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ARE TRAINEES REALLY BEING TRAINED?

A specific case of HR Flexibility and its impact on Training

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Abstract

This paper offers an overview of Internships and it explores the perceptions of the trainee towards this experience.

It was found that in Internships there is always a coach – the Step-ahead peer coach of Darling (1986) and contrary to other types of Coaching, in internships it is a peer and not a senior mentor who has a crucial impact on the perceived training and learning process of the trainee.

Key Words: Internship, Coaching, Mentor, Step-ahead peer coach.

Introduction

Economical downturns force organizations to adopt a functional structure that can help them to quickly adapt to different realities (Hollenbeck, Gerhart & Wright, 2005). Times of crisis are said to raise the proportion of fixed-term, temporary or part-time contracts (Cunha, 2008) – internships are one of those ‘atypical’ contracts.

In a world where corporate knowledge is a key source of competitive advantage are companies willing to share it with trainees? Are trainees just a low/non-paid workforce

or a depository of knowledge? Are trainees really being trained? This exploratory research was designed to answer these questions, exploring the perceptions of Trainees.

In Greek Mythology, Mentor was assigned to take care of Telemachus when his father and old friend of Mentor –Odysseus - left for the Trojan War (Homer, VIII B.C). As Telemachus, trainees need a mentor, someone to guide them, someone to help them acquire the necessary skills to succeed in their chosen career. Hinton (2006) believes that the need for mentorship is even more important for graduate students that are now entering the job market.

Topping (2005) defines Mentoring as a relationship in which a more experienced colleague supports a younger one through orientation, advisory and career counseling. For this author, mentoring has several benefits as it promotes a relationship of trust where there are no (relevant) status barriers, doubts and advice is openly proposed and there is not a castrating figure of authority. This relationship is said to improve the career evolution and the intellectual development mainly in the early stages of adulthood (Kram, 1983).

On this research several types of Internships were considered. They are divided in two groups: Managerial and Medical Internships. The nature of each internship – a prerequisite to graduate or not – offered a starting point that allowed a comparative analysis which showed that learning is clearly the major output of internships.

This is a vicarious process offered not exactly by a mentor (with seniority status attached) but instead by a peer - an individual who holds a comparable hierarchical and seniority position to the protégé (Kram & Isabella, 1985). This peer offers a positive role model, supporting the career and emotional development of the trainee. (Ensher, Thomas & Murphy, 2001)

The findings are aligned with the Turning Points of the Phase 1 of *The Phases of the Relationship Model* proposed by Kram (1983) – Initiation – where fantasies become concrete and expectations are met (or not). Senior managers (or more experienced peers) promote their protégés internally, allocate them to tasks and give them coaching, whereas the protégé offer his/her technical support, admiration and desire to be coached.

Literature Review

Upon graduation the individual may have few job related competences but these can be acquired through internships (Swift & Kent, 1999). An internship can be understood as the placement of an individual in an organization during a term-length period (Narayanan, Olk & Fukami, 2006). The organization benefits from having a skilled worker, generally at a low cost, that can be helpful in the case of the absence of a full-time worker or in the case of HR shortages in busy seasons. Internships can also be understood as a probationary period before deciding on hiring a full time worker (Noe, Hollenbeck, Gerhart & Wright, 2005). For the trainee it represents both an opportunity to enter the job-market but specially, an opportunity to learn.

Learning is not an activity within a certain time but instead an ongoing process that aims to prepare the “learner” for a different set of future events, that can be the job market itself, transitioning in job/career, losing job and adjusting to different

circumstances (Guindon & Richmond, 2005).

Learning is also an interactive process (not unilateral) as interaction with others is critical for it to occur (Hall & Associates, 1996). This idea is also shared by Raelin (2000) for whom on-the-job experiences won't be enough for learning to occur; this author states that sometimes it is necessary to have the assistance of a partner. Interaction with others will not only contribute to the 'learner's learning' but will also help the protégé to establish his/her goals, to know his/her limits, and to gain a greater sense of self-understanding (Walsh, Bartunek & Lacey, 1998 *in* Parker, Hall & Kram, 2008). Those 'others' can be peers or even a senior manager. Being one or another they will act as mentors. Mentoring can be understood as the support, feedback and sponsorship that an experienced colleague provides to a younger one (Kram, 1996).

