of identity dissonance. Proposed by Costello,²⁴ this suggests learners encounter new communities of practice and struggle to integrate novel professional identities into that of their prior self. Dissonance is heightened when the new environment challenges existing worldviews and can lead to powerful emotional disruptions, as learners question their value and either adapt to or reject the new professional role.²⁴⁻²⁶

Maintaining pandemic educational fulfilment has been the subject of research.^{27,28} Our findings link trainee educational experience during crises to their sense of purpose, a key facet of identity. When undertaking tasks incoherent with existing values, like nonspecialist work, dermatology trainees experience ‘identity violation’, a disruption of sense of purpose.²⁹ Nurturing structures can guide trainees to manage such violations through ‘identity enrichment’, a process reaffirming self-conceptualization.³⁰ Denied support or mentorship, trainees navigate violations of purpose alone.

Redeployed trainees experience uncertainty, considering themselves ‘Schrodinger’s Residents’.^{9,31} Uncertainty has an impact on professional identity formation, particularly regarding ‘tolerance for ambiguity’ (TFA), the tendency to interpret complex, ambiguous situations as undesirable.³² Low TFA is associated with burnout and negative attitudes towards underserved populations.^{33,34} A higher TFA has been suggested as a predictor of clinical competence among medical students.³⁵ Our cohort, dominated by early-career trainees, raised uncertainty as an issue although more senior registrars were more accepting of ambiguity. As new healthcare crises emerge assisting trainees navigating uncertainty may prove crucial in safeguarding future dermatologist identity.

Questions may be raised regarding whether professional identity should feature in our curricula. The Carnegie Foundation report³⁶ called for professional identity formation to become a ‘pillar’ of medical education, as it promotes professional ethics, facilitates professional regulation and enables confident and competent practice.³⁷ We demonstrate that the dermatologist identity, wedded to values such as competence and belonging, is a fragile concept amongst trainees. This identity requires nurturing through mentorship, stability of work environment and community culture. As health educational policy marches towards a generation of doctors with broader, generalist training, dermatologists must reflect on how the specialty can navigate such change while protecting what it means to be a dermatologist.³⁸ Given the tensions between dermatology registrars and general medical specialties among our cohort the future of this ‘special relationship’ merits scrutiny. Our results indicate that fostering of vocational environments can promote unity among teams during times of disruption.

To our knowledge, this is the first study to examine the impact of redeployment on professional identity or examine dermatologist professional identity. However, limitations exist. Generalization is not the aim of phenomenological research and caution should be applied when considering transferability. Sampling may have missed valuable experiences in certain regions. There is underrepresentation by sex and community in this sample compared with national trainee demographics as a result of participant availability and this may limit transferability. This research was undertaken immediately following the first redeployment wave and may be subject to recency bias.

Similar research could be undertaken to understand the professional identity of other relevant populations during pressured times, including new and senior dermatology consultants.

Conclusion

Healthcare crises may have a significant impact on dermatology trainee professional identity and may lead to reaffirmation of prior tribal values or disorienting reflection upon future career trajectories. Improved support among diverse communities, minimization of uncertainty and fostering a sense of purpose among trainees may aid identity enrichment and safeguard the future dermatology consultant workforce.

What is already known about this topic?

- Since the COVID-19 pandemic there has been a significant shift towards generalism in medical education policy.
- Dermatology trainees transitioned into new clinical areas and roles as a consequence of redeployment measures to address the pressures on the National Health Service.
- Transitions into new learning environments can result in changes to an individual's purpose, attitudes and behaviours – known as their professional identity.

What does this study add?

- Dermatology trainees associate the 'dermatologist identity' with competence, community and life-long learning.
- Professional identity is influenced by interspecialty relationships, clarity of role and sense of purpose.

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- Dermatology trainee professional identity may be safeguarded by fostering community spirit, instilling a sense of vocation and promoting cultures of communication.

Conflict of interest

The authors declare they have no conflicts of interest.

Funding

None.

Ethics statement

Ethics approval: The Faculty of Medical Sciences Research Ethics Committee, Newcastle University, approved this study. Additional approvals were received from the Health Education England Research Governance Panel & NHS Education for Scotland. Informed consent: all participants gave written, informed consent for participation and publication of their case details and images.

Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher's website.

Figure 1 Development of initial theme template and final theme template.

Figure 2 Factors affecting redeployment professional identity transitions.

Table 1 Glossary of relevant educational terminology^{10,18,19}

Term	Definition
Professional identity	The development of one's sense of self in a professional context, often driven by community socialization and involving the formation of professional values.
Socialization	A social, acculturation process occurring within professional groups and environments.
Phenomenology	The study of human experience and individual perception via lived experience. Interpretive phenomenological analysis (IPA) acknowledges that different individuals may live through similar contexts and yet construct meaning differently. IPA uses purposive sampling with small cohorts, usually through semistructured interviews, to gather depth of data.
Template analysis	A flexible form of thematic analysis. A section of data is analysed iteratively for initial themes to generate a template for wider analysis. This template is reviewed and adjusted throughout the analysis process via group discussion.
Rigour	A judgement as to the quality of qualitative research, similar to reliability and validity in quantitative research. This may be made up of a study's credibility, confirmability, transferability and dependability.

Table 2 Participant demographics, educational stage and pseudonyms^a

Pseudonym	Grade	Sex	Ethnicity
Addison	ST3	Woman	White Irish
Brooke	ST4	Woman	White British
Clark	ST4	Woman	White British
Dakota	ST5	Woman	South Asian/White British
Elliot	ST3	Woman	South Asian/British
Frances	ST4	Woman	White 'Other'
Gerry	ST3	Woman	White British
Hillary	ST4	Woman	White British
Ivy	ST6	Man	White British
Jamie	ST3	Woman	White British

ST3, speciality trainee year 3. ^aHealth education region: Yorkshire & Humber (× 3); South West England (× 2); Northern England; South East England; Midlands; Wales; and Scotland.

Table 3 Participant quotes for each central theme

Subtheme	Quote
Sense of self as a dermatologist	‘...patients with chronic skin conditions are massively affected so you do feel when you make them better, you do feel like you really, I feel like I'm really contributing to society as a whole.’ ‘It's quite a collegiate speciality because you definitely benefit from being able to discuss... I don't know many specialties that have that.’
Relationships between dermatology and other specialties	‘He was absolutely shocked that we had any subspecialties within dermatology...so I educated him.’ ‘I don't think they know how competitive it is to get into dermatology and how smart we have to be so I think they just treated me like I was some kind of doll.’ ‘I think COVID has taught us that we're all doctors and having your generic skills is useful.’
Educational fulfilment	‘...to like finally get into Derm to be training in the best place possible for Derm...And then like to go have to clerk people in for UTIs [urinary tract infections]. I was like, NO, this is not part of my professional identity anymore!’ ‘I feel that it's given me some opportunity to develop my leadership skills.’ ‘...building connections and building kind of teamwork and adaptive skills under crisis, under pressure, because that is an important skill to be a consultant dermatologist is working under a pressured environment.’
Tensions within communities of practice	‘I also want to show what dermatology is about and... they need to get rid of some of their expectations of us, that we won't know anything. That we will come on with handbags and we can't do anything.’ ‘I explained to them that there's a dermatology consultant on call... people were first expecting you to be the general medical registrar on call, but then also calling upon you for specialist advice.’ ‘We had one meeting with the clinical lead... where we could reflect on the placement and also he was very thankful to everyone.’

The future of individual
careers

‘And then, I think this has made me go, whoa! Put the brakes on a little bit. Is that really what you should be striving for? The ticks in the box, and the numbers? Isn't now the time to really think about, you know, life.’

‘It might make you a better dermatologist to have really experienced something quite different.’

The future of
dermatology as a
specialty

‘It's just going to have like a big domino effect eventually... I'm not sure if I should or if I will have to extend my training.’

‘The cues that you have when you see someone in person, you don't have anymore. Fine, you can do quite a lot from photographs but you definitely miss something and in terms of learning it is pretty hopeless from what I can see at the moment.’

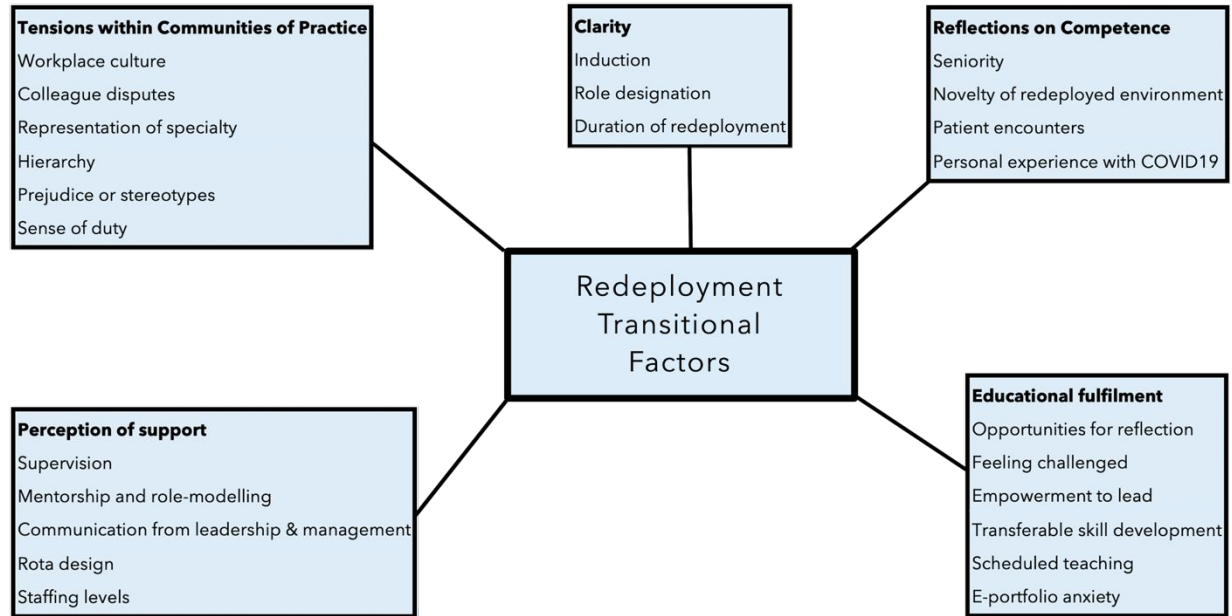
For Peer Review

Central Theme Template 1.0	
1. Emotions	
1.1 Uncertainty	
1.2 Loss	
2. Identity	
2.1 Professional identity	
2.2 Relationship between personal and professional identity	
3. Aspects related to dermatology training	
3.1. Why Dermatology	
3.2. Relationship between Dermatology and General Medicine	
3.3. Negatives of Working Life	
4. The Redeployment Experience	
4.1. Positives of COVID19 redeployment period	
4.2. Navigating Redeployment	
4.3. Returning back to normal post redeployment	
4.4. Challenges of redeployment	



Final Central Theme Template	
A. Trainee Identity & Values	
A1 Sense of self as a dermatologist	
A2 Relationships between dermatology & other specialties	
B. Redeployment transitions	
B1 Educational fulfilment	
B2 Lack of clarity	
B3 Perceptions of support or supervision	
B4 Reflections on competence	
B5 Tensions within communities of practice	
C. Future Clarity	
Individual Careers	
C1 Missed opportunities	
C2 Pragmatic optimism	
C3 Shift in career choices	
C4 Transformative reflections on careers	
Dermatology as a specialty	
C5 Fear for future trainees	
C6 Inevitability over changes to practice	
C7 Mistrust of virtual consultations	

Or Peer Review





Information & Ethical Approval Form

Title of Study: Impact of COVID-19 Redeployment on Dermatology Specialty Trainee

Professional Identity: An Interpretive Phenomenological Analysis

Invitation and Brief Summary

You are being invited to take part in a research study. Before you decide whether or not you wish to take part it is important that you understand why the research is being done and what it will involve. Please read this information carefully and discuss it with others if you wish. Take time to decide whether or not you wish to take part. If you do decide to take part, you will be asked to sign a consent form. However, you are free to withdraw at any time, without giving any reason and without any penalty or loss of benefits.

What is the purpose of the research?

We are conducting interviews as part of a research study to understand how the experience of redeployment due to COVID-19 has affected dermatology registrars across the UK.

