

# Improving Foundation Year One Doctor Experiences With Quick Reference Cards

A. Malin, M. Theodoraki

## Introduction

- Foundation year 1 (FY1) doctors commence their first roles as a medical professional during the first week of August every year.
- This transition period can be intimidating due to the significant new responsibilities asked of them.
- FY1s perform many ward tasks regularly such as making phone calls, writing discharge letters and completing prescriptions.
- There is currently no common method for FY1 doctors to quickly reference the information relevant to these common tasks.
- Several apps have been developed to provide accessible and useful information pertaining these<sup>1</sup> however they require smart phone use in the ward environment; something which not all doctors are prepared to do<sup>2</sup>.
- Some acute trusts have attempted to develop a small, quick reference card for prescribing<sup>3</sup> however none have published data on other uses for these small cards.
- The aim of this QI project was to establish the utility of an ID badge sized reference card for FY1 doctors during their transition period into East Lancashire Hospitals (ELHT) NHS Trust.
- This posters illustrates the data generated by this project.

## Methods

- A pilot survey demonstrated that the most requested information for a card of this type was a list of common internal phone numbers.
- The most commonly used phone numbers were discussed with previous medical and surgical FY1s and noted for later use.
- The card was subsequently developed with ELHT's switchboard to collate an up-to-date list of these internal numbers (Fig.4).
- The reverse side of the card was used as an opportunity to provide the trust's end-of-day jobs checklist (FRIDAYS) and the sepsis 6 (Fig. 4) .
- It was produced and given to the new FY1 doctors within their ID badge holder before commencing their first job.
- Following one month of use, a questionnaire was used to gather feedback on both the usage and perceived qualities of the card.
- The total number of calls during the first three days of the transition period for 2015 and 2016 were also recorded by switchboard.

## Results

- There were no significant differences between the number of calls made to switchboard during the 2015 & 2016 transition periods (Fig. 1).
- Survey responses were received from 16 FY1 Doctors (23% of the year group).
- The card was viewed as a positive resource overall (Fig 2.).
- The average use of the card during the first two weeks of FY1 was 2.2 times per day compared to 1.8 one month later.
- 56% of respondents now use switchboard more than the card to contact numbers, with an average daily use of 2.6 times per day.
- 12 non-FY1 health-care professionals expressed an interest in having a card themselves (Fig. 3).

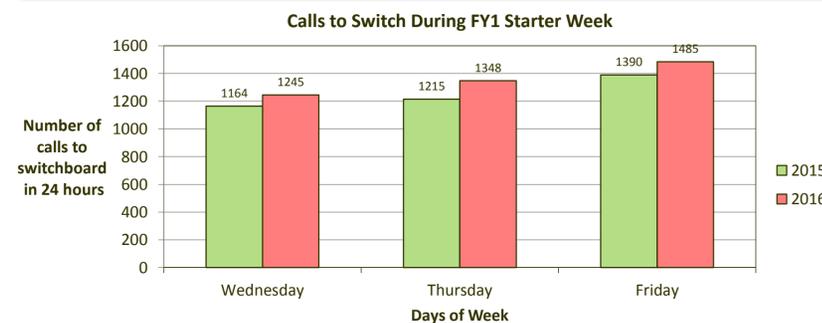


Figure 1. Comparison of calls made to switchboard between 2015 and 2016 during FY1 starting week