Although mentoring by a senior manager can be considered as more effective, because of the greater status and credibility that senior managers have, it is a fact that the time demands encompassed in their jobs make it difficult for these managers to act as mentors for a large proportion of the staff (Allen, Poteet & Burroughs, 1997; Eby 1997).

Peers tend to assume this role and the advantages are clear: it has a high impact on the learner, it's a much more just-in-time follow through, it's low cost and easily learned (Parker, Hall & Kram, 2008). There are less hierarchical barriers, more corporate status proximity and therefore peer coaching can help shy learners to become less shy and to freely share their doubts, concerns and suggestions.

According to Eby (1997) peers provide both emotional and psychological support that facilitate the learning experience and the overall career success.

This peer coaching process, in order to be productive, requires the mentor to adopt the

role of a ‘critical friend’, who feels free to ask difficult and sometimes provocative questions, to give feedback, both positive and negative, and to give advice. Empathy and trust are therefore necessary conditions for the process to be effective, and they require an emotional connection between the two parties involved. However, peer coaching is different from counseling (Arthur & Kallick, 1993). Peer coaching should not be confused with counseling by a close friend, since it has boundaries strictly related to career purposes (Parker, Hall & Kram, 2008). Therefore a too close a relationship should be avoided so as not to compromise the required distance for an effective coaching role (Issacs 1999). As for the difference to other types of mentorship, namely in senior coaching where the learning process is more unilateral, in peer coaching both individuals are learners (Rugins & Kram, 2007).

But nowadays, past experience is no longer a guarantee of future relevance. “Old patterns are no longer templates for future action” and individuals are supposed to be always ready to face new and challenging situations (Parker, Hall & Kram, 2008: 489). Rather than minimizing the role of the coach there is a belief that more than corporate, behavioral or technical knowledge the mentor should *teach the learner how to learn*.

In this work project, we will be analyzing one of the first coaching opportunities that young graduates have when they enter the job market: internship. Internships are usually the first work-experience and they are therefore a key opportunity to learn from their professional experience.

Acquiring job relevant skills, as well as learning how things get done in the organization are critical objectives of internships. The socialization and acculturation processes are therefore very significant, in addition to the technical skills acquisition component (Tovey, 2001).

There are several aspects that will determine the level of trainee's satisfaction with the internship, namely the utility of academic studies and the relationship established with the advisor. Trainees should also "seek to have a voice in the internship" (Narayanan, Olk & Fukami, 2006: 4). This will help to promote the mutual learning that was discussed above and increase the level of the trainees' satisfaction

Methodology

The data was collected through 15 in-depth and semi-structured interviews in order to easily access the perceptions of the individuals (please see [Appendix 1- Interview Guide](#)). The sample was split in two groups: one of 8 individuals with a management background and the other with 7 respondents with a medical background. The respondents are on average 24 years old, equally distributed in terms of gender but not in each branch – Management and Medicine – since in the first one the majority of the respondents are male and in Medicine the opposite applies. All of the respondents from the first group had their first degree completed by the date of the interview. As for the second group, three of them were still in college at this point.

This was not random as the degree in Medicine comprises six years of academic training, and between theoretical and practical classes the students are required to do several internships starting in their third year. In this sample there are three Medicine students, three Interns and one trainee that has recently finished his *Common Year*. The objective was to gather a sample that could reflect the diversity of those internships.

In the group of trainees with management background internships lasted from 6 to 12 months. All of them were paid, one being an international internship. Besides having the same academic background the interviewees did their internships in very different areas, from finance to marketing, consulting and management control and in very different institutions, from banks and consumer goods companies to IT, telecommunications and consulting. (Please see [Appendix 2](#) for the Research Participants' Profiles)

The interviews lasted around of 30 minutes and were integrally transcribed so that the raw data could be analyzed. Each interview was qualitatively analyzed in terms of its content and coded in order to find emerging patterns. All the interviewees were Portuguese and so the interviews were conducted in their mother tongue. An identification code for all interviewees was made (please see [Appendix 3](#)) and will be used to report the quotes in the text.

