

# The impact of 7-day consultant ward rounds on training: a survey of junior doctors

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## Aims

To determine what junior doctors believe the impact of 7-day consultant ward rounds has had on medical training.

## Methods

Trainees who were currently working in or had recently rotated through a medical specialty were invited to complete an online survey during a 4-month period (June–September 2016).

Trainees who had not experienced this way of working were asked for an opinion of what they believed the impact of daily consultant ward rounds would be.

## Results

78 junior doctors submitted responses (34% foundation doctors; 22% core medical trainees; 44% specialty registrars). Overall, the majority of trainees felt better supported (n=66) working in a job with daily consultant ward rounds and believed that this led to better overall patient care (n=67). Despite a majority of respondents feeling that supervised learning events could be more easily obtained with daily consultant input (n=42), most felt that there was not a corresponding improvement in bedside teaching (n=47) or the ability to be supervised performing practical procedures (n=63). Most trainees felt that 7-day consultant ward rounds diminished their autonomy to make clinical decisions and a significant majority believed that this way of working had not been beneficial to their overall training (86%; n=59/69), a finding that was independent of grade (foundation doctors 21/24 vs specialty registrars 25/30; p=0.67). The answers from junior doctors who had never experienced daily consultant ward rounds (n=17) were not significantly different from those of the group that had (n=61); however, they tended to slightly underestimate this way of working's positive effect on patient care, while overestimating the negative impact on training.

## Conclusions

The debate about a move to a consultant-delivered service in the NHS has predominantly focused on the potential benefit

to patient care, while the impact on trainees has been much less considered. The results of our survey suggest that, while acknowledging that aspects of patient care and certain forms of structured learning are improved by 7-day consultant ward rounds, the majority of junior doctors do not feel that this has had a positive effect on their overall training. Improved patient care and better training for junior doctors should not be considered mutually exclusive and we call on all those departments running or considering 7-day consultant ward rounds to ensure that the positive aspects of training are maintained while working hard to negate any negative effects – particularly around trainees' autonomy and clinical decision making. ■

## Conflict of interest statement

None.

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