

Improving Clinical Induction for FY1 Doctors

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Introduction

Induction is seen as a key part of the transition from Medical Student to Foundation doctor (4). However, newly qualified doctors (FY1s) often do not feel adequately prepared for their clinical role (5). They may report feeling anxious and unprepared for both clinical skills and administrative and non technical skills (6). Following our subjective experience of induction when starting at a District General Hospital in the North-West the authors undertook a project to help improve induction, by making the teaching more tailored to the tasks required of FY1 doctors starting in the following cohort.

The SMART aim was to improve incoming FY1s' confidence and self-assessed proficiency in aspects of their day to day role in clinical practice by 20%.

Methods

An initial round of data collection was completed with a survey questionnaire with both a quantitative Likert scale and open word questions from which to gather qualitative data. The Likert scale quantified the FY1s self-perceived confidence in each aspect, rating each question from strongly disagree to strongly agree (1-5 respectively).

This survey was given to the previous cohort of FY1 doctors 6 months into their first year as FY1 doctors. The questions included were based on the authors own personal experience and informal discussions with colleagues.

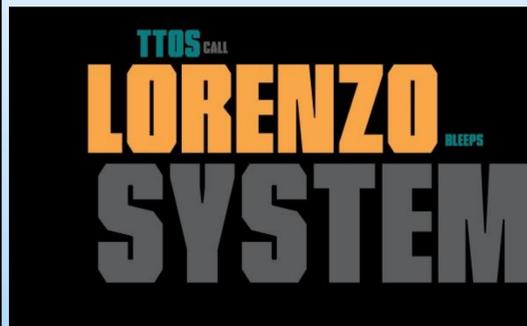


Fig. 1: Word map of common themes that previous FY1 cohort felt that they did not receive enough guidance on.

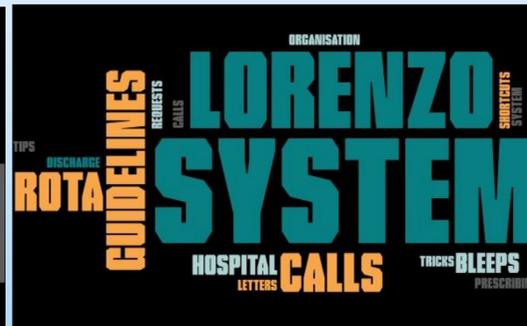


Fig. 2: Word map of common answers from incoming FY1 doctors for areas that they wanted most guidance on prior to teaching session.

The authors then produced an online survey for the incoming FY1 cohort in order to gather data regarding the needs of the incoming doctors. The online survey included a quantitative Likert scale and open word questions.

The authors then designed a teaching session in order to inform the incoming FY1 doctors of various aspects of their day to day role as new FY1 doctors as highlighted by the previous rounds of surveys. Prior to the delivery of this teaching session the incoming FY1 doctors were given the same survey questionnaire as the previous cohort had been. The one-hour teaching session was then delivered to the incoming FY1 doctors who then repeated the survey questionnaire following this.

Results

The results of the questionnaire of the incoming FY1 doctors prior to the teaching session gave a mean calculated value of 2.89 over all 10 data points of collection. Individually the two lowest scores were related to the understanding of the hospital bleeping system and a specific IT program called E-outcome (see figure 3).

These two data points also showed the greatest raw increase in interval change following the presentation.

