

Don't call me junior!

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Aims

The term 'junior doctor' conjures up many different interpretations in the minds of medical staff and patients alike. For those who bear the title, the adjective 'junior' concocts associations of inexperience that undermines and misrepresents the knowledge and experience gained by trainees. However, for those patients who encounter the term, a negative image is immediately projected of a doctor who is more liable to error, reinforcing a lack of confidence in physicians who are introducing themselves as 'junior'. This can leave trainees disillusioned with their own professional identity, as well as leading to barriers when providing patient care through unnecessary, universal lack of confidence.

Recently, our employer produced generic name badges for the different healthcare professionals. This resulted in a number of disgruntled senior house officers and registrars as their name badge had the word 'Dr' omitted before, and a description of 'Junior Doctor' being inserted after their name(s).

This caused high emotion to be expressed for a number of reasons. From a patient perspective, the initial introduction of oneself is the foundation of the therapeutic alliance between medic and patient – this in turn is the basis of quality care.

The aim of the project was to produce a more descriptive name badge.

Methods

I formulated the research hypothesis through informal discussion then employed a mixed method approach of quantitative surveys, combined with qualitative-based interviews to prove my hypothesis.

Results

- > Registrars that would like 'Dr' as a prefix: 15/15
- > Registrars that would like a new badge each year: 15/15
- > Registrars that would like their specific specialty on their badge: 15/15
- > Registrars that did not want 'junior doctor' as a description: 15/15
- > Core trainees (CTs) that would like 'Dr' as a prefix: 21/24
- > CTs that would like a new badge each year: 22/24
- > CTs that did not want 'junior doctor' as a description: 24/24.

Conclusion

There was an overwhelming response that doctors wanted to be called doctors and not be labelled 'junior doctor'. The trainees felt it was non-descriptive and derogatory. They further felt it was wholly important to be distinguished according to hierarchy.

In a climate of low morale among doctors, it is possible that we (individual doctors/employees/unions) are creating a vicious cycle in undermining ourselves further by not giving ourselves the self-respect that we deserve from the outset.

Some further discussions may be helpful to clarify what terminologies are the best descriptions – and to ensure the public are adequately informed of such. ■

Conflict of interest statement

None declared.

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