



MMC
Modernising Medical Careers

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Surviving shift systems: a guide for the foundation year doctor

Introduction

Shifts are relatively new for junior doctors. Until the first phase of the Working Time Directive (WTD) was brought in for this group in August 2004, they were less widespread. Even now, junior doctors still talk about being on call, although the old concept of being asleep, waiting to be called occasionally, has long since gone for most.

Previously, doctors would be on duty for long spells of varying intensity, seeing several cohorts of nurses come and go, and even the same ones returning. Patients would ask 'What time do you finish today?' and be shocked to hear that the doctor would not finish that day.

The new rules put paid to resident on-call by decreeing that all time spent on duty counted as work, even when resting (NHS Management Executive, 2003). This led to a dichotomy – at one extreme, full shifts; at the other, non-resident on-call rotas. Very few halfway arrangements were left.

Organizing yourself

Nights can be the exact opposite of days in timing. However, restricted canteen opening and different patterns at night can cause difficulty. Some people have a full meal before starting, even having risen only a short time previously. If your diet is unhealthy, it hardly matters, as it is only temporary. If you are hungry and/or losing weight, try snacks, biscuits or nuts.

Organizing shifts alongside your partner's work commitments can affect home and family life. If one partner is at work and the other is on call from home, child-care is still needed if the non-resident partner is called in. Prospective cover

Dr Rachel Hooke is Working Time Directive (WTD) Implementation Manager, Airedale NHS Trust, Keighley, West Yorkshire BD20 6TD and **Miss Deepali Trivedi** is Ophthalmologist, Birmingham and Midland Eye Centre, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham

Correspondence to: Dr R Hooke

makes swapping duties harder than before, particularly runs of nights. Injudicious changes can lead to excessive consecutive shifts. Taking long holidays is tricky, particularly when planning to go overseas. You risk breaching the hours' regulations with all the implications that entails (Hooke, 2007). It is worthwhile coordinating frequent shorter leave periods rather than one long stint to avoid such stressful circumstances.

It sounds obvious, but if your alarm clock is a 12-hour one, make sure you set it correctly. However, you are more likely to wake up naturally in good time if you have gone to sleep straight after finishing.

Combating fatigue

Sleeping during the day is unnatural for our bodies and can be difficult. You may also be disturbed by people conducting normal day-time business. Get blackout curtains for your bedroom, or ask the landlord or accommodation office to provide them. One enterprising trust mistakenly demonstrated its caring attitude by obtaining expensive blackout curtains for the lounge, which was not really the idea.

Switch off your mobile telephone and disconnect the landline, unless someone may need to ring about a personal emergency. If living in hospital accommodation with an internal phone, day-time wrong numbers are surprisingly frequent. If unplugging is difficult because of anti-theft measures, take the receiver off the hook and put the handset as far away from your bed as possible, perhaps consigning it to a cupboard, to deaden the noise. Turn off your bleep or remove the batteries, or leave it at work. Put a notice on the door for cleaners and other residents.

Do not be tempted to be active during the day, unless the night was very quiet or you are desperate. If approaching the end of a job and moving house to the next one, you may have no choice. During time off post-nights, it is important to get your body clock resynchronized and revert to normal after the 'jetlag' you can suffer following continuous night shifts.

There is nothing to prevent you sleeping during night breaks. No-one can penalize you for just happening to doze off in a chair. There is a tendency among hospital staff to assume that what is in nurses' contracts is also in doctors'. You should not be forced to stay awake at night just for the sake of it and do mindless administration. However, if you have discharged a patient, it may be appropriate to dictate the summary on the same shift. Some doctors work on audit projects or routine dictation out of hours. They cannot strictly claim disturbed rest by such optional tasks. However, if there is no time during normal hours, then questions need to be asked and reasons determined.

Rest as much as possible before starting nights (Horrocks and Pounder, 2006). However, you cannot expect suddenly to sleep at odd times. It may be worth trying to phase it in gradually, perhaps over a weekend before starting on a Monday night. Sleeping tablets, even those available over the counter, are best avoided. They may not help establish a normal sleep pattern, but on the contrary, could lead to the development of bad habits such as taking them regularly, with possible dependence and addiction.

Exercise care when driving. This is a particular problem for doctors on rotation who live a long way away. The trust may provide transport or rest facilities.

When you are doing something exciting, adrenaline can overcome tiredness. When you are doing something routine, you may make mistakes or even fall asleep. This applies to work and driving.

Continuity and training

Despite the tiredness caused by long periods on call, there was still fierce opposition and cultural resistance to the introduction of shifts. Doctors would under-estimate night intensity when monitoring, to reduce the chances of compulsion onto shifts.

One reason is a perception of poor continuity of care, with adverse effects on doctors' training and patients' wellbeing. However, the only way to achieve this truly is to be on call all the time, which was rare even in times past. Continuity of information rather than the person is the important factor nowadays. Doctors on lates and nights should be able to present on the post-take ward round the following

morning. The 'late' person may be able to follow patients up during the day.

Another anxiety is loss of the firm structure and rapport with colleagues. Doctors work more in teams rather than firms nowadays, where two or more consultants share several juniors. If juniors are paired, one can be on nights and the other looking after patients during the day. Some trusts harmonize shifts so that the same juniors work together and get used to each other's styles.

Reduced training opportunities is another concern, particularly for surgical specialty trainees missing out on interesting surgical management. If they stay after shifts finish to watch operations or procedures, hours limits may be breached (Hooke, 2007). It is impossible to attend theatre during the day when on resident nights, even if not intense, because of the WTD regulations. Continuity of surgical training may be jeopardized for being on nights, followed by time off and perhaps some leave. When starting again, the trainee is back to square one. However, nights may only be worked once every few weeks. The rest of the time will be spent relatively refreshed and better able to learn. If the night workload is busy, plenty of cases will be seen anyway.

Doctors worry about loss of social and family life, including more disrupted weekends. However, again, nights will only occur relatively infrequently. There may be time in the evening, before going on duty, to see friends and family. There need be no more weekends disrupted than on an on-call rota. It is possible to do 3-day weekends when on shifts.

At what point towards the end of a shift would you decline to see a new patient? If they arrive half an hour before the end, it is still crucial to establish urgency and work accordingly. If time permits, it is worthwhile doing some basic assessment and hand over the case to the next person.

Handover

The culture among doctors has been to finish jobs assigned to them rather than handing over to the 'on-call'. Handover is essential to shift working, as there is not the same person carrying it all in their head (Junior Doctors' Committee, 2004). It is embedded in nurses' practice – woe betide anyone who interrupts 'report'.

As doctors cover more patients than nurses, it is only practical to discuss those causing the most concern, including specific required actions. There may be several handovers between different groups of doctors and other staff. The times and venues should ideally be protected and bleep-free.

There is debate over what records should be kept. Scribbling on a paper towel is not appropriate. A general sheet with all patients' details on cannot be filed in individual notes. Some trusts use information technology, such as a facility added to the electronic patient record.

Conclusions

Shift systems are inevitable under the WTD. They should be well-constructed and not too tiring. Handover is essential for continuity of care and ensuring action on the sickest patients. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine.

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KEY POINTS

- Try to eat properly.
- Try to be as refreshed as possible before starting night shifts, and during a series of night shifts.
- Make alternative arrangements if you are too tired to drive.
- Make sure you hand over anything outstanding to the oncoming team, including specific actions if appropriate.