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# Confidence and performance: a guide for foundation year doctors

## Introduction

It is common to feel under-confident when you first start as a foundation doctor. After all, you are not automatically omniscient just because you have gained your medical degree. Some people hide their emotions better than others. Many appear confident but, if asked, would claim they are not really underneath. Building confidence comes with time and experience. However, even top consultants will admit that they are sometimes flummoxed. The key is to know when you need help and to be able to ask for it appropriately from the right person. However, you should have some faith in your own ability. Some people under-estimate theirs.

You need to know your limits. Do not be afraid to seek assistance. Some people have bad experiences of being told that they can ask for help whenever they want, but in reality, sensing animosity when they do so. It can be detrimental to patient care if doctors struggle on alone. Sometimes, it is not so much about what you say as the way you say it. Learning to be assertive can help (Trivedi and Hooke, 2007a).

## Asking for help

There is nothing clever about trying to manage heroically when you are out of your depth. There is good reason why asking for senior support can be a suitable viva answer and is assessed routinely for doctors in training. In the old days, juniors anecdotally learnt the hard way from their mistakes, but this is unacceptable.

Confidence comes from being clear in your mind what you want to say. Go to people with solutions, not problems. Even if your suggestions are wrong, it is a good learning point and better to fail at this stage than when it is too late and the

patient has been harmed. In all verbal communication, including non-clinical settings, you can use a system called SBAR (NHS Institute for Innovation and Improvement, 2008). This can help you marshal your thoughts and convey clarity. SBAR stands for:

- Situation
- Background
- Assessment
- Recommendation.

This can be applied as:

**Situation:** say who you are, where you are ringing from and some information about the patient's current state.

**Background:** give some past history about the patient.

**Assessment:** describe the patient's observations, examination findings and what you think may be going on.

**Recommendation:** suggest what you should do and/or ask that person to come and review the patient.

Try to put yourself in the shoes of the person you are speaking to, and imagine what you would want to know in his/her position. Depending on the tier structure and on-call system in your hospital, you may have woken someone up from sleep. Even though this is part of their job and it is perfectly reasonable for you to have called them, you may need to allow them time to gather their faculties properly.

Do not be afraid to tell patients you need to check with your more senior colleague. Do not let them blackmail you by telling you the last junior doctor did not have to ask for help. They are simply frightened that they are being dealt with by someone who does not know what they are doing. However, it is obviously better for them to get a sound opinion than to have someone making it up as they go along. You can explain that to them in positive, matter-of-fact terms, for example 'Mr X, I really want to find out what is wrong with you, and I need to discuss this with my seniors so that I can be absolutely sure.'

Bluffing may superficially make you sound self-assured, but you will get found

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out and no longer be trusted. A little knowledge can be dangerous, and you may feel a sense of importance, having made the transition from medical student to doctor and, hence, an important part of the team. You are no longer bothering patients to take histories from them, as it is now vital that you do, but this can go to your head. Do not be afraid to admit you do not know – people often appreciate your honesty more than you realize.

## Performance

This can depend on several factors, such as:

- Ability
- Motivation
- Confidence.

Paradoxically, a doctor can have the ability, but lack confidence, hence be unable to do the job effectively. Poor performance can be a result of confidence issues and perceived weak ability. Be careful not to get into a vicious spiral of low self-esteem (Trivedi and Hooke, 2007b).

You can ask your consultants and others for specific feedback. Even if you are told you are doing a good job, do not rest on your laurels. Ask for further information and examples about something you have done well, just as you would if criticized. It

may be that you organized the correct blood tests on a patient in good time, which led to prompt, effective diagnosis and treatment.

Write down positive statements about your performance every day. Reflect on your work (Stephenson and Brigden, 2008) and discuss your reflective diary with your educational supervisor.

## Conclusions

Everyone feels under-confident at times, particularly in the foundation years. Be sure of yourself when asking for help, and use SBAR when appropriate to gather your thoughts and sound assertive. Confidence affects performance, and you may actually be better than you realize. However, you must recognize when you are out of your depth and act accordingly.

Do not be afraid to ask for specific feedback from seniors, even when things are going well. **BJHM**

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

NHS Institute for Innovation and Improvement (2008) SBAR - Situation-Background-Assessment-Recommendation. NHS Institute, Coventry ([www.nodelaysachiever.nhs.uk/ServiceImprovement/Tools/IT138\\_SBAR+-+SituationBackgroundAssessmentRecommendation.htm](http://www.nodelaysachiever.nhs.uk/ServiceImprovement/Tools/IT138_SBAR+-+SituationBackgroundAssessmentRecommendation.htm) accessed 28 November 2008)

Stephenson P, Brigden D (2008) Reflective medic. *Student BMJ* **16**: 156–7 ([student.bmj.com/issues/08/04/careers/156.php](http://student.bmj.com/issues/08/04/careers/156.php) accessed 28 November 2008)

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

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## KEY POINTS

- Lack of confidence is common and nothing to be ashamed of.
- Seek help appropriately when necessary.
- Feel more in control by using the SBAR (situation, background, assessment, recommendation) system in verbal communication.
- Confidence affects performance even if the ability is there.
- Ask for specific feedback.