The overall aim of our study is to appreciate the challenges faced and the impact upon our professional identity as dermatologists. We also hope to learn from the shared experiences of how redeployment was undertaken in different areas and what could be improved for if redeployment was to be undertaken again in the future. We are also interested in the challenges you envisage upon returning to dermatology training in a greatly changed learning environment.

What does taking part involve?

The interview will take around 30-45 minutes and undertaken via Zoom. Data shall be obtained in the form of audio recordings. We are trying to capture your thoughts and perspectives - your responses to the questions will be kept confidential. This interview may be observed by one or more study researchers in order to ensure that the study is rigorous. There is no compensation for participating in this study. However, your participation will be greatly appreciated and a valuable addition to our research.

The study will consist primarily of the above interview. As a participant, you may be re-contacted following the interview and shown our study analysis. You may be asked to briefly record your reflections on the study at this point. This is to ensure that our research remains rigorous and useful to the research community. This comprises the entirety of the research study and you will not be contacted after this point.

What information will be collected and who will have access to the information collected?

We will initially use your name and contact details [telephone number, address] to contact you about the research study. We will also gather other demographic details in order to inform who will be interviewed, so as to make a relevant sample. The only individuals who will have access to information that identifies you will be individuals who need to contact you to follow up the interviews or audit the data collection process. At the point of interview transcription and analysis, your data will be anonymised. No identifiable details will be present in any publication which arises from this work.

Your data will remain in a secure, password-protected computer and only accessed by the study participants. It will remain in place for 5 years before being destroyed. Your data will not be used for any purpose other than for this study.



Information & Ethical Approval Form

Why have I been invited to take part?

You have been invited to take part as a dermatology trainee who has experienced redeployment as a result of the UK COVID-19 pandemic response.

What are the possible benefits of taking part?

It is unlikely that there will be any direct, immediate benefit to you from taking part in this study. However, by participating in this study, you are contributing to a body of work which may inform future medical education policy regarding redeployment and influence postgraduate dermatology training.

What are the possible disadvantages and risks of taking part?

We recognise that during pandemic redeployment many trainees may have experienced traumatic and challenging experiences, with limited opportunity for structured reflection. During data collection in this study, reliving such experiences may cause upset. You have the right to leave this study at any point, and your data will not be used. If you are experiencing significant stress we ask that you inform your interviewer as soon as possible. With your agreement this distress will be discussed with the study supervisors and it may be recommended that you discuss your experiences with your Educational Supervisor or Training Programme Director. This study will have no direct negative impact on how your specialty training is delivered.

Has this study received ethical approval?

This study has received ethical approval from Newcastle University Research Ethics Committee on 29/04/2020, ref: 2650/2020

Who should I contact for further information relating to the research?

If you have further questions, please contact the study principle investigator, Dr Jonathan Guckian at jonathan.guckian@newcastle.ac.uk.

If you wish to raise a complaint on how your personal data is handled, you can contact the Data Protection Officer who will investigate the matter: DPO Name, Contact Details

If you are not satisfied with their response you can complain to the Information Commissioner's Office (ICO): <https://ico.org.uk/>



Information & Ethical Approval Form

CONSENT

Title of Project: Impact of COVID-19 Redeployment on Dermatology Specialty Trainee Professional Identity: An Interpretive Phenomenological Analysis

Name of Researcher:

BY SIGNING BELOW YOU AGREE TO ALL OF THE FOLLOWING

- 1. I confirm that I have read the information sheet dated...29/5/2020..... for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my educational training or legal rights being affected.
- 3. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
- 4. I agree to take part in the above study.

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person	Date	Signature
taking consent		

Dermatology Redeployment Study Interview Topic Guide

Question	Time taken
Introduction - Explaining research, my role as researcher, setting the scene, safety rules etc. - Participant intros ()	5 Minutes
Before redeployment, what do you think makes you a dermatologist? How would you define the term "Professional Identity" ?	15 Minutes
With the current crisis, I'm aware that you were redeployed. Could you tell me a bit more about that? How was that for you? What was different about the experience to your normal working life?	15 Minutes
In all this do you feel there has been an effect on your Professional Identity? How? Has this changed you and if so how?	15 Minutes
Based on everything we have talked about, what do you think about your future going forwards as a dermatologist? Some people think they may have changed during redeployment – what do you think this means for the future of dermatology?	15 Minutes
Debrief	5 Minutes