What do nurses expect from newly qualified doctors?

Mr B P Kapur; Dr C Lumsden; Ms S Gawne

July 2014
Volume 6
Issue 1
Doctors Academy Publications

The 2009 GMC document 'Tomorrow's Doctors' identified the standards expected of Newly Qualified Doctors (NQDs). Nurses regularly observe Foundation Doctors in the clinical environment. We investigated if the observations and expectations of nurses reflect the GMC standards. Methods: Twenty-two nurses of varying experience were recruited across medical and surgical specialities.

DOCTORS ACADEMY

BETTER EDUCATION. BETTER HEALTH.

DOCTORS ACADEMY
Disseminating Medical Knowledge and Skills Globally
ISSN 2052-1715

WJMER

World Journal of Medical Education and Research

An Official Publication of the Education and Research Division of Doctors Academy

- Systematic Literature Review: Do Socio-economic Barriers Exist in British Medical School Admissions?
- An Argument to Integrate Social Media into Professionalism Training in Undergraduate Medical Education
- How Can the Efficacy of Acupuncture be Assessed in Improving Chronic Pain?
- I Sing the Body Electric: a Historical Perspective of Cardiopulmonary Resuscitation

What do nurses expect from newly qualified doctors?

The Management of Transient Loss of Consciousness (TLOC) in Adults and Young Adults

Training in cosmetic and reconstructive gynaecology

Basic Principles of Electrosurgery and Energized Dissection: Monopolar, Bipolar and beyond

A qualitative evaluation study on the perception and operation of Deprivation of Liberty Safeguards in Old Age Psychiatry teams in Rhondda Cynon Taff and Bridgend in Mid Glamorgan, South Wales

WJMER

World Journal of Medical Education and Research:
An Official Publication of the Education and Research Division of Doctors Academy

Introduction

The World Journal of Medical Education and Research (WJMER) (ISSN 2052-1715) is an online publication of the Doctors Academy Group of Educational Establishments. Published on a quarterly basis, the aim of the journal is to promote academia and research amongst members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from around the world. The principal objective of this journal is to encourage the aforementioned, from developing countries in particular, to publish their work. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings. We envisage an incessant stream of information flowing along the channels that WJMER will create and that a surfeit of ideas will be gleaned from this process. We look forward to sharing these experiences with our readers in our editions. We are honoured to welcome you to WJMER.

Volume 6, Issue 1, 2014, World Journal of Medical Education and Research (WJMER). An Official Publication of the Education and Research Division of Doctors Academy Group of Educational Establishments.

Electronic version published at	:	Doctors Academy, PO Box 4283, Cardiff, CF14 8GN, United Kingdom
Print version printed and published at	:	Abbey Bookbinding and Print Co., Unit 3, Gabalfa Workshops, Clos Menter, Cardiff CF14 3AY
ISBN	:	*978-93-80573-35-9*
Designing and Setting	:	Doctors Academy, DA House, Judges Paradise, Kaimanam, Trivandrum, 695018, Kerala, India
Cover page design and graphics	:	Sreekanth S.S
Type Setting	:	Lakshmi Sreekanth
Contact	:	wjmer@doctorsacademy.org.uk

Service Evaluation Study
DAUIN 20140046

World Journal of Medical Education and Research:
An Official Publication of the Education and Research Division of Doctors Academy

WJMER

What do nurses expect from newly qualified doctors?

Mr B P Kapur MBChB, MRCS (Eng)
Wirral University Teaching Hospital Trust

Ms S Gawne
North Western Deanery
Medical Education Fellowship

Dr C Lumsden
North Western Deanery
Medical Education Fellowship

Address for Correspondence:
Dr BP Kapur: benjaminpkapur@gmail.com

Keywords:

Professionalism, Post-graduate training, Medical education

Abstract

The 2009 GMC document 'Tomorrow's Doctors' identified the standards expected of Newly Qualified Doctors (NQDs). Nurses regularly observe Foundation Doctors in the clinical environment. We investigated if the observations and expectations of nurses reflect the GMC standards. Methods: Twenty-two nurses of varying experience were recruited across medical and surgical specialities. The 41 skills and domains recommended in Tomorrow's Doctors that the researchers considered would be most applicable to the nurses' observations were identified by consensus. The participants were asked which of the domains they expected and which they had observed a NQD to be able to perform. Qualitative data using semi-structured interviews was collected regarding the conduct and attitudes of NQDs and analysed using thematic analysis. Results: Nurses have a low expectation of NQDs skills and abilities. This is not only in regards to perceived competence but also the breadth of skills nurses have observed NQDs to possess. Conclusions: Outside of formal ward rounds nursing staff decide whom to contact in the medical team. Lack of knowledge with regards to an NQDs skill set may result in NQDs being by passed in favour of more experienced members of the team. Therefore efforts should be made to increase awareness amongst nursing staff and allied health professionals of the GMC's guidance on NQDs.

Introduction

The General Medical Council have provided a clear definition of the standards expected of undergraduate medical training[1,2]. Originally published in 1993[1], "Tomorrow's Doctors" was revised most recently in 2009 [2]. It states that: "medical schools must ensure that all graduates have achieved all the outcomes set out in Tomorrow's Doctors". Hence, at commencement of Foundation Training, all doctors should be competent in the stated outcomes and practical procedures of "Tomorrow's Doctors" (2009).

A number of publications have considered how well prepared graduates are to take on the role of Foundation Doctor. Jones et al[3] and Wall et al[4] considered preparedness of graduates for the role of PRHO using competencies taken from "The New Doctor"[5-7]. However, these competencies are to be gained after graduation from medical school and are not expected at the commencement of postgraduate training. Despite this, both studies demonstrated that newly qualified doctors felt prepared for communication skills and teamwork and were aware of their own limitations. However, they felt poorly prepared for specific skills such as suturing.

Goldacre reported wide variations between medical schools in how well equipped doctors felt their medical training had made them for their jobs. Of 3062 newly qualified doctors questioned, only 36% agreed that their training had prepared them well for the jobs they had undertaken whilst 40% disagreed[8]. Concerns from graduates about their confidence to perform practical procedures were also highlighted by the GMC Education Committee[9]. Furthermore, Morrow et al (2012) considered the views of 479 graduates with regards to

their own preparedness for practice as a doctor across three medical schools with different teaching styles. Graduates felt more prepared for aspects of working with patients and colleagues, history taking and examination and were least prepared for completing a cremation form, some aspects of prescribing and complex practical procedures. There was no significant difference between schools.[10]

Matheson and Matheson[11] considered the views of consultants and specialist registrars (SpR) regarding the preparedness of Foundation Doctors against items listed in Tomorrow's Doctors 2003[12] and their findings were consistent with the aforementioned studies. Of the knowledge and skills that graduates must be able to demonstrate and perform, recognising their own limitations and asking for help scored the best. However, the average F1 was deemed unprepared for practice by the SpRs and Consultants surveyed.

The evidence so far suggests that NQDs and their trainers believe current training prepares them well for communication skills and team working but feel inadequately prepared for being able to carry out practical skills

Aims

Newly qualified doctors spend a considerable amount of their time in clinical areas where nursing staff are well placed to observe them. This small scale study aims to explore nurses' expectations and perceptions of newly qualified doctors, not previously reported in the literature, and to define whether they meet the standards and possess the skills defined by the GMC for newly qualified doctors.

Method

The study was designed as a mixed methods research project using a structured questionnaire which had been piloted and modified. To assess the doctor as a professional we collected qualitative data, which underwent thematic analysis. The doctor as a practitioner took a quantitative approach using Likert Scales. Thirty members of nursing staff from diverse clinical settings within a Hospital Trust were sampled after being consented for their participation. The nurses were chosen at random across both medical and surgical specialities to gather as wide an experience as possible. The questionnaire was distributed via email and paper with responses kept anonymous.

The study considered the practical procedures listed in Tomorrow's doctors 2009 along with a selection of other outcomes that the researchers considered applicable to nurses' observations of doctors. The questionnaire listed 42 outcomes/skills and asked nursing staff if they expected a Foundation Doctor to be able to do each on day one of their job. They were also asked to indicate which outcomes they had actually observed newly qualified doctors to be able to do at the commencement of their jobs. Free text questions evaluated nurses' perceptions of newly qualified doctors with regard to professionalism and probity. The majority of outcomes were taken from those listed under "the doctor as a practitioner" and "the doctor as a professional" as it was felt that "the doctor as a scholar and scientist" were too difficult to assess and may not be well observed by nurses.

