FY1: Where Are We Going Wrong?

Catherine Kitchen^{1,*}, Emma Lewis^{1,*}, Chloe Schiophorst^{1,*}, Catie Paton¹

NHS Lanarkshire

¹NHS Lanarkshire

*Authors contributed equally to this work

Catherine.kitchen2@Lanarkshire.scot.nhs.uk

Introduction

- Recent BMA survey shows up to 40% of junior doctors in Scotland considered leaving the NHS in the last year¹
- Data suggests issues with supervision and training, work-life balance, and workload are all contributory factors
- Foundation Year 1 (FY1) doctors are at the very beginning of their clinical careers are often the first contacted out-of-hours (OOH) for sick or deteriorating patients
- It is hypothesised that FY1s do not feel adequately prepared for OOH work following graduation from medical school
- This study aimed to capture FY1 reflections soon after starting their initial rotations in terms of their competence and confidence whilst working OOH and when managing unwell patients or emergency situations
- The results would be used to understand local educational needs and to guide teaching initiatives, which in turn could lead to improved FY1 confidence and well-being, alongside improved patient care

Aims

- Collect data on whether FY1s had experienced sick or deteriorating patients during their OOH work within the first 10 weeks of starting their career
- Consider whether FY1s feel prepared for and supported during OOH work
- Identify which areas of OOH work FY1 are least confident in, and which areas would benefit from further experience or practice

Methods

- An online survey was distributed to all FY1 doctors working at the three acute sites within NHS Lanarkshire within 2 months of starting work
- The survey was anonymised and optional. It was distributed just after their mandatory weekly teaching
- Quantitative data was collected using Likert scales and qualitative data was collected using free-text questions
- Data was analysed using simple statistics and text analysis

Results

- 35 out of 75 (46%) FY1s in NHS Lanarkshire completed the survey
- 100% of respondents reported having experienced a clinical scenario where they felt out of their depth
- 66% had been directly involved in peri–arrest situation
- 34% had been directly involved in a cardiac arrest situation

Results (continued)

Aggregated answers to select questions from the surveys are shown below:

'My training at medical school adequately prepared me for working as an FY1 OOH'

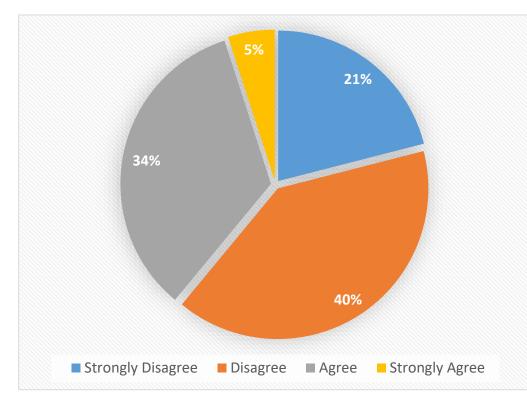


Figure 1: Pie Chart showing whether FY1s felt medical school had adequately prepared them for OOH work

'Do you feel supported at work from a pastoral/well-being perspective?'

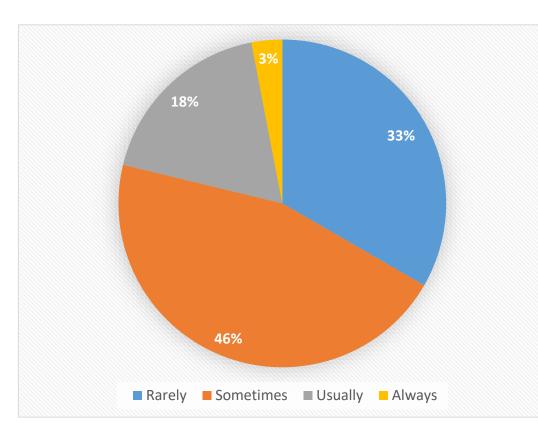


Figure 2: Pie Chart showing whether FY1s felt supported from a pastoral/well-being perspective at work

Free text answers revealed the following:

- What worries FY1s the most: lack of confidence, fear of doing something wrong, stresses at work, poor senior support, work-load and prioritisation
- Clinical situations were FY1s reported low confidence in: Almost exclusively peri and cardiac arrests but also included seizures, major haemorrhages, drug reactions, aggressive patients and medication errors
- Situations FY1s wanted more practice with: emergency scenarios, A-E assessments, team working, directing other team members, managing unwell patients on their own, practical procedures, knowing when to put out a 2222 and how to gain senior support promptly

Discussion

- Over half of FY1s did not complete the survey, suggesting that they may not have been able to leave their wards for mandatory teaching
- FY1s, even within their first few months of practice, are seeing unwell patients. They have all encountered a clinical scenario where they felt out of their depth, with the majority feeling they had not been adequately prepared by their medical school for OOH work
- These results suggest a gap in training for FY1, as well as the potential need for increased senior support OOH

Conclusion

- This 'time-stamp' survey at the start of FY1 has shown a lack of confidence and perceived competence in working OOH in NHS Lanarkshire, as well as difficulty with senior support at times. This could potentially negatively impact patient care
- Results have formed the basis of initiatives to improve this locally both in terms of educational gaps and to improve wellbeing/support for FY1s.
 These initiatives have initially focused on simulation-based education to meet current unmet educational needs

References: