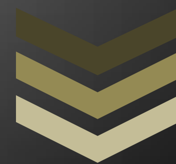
Redefining F1
Progress Update WHSCT
Re-survey Results: 2020



August 2020

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Executive Summary

NIMDTA's Placement Quality (PQ) team commenced a review into the quality of Foundation Year 1 (F1) training posts in Northern Ireland in 2018. A Foundation Summit "Redefining F1" hosted jointly by QUB and NIMDTA then took place on 1 April 2019. The Summit looked specifically at the experiences of F1 doctors in NI and aimed to identify how the F1 experience could be redefined through a collaborative approach involving all of the key stakeholders. Representatives of all interested parties in the NI Foundation Programme (DoH, HSCB, PHA, HSC Trusts, GMC, BMA, and Trainee Forum) attended and participated actively in the Summit. There were 4 workshops held during the day, looking at essential F1 training outcomes and identifying priorities for action to improve the F1 training experience.

A Foundation PQ Report, which summarised the findings of the PQ Review and the actions agreed at the F1 Summit, was published in May 2019. This set out 12 Key Recommendations to be implemented across organisations to improve the F1 training experience. These included: ward-based shadowing; induction; clinical duties; protected teaching and work/rest facilities (Appendix 1). Further engagement with Trusts, through PQ visits, led to the creation of locally agreed Trust actions to address the recommendations.

A 'Redefining' F1 Follow-up meeting was held in October 2019 where all HSC Trusts presented progress that had been made in assessing, planning and implementing the 12 recommendations. A Progress Update Report published in November 2019 summarised the areas of good practice, identified solutions and local obstacles to implementing recommendations and highlighted key areas requiring further development.

Following local introduction of improvement strategies a re-survey of F1 doctors was conducted in January 2020 to ascertain what progress had been made in achieving the 12 key recommendations.

Regionally, there have been improvements in a number of areas including ward-based shadowing, induction, protected teaching, clinical supervision and the provision of rest facilities. There has however been minimal change in the amount of time that F1 trainees are spending on tasks of limited educational value and in participating in educationally beneficial clinical duties. The results vary significantly across sites and Trusts.

Section 1 of this report summarises the results of the re-survey for the Western Health and Social Care Trust (WHSCT). The WHSCT 2018 F1 PQ survey results and the regional averages from the F1 2020 PQ re-survey are included for comparison.

Section 2 outlines the positive developments within the WHSCT and areas where further improvements are still required.

Section 3 provides F1 free text comments on different aspects of training.

Section 4 summarises the overall results of the 2020 Resurvey.

To ensure improvements are maintained and to assess the success of additional measures that have been introduced to further improve the F1 training experience, the Placement Quality Team at NIMDTA will be conducting a further survey of all F1 doctors in January 2021.

The results of the resurvey will be circulated to the Department of Health as well as all Medical Directors, DMEs and Foundation Programme Directors and will help to better inform Trusts of the additional progress that had been made in addressing the recommendations where the need for further improvement had been identified.

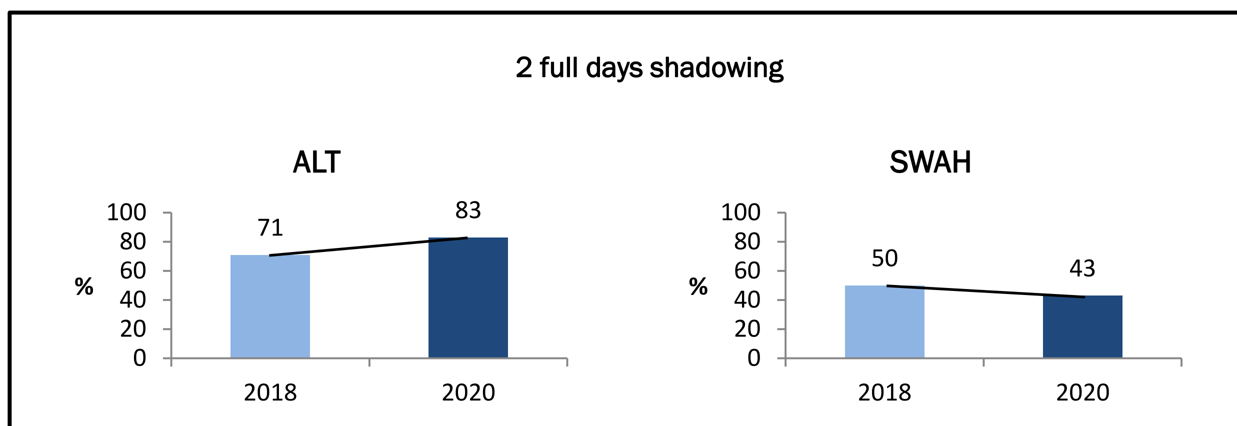
Section 1: Key Recommendations – Progress Update

In the PQ Re-survey of the WHSCT, each F1 doctor was asked about training in their FIRST four month post between 07/08/19 and 03/12/19.

The survey response rate for the Altnagelvin Hospital (ALT) was 64% (18 F1s of which 50% were in a medical post and 50% in a surgical post) and for South West Acute Hospital (SWAH) 36% (5 F1s of which 60% were in a medical post and 40% in a surgical post). The regional response rate was 54%.

Recommendation 1:

Provide all new F1 doctors with ward-based F1 **shadowing** all day for **2 full days**.