Ethical Approval was obtained from Greater Manchester West and NHS North West Strategic Health Authority.

Results

Questionnaires were sent to 30 nurses and 22 responded giving a response rate of 73%. 10 (45%) worked in a surgical setting and 12 (55%) in a medical setting. The average number of years worked as a nurse was 15 years, which matched the median (range 0.2 years - 30 years). 11 participants worked as Staff Nurses, 9 were Sisters and 2 were ward managers.

The doctor as a practitioner

Nurses were asked about 42 outcomes and practical skills from Tomorrow's Doctors 2009 and table 1 shows the number of nurses out of the 22 questioned that considered each of the outcomes appropriate for a NQD. Only 6 of the skills/outcomes were thought by all the nurses appropriate for a newly qualified doctor (NQD) to be able to do at the commencement of their Foundation Training. These included measuring body temperature, blood pressure and heart rate, oxygen saturation, urinalysis, aseptic technique and infection control measures. The skills that were thought by fewest nurses to be appropriate on day one were using infusion devices, making up IV medications and suturing (see table 2).

Outcome/Skill	n	Outcome/Skill	n
Measuring body temperature	100	Using a defibrillator	73
Measuring BP and HR manually	100	Assessing a patient's capacity for consent	73
Urinalysis	100	Performing an ECG	68
Infection control measures (eg apron and gloves)	100	Contribute to the care of the families of dying patients	64
Aseptic technique including hand washing	100	Talking to relatives	59
Oxygen saturation monitoring	95	Dosing insulin and sliding scales	59
Pregnancy testing	95	Certify death	59
Venepuncture	95	Taking blood cultures	59
Taking nose, throat and skin swabs	95	Female catheterisation	55
Administering oxygen	95	Giving results to patients	55
Daily ward round	95	Interpreting an ECG	55
Safe disposal of clinical waste and sharps	91	Giving local anaesthetic	55
Cannulation	86	Management of symptoms in care of the dying	50
Prescribing IV fluids	86	Interpretation of X-rays	50
Measuring blood glucose	86	Breaking bad news	50
Correct prescribing of common medications eg painkillers, antibiotics	86	Performing and interpreting telemetry	45
Nutritional assessment	82	Administering blood transfusions and the correct procedures for doing so	45
Subcutaneous and intramuscular injections	81	Consenting for operations	41
Correct techniques for moving and handling	77	Suturing	32
Requesting appropriate bloods	73	Making up IV medications	23
Male catheterisation	73	Use of infusion devices	18

Table 1: *The doctor as a practitioner, n = % of nurses who thought it to be appropriate*

Skills thought appropriate by all nurses n=22	Skills thought appropriate by fewest nurses
Measuring body temperature	Using infusion devices n=4 (18%)
Measuring blood pressure	Making up IV medications n=5 (23%)
Measuring oxygen saturation	Suturing n=7 (32%)
Urinalysis	
Aseptic technique	
Infection control measures	

Table 2:

The skills that fewest number of nurses thought appropriate for NQDs matched what nurses had observed the NQDs to be least competent in. Of the skills that all nurses thought a NQD should be able to do, not all nurses thought that NQDs actually were competent at (Table 3).

Skills thought appropriate for a NQD by all nurses (n=22)	No of nurses who thought NQDs could actually do skills
Measuring body temperature	13 (59%)
Measuring blood pressure	15 (68%)
Measuring oxygen saturation	15 (68%)
Urinalysis	14 (63%)
Aseptic technique	18 (82%)
Infection control measures	17 (77%)

In fact, none of the skills in the questionnaire were thought by all the nurses to be accomplished by NQDs.

In contrast, for some skills, more nurses thought the NQDs were able to do them than expected them to be able to do. These were requesting bloods, taking blood cultures and aseptic technique.

