

As easy as ABC ?

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Background

Transition from medical student to doctor is stressful

The perceptions of juniors differ from seniors

Dealing with acutely unwell patients is an area in which new doctors feel poorly prepared

Time to move beyond surveys and description to promote understanding

Aim

What factors affect newly qualified doctors' behaviour when caring for acutely unwell patients?

- explore the salient factors identified by newly qualified doctors and their senior colleagues
- compare the perceptions of these factors between the two groups
- develop a framework that conceptualises the influences on new doctors' behaviour in this context

Methods

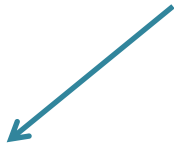


Focus groups

FY1s



FY2s



'Seniors'



Coding



Overarching themes

Cognitive
challenges

Role and
responsibility

The clinical
environment

The cognitive challenges

Junior: *“Exactly! Like the bradycardia I saw the other day. I knew as a medical student that I needed to give atropine but I had never seen it, never drawn it up, never had to actually give it, so that knowledge isn’t in a form you can use it.”*



The cognitive challenges

Decision-making and uncertainty

The diagram consists of two circular nodes. The left node is orange and contains the text 'Decision-making and uncertainty'. An orange arrow points from this node to a blue circular node on the right, which contains the text 'Newly qualified doctors' behaviour'. Below the orange node is a white rounded rectangular box with a black border containing a quote from a senior doctor. To the right of the blue node is a larger white rounded rectangular box with a black border containing a quote from a junior doctor.

Newly qualified doctors' behaviour

Senior: *"There's a 'history, examination, then do something' attitude."*

Junior: *"It's a totally new concept to have to run without a diagnosis. Once you have a diagnosis in your head it is impossible to move away from that and consider other things, you just continue, you know, down the same path."*

Role and responsibility



Junior: *“The teaching sort of instils behaviours... at the moment it focuses on ‘don’t do anything that you’re not sure of, don’t ever be out of your depth’ but perhaps we need to teach that in some situations you do need to act, and take responsibility, and messing up is better than doing nothing sometimes.”*

Role and responsibility

Junior: *“You don’t want to phone for help and them say ‘what have you done?’ and you have to say ‘nothing’. Because that would make you feel useless. And you feel like, ‘I’m a doctor now, I should be able to at least start to manage a situation’.”*

Newly qualified doctors’ behaviour

Senior: *“We’re not very good at asking each other for help, are we? ... as a consultant I’m not good at asking for help..”*