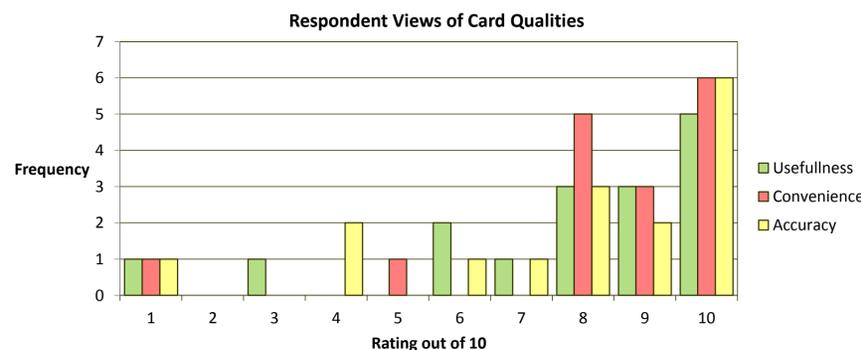


Figure 2. Comparison of the perceived qualities of the card

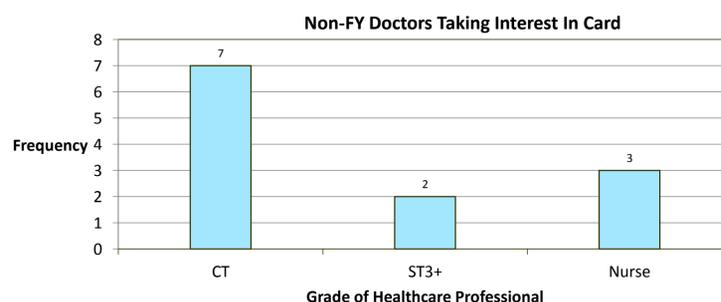


Figure 3. Number of non-FY1 healthcare professionals taking an interest in the card

Checklists	
End Of Day Checklist	Sepsis 6
Flebotomy	Blood cultures
Rewrite drug Charts	Urine output
IV Fluids	Fluids
Discharge summaries	Antibiotics
Antibiotic levels	Lactate
Yellow book	Oxygen
Status for resuscitation	

Common RBH Phone Numbers	
Haematology	85149
Biochemistry	84156
Histology	82621
Microbiology	84160
Microbiology Cons. Advice	82593
Transfusion	84529
Xray	83149
CT	84205
MRI	83142
Ultrasound	82306
Cardiology Investigations	84385
Endoscopy	82320
Anaesthetic Oncall	83227/#111
ICU ST3+ Oncall	#112
Critical Care Outreach	#113
Medical ST3+ Oncall	#066
Surgical ST3+ Oncall	#095
Gynaecology ST3+ Oncall	#199
Urology ST3+ Oncall	#659
Maxillofacial Oncall	#051
ENT Oncall	#040
Orthopaedics	#077
Emergency Theatre Co-ord.	82327/#000
Switchboard	01254 263555
Pharmacy	82253

Figure 4. Illustration of both sides of the card design

## Conclusions and Recommendations

From the data, the following conclusions can be drawn:

- FY1 perceptions of the card were positive overall.
  - It was seen as a convenient, useful and accurate resource to aid the speed of patient referral as well as in ward job completion.
  - Despite this, the use of the card was limited after several weeks.
  - As CT and ST3+ transition periods are at a similar time, this may explain why they also expressed a desire in having a card.
  - As a result, the reference card may be useful in aiding all grades of doctor transition into ELHT.
  - The data was limited by receiving no responses regarding the card's reverse side.
- The recommendations from these conclusions are as follows:
- The card will be re-audited during the next FY1 transition period.
  - Consideration will be made to widening the provision of these cards to all grades of incoming doctor during their trust induction.
  - Consideration will be made to adopting an alternative use for the reverse side of the card.
  - One such use may be for common prescribing as this has been effective in other trusts at reducing stress & prescribing errors<sup>3</sup>.

## References

1. Houston, J., Barker, W., Clarke, J., & Mew, E. (2014). Sharing knowledge, saving time: an online toolbox to aid junior doctors. *BMJ Qual Improv Rep*, 2(2).
2. Mobasheri, M. H., King, D., Johnston, M., Gautama, S., Purkayastha, S., & Darzi, A. (2015). The ownership and clinical use of smartphones by doctors and nurses in the UK: a multicentre survey study. *BMJ Innovate*, 00, 1-8.
3. Reynolds, M., Larsson, E., Hewitt, R., Garfield, S., & Franklin, B. D. (2015). Development and evaluation of a pocket card to support prescribing by junior doctors in an English hospital. *Int J Clin Pharm*, 37(5), 762-766.