Typically the first degree in Management consists of three years with theoretical and practical classes. Upon graduation, the Management student can start his/her professional career. However if he/she wants to further develop his/her skills on a certain area he/she may apply for a master's degree. No internship or professional experience is required in order to graduate. This is where the main difference between the two groups of respondents' lies - as the graduation in Medicine requires a series of mandatory internships. Starting in the third year of Med School, internships take place every academic year and have an average duration of two to six weeks each. Each trainee has an *assistant* – a senior physician – whom they must accompany during his/her regular working-day, this assistant acts as mentor and all the knowledge transfer is done is done via role-modeling. During the so-called Common Year – the seventh

year of Med School – the trainee also has a tutor. Since in this case the trainee’s autonomy is limited to observation and diagnosis, it is this tutor, or in his/her absence other senior doctors, who will do the prescription and/or send the patient home. If the young doctor chooses to become specialist in a given area/pathology he/she is required to do a longer internship of five to six years. At this time, the intern has full autonomy and takes full responsibility for his/her patients, nevertheless they have been assigned a tutor whose main responsibility is to establish next steps and to guide the intern’s research-studies.

Results

The internship experience

Even though they are not a requisite to graduate, internships are very appealing to recent management graduates. Specially because they don’t usually require previous work-experience, and are seen as good chances to learn, to further develop skills and also to promote self-understanding as some say that the internship will help *“to make decisions about what I want to do professionally, it will help me to find my vocation”* (Mgm, 22, M).

Satisfaction with the internship was not the main objective of this research but it raised some clues on this topic, since it was seen that it is strictly related to the level of autonomy and the relevance of the tasks - *“Being a trainee was both good and bad (...) it’s good when they give you responsibilities and it’s bad when you sit there with*

nothing to do.” (Mgm, 23, Male). Inter-relation competences are also important when it comes to the satisfaction with the internship: *“It really meant a lot to me, I learned a lot, not only how to work in a team but also how a company itself works”* (Mgm,23,F). *“The experience was extraordinary not only because of the things I learned but also ‘cause I got lucky and had the chance of finding a very cohesive team that helped me a lot”* (Mgm,22,F).

The University is claimed to be able of recreating experiences where deadlines, stressful situations and interaction with others are very similar to the ones that the trainee experiences at work, and here is where the fundamental importance of an academic training is found. *“Maybe the only thing where I feel that the University had some importance was in the team work (...) we go through a series of relational experiences that in fact aren’t much different from the ones that we experience at work, even if it is at a different scale”* (Mgm,22,M) . *“The deadlines, the need to have things done and the inherent stress that I experienced in college helped me later on in this professional experience.* “(Mgm,25,M)

Another behavioural competence that the university provides is related to the time-management and study skills: *“In college, you gain a study method, you learn how to manage time.”* (Mgm,24,M). The conceptual academic training gains a deeper meaning comparing with the operational one, meaning that for the trainee it’s very important to be in a company and to know what others are talking about. *“I got there and I knew the meaning of a VAL, of a IRR, it was not necessary to ask what it was”* (Mgm,23,M), the “common language” that a trainee talks about: *“During the first degree your learn how to use a common language that will help you to do your job at any company”* (Mgm,24,M).

Some go further and highlight the importance of college in developing mental processes that will enable the comprehension of concepts and the execution of tasks. *“All the reasoning that I learned in college helped me to do my tasks (...) if it wasn’t for that probably I wouldn’t have been able of doing those type of tasks or I could but slowly and it would have taken me more time to understand everything.”* (Mgm,23,F). *“What a Management Degree gives you is an elasticity and an ability to use your brain so that you can deal with many different circumstances.”*(Mgm,22,M).

This increases the feelings of safety, that is, the trainee might not be aware of the internal procedures of the company but knows what others are talking about, knows the meaning of the concepts helps him/her to holistically organize those concepts and easily understand them: *“We learn a lot of models in college and in the real world they are not present, at least with the same outline, what I did was to “take a picture of the company” and try to organize it in my head according to those very same models, this really helped me to understand the company way of working”.* (Mgm,25,M).

The perceptions of the medical students are slightly different and focus more on the academic training itself. The degree in medicine is said to provide a general and wide perspective of Medicine. The trainee chooses to continue his/her studies on a specific field-area but the degree gives him/her: *“a global understanding of every pathology, not only the one in which we will be experts.”* (Med,27,F). Medical trainees emphasize the importance of the theoretical framework – the importance of theoretical and practical classes – as a preparation for the internships: *“It’s very important, ‘cause if we go to the nursing without knowing anything we’ll learn nothing.”* (Med,22,F).

