As medical students, there are a few things that we are all universally taught. Look for danger before you check for response. A social history is just as important as a past medical history. Place cannulas in veins you can feel, rather than the ones that you can see. But very little time is spent on teaching us how to supervise our junior staff. Whether you’re a senior medical student, junior medical officer, registrar or consultant, our roles necessarily involve the teaching and mentoring of our juniors and colleagues.

This year, I started my role as a Neurology advanced trainee at a new hospital. On a new ward with new nursing and medical staff and navigating a rabbit warren of hidden corridors, I clung to what I knew. Whilst my days of feeling veins for cannulation are becoming fewer and farther between, there are some collective truths I have learned in my first year as a registrar that apply to the workplace, new and old.

Communicate clearly and concisely

Most of us know that communication is paramount in healthcare (1). Make it a priority to outline the jobs and reviews that need to be done that day. I find it helpful to sit down and ‘paper round’ after the ward round to go through clearly and concisely which issues need to be prioritised. A pause mid-morning for a sip of a caffeinated beverage makes this an enjoyable routine for the day. Particularly with newer interns it can be helpful to revisit a structure for the jobs list. Consults and imaging come first, to leave more time later in the day for ED referrals or family meetings.

Teach, but don’t complicate it

Taking time to review the list provides an opportunity for the junior doctor to ask questions, to clarify or to learn from the round: “why did we choose clopidogrel over aspirin in this stroke patient?”. Teaching can seem like a distant consideration amidst the “busyness” of the ward round, ED referrals and family updates. I try and teach one learning point a day, and on those days too busy for anything much more than survival, two learning points the following day. Learning points can be small – from BP targets in a stroke patient with diabetes – to more time-intensive, hands-on examination teaching. Sometimes, how to survive is a learning point in itself. Encourage your JMOs to engage in medical student teaching. Teaching keeps us engaged as clinicians and necessitates a better understanding of the patients and pathology in front us. In this apprentice-style workplace, we learn by exposure and experience.

Give feedback
A daily structure can help troubleshoot any teething problems when on a new team. If jobs are not completed, despite clear communication about their priority, or reviews are consistently delegated to other members of the team, bring them up here. Do not be afraid of giving feedback. Feedback is crucial to help the growth and development of healthcare staff, and something clinicians traditionally do not do well (2).

Positive or constructive feedback should be given early and often to prevent trivial issues from becoming a pervasive source of ill-will in the team structure. It can also help you to understand your junior staff better. For example, by meeting early with a JMO who consistently turns up 10 minutes late to the ward round, you may identify that he or she is a primary carer for an elderly parent and has difficulty getting to work by 8 am. With a single meeting you can help rework your team structure and provide additional support. If you feel like you are not prepared to give feedback, there is a wealth of resources to help guide you (3) or even better, ask for advice from your peers.

Seek feedback

Equally, seek feedback from your colleagues, including nursing and allied health staff. Feedback is rarely given unprompted. And although most of us probably have enough introspection to recognise our own qualities that benefit the team environment, and those that may require some work, you may find that some additional or unexpected feedback is practice-changing. The registrar role is also a time to ask more senior clinicians about difficult cases, interesting pathology, setting up a private practice, approaching end-of-life discussions – anything or everything you see in your daily practice. Seek the answers you need now because it is much easier to ask them as a registrar than once you are a consultant.

Be a mentor, and be mentored

As a registrar, you will become, almost overnight, the leader of a clinical team. This role is much more than just driving clinical decisions. You will become a mentor for your junior team members and work closely with specialist nurses and allied health members. Traversing a sometimes seemingly endless cycle of discharge summaries and imaging orders, the junior members of a medical team make the ward round tick, and the team would be lost without them. Break up the monotony by finding out what makes your team members tick. You will probably also find a consultant or two or three that you really enjoy working with. This may be because they are great clinicians, or because they have managed to cultivate a great work-life balance, or because they have similar research interests. Build on this rapport and meet regularly for a coffee or chat to discuss your plans.

Balance the urgent and non-urgent

Finally, and most importantly, go easy on yourself. The registrar role is a big step up in the clinical realm – you suddenly go from the job-doer to the decision-maker; the typist to the facilitator in family meetings; and your plate will be fuller than ever with meetings, journal clubs and case presentations. It is a fantastic time to learn - try to find your own registrar rhythm to maximise this opportunity.
References


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