Identity and expectation

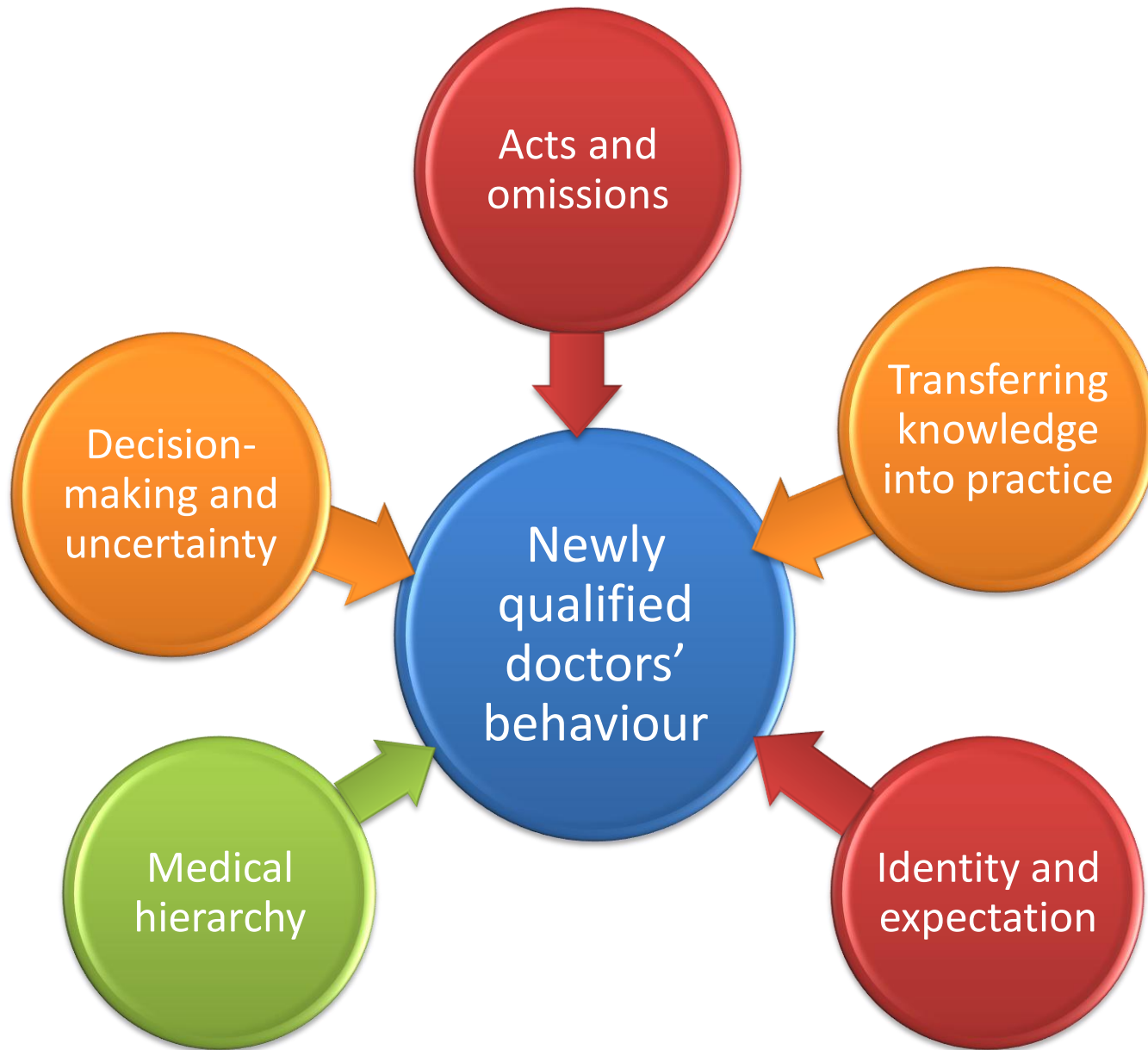
The clinical environment

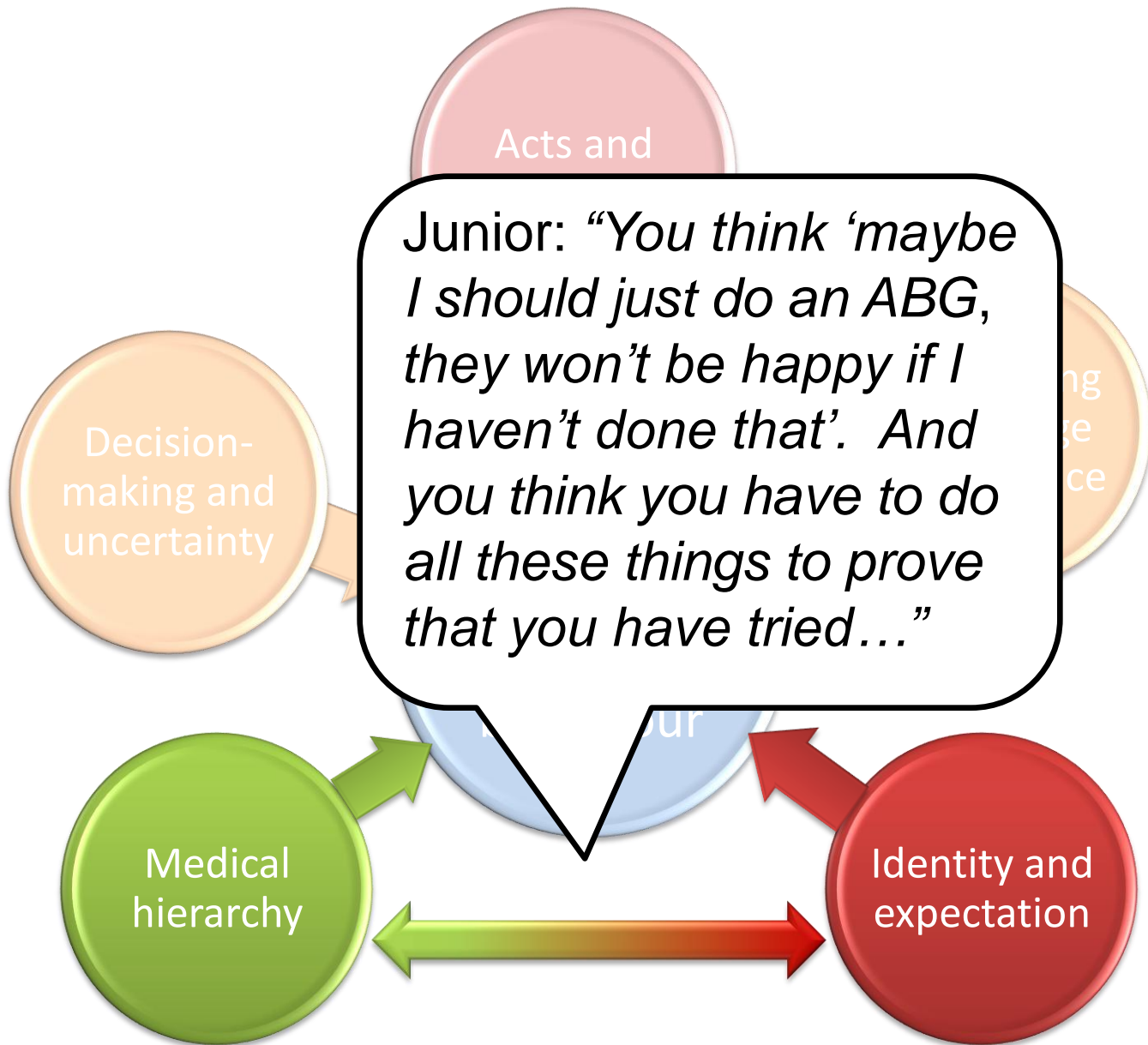
Junior: *“We are the foot soldiers. And you jump when people say jump. And you don’t talk back. And you don’t question things.”*