The importance of socialization

Lunch-time, coffee-breaks and celebration events assume an important role in the socialization of the trainee, as those are the moments when the trainee can *“have the chance to really know the people”* (Mgm,25,M) with whom he/she works.

The socialization process is also very important to get to know to whom the trainees should address any doubts they might have. Knowing who are the persons that work in each department the trainee will be more comfortable to contact them: *“when I had to talk to those people everything was easier if we had some connection and familiarity.”* (Mgm,23,F).

The beginning of adulthood is a critical period where career and future plans gain great importance (Tovey, 2001) and the ‘First day at work’ seems to have a special meaning to people; it is usually the first chance of knowing how it is to be a worker. The trainee has few or little job relational competences and often no previous work-experience. The structure of the degree in Medicine is designed in a way that promotes the contact of students with the Hospital early on and on a regular base. The Hospital will be their future work place and having a close contact with it since day one will enable the trainee to get used to it, to be familiar with the facilities, people and the dynamics of the Hospital. This is the main reason why, when asked about their first day at the Hospital, most of the trainees couldn’t recall it. The internship wasn’t at all their first contact with the “real-world” as it is in the case of the interns from Management: *“How was my first day? I’ve no idea, it seems that I’ve lived in the Hospital ever since.”* (Med,28,F).

The role of the coach

In all internships there is a common pattern: the trainee has a manager to whom he/she reports on-going work and who will evaluate him/her (when it happens). But senior managers have very busy agendas, many people to manage (Allen, Poteet & Burroughs, 1997; Eby 1997) and typically formally or informally trainees are supported not by him but by another colleague. There are cases where the manager works *“only two seats ahead of me but he is so busy that the tasks he gives me are given by e-mail...”* (Mgm,22,M). In general *“questions and doubts aren’t addressed to him.”* (Mgm,22,M). They are addressed to other colleagues. These colleagues might be someone that is physically close to the trainee (someone that sits next to him), someone that in a recent past had the functions of the trainee or someone that has a similar age, a higher sensibility, or that holds a career position that will be the next logical step for the trainee. It’s curious to see that it happens with both of the two respondent groups. This colleague is the so-called ‘step-ahead peer coach’ referred to by Darling (1986). His/her role is to *“be wide-awake to help me clear any doubts I might have, to call me in case some interesting case came up... But it all should come from my own initiative, so it was more like a follow through.”* (Mgm,22,M). *“What my coach did was to include me in every meeting she had, get me along with every single aspect of the company. She gave me a holistic perspective of the company, giving dimension to what I was doing (...) for me this was very positive.”* (Mgm,25,M). The perceived importance of this coach is not overstated: *“My assistants are basically the ones that taught me almost everything I know.”* (Med,22,F). But the role of step-ahead coaches goes far beyond the operational training, as a coach that *“cares for the trainees and motivates us*

to do things.” (Med,22,F) will also play an important role when it comes to shape the trainees opinions and attitudes towards a multiplicity of subjects, including career prospects, acting as a career counselling: *“They transmit us the excitement about a speciality (...) depending on the relationship we establish with our assistant we’ll be more or less fond of a given specialization area (...) That’s what is going to define our opinion on a given specialty”* (Med,22,F).

The step-ahead peer coaching has clear advantages, namely the just-in-time follow through and the high availability of the coach. Being in permanent contact with the trainee, coaches are capable of providing this support. *“They are careful enough to explain me along the way what they are doing, why they are doing it that way and why they are not doing it any other way...”* (Mgm,23,M). In Medicine there appears to be a reason for this tight support, the lack of autonomy of trainees: *“Senior colleagues were always available... even because they are the ones that will have to do the prescription and/or send the patient home.”*(Med,27,F).

The “watch and learn” and “role playing” is the most common training tool: *“basically we (trainees) are expected to look at what our colleagues are doing and replicate them (laughing)”* (Mgm,22,M). *“I just seat there and observed what she (the Internship Tutor) was doing”* (Med,27,F). The purpose of this approach is clear: *“so that in the next time that it would be necessary to do it, I could be the one in charge of it.”*(Mgm,22,M). Relational and behavioural competences are also internalized this way: *“you end up learning how to behave and interact by looking at what your assistant is doing.”* (Med,22,F).