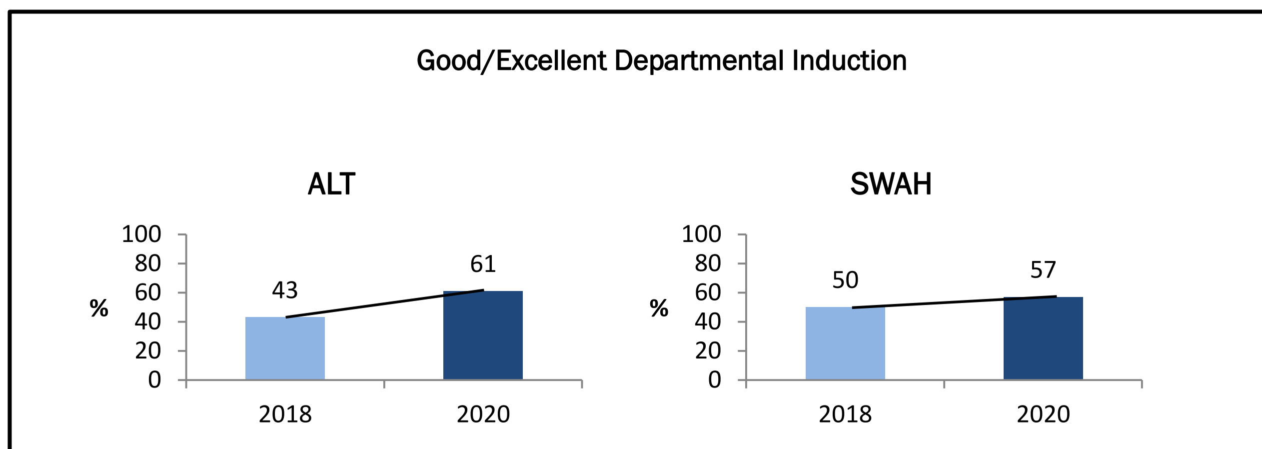


Ward-based shadowing	Northern Ireland Regional Average (2020 Re-survey)	WHSCT (%) (2020 Re-survey)	ALT		SWAH	
			2018 Survey	2020 Re-survey	2018 Survey	2020 Re-survey
2 full days	79	72	71	83	50	43
<2 full days	21	28	14	17	50	57
No shadowing	0	0	14	0	0	0

Recommendation 1: NOT MET in WHSCT

Recommendation 2:

Deliver a formal **induction** for all F1 doctors to their clinical team at the start of each placement



Departmental Induction	NI Regional Average (2020 Re-survey)	WHSCT (%) (2020 Re-survey)	ALT		SWAH	
			2018 Survey	2020 Re-survey	2018 Survey	2020 Re-survey
Excellent/Very Good	65	60	43	61	50	57
Satisfactory	23	28	43	28	0	29
Poor/ Unsatisfactory	12	12	14	11	50	14

In **ALT** there has been an increase in the number of F1s reporting the quality of departmental induction as excellent or good (43→61%).

In **SWAH** there has been a significant reduction in the number of F1s reporting departmental induction as poor or unsatisfactory (50→14%) with 86% of F1s now indicating induction as excellent/good or satisfactory.

Trainee Comments

"Didn't have a departmental induction. A specific induction by surgical team would have helped us with knowing our role in the team quicker." - SWAH F1

"Great day set up by medical education centre in Altnagelvin. Fun and informative – ALT F1"

"Did not have a ward induction." - ALT F1 (Renal)

Recommendation 1: Improvement noted on ALT and SWAH sites

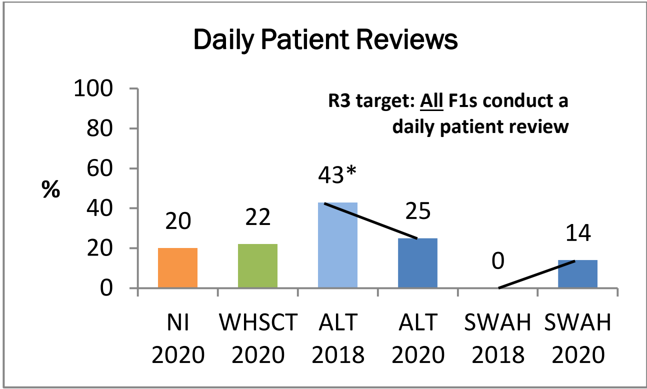
Recommendation 3:

Fully involve F1 doctors in planned **patient reviews on a daily basis**

Reviewing patients on a daily basis is essential to developing the skill of managing patients with complex medical needs and progressing to more independent practice in F2 and beyond. This recommendation is an essential component of any F1 post in NI.

In **ALT** and **SWAH** only 25% and 14% of F1s respectively are conducting a daily patient review.

*Figures for 2018 not directly comparable ≈ >10/month



Recommendation 3: NOT MET in WHSCT

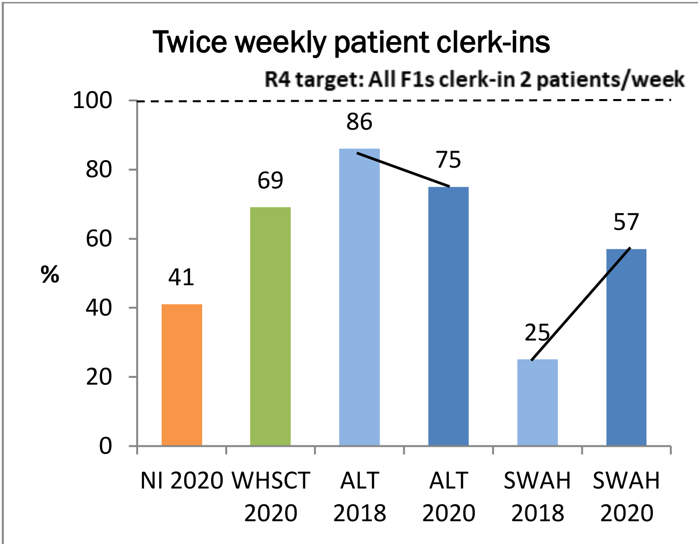
Recommendation 4:

Necessitate the participation of F1 doctors in the **clerking-in of patients** on average at least twice a week

Clerking-in patients is an essential task required at F2/CT level. Learning and developing the skills involved in this process is an important component of an F1 post.

In **ALT**, the number of F1s clerking-in 2 elective patients/week has fallen (86%→75%) but remains significantly above the regional average of 41%. The number of F1s clerking in NO emergency cases has also increased (14%→75%).

In **SWAH** there has been a significant increase in the number of F1s clerking-in 2 elective patients/week (25%→57%). The number of F1s clerking-in NO emergency cases/week however remains high (43%)



Recommendation 4: NOT MET in ALT, but significantly above the regional average

Recommendation 4: Significant improvement on the SWAH site

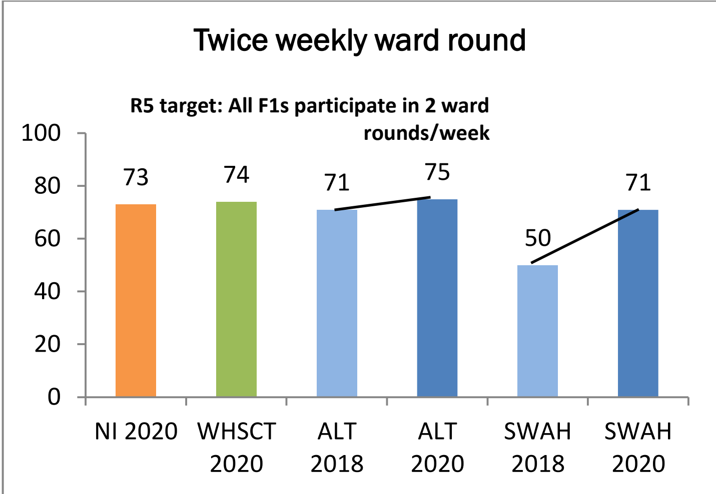
Recommendation 5:

Require the active participation of F1 doctors on **ward rounds** on average at least twice a week

Active participation in wards rounds should be an essential component of an F1 job, providing important opportunities for the development of diagnostic, management and leadership skills.

In **ALT** 75% of F1s are participating in 2 ward rounds /week and the number of F1s still attending no ward rounds has decreased (29%→12%).

In **SWAH** there has been an increase in the number of F1s participating in 2 ward rounds/week (50%→71%) with the figure now aligned to the regional average of 73%. This rise mirrors the fall in the number of F1s still attending no ward rounds (50%→14%).

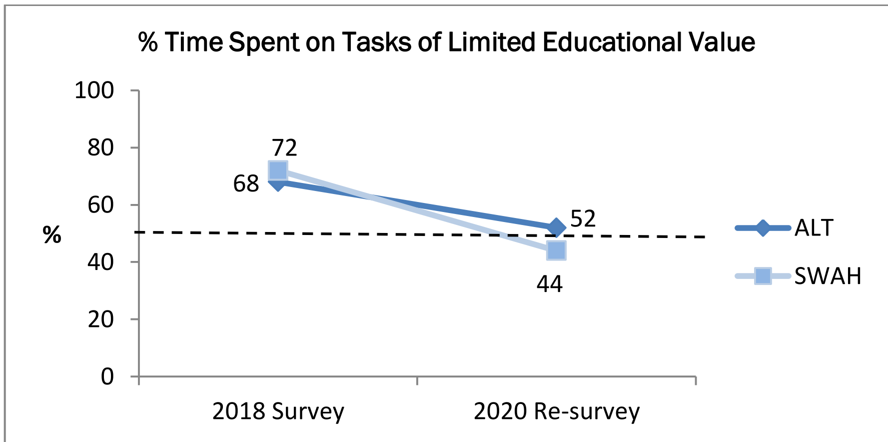


Recommendation 5: NOT MET in WHSCT

Recommendation 5: Significant improvement on the SWAH site

Recommendation 6:

Limit the time spent by F1 doctors on routine **tasks of limited educational value** to no more than 50% of their time



Trainee Comments:

"Spending 3hrs a day doing bloods each weekend is a waste of resources. No phlebotomists and nurses refuse to take bloods. These type of problems are why F1s leave the country as no one takes responsibility and solves the problem." - ALT F1

Recommendation 6 aims to ensure that F1s do not spend more than 50% of their time on tasks of limited educational value. This includes tasks such as venepuncture, cannulation, medication kardex writing and discharge letters. While such tasks undoubtedly have an educational value in moderation, the excessive volume of these tasks, as identified by F1 doctors in the 2018 PQ survey is of little additional educational benefit and limits the time that could be used for other tasks of greater educational value such as the clinical duties highlighted in Recommendations 3-5.

Significant progress has been made in addressing Recommendation 6 across the WHSCT. **SWAH** has achieved a significant reduction in the time spent on tasks of limited educational value (72% →44%) and has met the set target. **ALT** has also seen a significant reduction (68% →52%) and is only just outside the target recommendation of less than 50%.

Continued efforts to meet Recommendation 6 are essential to redefine the F1 experience. This may involve strategies such as encouraging all levels of medical staff to contribute to these duties e.g. completing discharge letters during the ward round; addressing workforce challenges by employing more allied health care practitioners to undertake these tasks or expanding the 'Hospital at Night' role to evenings, bank holidays and weekends.

Recommendation 6: Significant improvement on ALT site

Recommendation 6: MET in SWAH

Recommendation 7:

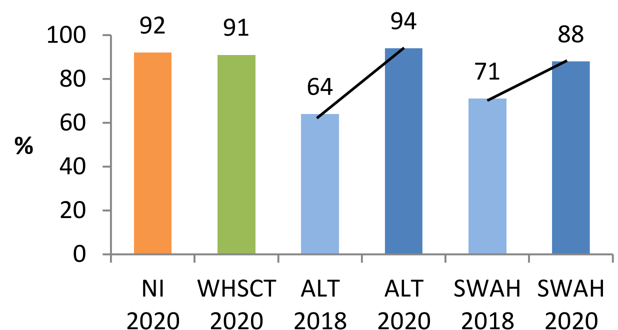
Ensure F1 doctors are **aware of who the senior doctor is** (and how to contact them) for advice **for each shift**

The majority of F1 doctors in the WHSCT (91%) know who the senior doctor is, for advice for each shift.

In **ALT** there has been a significant increase in the number of F1s reporting being aware of their senior support for each shift (64%→94%).

A similar improvement has been made on the SWAH site (71%→88%).

Improvements have also been seen across NI.
(NI regional average 69% →92%)



Recommendation 7: Significant improvement noted in WHSCT

Recommendation 8:

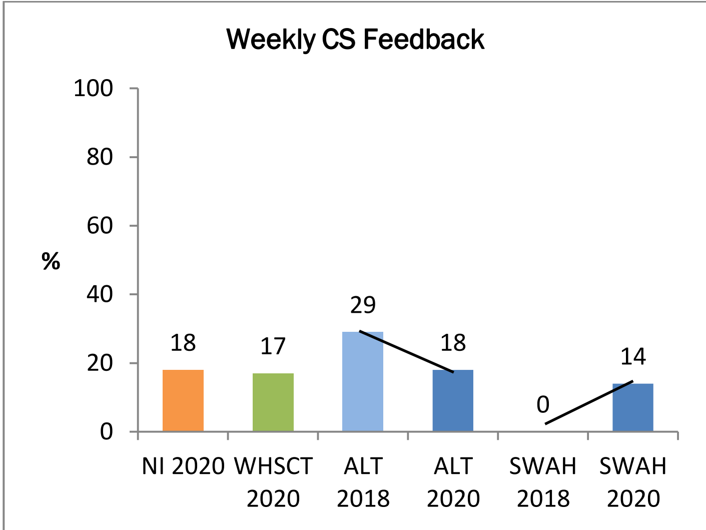
Provide **feedback** to all F1 doctors through their trained clinical supervisors on average on a **weekly** basis

The frequency of CS feedback has decreased on the **ALT** site, with just **18%** of F1s in ALT receiving feedback weekly. In **SWAH** although the number of trainees receiving weekly feedback has risen, this remains at only **14%.**

Regionally this remains an issue with only 18% of F1 trainees in NI receiving weekly feedback.

In **ALT** the overall quality of clinical supervision has improved with almost three quarters of F1s now reporting CS as excellent/good (43% →70%). Regional average of 65%.

In **SWAH** all F1s now report the quality of CS as acceptable with an increase in those indicating CS as excellent/good (25%→57%)



Quality of CS	ALT		SWAH	
	2018 (%)	2020 Resurvey	2018 (%)	2020 Resurvey
Excellent / Good	43	70	25	57
Acceptable	57	30	50	43
Poor/ Unsatisfactory	0	0	25	0

Frequency of CS Feedback	ALT		SWAH	
	2018 Survey (%)	2020 Re-survey	2018 Survey (%)	2020 Re-survey
Daily or Once/week	29	18	0	14
< Once/week	43	76	25	62
Never	29	6	75	14

Trainee Comments:

"Only feedback given was at the end of placement meeting"– SWAH F1"

"No feedback given as didn't work on the same ward as CS"– SWAH F1"

"Senior staff in general didn't take many opportunities to educate/provide feedback"– ALT F1"

"Most of the feedback I got was from the ward pharmacist, which was extremely helpful and constructive"– ALT F1"

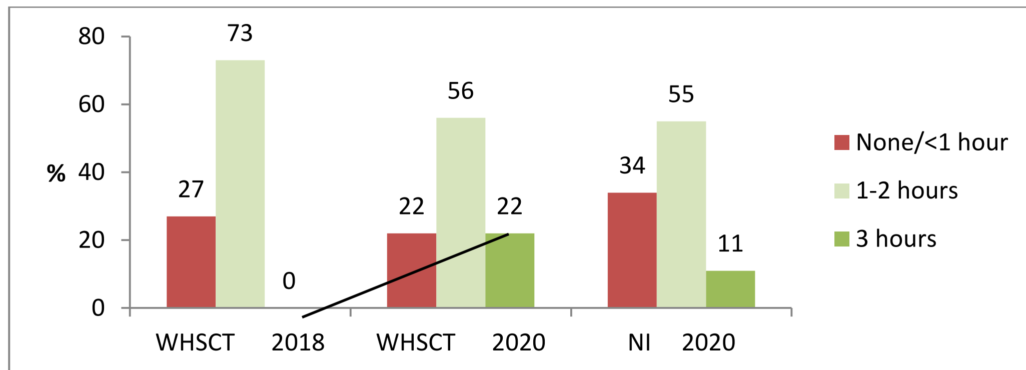
Recommendation 8: NOT MET in WHSCT

Recommendation 9:

Enable all F1 doctors to attend **3 hours of** on-site, **bleep-free, formal teaching per week**

There has been progress made across the WHSCT in addressing this recommendation, with an increase in the numbers of F1s receiving 3 hours/week of protected teaching (0→22%) and with 78% of F1s now receiving at least one hour of protected teaching per week, above the regional figure of 66% (Figure 1).

