

Table 1. Documentation of key items of information on post-take ward round pro forma in 2003, initially after introduction and four years later with consultant countersignature.

Criterion	2003 results ⁵ (n=95; %)	2007 results (n=72; %)	Odds ratio	95% confidence interval	p value
Patient's name	100	94	12.55	0.66–237.1	0.03
Hospital number	81	94	0.25	0.08–0.78	0.01
Consultant's name	98	93	3.47	0.65–18.4	0.14
Clerker's name	81	58	3.06	1.53–6.12	0.0018
Differential diagnosis	96	92	2.07	0.56–7.62	0.33
Management plan	99	93	7.02	0.8–61.5	0.086
CXR	47	51	0.85	0.46–1.57	0.64
Bloods	85	64	3.27	1.55–6.88	0.0018
ECG	57	46	1.56	0.84–2.88	0.16
DVT prophylaxis	24	39	0.50	0.26–0.98	0.04
Resuscitation status	35	36	0.94	0.50–1.79	0.87

CXR = chest X-ray; DVT = deep vein thrombosis; ECG = electrocardiogram.

difficult, despite recommendations by professional bodies and defence organisations. The General Medical Council recommend 'clear, accurate, legible and contemporaneous patient records' and the Medical Defence Union advise legible writing, with a date, time, name and signature.^{3,4}

Future interventions (over and above administering the PTWR pro forma at induction programmes and including the clerker's rank and bleep section on the pro forma) need to be innovative and might include consultant dictation at the point of admission. This would obviously require administrative support and funding but if prospective pilot studies could demonstrate a reduction in patient stay (by improved communication to the wards) and readmission rates (by improved communication to the GP), then in the long term this could potentially be cost saving (and hence attractive to commissioners) and improve patient care.

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References

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Junior doctors' awareness of terminology relating to key medico-legal and ethical principles: a questionnaire survey

Trainee doctors often face ethical dilemmas and medico-legal issues in daily practice. However, it is widely perceived that the training in these areas is often inadequate. Furthermore, the awareness of legal and ethical principles among doctors is variable.¹ Junior doctors' familiarity with ter-

minology relating to key medico-legal and ethical concepts was therefore examined.

Methods

Junior doctors in three UK hospitals were surveyed. For this, a standardised questionnaire was developed by a team of senior specialist registrars in geriatric medicine who have experience in the issues covered in the survey (information available from authors). Junior doctors from three hospitals, one university hospital and two district general hospitals were invited to complete the questionnaire, rating their own knowledge and understanding of commonly used medico-legal and ethical terms, on a subjective scale. The consenting junior doctors (pre-registration house officer (PRHO) to specialist registrar (SpR) level) from medicine, surgery, accident and emergency and anaesthetic departments in three hospitals in East Anglia completed the questionnaire anonymously.

Results

Over a four-week period, 100 junior doctors consented and completed the questionnaire. Large proportions of doctors had heard of enduring power of attorney (80%; 95% confidence interval (CI): 78.5%, 81.5%) and advanced directive (72%; 95% CI: 70.7%, 73.3%), but fewer than half had heard of the Assisted Dying Bill (43%; 95% CI: 42.3, 43.7). Of those familiar with these terms, the majority felt they did not have a good understanding of each of these terms (Table 1). The majority of respondents felt their postgraduate training in medico-legal and ethical concepts was inadequate: self-reported adequacy of postgraduate training were 78% (69.9, 86.1) and 71% (62.9, 79.1) for medico-legal and ethical issues, respectively.

Table 1. Self-reported level of understanding on legal issues among junior doctors in acute medical specialties.

	Enduring power of attorney	Advanced directive	Assisted Dying Bill
No understanding	21 (26.6; 16.9, 36.3)	8 (11.1; 3.8, 18.4)	16 (37.2; 22.8, 51.6)
Little understanding	36 (45.6; 34.6, 56.6)	30 (41.7; 30.3, 53.1)	20 (46.5; 31.6, 61.4)
Moderate or exact understanding	23 (29.1; 19.1, 39.1)	34 (47.2; 35.7, 58.7)	7 (16.3; 5.3, 27.3)

n (%; 95% confidence interval).

Discussion

The majority of junior doctors in this survey were unfamiliar with medico-legal and ethical terms relevant to daily clinical practice. They also felt their postgraduate training in these areas was inadequate. With ever-increasing public awareness, there is a greater emphasis on patient autonomy. Therefore, it is essential that doctors be adequately trained in ethical and medico-legal aspects of care. The number of participants in this survey was small. Nevertheless, the sample was drawn from junior doctors ranging from PRHO to SpR level in four major disciplines and it is, therefore, likely to be a representative sample of trainees across the UK. A formalised postgraduate curriculum, and interactive practical teaching across all specialties and all grades may help to address the deficiencies identified in this survey.

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Ethics

The project was conducted using investigating specialist registrars' research sessions and obtained the participants' written consent. The data were collected anonymously and presented in aggregated and anonymised fashion. Therefore, local research ethics committee approval was not sought.

Reference

- 1 Ashtekar CS, Hande A, Stallard E, Tuthill D. How much do junior staff know about common legal situations in paediatrics? *Child Care Health Dev* 2007;33:631-4.