Background: As a result of implementing the European Working Time Directive, most junior doctors now work full 11 to 13 hour night shifts to provide 24 hour service to patients. Despite their busy work load and stress at night, junior doctors thrive to deliver the safest and highest quality service to the patient.

Objective: The aim of this study is to examine the effect of working night shifts on the performance and well being of junior doctors.

Method: This is a prospective single-site observational study. Data was collected using questionnaires filled by trainee doctors over one month period exploring their experience while working at night. The study questionnaire was based on the review of related literature and guidelines on working night shifts.

Results:

Twenty five doctors participated in the study. Foundation year one to specialty registrar trainees were recruited. Specialties included were general internal medicine, emergency medicine and surgery. The majority of doctors (84%) were not aware of the Royal College of physicians guidelines on surviving night shifts. 60% of them do not get enough sleep before doing night shifts and only 32% of them manage to have short naps. Almost two thirds reported disruption in their eating pattern. A significant proportion of doctors reported involving in traffic accidents (12%) while driving home after a night shift and 36% of doctors reported miss or near miss clinical incidents.
**Conclusion:** Inadequate preparation and recovering from night shifts could adversely affect patients care, doctors or general public.

Reference:

RCP, working the night shift: preparation, survival and recovery, a guide for junior doctors, 2006.
A study of medication related readmissions in patients discharged within one month from the medical admissions unit.

Aims and objectives:

The aim of this study was to determine if medications are contributing to patients early readmissions to hospital. Previous studies have shown that medicines account for up to 4.3% of preventable hospital admissions\(^1\),\(^2\). The objectives are to assess the percentage of readmissions that are medication related, to classify these events and to determine if the readmissions were avoidable.

Methods:

No ethical approval was required. Patients discharged from MAU and readmitted to the trust within one month over a 4 month period between April and July 2010 were identified. This was a retrospective study using patient’s case notes to determine diagnosis and inpatient and discharge prescriptions were used to identify medication changes. Outcomes measured were the number of readmissions that were medication related according to the documented diagnosis, avoidability\(^4\) and the type of medicine related event\(^3\).

Results:

85 readmissions were identified. Of these, 12 were not true readmissions (patients self discharged or planned readmissions). Of the remaining 73 patients, 14 were medication related (19%). Of these readmissions 7 were deemed avoidable (50%), 5 were possibly avoidable (36%) and 2 were unavoidable (14%).
The effect of consultant acute physician presence on patient safety and postgraduate medical training: survey and analysis

AIM

Many acute medical units are attempting to increase consultant numbers. This survey assessed the effect of increased daytime acute medicine consultant availability on medical trainees education and training.

METHODS

An online questionnaire was created (SurveyMonkey™).

Participants provided demographic information and were asked to consider six statements relating to their perception of how daytime availability of acute medical consultants affected patient care and their training opportunities.

OUTCOMES/RESULTS

Responses from trainees varied according to the number of years they had been in training, with an increasingly negative response to the statement “the presence of acute medical consultants reviewing patients is beneficial to my training” as trainees become more senior (42% of ST7s disagree or strongly
disagree with this comment, compared to 19% of ST3s (p<.01). See figure 1.

**Fig 1.**

More senior trainees also had an increasingly negative response about the daytime availability of acute physicians being beneficial for patient safety (27% disagree and 44% agree at ST7 level; compared to ST3 doctors where 2% disagree and 52% agree p=0.016). See figure 2.

**Fig 2.**

**CONCLUSION**

This survey collates views of 244 medical registrars across the UK.

The majority of these believe that having acute medicine consultants review patients during the day is beneficial for training. However, half of all doctors feel that, on occasion, consultants impair training opportunities.

More senior trainees also view consultant input as less beneficial to patient safety than their junior colleagues (with statistical significance).

Our survey results indicate that, from the perspective of trainees, acute medical consultant presence on the AMU enhances patient safety and has a general positive effect on training. However there are some detrimental effects identified by trainees, particularly as they become more senior. Medical consultants need to be mindful of the educational opportunities when reviewing patients, and perhaps adapt their practice, at times allowing the trainee to conduct a supervised post-take ward round.
AIM

Hyperglycaemia is seen in up to 38% of acutely unwell patients. Those without a prior diagnosis of DM may have Stress Hyperglycaemia (SH), precipitated by the stress of illness, or undiagnosed DM.

SH is associated with adverse outcomes in many conditions including myocardial infarction, stroke and pneumonia. Despite this, there is no consensus regarding best management.

This work was undertaken to raise the profile of this important condition as well as to examine its prevalence and associations with undiagnosed DM in the acute setting.

METHODS Following ethics approval, consenting patients were placed into one of 2 study groups. SH was defined, based on expert opinion, as a RPG > 7.0mmol. RPG ≤ 7.0mmol/L was defined as normal glucose tolerance (NGT).

RESULTS

Of 58 recruited patients, 33% had SH. Steroid treated proportions were similar in both groups (42% SH, 38% NGT).

In the SH group, mean RPG was 8.4 mmol/L, FPG 5.1 mmol/L and HbA1c 38 mmol/L. In the NGT group, mean RPG was 5.8 mmol/L, FPG 5.6 mmol/L and HbA1c 40 mmol/mol. HbA1c was found to be in the ‘high risk for diabetes range’ in 32% (SH) and 27% (NGT). Three in the SH and 1 in the NGT group have been diagnosed with DM.

CONCLUSIONS

This novel work illustrates the high prevalence of SH and cases at risk for the diabetes in the acute setting. Proactive identification of such cases could, at relatively low cost (eg using FPG), facilitate improved care and outcomes across a range of conditions.