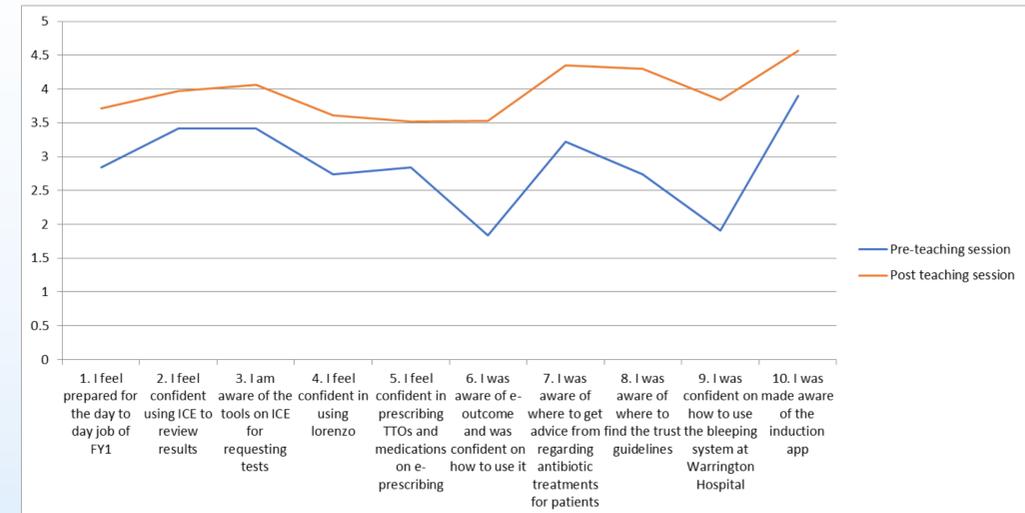


Fig. 3: Graph showing average response scores for each individual aspect assessed

Prior to induction, incoming FY1s felt most confident using the system to view hospital laboratory and radiology reports, Sunquest ICE, and the app based hospital phonebook, Induction. These data points showed the smallest raw increase in interval change values following the presentation.

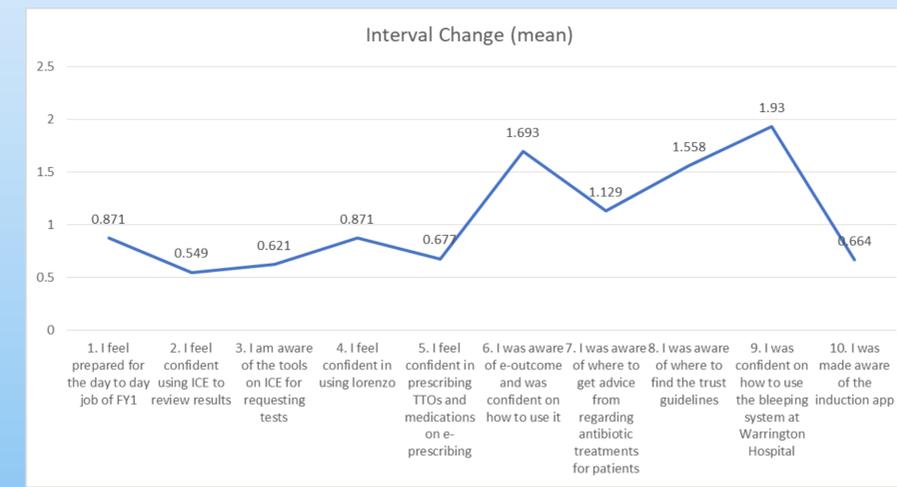


Fig. 4: Graph showing interval change for each individually assessed question from before and after teaching session

Overall every data point improved following the presentation ($p < 0.05$) with an average improvement of 20% over all aspects tested. Individual interval change improvement ranged between 10-38.6% (IQR 15%, SD 9.96%).

Conclusion

Tailoring induction to the needs of incoming FY1s, based on a previous cohort's experiences and incoming doctors' concerns can improve the quality of the induction process.

This could show benefit in both the experience for the incoming FY1s in their confidence in their abilities for the day to day role as an FY1 doctor.

In future the authors will look to examine the long term effects of the teaching session on FY1 self-assessed confidence and assess for improvements in proficiency as well.

References

1. FY2 General Surgery, Warrington & Halton Hospitals NHS Foundation Trust, * denotes lead author— contact: arthur.gallimore@nhs.net
2. FY2 Paediatrics, Warrington & Halton Hospitals NHS Foundation Trust
3. FY2 Intensive Care Medicine, Warrington & Halton Hospitals NHS Foundation Trust
4. *Foundation doctors' induction experience.* Miles, S., Kellet, J., Leinster, S.J., 118, 2015, BMC Medical Education, Vol. 15.
5. *The effect of an extended hospital induction on perceived confidence and assessed clinical skills of newly qualified pre-registration house officers.* Evans, D.E., Wood, D.F., Roberts, C.M., 9, 2004, ASME Medical Education, Vol. 38, pp. 998-1001.
6. *Bridging the gap: supporting the transition from medical student to practising doctor- a two-week programme after graduation.* Berridge, E-J., Freeth, Della., Sharpe, J., Roberts, C.M., 2-3, 2007, Medical Teacher, Vol. 29, pp. 119-127.