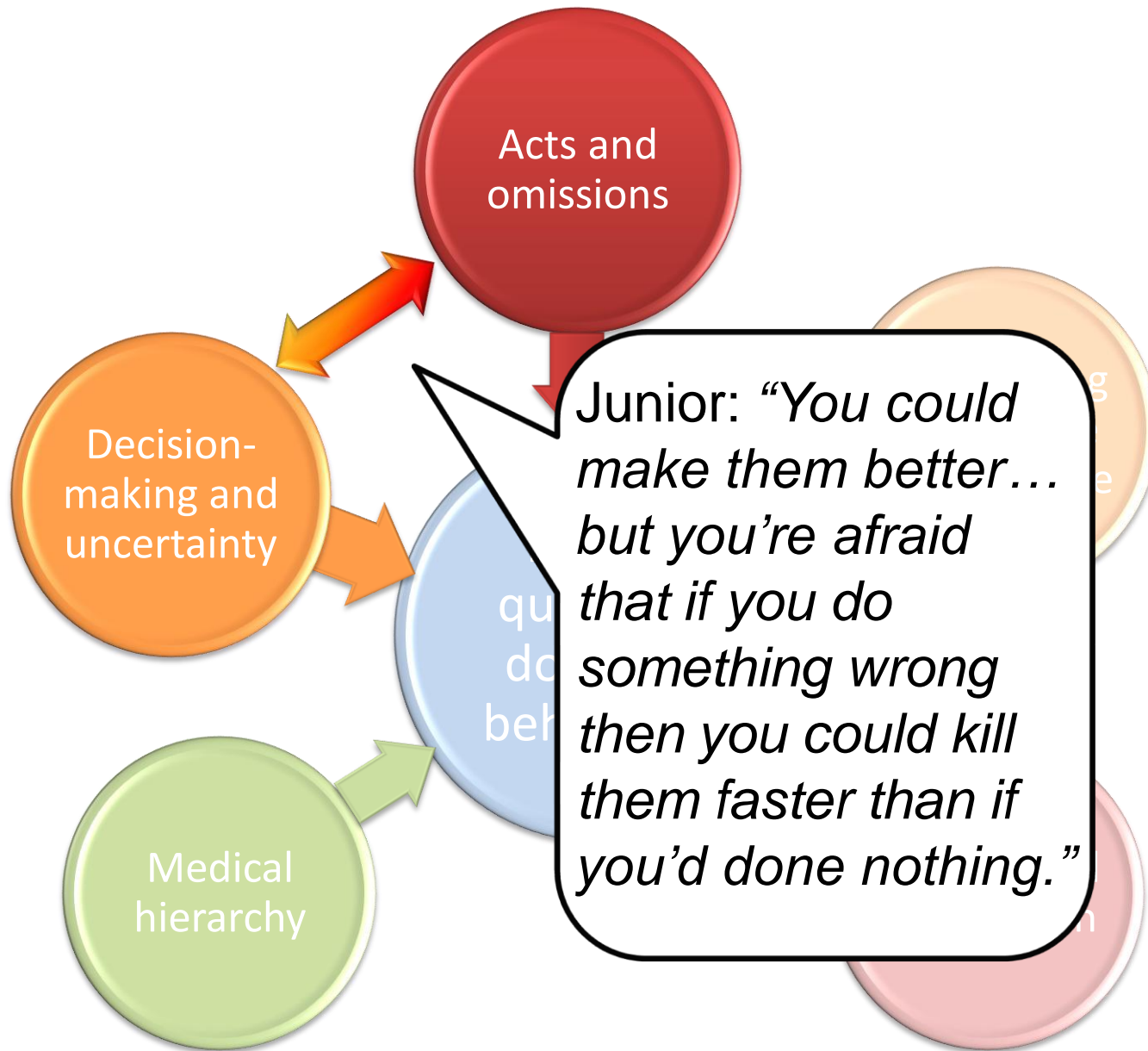
Medical hierarchy

Newly qualified doctors’ behaviour

Junior: *“... so people shy away from making the call until they feel that they have enough armour, in the form of knowledge that is going to be demanded from them, to come out of the call unscathed.”*





