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<th>Title</th>
<th>Foundation Year Doctor Perspective</th>
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<td>Status</td>
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<td>History</td>
<td>Patient or staff stories are regularly presented to the Trust Board and Quality Committee. This month a staff story is being presented on the basis that staff and patient experiences are often aligned.</td>
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<td>Board Lead(s)</td>
<td>Ms Sam Foster, Chief Nurse</td>
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## Executive Summary

1. The purpose of this paper is to provide an example of a staff perspective

2. This story provides an important opportunity to understand the experience of a foundation year doctor:
   - Her experience is positive and she feels proud to work in the NHS and at the Trust.
   - It would have been useful for her to have had information earlier about her salary in order that she could make a decision about what accommodation she could afford.
   - The support she received from nurses and more senior medical staff has been very good. However, she did feel it was an enormous transition from being a student to being a Foundation Doctor, particularly when she was on night duty.

3. Recommendation
   3.1. The Trust Board is asked to note the staff story and the issues it raises.
1. Staff story

1.1. This staff story describes the reflections of a trainee doctor as she reaches the end of her first Foundation Year. As is usual practice, the story has been made anonymous and the pseudonym PL is used to refer to the doctor. However, PL has offered to speak about her experiences in public forums in order to support others.

1.2. PL graduated from university and obtained her medical degree in 2016 and was offered a place at Oxford University Hospitals NHS Foundation Trust (OUH) to undertake her two foundation years, followed by 6-8 years Specialty Training.

1.3. PL said that it was a significant transition from being a student to trainee doctor, both in terms of the work involved and on a personal level. When she was offered her place she was not given full information about her salary (which can vary by as much as £400 per month for F1 doctors) which meant that she did not know what her budget was for accommodation. This added to the already stressful undertaking of organising a move to a new city while completing her medical examinations. Some of her colleagues lived on site initially but she said there is only limited accommodation of this kind and a need to apply extremely early. The Director of Medical Education noted that for PL’s experience of lack of salary information PL’s experience is not unusual. An engagement event is currently being arranged by the Organisational Development Team in response to this survey which highlighted a range of issues related to Junior Doctor’s morale and well-being.

She also would have liked to have been prepared for the fact that she would initially be working mainly at the Horton General Hospital in Banbury for the first six months, with occasional commutes to the John Radcliffe. The job was advertised as 4 months at the Horton and 2 at the John Radcliffe. The reality was 6 months at the Horton with 1 in every 6 weeks at the John Radcliffe. Although she did not mind the commute, some of her colleagues found this difficult.

1.4. The transition in level of responsibility from student to trainee was quite daunting initially. In talking to colleagues, PL noticed that some universities have a period of enabling shadowing for foundation trainee doctors after completing their final exams. Whereas others do not have this shadowing period and end the academic year with their final exams. PL fell into the latter category. Preparing for final exams and preparing to be a doctor on the wards is a very different experience.

“We learnt about lots of weird and wonderful cases for the exams but not much about “just being a doctor”. Other university courses I think have more shadowing. When I came here I had two days shadowing which I found incredibly useful”.

1.5. PL’s first shift was a night shift in the surgical area of the Horton General Hospital. She was one of two junior doctors on that night in the hospital,
the other one being in the medical team. A more senior doctor was on the medical team who PL was able to refer to if she had queries.

“I felt really thrown in at the deep end. I was thinking about making sure that I would be using all the knowledge I had but felt much less experienced in leading clinical situations on my own and communicating the plan of action with patients and nurses. It was so hectic – on my first shift, the bleep went off more than 10 times just while I was doing hand over. That first call when you are asked to come and see a patient on your own is really nerve wracking”.

She said how different it felt from being a student or shadowing with “no-one holding my hand”. Although, she was new she wanted to appear confident because she didn’t want the nurses, patients or relatives to be worried that she did not know enough. However, she found the doctors and nurses extremely supportive, and felt that they understood, having been in the same situation themselves.

“The nurses were very kind and aware that it was difficult for me as a new junior doctor. And the senior doctors understood as they had been in my shoes. I felt I was ringing for advice a lot but I always started my phone calls with “I’ve just started the job, I am an F1. This may be a silly question but can I just ask you…”

PL described how “little by little you gain confidence – and the things you can do safely without advice, grows and grows”. However, she has been aware of not becoming overly confident and kept in mind the difficult balance to strike between confidence and asking advice, given her relative newness to the profession.

She is now coming to the end of her placement on Acute General Medicine and has found the environment supportive, interesting and exciting. She has benefited from support from her Consultant, Registrar and the Senior House Officer.

1.6. PL noted the difference between working on day and night shifts. The night shifts provide an opportunity to utilise her skills and experience and make decisions. She enjoys these more than the day shifts where she finds she is mostly shadowing and doing more administrative jobs (such as writing up notes and prescriptions).

1.7. Another aspect of her work she enjoys is holding the crash bleep. She received simulation training on this during medical school but “it can never prepare you for the first call”. This happened at the Horton General Hospital, and she recalled the adrenaline of this first experience and how rewarding it was to be part of a team where everyone in the team were working together to do the very best for the patient.

However, PL said that it was hard emotionally afterwards as often these cases did not have a successful outcome. There was a particular case that was really difficult because a patient who had been doing well went into cardiac arrest unexpectedly. The patient had just come onto the ward and PL had not been expecting her to deteriorate. PL needed to do
CPR and was kneeling in urine in the middle of the corridor trying to resuscitate the patient. After the patient died there were only a few moments to write up the notes, ensure someone is going to speak to the patient’s family, before then having to move on and help other patients.

“I had to balance between thinking about it and trying to process what had happened with not thinking about it and getting on with my job”

1.8. Overall one of the key issues that PL has had to manage is prioritisation of tasks and she is aware that the Registrars find it difficult too.

“You constantly want to do your best. It is difficult when I know that relatives want to speak to me and I have already updated someone in the family in the morning, but I know it can be important for other family members to be kept informed too. Then at the same time my team is asking for my help.

1.9. PL wanted to raise the issue of the doctors’ mess which is the only room where the doctors can meet, talk about the patients and make decisions in a confidential environment. The room is large and large enough for the staff, but there are only two computers resulting in queues to use them. PL believes that it would increase productivity if there were more computers to do essential work such as looking up X-ray and blood results.

1.10. Another issue she wanted to raise was around the availability of fans on the wards to create better ventilation in the hot weather and particularly to help palliative patients, who can find fans very comforting and have been shown to reduce the sensation of breathlessness when dying.

1.11. PL is part of the Foundation Trainees Group, which meets regularly with senior consultants and managers in charge of the Foundation Programme and Trust. It enables Foundation Doctors to have a voice in important issues related to training and Trust governance. Foundation Doctors can raise issues and run projects to improve service provision to patients, and improve the training for doctors. PL has found this a useful experience and values the importance the Trust places on the views of its most junior doctors.

2. Recommendation

2.1. The Trust Board is asked to reflect on the staff story and the issues raised.

Sam Foster, Chief Nurse

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4th September 2017