## Finding your voice: do trainees really know how to speak up?

**Authors:** Justin Green, <sup>A</sup> Greg Stamp <sup>A</sup> and Rijula Karanjkar <sup>A</sup>

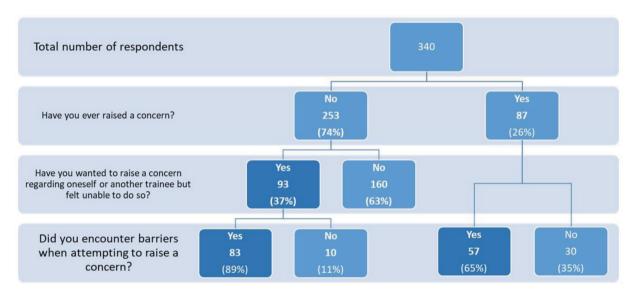


Fig 1. Flow diagram of the number of doctors and dentists in training formally raising a concern and those who felt unable to do so.

Doctors in training may face situations in the workplace that are challenging or stressful. They may encounter situations that are detrimental to themselves, colleagues or patients. Such situations can have a profound impact on doctors at all levels of their training. It is in the interest of both healthcare professionals and the organisation that concerns are raised in a timely manner. However, doctors may face barriers that can hinder their ability to speak, or prevent altogether. Page 18.

The barriers doctors face in speaking up are varied and change with their clinical experience. Barriers have been mitigated to some degree with the introduction of freedom to speak up champions and guardians of safe working. However, understanding the most appropriate channels through which to raise a concern can be a barrier in itself. When concerns are related to training and supervision, doctors can feel unfamiliar with the process and who to seek guidance from, in addition to having concerns themselves on the impact on team dynamics and the perception that the concerns raised will have little by way of meaningful results. 4

**Author:** AHealth Education England – North East, UK

This work surveyed 3,398 doctors in training within the north east on the awareness of the policies and guidance available to them that supports their ability to raise a concern. Furthermore, we explored the nature of the barriers perceived when raising concerns and if being unfamiliar with the process presents a comparable barrier to well-recognised factors, such as implication on professional relationships and confidence in achieving an outcome.

A total of 340 trainees responded to the survey, consisting of 20 dental trainees and 320 medical trainees. This is equal to approximately 9.9% of all doctors and dentists in training (DDITs) within the north east. Respondents were grouped by stage of training. When asked how informed they felt with raising a concern, 27% of all DDITs rated they were either well informed  $^4$  or extremely well informed.

The respondents were asked if they had ever raised a concern of any kind during their training. 87 (26%) of DDITs reported having formally raised a concern, compared with 93 (27%) who reported to have previously wanted to but felt unable to do so due to barriers (Fig 1). Appropriate support and guidance were considered a more significant barrier in those who had been unable to raise a concern across all grades (Fig 2).

The results of the survey indicate that a significant proportion of trainees are unfamiliar with the process, policies and guidelines

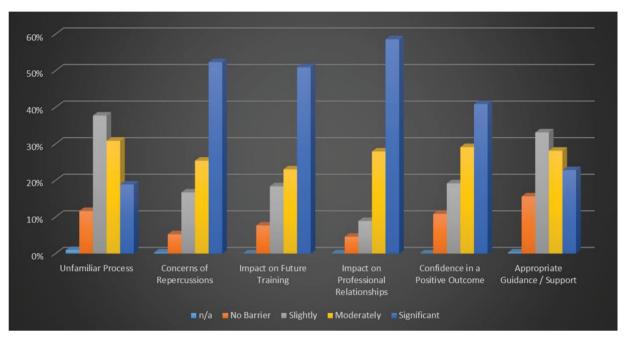


Fig 2. Significance of barriers faced in raising concerns.

when wanting to raise a concern. Not having guidance and support in navigating the most appropriate manner to raise a concern is a significant barrier and has a great influence on more senior trainees.

## References

1 Rogers ME, Creed P, Searle J. Emotional labour, training stress, burnout, and depressive symptoms in junior doctors. *J Vocat Educ Train* 2014;66:232–48.

- 2 Carr S, Mukherjee T, Montgomery A, Durbridge M, Tarrant C. Developing the 'gripes' tool for junior doctors to report concerns: a pilot study. *Pilot Feasibility Stud* 2016;2:60.
- Beament T, Mercer SJ. Speak up! Barriers to challenging erroneous decisions of seniors in anaesthesia. *Anaesthesia* 2016;71: 1332–70
- 4 Martinez W, Lehmann LS, Thomas EJ et al. Speaking up about traditional and professionalism-related patient safety threats: a national survey of interns and residents. BMJ Qual Saf 2017;26: 869–80.