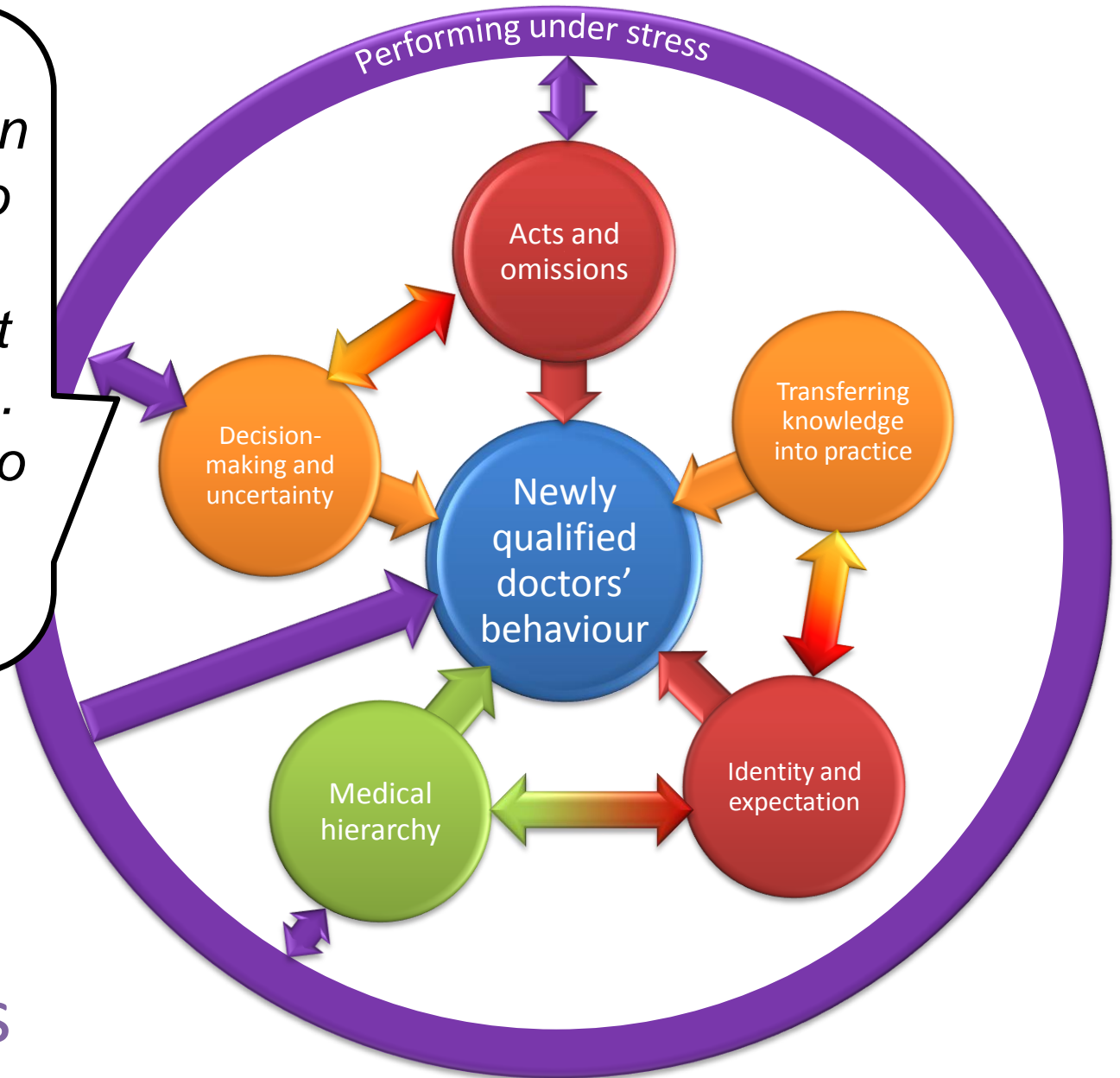


Junior: "...the stress of that situation, that's what makes it hard..."