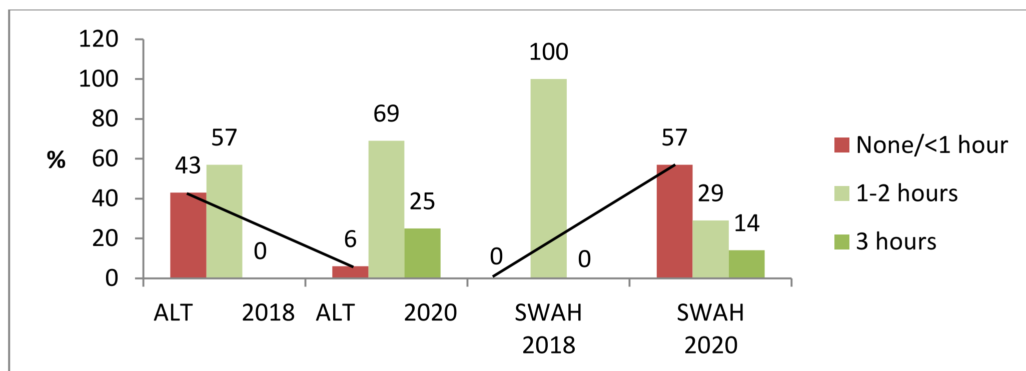
Figure 1: Weekly on-site protected teaching WHSCT 2018/20



ALT has seen the most significant improvement with the number of F1s receiving none or less than 1 hour/week of protected teaching falling significantly (43%→6%). In ALT 94% of F1s now receive at least 1 hour/week and **25%** of F1s are achieving the target of 3 hours of weekly on-site protected teaching (Figure2).

In **SWAH** although an increase in the number of F1s achieving the target of 3 hours of weekly on-site protected teaching is noted (0→14%), there has been a significant fall in the number of F1s who are receiving at least 1hour per week (100%→43%). This is reflected in the increase in the number of F1s reporting that they are getting none or less than 1 hour/week of protected teaching (0→**57%**).

Figure 2: Weekly on-site protected teaching ALT and SWAH 2018/20



Recommendation 9: NOT MET in SWAH

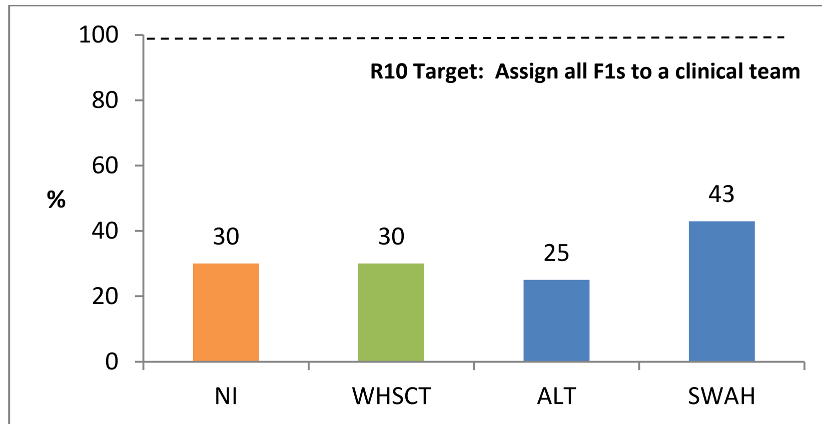
Recommendation 9: Significant improvement on the ALT site

Recommendation 10:

Assign F1 doctors **to a clinical team** as opposed to a clinical area

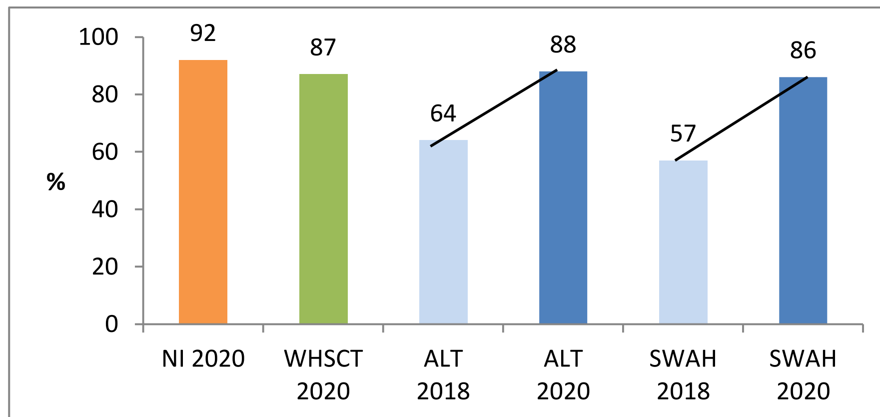
In the re-survey 43% of F1s in **SWAH** reported being assigned to a clinical team with the remainder being ward-based or a combination of both. This was above the regional average (30%). In **ALT** however only 25% of F1s are aligned to a clinical team (Figure 3).

Figure 3: Assignment to a clinical team WHSCT



Although not meeting the recommendation that all F1s should be assigned to a clinical team, the majority of F1s in the WHSCT (87%) indicated that they felt part of the multi-disciplinary team on their ward, with improvement noted on both the ALT and SWAH sites (Figure 4).

Figure 4: F1s feel part of the clinical team on the ward



Reconfiguration of clinical teams to allow alignment of F1s should be considered in order to meet this recommendation, improve the F1 experience and promote team morale.

