

Understanding how to improve medicine and renal departmental induction for junior doctors

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INTRODUCTION Research suggests departmental induction for junior doctors is highly variable in its amount, content and effectiveness. For newly qualified doctors, induction has been shown to provide better support, improve confidence and competence and ensure patient safety. This evidence led to induction being mandated for Foundation Year 1 doctors from 2012. Junior doctors in their second year of training and beyond continue to rotate through new departments' but their induction is merely recommended. We aimed to assess the quality of induction provided to junior doctors including those rotating to the renal department.

METHODS Semi structured interviews were conducted with ten core medical trainees (third- and fourth-year doctors) in a single hospital in the UK. Interviews included general questions about medical departmental induction and also their experience of a renal induction if they had rotated through the renal department. Thematic analysis was used to identify what induction is being provided, the impact that has and how things could be improved.

RESULTS Participants described departmental induction as highly variable stretching from receiving nothing to extremely thorough inductions. The trainees identified a good induction as that which focussed around the practicalities of the day-to-day job, had a positive impact on their mental health, gave them a sense of being valued as well as ensuring better patient care. The participants gave advice on what they would include such as orientation, a clear guideline for clerking direct admissions and how they would deliver an induction, involving peers, ideally bleep free and occurring away from the ward. Participants also felt being able to provide feedback was vital. Mandating departmental induction for juniors was met with mixed feelings but seen as a positive if it could be implemented as more than a tick box exercise. Those that had rotated through the renal department described heightened anxiety when rotating into renal medicine with the perception of needing more specialist knowledge and not applying the 'normal rules' of medicine to renal patients. They described the thorough orientation, good senior support and the month of weekly teaching sessions run by the specialist nurses and allied healthcare professionals as a significant positive of the renal induction.

DISCUSSION The variability of departmental induction highlighted through this study reflects similar work in first year doctors and supports the need for improvement for all junior doctors. The increased anxiety felt by junior doctors rotating into renal medicine makes the need for a good effective induction even more important. Key areas include ensuring induction is repeated if missed, a welcome to ensure they feel valued in the department, clear orientation, renal specialist teaching and requesting feedback to continue improvement. Ensuring a good induction will help retain doctors in renal medicine.