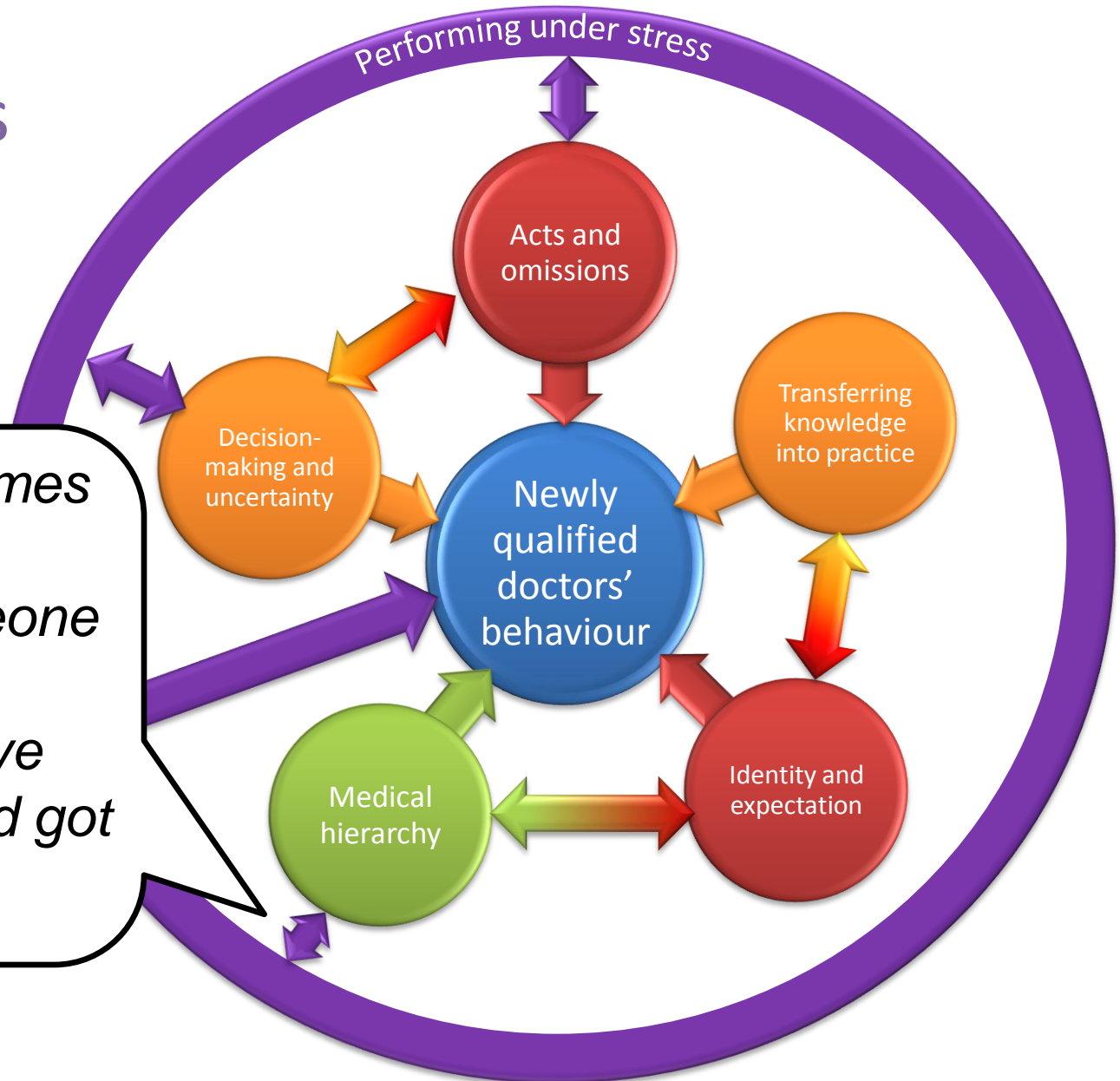
Performing under stress

“You think they are going to die in seconds. And so you panic. But very rarely is that actually the case. You’ve got time to think about what you are doing.”