Recommendation 10: NOT MET in WHSCT

Recommendation 11:

Ensure that F1 doctors working **out of hours'** shifts have **access to hot food** and an **area to take rest breaks**

Recommendation 12:

Provide **rooms** where F1 doctors can **rest after a night shift before travelling home**

Measures taken to improve facilities and access to hot food out of hours boosts junior doctor morale and wellbeing, allowing F1s to care for patients to the best of their ability and consequently improves patient safety and quality of care. In addition, provision of a rest area post-nights has a positive effect in promoting the safety of F1 doctors travelling home after shifts.

In the WHSCT progress has been made in addressing the quality of facilities across both sites.
In **ALT** there has been a significant improvement in access to hot food out of hours (0%→ 81%). While there has been a small increase in access to rest areas, the number of F1 doctors reporting no access to a rest area OOH (81%) and no access to a rest area post-nights (75%) remains high and well above the regional figures of 46% and 45% respectively. (Figure 5)

In **SWAH** there have been significant improvements in facilities and on this site these recommendations have been achieved with **ALL** F1s in SWAH now reporting access to hot food, a rest area out of hours and access to a rest area post-nights. (Figure 6)

Figure 5: Access to Facilities ALT

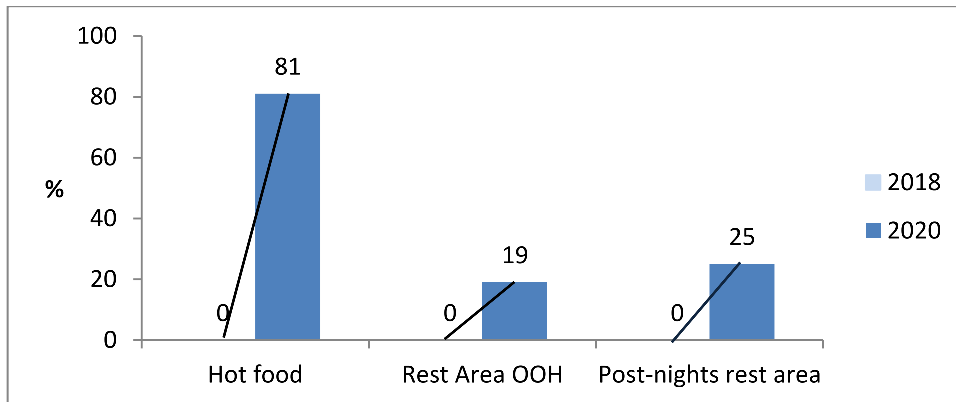
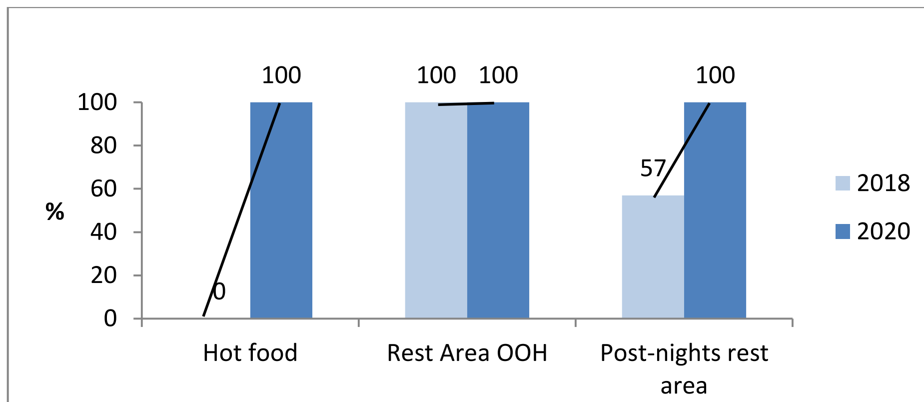


Figure 6: Access to Facilities SWAH



Recommendation 11 (Hot Food): MET in ALT

Recommendation 11: MET in SWAH

Recommendation 11 (Rest area OOH): NOT MET in ALT

Recommendation 12: NOT MET in ALT

Recommendation 12: MET in SWAH

Section 2: Practice Improvements and Development Needs

<u>Altnagelvin Hospital</u>

Practice Improvements	Development Needs
Ward based shadowing: Improvement in number of F1s receiving 2 full days shadowing (71% →83%).	Departmental Induction: 11% of F1s continue to report departmental induction as poor/unsatisfactory
Departmental Induction: Significant improvement in number of F1s reporting departmental induction as good or excellent (43% →61%).	Clinical Duties: Only 25% of F1s are reviewing patients on a daily basis, a fall from the 2018 figure of 43%. In addition, **38%** are conducting **no routine patient reviews,** an increase on the figure from the 2018 PQ review (29%).
Clinical Duties: **75%** of F1s participate in **at least 2 ward rounds per week** and the number of F1s attending no ward rounds has also fallen (29%→12%)	Clinical Duties: **75%** of F1s report clerking in no emergency patients an increase from the 2018 PQ review (14%).
Clinical Duties: **75%** of F1s are conducting at least **2 elective patient <u>clerk-ins</u>/week**. Although this has fallen from the 2018 figure (86%), it remains significantly above the regional average of 41%.	Clinical Supervisor Feedback: The **frequency** of clinical supervisor feedback has decreased since the 2018 PQ review with only **18%** of F1s **receiving weekly feedback.** This is significantly lower than the recommended target (100%).
Clinical Duties: F1s report spending 52% of their time on **tasks of limited educational value** – a significant improvement since 2018 (68%) and below the regional average (60%)	Clinical team: **25%** of F1s are **aligned to a clinical team** as opposed to a clinical area. The majority of F1s however (88%) feel part of the clinical team on their ward.
Senior doctor: The majority (94%) of F1s are aware of who their senior doctor is for each shift.	Facilities: 81% of F1s state they have <u>no</u> **access to a rest area out of hours.**
Protected teaching: The number of F1s stating they get none or less than 1 hour /week of protected teaching has fallen significantly (43%→6%). This is mirrored by a significant increase in the number of F1s receiving at **least 1 hour of protected teaching** (57%→**94%**). **25%** of F1s are achieving the target of **3 hours of weekly protected teaching.**	Facilities: 75% of F1s report <u>no</u> access to a **rest area post-nights.**
Facilities: Significant increase in **access to hot food** out of hours (0→81%).	