The problem with this approach is that it requires a previous corporate framework; the trainee needs to understand what he/she is doing and why he/she is doing it. The trainee might know how to do what he/she is supposed to, but without those two prerequisites everything else will be meaningless. Ideally the host institution should have something like a Welcome-kit/ Welcome-day/week to offer the trainee some basic corporate info. In fact some trainees regret not having had the chance of joining such a program, since sometimes they do not exist or they are not available for trainees: *“I would like to have had a week of specific training to let me know what I was going to do, how I was going to do it and why I was going to do it. And then, after having a starting base I could do it without being completely obstreperous!”* (Mgm,22,M). The ones that had this chance state the benefits of such a program: *“There is a Welcome Programme, it lasts from two to three weeks and basically consists of having meetings with different departments. You get to know what they do, what is their role in the organization, you also have markets trips (...) a brief overview of what each one does. It helped me to understand who are the persons to whom I have to address every doubt I might have.”*(Mgm,25,M). The level of autonomy of each trainee is gradual, this is even more clear in the case of the medical trainees since in this case there are a large variety of internships, as the sample of this research shows. *“What we used to do was to see the simplest clinical cases, according to the Manchester Sorting.”* (Med,27,F).

In summary, our results emphasize the important role of coaches, for the two types of trainees.

Feedback and evaluation method

In internships, evaluation is usually replaced by feedback. Through informal, “*very just in time and spontaneous*” (Mgm,22,M) and qualitative feedbacks the trainee can “*understand what I was doing well and wrong, what I could improve...*” (Mgm,22,M)

Feedback is a central source of learning: “*The feedback is most of the times received from my coach, basically what my manager does, and that I think it is not very pedagogical, is to receive an output and correct it himself, in case something is wrong. And all without letting me know that I made a mistake. Unlike my coach, that calls me and simply tells me “this is wrong, you have to do it like this or like that”*” (Mgm,22,M).

When there is a formal evaluation it usually happens in the middle and in the end of the internship. The parameters of this evaluation rather than quantitative refer to “*the sense of responsibility, the ability to meet deadlines, the willingness to learn, my strong and weak points (...)*” (Mgm,23,F).

The problem with this methodology is that in some cases the coach is not the person that evaluates the trainee. In this case trainees feel that the manager didn’t give them “*the follow through necessary to know what my capabilities are*” (Mgm,22,M).

Typically trainees are given tasks with a gradual level of difficulty, and for that reason the ongoing feedback is crucial to make the trainee aware of his areas of development.

Internships’ output and the impact on the academic life

The majority of the respondents somehow resumed their studies after or even during the internship. When asked about how they now face them the reactions are clear: the internship helped to “*to establish the connection between college and the work-world*

(...) *and to demand a little bit more from my professors.*“ (Mgm,22,M), to have a more realistic vision of it as *“in the Business World there are no blacks and whites but something in between.*“ (Mgm,25,M), and to *“easily understand what is being taught.”* (Mgm,23,F)

Trainees tend to face their studies after an internship with *“more responsibility”* (Mgm,23,F). This is even more evident for the Medical trainees who *“study to treat people, and not to succeed in a exam”* (Med,28,F). There is also evidence that *“When you have lots of things to do, the pressure increases and you become more productive.”* (Mgm,24,M).

It is therefore possible to understand that after doing internships, attitudes towards studies change for all types of trainees.

Discussion

Are trainees really being trained? This was the main research question for this work project. Results suggest that trainees have the support of a coach, a step-ahead peer coach that guides, provides feedback and allocates them to tasks. The trainee is supposed to “sit, watch and learn”, learning through a vicarious process.

The results of this research suggest some practical recommendations both for the trainee and the coach. Both Medical and Management trainees have a coach; this coach was in the recent past somehow attached to the same tasks of the trainee and therefore has a higher sensitivity to attend to the needs of the trainee. Acting as the typical step-ahead

peer coach (Darling,1986) his role is to guide, orientate and provide on-going feedback. It was clear that feedback is what helps the trainee to identify areas of development, weaknesses and strengths, and therefore to learn. The effectiveness of feedback depends on the way it is given. It should be just-in-time and objective, reporting to some specific situation. The trainee should be given time to use these inputs and design an action plan that will allow him/her to correct methodologies, procedures or attitudes.

More than just follow-through and support, coaches should have a guiding role, orienting the trainee through the organization. The need to have a previous notion of what/why and how to do something before doing it, was clearly stated. Medical trainees do not seem to need this framework, as much as Management trainees, probably because their academic training prepared them to very specific on-the-job situations.