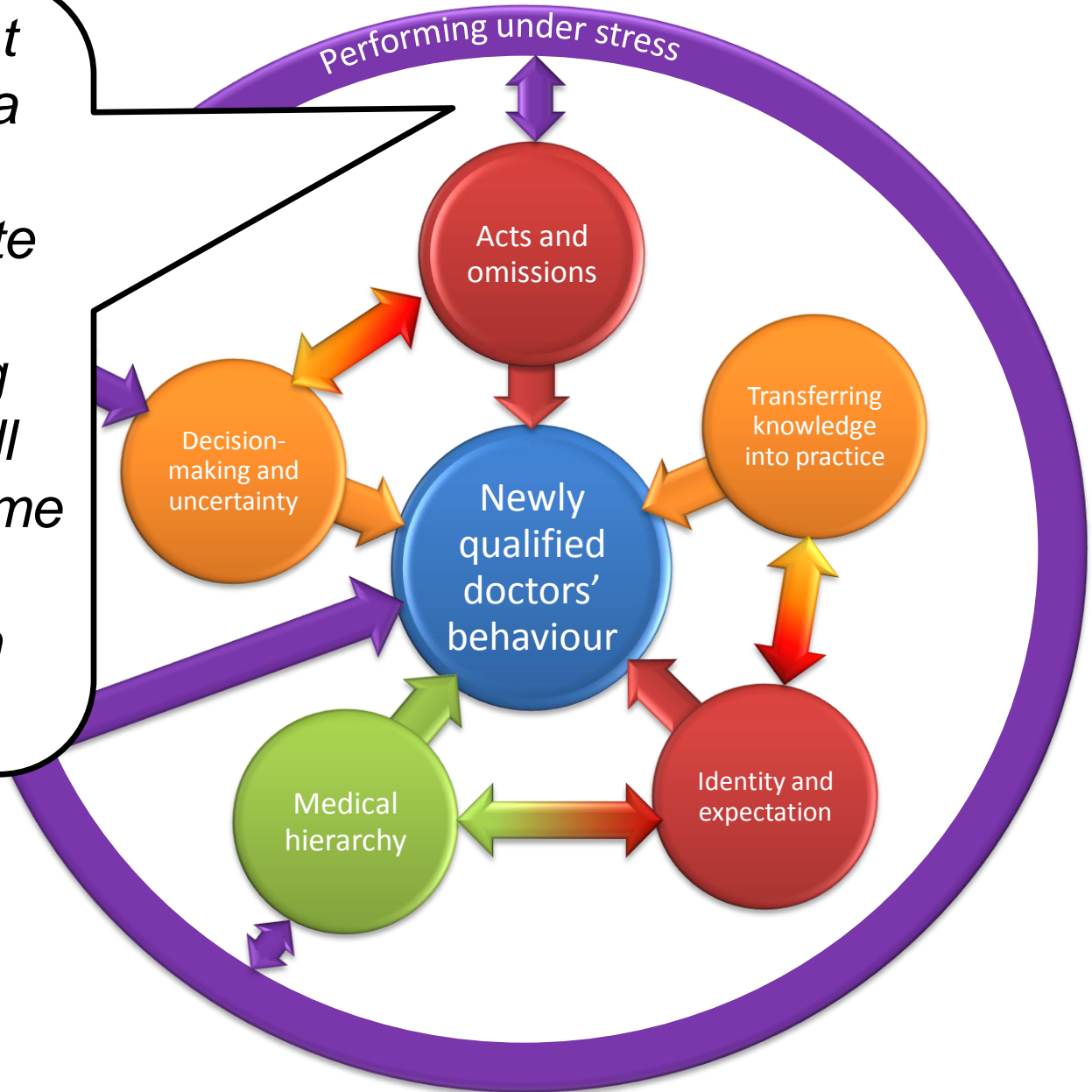
Performing under stress

Performing under stress



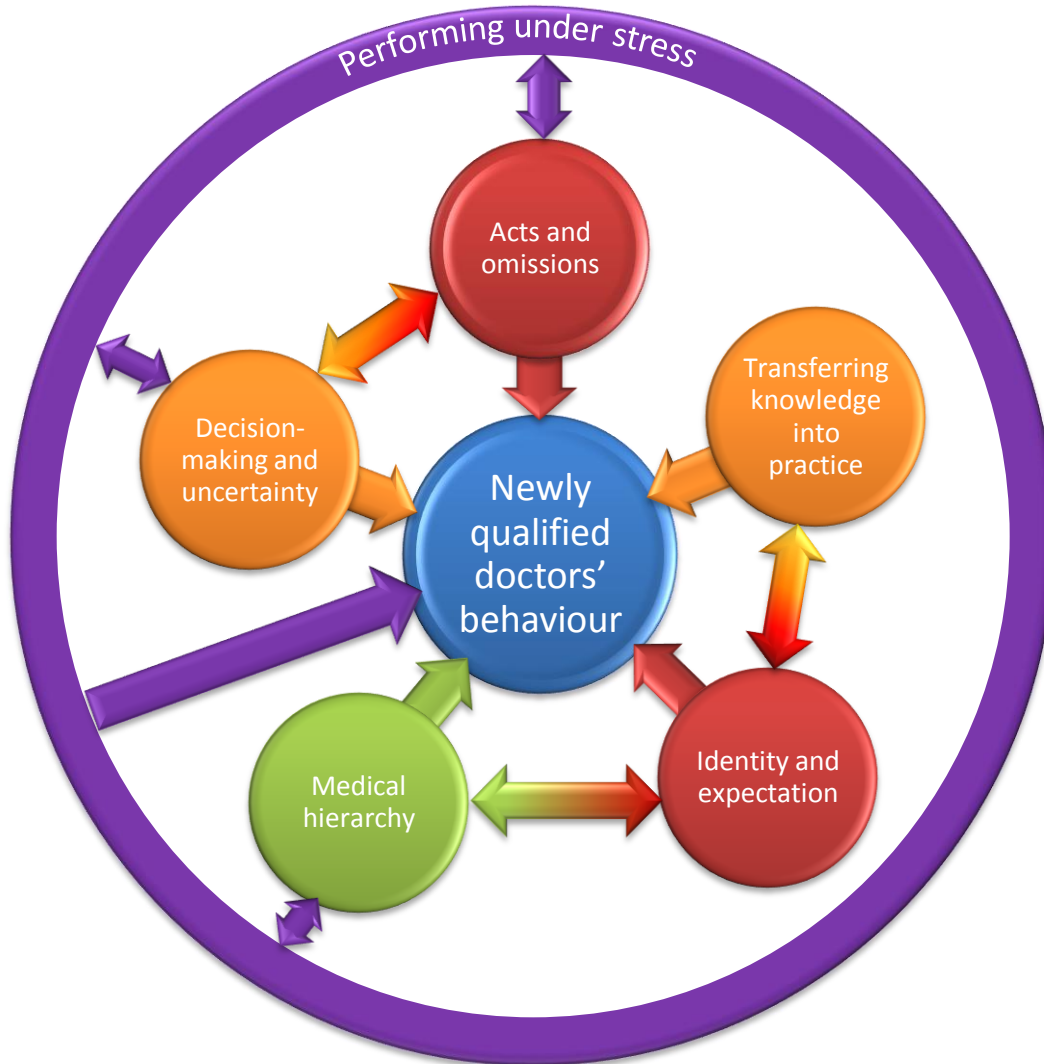
Junior: *"Sometimes as an FY1 you worry that someone senior won't be happy that you've called them, and got them to come."*

Junior: *"I think that is what underlies a lot of the time wasting in an acute situation. People are afraid of doing something that will have a bad outcome so they just write the notes or put in another venflon."*



Performing under stress

The themes are separated from, but grounded in, the data and relate to each other at a theoretical level



It cannot *explain* or *predict*, but helps to *understand* complexity

To change the behaviour of newly qualified doctors, we must look beyond the individual

Limitations

- Small sample size
- Volunteers
- Focus groups may silence dissenters and stifle discussion
- Inherent power dynamics
- All participants were doctors



Implications for practice

- Educational strategies should recreate the hierarchical and stressful clinical environment
- Primary medical training should include emotional skills training
- Clinical supervisors should aid transition by making junior doctors' roles explicit



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