The doctor as a professional

Themes emerging when asking about the NQD as a professional
- Lack of confidence
- Variable levels of knowledge compared to previously
- Attire linked to professionalism
- Reduced responsibility for patient care

Five out of the twenty-two nurses questioned stated that recent NQDs had not met their expectations. The reason given by all five was that the NQDs lacked prioritisation skills and confidence. The length of time practising as a nurse in this group of five nurses ranged from 15 years to 30 years indicating that they were the more experienced nurses out of those surveyed.

When asked if the nurses thought their expectations of NQDs had changed over time, a theme that emerged was that as they themselves had gained experience, they became increasingly aware of the pressure and responsibility newly qualified doctors are faced with. However, 15/22 nurses made specific reference to the variable levels of knowledge amongst NQDs compared with previously. None of the nurses had noticed a difference between female and male NQDs.

When asked about the professionalism of NQDs, 7 out of 22 nurses made specific reference to attire being less professional than previously with comments such as

- "they wear 'trendy' clothes rather than what is appropriate and professional"
- "the white coat used to distinguish them as doctors but sometimes now it can be difficult to tell who they are"

Other comments relating to attitudes and professionalism were focused around NQDs taking responsibility for patient care

- "they often seem stressed and overworked .... and seemingly not wanting to take responsibility for their patients"
- "some are more than willing to help but many are not"
- "they take on less responsibility and always seem to need support from seniors"
- "they seem to think some duties are below them - such as admin and clerical work like signing blood forms and rewriting charts"

When asked if the majority of NQDs are respectful towards them and others and if NQDs took their advice when it was offered only one nurse answered no.

Discussion

Nurses are a vital part of the multidisciplinary team and are the closest point of contact to NQDs. With the introduction of multi source feedback and workplace based assessments, they are becoming increasingly important in on-going feedback and the assessment of NQDs.

This small-scale study demonstrates that nurses' expectations of the clinical skills and duties of a NQD do not reflect the standards laid out by the GMC. In fact, nurses expect much less from NQDs than what the GMC stipulates as mandatory with only six of forty-two of the outcomes and skills considered by all nurses to be appropriate for a NQD. Nurses are often the first responders to patients and they are responsible for contacting a member of the team to address the needs of the patient. It may be that newly qualified doctors are missing out on opportunities as nurses bypass them in favour of more senior members of the team due to a lack of awareness as to what NQDs should be able to do.

This study does reassure us that in general the nurses are happy with the professionalism of newly qualified doctors. The piloting process determined what nurses considered to be professionalism and the common theme uncovered was respect for others, which the nurses questioned believe NQDs demonstrate. However, the free text responses in the questionnaire allowed for other ideas and comments with regards to professionalism of NQDs to be voiced and although not the focus of the study, attire was a major theme that came up with nurses believing it to contribute to professionalism. Many nurses believe that laxity in attire contributes to a less professional appearance.

This is in keeping with studies by Palazzo et al[13] and Bond et al[14] who have demonstrated that patients consider a doctors' dress code to be important. Bond et al conducted a patient perception survey and showed patients felt formal attire was considered to be the most professional and easiest to identify the person as a doctor. Surgical scrubs were considered to be the most hygienic and 'bare-below-the-elbows' received the least votes.

Furthermore, it appears that nurses have noticed that NQDs seem more reluctant than previously to take responsibility for patient care. However, other studies have shown that NQDs are more likely to recognise their own limitations[3,4]. Perhaps it is this, along with increasing litigation that contributes to a perceived lack of confidence and need for senior input to patient care. Would they previously have simply "had a go"?

Another interesting point to explore is what shapes nurses expectations. They are unlikely to have read Tomorrows Doctors as evidenced by our results as they thought many of the outcomes listed were inappropriate for a NQD. It is therefore likely that their expectations have been formed from experience. However their observations of recent NQDs do not match their expectations either. They have observed them to be able to do less than what they would expect them to be able to do. When asked if their expectations have changed over time, it seems not to have done. This would suggest that NQDs can do less now than previously. Or is it simply that they have less confidence or are more willing to ask for help? Matheson and Matheson[11] raise the issue of consultants wearing rose tinted glasses when asked about their views of NQDs. Does this stand for nurses and do we expect too much? Do we remember things previously as better than they actually were?

