Are emergency department junior doctors becoming less experienced in performing common practical procedures?

Susan J Croft, Suzanne Mason

A questionnaire was designed to measure junior doctors’ experience of performing practical procedures and was distributed to all junior doctors working in our emergency department during June 2005 and June 2006. The junior doctors were subjectively less experienced in all the procedures measured in 2006 compared to 2005. There were statistically significant reductions in experience of shoulder manipulation, suturing and wound exploration. Junior doctors are becoming less experienced in performing some practical procedures.

METHOD

A questionnaire was designed to assess junior doctors’ experience of performing common practical procedures. Six procedures commonly performed in the emergency department were selected following discussion with the emergency department consultants as follows:

- Colles fracture manipulation
- Dislocated shoulder manipulation
- Suturing wounds
- Exploring wounds
- Abscess drainage
- Chest drain insertion

A 10-cm visual analogue scale (VAS) was devised to measure the doctor’s experience in performing the practical procedures listed above. There were four descriptive anchor points on the line:

- No experience (0 mm)
- Some experience with support (33 mm)
- Good experience (66 mm)
- Confident alone (100 mm)

A VAS was used rather than a Likert scale as it allows expression of a subjective opinion that ranges across a continuum.

The questionnaire was distributed to junior doctors working in the department in June 2005 and again in June 2006 to be completed anonymously. The data were collected 1 year apart to ensure no seasonal variation. So that the groups compared had similar characteristics, only doctors who had been working in the department for 4 months at the time of questioning were included.

RESULTS

Of the doctors who had been working in the department for 4 months, 14 (82%) responded in June 2005 and 16 (94%) in June 2006. The mean periods since qualification were 2.32 (SD 0.82) and 2.39 (SD 0.80) years, respectively.

A perceived reduction in experience was noted for all listed procedures between the junior doctors in 2005 and those in 2006 (fig 1). The decrease in experience of performing shoulder manipulation, suturing and exploring wounds was statistically significant.
Limitations
This is a small, single centre study looking at junior doctors’ experience. Both groups of doctors had been working in the department for 4 months and had been qualified for a similar length of time. However, every group of doctors varies in experience and confidence.

DISCUSSION
We have demonstrated that in our hospital, junior doctors’ perceived experience of carrying out common procedures decreased between June 2005 and June 2006. There are many reasons why this may have occurred:

1. Foundation doctors are being encouraged not to perform procedures until they have been taught thoroughly and are completely competent, rather than following the old adage of “see one, do one”.
2. Foundation doctors are spending more time receiving external teaching and undergoing assessment than previously, allowing them less on-hands experience and less teaching related to their current post.
3. Due to target pressures within the department, the consultants and middle grade staff may be performing more procedures themselves so that the patient doesn’t “breach” specified waiting times, rather than teaching and supervising the junior doctors.

Further work is required to identify whether this problem is widespread in UK emergency departments.

CONCLUSION
In our emergency department, junior doctors consider that their practical experience of performing procedures is decreasing. This decrease in experience needs to be addressed so that junior doctors can continue to provide an important role in emergency care.

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Authors’ affiliations
Susan J Croft, Northern General Hospital, Sheffield, UK
Suzanne Mason, Medicine, Northern General Hospital, Sheffield, UK

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Correspondence to: Susan J Croft, Northern General Hospital, Herries Road, Sheffield S5 7AU, UK; susancroft@btinternet.com

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