This research shows that coaches are also responsible for the (non)favorable attitude of the trainee towards a given career area, therefore coaches should not forget this internal public relations work.

These two groups seem to consider internships from different perspectives. For the Management trainees, internships are often the first contact with the real world. This leads to higher initial expectations. The Medical trainees claim they *have always lived in the hospital*. In fact these two areas have deep functional differences that lead to these conclusions. In the Medical Schools the contact with the Hospital, the future work-place of the students is very premature, starting right from the first year and offering the students an overview of what their future career will be like.

Business Schools can overcome this apparent disadvantage. They should not exempt themselves from their responsibilities after the students' graduation, but rather prepare the students for the work-world, by "focusing on functional knowledge" (Narayanan,

Olk & Fukami, 2006: 4). This study with Portuguese trainees suggests that the practical application of academic knowledge leads both to ‘stronger learning and satisfaction’ (pp.4). Companies/Host organizations should therefore design internships in collaboration with universities, the focus should be on designing them with a clear focus on knowledge acquired during academic work as this knowledge and its practical application is one of the key drivers of internship satisfaction.

Through the discussion of this topic it began to appear that Management and Medical trainees have different attitudes towards their internships. The first ones graduate and tend to face the internship as their first job with its inherent expectations. Medical trainees do not seem to have this urgency. Their basic objective is to learn and acquire job relevant skills that will allow them to - in the future - be what they have been preparing to become, doctors. This leads us to question about the importance of organizational context and its impact on the perceived degree of learning acquired in internships. Future research could address this topic.

Limitations

This work project has the limitations generally associated with qualitative research: interview questions were open and one can not exclude a biased interpretation from a more insightful respondent. Plus, this research focuses only on one of the sides of a two-way relationship, not covering both the perceptions of the coach and of the host organization. The data of this report was self-reported which was at the same time the

objective of the research and a limitation if the objective is to have an overview of what internships look like. Plus, the lack of experience of the interviewer may also have had some impact on the final output. There is also a non-quantified risk of non-representativeness and of possible inability to generalize the results due to the reduced sample size and the reduced nature of the internships (Management and Medicine).

Concluding Remarks

The findings of this research contribute to a better understanding of the relationship between mentor and protégé in the context of internships. It may help to clarify the role of each institution – college and employee – when it comes to design internships. Knowing what is expected from each part, these two types of institutions may develop more effective *partnerships* that will meet the expectations of trainees. **Table I** displays a comparison of the perceptions of both groups when it comes to Internships, derived from the analysis of the interviews' data.

Prior research has highlighted the importance of mentoring and learning as key determinants of the trainee satisfaction with the Internship but this research adds another variable to the equation: the level of autonomy and responsibility. The perceived relevance of tasks and projects seems to increase the sense of actually doing something meaningful thus increasing the level of satisfaction.

The most interesting contribution is clarifying the key role played by the coach in the training process, namely through timely feedback, creation of a trusting and open

relationship.

So, to the opening question “are trainees really being trained” results say YES, provided they have the right coach!

Comparison of the perceptions of both groups

Common Aspects		
<p>Both groups believe that an Internship offers them an <u>overview of what their future career will be like</u>. Internships are also important when it comes to <u>give dimension to the empirical Academic Training</u>. The Internship helped to <u>shape career future plans</u>, promoting a <u>better self-understanding</u>. The socialization plays a great role when it comes to networking, it helps to know "With whom shall I talk to?" <u>Role Modelling</u> is the most common training tool: “watch & learn”. The Academic Training is said to provide a <u>common language</u> that will help the trainee to know “what others are talking about”. The Step-ahead Peer Coach is the major character of this relationship, he <u>guides, orientates, gives feedback, offering a positive role-modelling</u> and all without the <u>castrating figure of authority</u> that a senior mentor could have.</p>		
Particular Aspects	Management	Medicine
Importance	A launch pad to the job-market – <u>optional</u> .	A materialization of the acquired empiric knowledge. A complementation of the academic curriculum – <u>obligatory</u> .
The Academic Training	Able of <u>recreating on-the-job experiences</u> : deadlines, team-work, inherent stress.	It provides an <u>overview of Medicine</u> (all the specialization areas).
Impact on the Academic Life	Trainees blame to have become <u>more demanding</u> from their professors.	<u>Higher responsibility</u> : Study to cure someone and not just to pass an exam.