South West Acute Hospital

Practice Improvements	Development Needs
Departmental Induction: There has been a reduction in the number of F1s reporting departmental induction as poor/unsatisfactory (50→14%), with 86% now indicating that induction is at least satisfactory and 57% excellent/good.	**Ward based shadowing:** Only 43% of F1s receiving 2 full days shadowing, which is below the regional average (79%).
Clinical Duties: Significant improvement in the number of F1s **clerking-in 2 elective patients twice/week** (25→57%). In addition ALL F1s are clerking in emergency patients, with 73% clerking-in at least 2 emergency cases per week.	**Clinical Duties:** Only 14% of F1s are reviewing patients on a daily basis, well below the recommended target of 100%. In addition, **38%** are conducting **no routine patient reviews,** an increase on the figure from the 2018 PQ review (29%).
Clinical Duties: **71%** of F1s participate in **at least 2 ward rounds per week** and the number of F1s attending no ward rounds has fallen (50%→14%)	**Clinical Supervisor feedback:** Only **14%** of F1s report receiving **weekly feedback**. This is significantly lower than the recommended target (100%).
Clinical Duties: F1s report spending less than half (44%) of their time on **tasks of limited educational value** – a significant improvement since 2018 (72%) and below the regional average (60%) RECOMMENDATION MET	**Protected Teaching:** There has been a significant decrease in the number of F1s receiving at least 1 hour of protected teaching (100%→43%). This is mirrored by the number of F1s who report receiving **no protected teaching (57%)**, a significant increase on the figure from the 2018 PQ review (0%).
Senior doctor: The majority (88%) of F1s are aware of who their senior doctor is for each shift.	
Clinical team: 43% of F1s report being **aligned to a clinical team** as opposed to a clinical area. This is above the regional average of 30%. The majority of F1s (86%) feel part of the clinical team on their ward.	
Facilities: All F1s have **access to hot food OOH.** RECOMMENDATION MET	
Facilities: All F1s have **access to a rest area out of hours** RECOMMENDATION MET	
Facilities: All F1s have **access to a rest area post-nights.** RECOMMENDATION MET	

Section 3: Summary

There have been clear improvements in the quality of the F1 experience in the WHSCT since the initial review in 2018, in particular in regard to a significant reduction in the amount of tasks of little educational value on both the ALT and SWAH sites. Both sites also rate highly as regards the F1 training experience (Table1).

ALT is close to attaining a reduction in the tasks of limited educational value to the target level of below 50% and improvements have been made in ward based shadowing, departmental induction, senior doctor awareness, protected teaching and facilities (access to hot food). It is also noted that in the area of clinical duties (clerking in elective patients) the feedback scores are above the regional average.
Remaining areas for improvement include: clinical duties (daily patient reviews, clerking in emergency patients, ward rounds), frequency of supervisor feedback, clinical team alignment, facilities (access to a rest area OOH and post-nights).

SWAH
Recommendations have been met in: the reduction in tasks of limited educational value, facilities (hot food and access to a rest area OOH) and facilities (access to a rest area post-nights). Improvements are also noted in departmental induction and clinical duties (clerking in elective and emergency patients and ward rounds).
Remaining areas for improvement include: ward-based shadowing, clinical duties (daily patient reviews), frequency of clinical supervisor feedback, clinical team alignment and protected teaching.

Table 1: Global Score for placement as a training opportunity

Q/ Please provide a global score for this placement as a training opportunity? (%)	ALT	SWAH
Excellent	6	29
Very Good	56	43
Acceptable	31	29
Poor/ Less than satisfactory	6	0
Very poor, serious concerns	0	0
Overall ranking based on this question	7/11	5/11

Workload intensity in SWAH is reported as excessive by 67% of F1s at weekends; however a balanced workload has been achieved during the day and at night on this site, a reflection of the success in reducing tasks of limited educational value as reported above (Table 2).
Workload intensity in ALT remains a significant issue, with 53% of F1s during the day and ALL F1s at weekends reporting workload as very intense or excessive. Addressing this issue will be pivotal in achieving further progress in addressing the 12 key recommendations on this site.

Table 2: Workload Intensity WHSCT

Q/ Please rate the workload in your F1 post? (%)	ALT			SWAH		
	Daytime	At night	At weekends	Daytime	At night	At weekends
Too light/ Low intensity	0	0	0	0	0	0
Just right intensity	47	88	0	71	86	43
Very intense/excessive	53	12	100	29	14	67

There has been an innovative and sustained effort to implement changes in practice following the initial PQ review in 2018, evidenced by the practice improvements reported in the re-survey and these efforts are to be commended. Development of strategies to mitigate the high workload intensity on the ALT site remains a key issue.

To ensure improvements are maintained and to assess the success of additional measures that have been introduced to further improve the F1 training experience, the Placement Quality Team at NIMDTA will be conducting a further survey of all F1 doctors in January 2021.

