Dealing with colleagues: a guide for the foundation year doctor

Introduction

Learning science and medicine are the main priorities for medical students, along with patient communication. However, less time has traditionally been devoted to preparing newly-qualified doctors for getting on with colleagues.

The culture of medicine has been such that some doctors have been used to giving orders and getting their own way, particularly with those they perceive to be their inferiors. This was regarded as essential for safeguarding patient care, particularly in an urgent clinical situation. However, there are ways to do this without antagonizing others, yet not losing face yourself.

The General Medical Council states, in *Good Medical Practice*, 'You must treat your colleagues fairly and with respect' (General Medical Council, 2006). This applies to medical and non-medical personnel.

Making the leap

Completing your degree and entering hospital as a qualified doctor is a huge jump. The new doctor faces novel challenges as never before.

The foundation years are a phase to build grounding for a completely new world, one of reality. This is a time when you come across new people with varying views, attitudes and experiences. These include consultants, nursing staff, domestics and, most importantly, the patients, each with a different mind set. These groups may have been encountered as a student, but the context is different. You have to find a way to work within that environment and adjust to them.

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Outside work, a doctor may have several friends, each with a different nature and attitude. In the hospital, you meet many colleagues and may or may not establish lasting friendships with them. However, you still have to work with them effectively while you are both there.

Difficult colleagues

Most people are willing to work with you and help you. However, at stressful times or in certain organizations, staff can feel threatened and behave like 'jobsworths'. Barking commands at them will not work – they will either not cooperate, or they will do so resentfully to the least of their ability.

You have to keep one important principle in mind, and that is to try to understand others rather than just being understood. Especially with patients, trying to be calm, patient, empathic and a good listener may work wonders. This is the kind of character you should cultivate and try to practise. At such a junior level, you may not have the capacity to make important clinical decisions, but such an attitude is always appreciated and admired by patients and fellow colleagues.

Working with nursing staff, you should value the experience they have gained with time. Although they may not have deep basic theoretical knowledge about the subject, they will have got to grips well with dealing with situations practically from past experience. Although the final decision lies in the hands of the doctor, it is worthwhile seeking their opinion.

It is important to understand why someone may appear to be thwarting you for no good reason. For instance, a nurse may argue that he/she has not got the required certificate to undertake a procedure considered educationally inappropriate for a doctor. The doctor may not be trained either, but may be expected to get on and do the task if nobody else will. The reality is, however, that nurses can get into trouble more easily than doctors.

You also have to bear in mind that a person may simply be having a bad day for reasons that are nothing to do with you.

How to deal with it

Consultants and other senior colleagues are assets. You learn things from their experience that are not described in books. The practical tips and hands-on experience you achieve are invaluable. A keen learner always wins respect from senior colleagues.

Nevertheless, in spite of the best attempts to work in a new place, events may not always be smooth. There might be conflicts arising between colleagues. It is always wise to think twice before taking any hasty steps, and it is often a good idea to have a mentor. A mentor may not change things for you but may help you change for things. He/she can guide you in difficult situations.

As a junior doctor, you have to deal with non-medical staff and, once again, they might have completely different attitudes and experience.

Much has been written about assertiveness (Trivedi and Hooke, 2007). Sometimes it pays to state what you want and need, unemotionally and repetitively, without becoming aggressive. Once, when one of the authors was unhappy with what her boss expected of her, she said calmly, 'If you want me to do that, then that's going to put a lot of pressure on me.' This took him aback, and it was obvious that he had no idea how this might affect her. He took on board her concerns and they negotiated a deal.

A certain satisfaction can be gained from remaining unruffled and polite yourself in the face of someone else's anger. That is their problem, not yours.

Dennis Beard, former Director of the Management Unit at Reading University, taught an interesting way to deal with 'rottweilers' in the workplace. If you treat the person as an expert and ask them to help you, they may be flattered enough to do so. Obviously, you must be sincere and not just sycophantic for the sake of offloading undesirable work onto them.

It goes without saying that you should treat everyone with respect, no matter what you consider their rank or status to

be. Everyone else is an intelligent human being as well. If you are pleasant to the domestic, he/she may wash up your cup for you. Once, when dealing with a clerk in outpatients, it turned out that she also worked in the postgraduate library. She very kindly logged one of the authors onto a computer even though the author was not an employee of that trust.

Sometimes, you feel you are getting nowhere with an individual or group, and you go over their heads to their manager. This can have the desired effect in the short term, but they may never trust you again.

Conclusions

With relatively little effort, you can make the working environment more agreeable for yourself and others.

The foundation years are a major step forward in life and there are many challenges you have to meet, which you can learn with time and experience.

Sometimes, however, you will really not win and there is no point in pushing it. If you have to do a task yourself, then it is best to carry it out with dignity. Would you think any the less of a consultant who makes a cup of tea for a visitor?

If all else fails, a book called *How People Tick* (Liebling, 2005) is recommended. With this you can at least amuse yourself by looking up your colleagues. **BJHM**

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

General Medical Council (2006) *Good Medical Practice: Working with Colleagues.* General Medical Council, London (www.gmc-uk.org/guidance/good_medical_practice/working_with_colleagues/respect_for_colleagues.asp accessed 16 January 2007)

Liebling M (2005) *How People Tick*. Kogan Page, London (www.apmg-businessbooks.com/productInfo.aspx?prodid=890 accessed 1 August 2007)

Trivedi D, Hooke R (2007) Assertiveness: a guide for the foundation year doctor. *Br J Hosp Med* **68**(7): M120–1

KEY POINTS

- Put yourself in the other person's shoes.
- Is there good reason for them to behave as they are?
- State your needs unemotionally and be assertive.
- Treat the other person as the expert.
- Treat everyone with respect, from the cleaner to the consultant.