Table I: Comparison of the perceptions of both groups

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8-Appendices

Appendix 1 – Interview Guide

Bom dia/Boa tarde. O meu nome é Noelma Matos. Estou neste momento a desenvolver a minha tese de mestrado na área dos Estudos Organizacionais. O objectivo é tentar perceber qual o impacto da flexibilidade contratual na formação dada aos colaboradores. Vou estudar o caso específico dos estagiários pelo que a sua experiência profissional faz de si o candidato ideal para a minha pesquisa. Desde já agradeço-lhe ter-me concedido estes minutos para esta entrevista.

A entrevista vai durar cerca de 30 minutos, vou-lhe fazendo algumas perguntas relacionadas com a sua experiência enquanto estagiário e peço-lhe que seja o mais sincero possível.

INFORMATION

Peço-lhe que comece por me descrever a sua experiência enquanto estagiário.

Abordar:

Como teve conhecimento desta oportunidade?

Motivações – O que o levou a candidatar/aceitar este estágio?

Quais as principais funções?

TRAINING

De que forma é que a sua formação académica o deixou preparado para assumir estas funções?

Descreva-me por favor que tipo de formação recebeu no decorrer do seu estágio.

Abordar:

Timings, tipo de formação, avaliação e grau de satisfação com cada um dos tipos de training.

SOCIALIZATION AND ORIENTATION PROCESS

Esteve envolvido em algum tipo de programa inicial que lhe tenha permitido conhecer a empresa e os seus colegas de trabalho? (ex. Social (formal or informal) meetings, Orientation program)

PEER COACHING

De que forma é que os seus colegas de trabalho o ajudaram no cumprimento das suas funções?

MANAGER COACHING

E o seu line manager, pode-me descrever qual o papel que este desempenhou na sua formação?

THE TRAINEE AND HIS CO-WORKERS

De que forma é que a formação que lhe foi dada difere daquela que é dada aos seus colegas do mesmo departamento mas que têm outro tipo de vínculo com a organização?

SUPPLEMENTARY TRAINING

Para além da sua formação académica e da formação que lhe foi proporcionada durante este estágio sentiu necessidade de algum tipo de formação complementar? Sim, de que tipo?

EXPECTATIONS

Quais é que eram no início as suas expectativas em relação a este estágio, a trabalhar nesta empresa, nesta área e quais é que são agora?

Que balanço faz desta experiência?

Obrigado!

Appendix 2 – Research Participants’ Profiles

	Gender	Age	Department	Internship Sector	Duration	Duration	Interview Date
1	M	22	Financial Markets	Banking	12 M	33 min	7.02.09
2	M	25	Mkt/Commercial	Celullose	9 M	28 min	17.02.09
3	M	22	Marketing	Cons. Goods	9 M	23 min	17.02.09
4	M	24	Trade Mkt	Cons. Goods	6 M	24 min	19.02.09
5	M	23	Financial Markets	Banking	12 M	28 min	20.02.09
6	F	23	Management Control	Telecommunications	6 M	31 min	20.02.09
7	F	23	Management Control	Cons. Goods	6 M	28 min	20.02.09
8	M	23	HR Consultancy	Advisory	12 M	33min	13.03.09
9	F	27	Plastic Surgery	Medical Sciences	12 M	29 min	17.02.09
10	F	23	student	Medical Sciences	2 to 6 Weeks each	32 min	26.02.09
11	F	30	Gynecology	Medical Sciences	6 Y	27 min	14.03.09
12	F	28	Gynecology	Medical Sciences	6 Y	24 min	14.03.09
13	F	27	Gynecology	Medical Sciences	6 Y	37 min	14.03.09
14	F	22	student	Medical Sciences	2 to 6 Weeks each	29 min	18.03.09
15	M	22	student	Medical Sciences	2 to 6 Weeks each	31 min	18.03.09

Appendix 3 – Citations’ Identification

Each respondent’s citation is identified according to a coding process: (Degree, Age, Gender).

Ex. (Mgm, 24, M) – refers to a male trainee with an academic background in Management, who is 24 years old.

Ex. (Med, 27, F) – refers to a female trainee with a degree in Medicine, who is 27 years old.