Appendices

Appendix 1

12 key recommendations for HSC Trusts to improve the F1 experience.

1. Provide all new F1 doctors with ward-based F1 **shadowing** all day for **2 full days**
2. Deliver a formal **induction** for all* F1 doctors to their clinical team **at the start of each placement**
3. Fully involve F1 doctors in planned **patient reviews on a daily basis**
4. Necessitate the participation of F1 doctors in the **clerking-in of patients** on average **at least twice a week**
5. Require the active participation of F1 doctors on **ward rounds** on average **at least twice a week**
6. Limit the time spent by F1 doctors on routine **tasks of limited educational value** to **no more than 50% of their time****
7. Ensure F1 doctors are **aware of who the senior doctor** is (and how to contact them) for advice **for each shift**
8. Provide **feedback** to all F1 doctors through their trained Clinical Supervisors on average on a **weekly** basis
9. Enable all F1 doctors to **attend 3 hours** of on-site, bleep-free, **formal teaching*** per week**
10. **Assign** F1 doctors **to a clinical team** as opposed to a clinical area
11. Ensure that F1 doctors working **out of hours'** shifts have **access to hot food** and an area to take rest breaks
12. Provide **rooms** where F1 doctors can **rest after a night shift before travelling home**

**including F1 doctors who are commencing on out of hours or who have a late start date*
*** Examples include venepuncture, IV cannulation, peripheral blood cultures, preparing and administering IV medication/injections, performing ECGs. F1 doctors should complete no more than 5 discharge letters per day*
**** 50% formal teaching should be based on the Foundation Curriculum*

Appendix 2: F1 free text comments – re-survey 2020

Altnagelvin Hospital

Induction

"Great day set up by medical education centre in Altnagelvin. Fun and informative"
"Did not have a ward induction." - ALT F1 (Renal)

Workload

"Spending 3hrs a day doing bloods each weekend is a waste of resources. No phlebotomists and nurses refuse to take bloods. These types of problems are why F1s leave the country as no one takes responsibility and solves the problem."

"Weekends - nurses refuse to take bloods so don't get other tasks done, pressure for discharges by 1300 when pharmacy closes."

"No weekend assistance" "seniors aren't around" "No HCAs at weekends for bloods"

Education Supervisor

"A motivated and helpful gentleman, who provided great guidance and supervision."[T&O]

"Absolutely wonderful, very helpful and very supportive" [Gastro]

"Very approachable, respond to emails, organised meetings with ease"[Gen surg, ALT].

Clinical Supervision

"Senior supervision when I was on call was very good."

'Clinical Duties

"Received very little medical teaching – most tasks were admin. Felt like a secretary"

Feedback

"Senior staff in general didn't take many opportunities to educate/provide feedback"
"Most of the feedback I got was from the ward pharmacist, which was extremely helpful and constructive"

Clinical Teams

"Ward based so did the jobs for the ward. I was part of the renal team and would go on the renal ward rounds 4 times/week."

"Very much felt part of the clinical team. Really enjoyed it and felt valued.'

"Only on my base ward. Often we are placed in random wards to fill rota gaps and F1 aren't part of the team as they are just doing tasks from a list."

Teaching

"Only consultant ward rounds were on weekend."

"Participated in the ward round every day. Teaching was done informally when there was something of interest and time to do so. Never had a consultant led ward round – always led by a senior trainee."

"Most F1s in ALT in medicine do not participate in ward rounds and spend 90% of the day doing bloods, cannulas and discharges. Final year medical students in England have more responsibility than F1s sometimes in terms of real medicine and not HCA work."

"Teaching was available weekly but unable to attend due to excessive ward pressures. Reflected in teaching attendance of all F1s present in general surgery."

Overall opinion

"Would have benefitted greatly from teaching on ward rounds"

"Busy, but I'm better for it"
"A very busy job but you felt valued and other staff were very nice and easy to work with."

"Don't feel I have sufficient practice in reviewing patients."
"I feel if I had more of an opportunity to go on ward rounds I'd have a better feel of the F2 job."

F1 suggestions of what would improve their post

"More teaching on ward rounds" "More ward based teaching by senior clinicians"
"More support at weekends for routine tasks e.g. bloods, to allow more time to see sick patients."
"Remove 'job list' or have the nurses sign each job they write down so that you can ask them about it"
"Phlebotomy and HCA (band 3) 7 days a week" "Encourage sharing work load between members of the team"
"Not bringing in elective patients at night time"
"More feedback sessions"
"Protected breaks if possible e.g. only bleep for sick patients"

South West Acute Hospital

Induction

"Didn't have a departmental induction. A specific induction by surgical team would have helped us with knowing our role in the team quicker."

Workload

"Weekends – SHOs complete disregard the ward and are missing for the whole day"

Feedback

"Only feedback given was at the end of placement meeting"
"No feedback given as didn't work on the same ward as CS"

Teaching

"Not enough time to attend teaching"
"Due to urgency of jobs and ward rounds running late, it was very difficult to get to mandatory teaching sessions."
"Ward round every day, X-ray meeting every Friday. Unfortunately work load too heavy to attend teaching provided as ward round not over in time of too many jobs to do."

Clinical Team

"Very much felt part of the clinical team. This was the best part of this placement, although felt very under pressure I felt I had a key role in the team and was involved actively in patient care."

F1 suggestions of what would improve their post

"More bedside teaching"
"More opportunity to review patients on a daily basis"
"Phlebotomists to do bloods"
"SHOs' need to recognise that during the weekends and OOH, the ward is their responsibility to help look after"