

Junior doctors have a tough job, but preparing for mishaps can help

August 10 2017, by Billy Bryan



Credit: AI-generated image ([disclaimer](#))

Thousands of [newly qualified junior doctors](#) headed into UK NHS hospitals in their droves earlier this month, to begin their in-house training.

The first Wednesday in August is the day that marks the start of many

[doctors'](#) first steps on the career ladder. This has also been (rather unkindly) dubbed "[killing season](#)" due to the belief that having new junior doctors on the wards will increase medical mistakes and mortality rates.

This belief has persisted despite the evidence being nebulous at best, with [proponents](#) and [opponents](#) of "Black Wednesday" (as it's also called) slugging it out to prove one another wrong.

Of course, starting a new job is never easy, never mind one that puts people's lives in your hands on a daily basis. For new doctors, the transition into the real world of clinical practice can be extremely rough, leaving many students feeling worthless, stressed, and [fearful of engaging with real patients](#). And if junior doctors aren't properly supported through this transition they may, understandably, make errors in judgement to the detriment of their patients.

Team effort

For most junior doctors, though, after this initial turmoil, they eventually adjust to their new clinical roles.

But even though student doctors are taught how to perform skills manually – such as how to take blood – they aren't always encouraged to develop the mental skills to help them deal with the uncertainty of becoming a doctor. This means that they are often too scared to ask for help or feedback which impacts negatively upon their performance.

[My research](#) looks at how to help medical students survive and succeed as they go from classroom-based medicine to the messy clinical environment. And to try and make this transition as smooth as possible, my team developed a new solution designed to improve doctor's confidence, tackle uncertainty, and develop independence.

The solution saw teachers training student doctors on dummies with fake blood, but rather than just getting them to do the task, as is normally the case, the students were encouraged to think about a "plan b" – for if the situation went awry.

Using a new system we named Feedback+, students were asked how they would find the correct vein, and had to tell the teacher step by step how they would take the blood. The students were then encouraged to work out what they would do if anything went wrong. This meant that students could receive targeted feedback on their responses – honing both their physical and mental skills. This process was repeated using different skills.

This might sound like fairly basic stuff, but the fact of the matter is that for most junior doctors, they are only taught how to do set tasks, rather than how to think around them. On top of this, the current feedback they get is often pretty generic – meaning it isn't tailored to their individual needs – and it doesn't give them much say in the matter.

Putting it to the test

So to test whether this new system worked or not, we ran our own version of a clinical trial. We gave Feedback+ to one half of a student cohort for three months and tested the differences compared to the other half who got "business as usual" feedback. We measured the students' independent learning skills and confidence levels multiple times over a year where they made their transition into hospitals.

Our findings show that students in the Feedback+ group reported higher levels of confidence and independent learning. And most of the trainers actually continued to use the new feedback approach even after the study had finished. Most importantly, though, the students who received Feedback+ were more able to plan, monitor, and judge how they were

doing. This meant that they could come up with strategies for each day, check their progress, and work out how to perform better the next day.

My research also revealed how the supervisory team (senior doctors in charge) can have a huge impact in easing and supporting young medics into the clinical world. Ultimately, future doctors need to be adaptable in the face of an NHS that is increasingly [complex and always evolving](#), and it is clear how important a fully immersive and team based approach is in the training of new medical staff.

It is of course important that new doctors are able to learn from their mistakes and come back more resilient than ever. But the goal is not to mollycoddle them, rather this approach is about giving them the tools to manage on their own. And given the pressures the UK healthcare system is under right now, we need to prepare our students for instability. Not just for the sake of their own learning experience, but also for the sake of their patients.

This article was originally published on [The Conversation](#). Read the [original article](#).

Provided by The Conversation

Citation: Junior doctors have a tough job, but preparing for mishaps can help (2017, August 10) retrieved 25 April 2024 from

<https://medicalxpress.com/news/2017-08-junior-doctors-tough-job-mishaps.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.