One of the nurses out of the 15 who commented on an increasing amount of variability in competence amongst NQDs compared to previously attributes the variability to be due to "experience and confidence and only occasionally a lack of knowledge". This is an interesting comment and further qualitative studies may enlighten us as to if there is actually a lack of knowledge amongst juniors or simply a lack of confidence or higher levels of insight in to their own limitations than before.

Limitations and areas for further work

The sample size of the nurses questioned was small in order to obtain an initial analysis of their views. It is therefore difficult to conclude definitively what nursing staff believe or witness but it does highlight the divide between what NQDs have been accredited as being able to do and what nursing staff perceive or see them being able to do in the workplace. Tomorrow's Doctors is a large document and it would therefore be useful to study discrete elements of the document such as professionalism or skills in more detail with a larger sample size to obtain more quantitative data. Doctor's attire was an issue that arose unexpectedly in this study and is thought by nurses to contribute to professionalism. Many trusts have introduced uniforms for medical staff in order to help address the "bare below the elbows" ethos and this would be an interesting area to study in more detail.

Conclusion

It is essential that nurses are informed of what NQDs should be able to do. They are a vital part of the team and are well placed to observe NQDs. Their observations and opinions can offer us an extra dimension to our understanding of how our current NQDs are performing. However, it is not up to the nurses to decide what a NQD should be able to do. It is the doctor's responsibility to know his or her own limitations and to seek help and when necessary. The authors believe that improved awareness amongst nursing staff as to what should be expected of NQDs could improve opportunities for trainees in addition to helping nurses identify trainees who are not meeting standards. An interesting research question would be to ask NQDs how important they perceive nursing staff's views are compared to consultant's views and if their views would have any effect on their behaviour and attitudes.

References:

1. General Medical Council. Tomorrow's Doctors. London: GMC, 1998
2. General Medical Council. Tomorrow's Doctors. London: GMC, 2009
3. Jones A, McArdle P, O'Neill P. How well prepared are graduates for the role of pre-registration house officer? A comparison of the perceptions of new graduates and educational supervisors. Med Educ 2001;35:578-584
4. Wall D, Boshaw A, Carolan J. From undergraduate medical education to the pre-registration house officer year: How prepared are students? Med Teach 2006;28:435
5. General Medical Council. The New Doctor. London:GMC, 1993
6. General Medical Council. The New Doctor. London:GMC, 1997
7. General Medical Council. The New Doctor. London:GMC, 2002
8. Goldacre MJ, Lambert T, Evans J, Turner G. Preregistration house officers' views on whether their experience at medical school prepared them well for their jobs: national questionnaire survey. BMJ 2003;326:1011-1012
9. GMC Education Committee. How prepared are medical graduates to begin practice? A comparison of three diverse UK medical schools. London: GMC, 2008
10. Morrow G, Johnson N, Burford B et al. Preparedness for practice: the perception of medical graduates and clinical teams. Medical Teacher 2012;34:123-135
11. Matheson C & Matheson D. How well prepared are medical students for their first year as doctors? The views of consultants and specialist registrars in two teaching hospitals. Postgrad Med J 2009;85:582-589
12. General Medical Council. Tomorrow's Doctors. London: GMC, 2003
13. Palazzo S, Hocken DB. Patients' perspectives on hoe doctors dress. J Hosp Infect. 2010 Jan;74(1):30-4. doi: 10.1016/j.jhin.2009.08.021. Epub 2009 Nov 14
14. Bond L, Clamp PJ, Gray K, Van Dam V. Patients' perceptions of doctors' clothing: should we really be 'bare below the elbow'? J Laryngol Otol. 2010 Sep;124(9):963-6. doi: 10.1017/S0022215110001167. Epub 2010 Jun 2.

The World Journal of Medical Education & Research (WJMER) is the online publication of the Doctors Academy Group of Educational Establishments. It aims to promote academia and research amongst all members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from all parts of the world. The journal intends to encourage the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting-edge technology and those who need to innovate within their resource constraints. It is our hope that this interaction will help develop medical knowledge & enhance the possibility of providing optimal clinical care in different settings all over the world.

DOCTORS ACADEMY
Disseminating Medical Knowledge and Skills Globally

ISSN 2052-1715

WJMER

World Journal of Medical Education and Research

An Official Publication of the Education and Research Division of Doctors Academy