
To young aspiring doctors

EDITORIAL

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This autumn, record numbers will start their medical studies in Norway and their specialty training in Norwegian hospitals. Welcome to our wonderful world!

Dear medical students. Some of you wanted to study medicine because you are fascinated by the incredible human body and how it works. You will find your studies and the process of learning from the ground up exciting from day one.

For some of you, your decision to study medicine was driven by a desire to help others. The initial part of your studies might prove challenging as there will be little patient contact and a great deal of theory. But hang in there. Things will improve. I myself almost quit after my second year of studies at the University of Bergen. With the exception of one day in general practice, I had not met any patients. It was like wandering in the desert. But I persevered and have never regretted it.

Perhaps some of you have chosen medicine for the prestige and financial rewards associated with being a doctor. If you fail to find something else to motivate you soon, I urge you to make way for others. Maybe a few of you are pursuing medicine because your family expects it. This is also a weak basis for embarking on a demanding six-year study programme. I encourage you to look in the mirror and ask yourself: 'What do *I* want from my life?' If medicine is not the answer, you have a tough decision to make, and the longer you delay it, the more difficult it might become.

Being a medical student is hard work. There is a lot to learn and figure out. My advice is to not stress too much. Yes, you need to study, but do this in short intensive sessions and do other things in between. Join a study group. It is more enjoyable to learn and solve problems together with others. That's what saved me when I was a student, and it's what awaits you in your professional life. Engage in something you find enjoyable – sports, music, gaming, politics – and don't feel bad about spending time on it. Do it with others. Good social skills are essential in the patient conversations that await you. Doing things we enjoy gives us energy. That energy will come in handy when you need to study.

Get a job in the health service. You can acquire the patient contact and practical knowledge that your studies may be lacking through working in hospital wards, nursing homes, medical practices and ambulances. Contributing will give you a sense of belonging, and you will gain an understanding of how our wonderful, imperfect health service works, whilst supplementing your monthly student grant/loan. If you are considering a decentralised model, my recommendation is: go for it. You will have a smaller student group, more patient contact and lecturers with whom you will develop a close relationship (1, 2). Above all: enjoy yourselves. You will never have as much time later in life as when you are a student. Use your time wisely, and find a balance that allows you to thrive not only as a medical student but in life as a whole.

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Dear first year junior doctors. Congratulations on your new job! You are among the lucky ones. Almost 600 of those who applied for first year specialty training did not secure a position. To those of you who were left disappointed this time, I would like to say: We are waiting for you. Use your time wisely. Get yourself a locum position. You will learn just as much there as in the first year as a junior doctor. Or do something completely different for six months. You will be doctors for the next 40 years.

To those of you who have been accepted, welcome to the steepest learning curve you have ever experienced. Your starting points are different, but I can promise you it will be challenging, intense and fun. I would recommend that you gain the best possible overview of the most common symptoms that prompt patients to seek medical attention and require emergency admission. Learn about both the common and the dangerous conditions. Aim to master the art of clinical examinations. You will never again encounter a similar volume of head-to-toe examinations. Make the most of it. Strive to become skilled at synthesising a patient's medical history and your findings into a coherent, sufficiently detailed, but concise and accurate presentation. Try to rank various possible causes of symptoms and consider what your next step might be, either to diagnose or treat the patient.

You will experience uncertainty. Embrace it. Medicine's inherent uncertainty is always present. Work towards feeling secure in your uncertainty. It's challenging, but we have created a framework that can hopefully help (3). It is

when you reach the point of feeling safe and secure in your uncertainty that being a first year junior doctor becomes fun, and you feel that you belong and are contributing.

The on-call shifts are hard. That's just how it is. Take care of yourselves. Remember to eat. Go to the bathroom when you need to. If you have low blood sugar or a full bladder, your mind doesn't function as it should. Dare to say, 'I'll be there as soon as I can, but I need to have a bite to eat first.' When it is time to eat, sit down with your colleagues. Get to know the nurses in the emergency department and on the wards. When things get hectic in the emergency department, the chances of friendly and efficient communication increase drastically if everyone knows each other.

Make friends with the other first year junior doctors. Do fun things together in your spare time. Party. Feel free to talk about work. Debrief each other. But above all: enjoy yourselves! I hope specialty training ignites your passion and entices you to pursue further opportunities, whether these are in general practice or hospital settings. Welcome to you all!

REFERENCES

1. Søndena HS. Desentralisert legeutdanning ja takk! Tidsskr Nor Legeforen 2022; 142. doi: 10.4045/tidsskr.21.0866. [PubMed][CrossRef]
2. Olsen IP, Lillebo B, Ofstad EH et al. Tid for å utdanne flere leger desentralt. Tidsskr Nor Legeforen 2021; 141. doi: 10.4045/tidsskr.21.0367. [PubMed][CrossRef]
3. Ofstad EH, Asdal K, Nightingale B et al. LIS1-leger og medisinsk usikkerhet – en kvalitativ studie. Tidsskr Nor Legeforen 2023; 143. doi: 10.4045/tidsskr.22.0428. [PubMed][CrossRef]

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