

NHS Tayside Junior Doctor Handbook (JDH): Improving Usefulness and Engagement for Future Medical Cohorts



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About the Project

The JDH was produced as a Padlet induction resource for the integration of new doctors into the hospital environment, mainly foundation year. However, since its creation six-years-ago, it has faced criticism regarding its relevance to daily working, leading to the formation of the Handbook Committee, with an assessment of the reasons and future improvements.

Project Aims

- The project aims are:
1. Improving relevance and usefulness of the JDH regarding its intended purpose
 2. Increasing engagement with this resource amongst doctors

Additional References

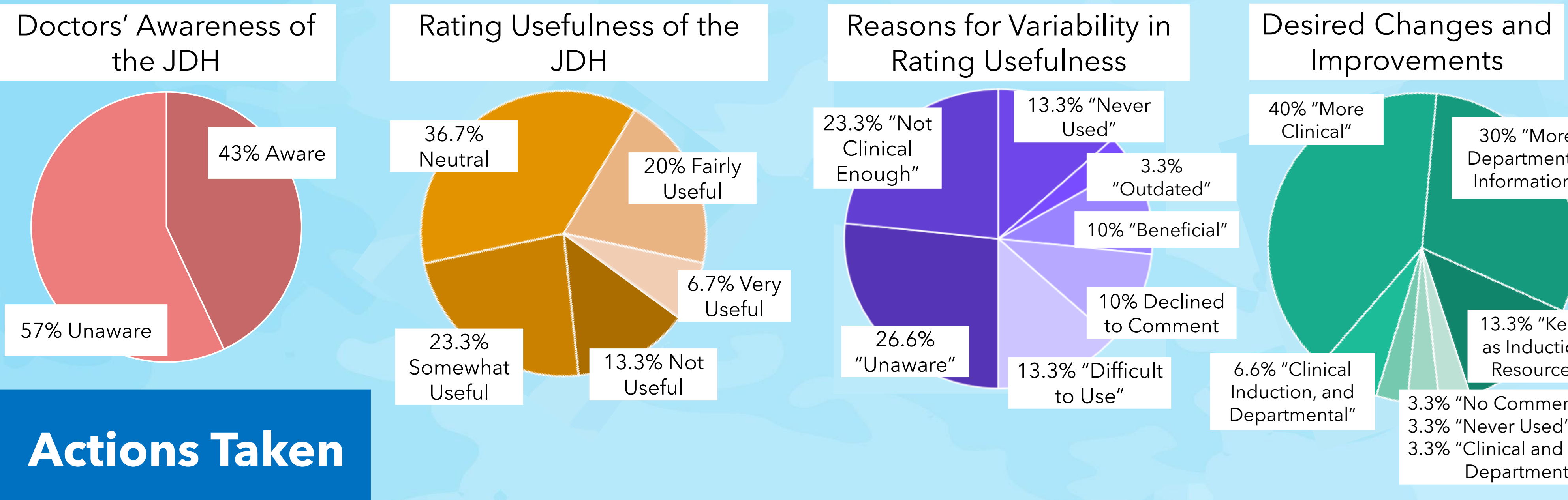
With special thanks to the Department of Medical Education (DoME) in NHS Tayside for their help and input for this project.

Methods and Cycles

For the first cycle, a qualitative survey was distributed across the current foundation year cohort via mass email and poster advertisements, aiming to understand the current limitations of the JDH and scope for improvement. Following results' analysis, the JDH was then modified accordingly, and a second survey, forming the second cycle, is currently being distributed to review the responses to the changes made, for further assessment.

Results and Outcomes

The first survey yielded 30 responses, accounting for 14.3% of the total foundation year cohort (210 doctors) with key findings below:



Actions Taken

In line with the above results, the JDH was amended, now including three new sections, each respectively introducing the Tayside and Kinross Localities, Hospital Amenities and Health and Wellbeing. Additionally, the section on Specialty Services and Guidelines was updated to ensure accessibility and ease of use. Given the notable lack of awareness of the JDH, the Handbook Committee has also been in contact with Induction Teams to raise awareness of this.

Project Limitations

A major limiting factor in this study was the small sample size of survey responses, despite encouragement. Another element is the inclusion of clinical protocols on a public domain, as instead of having these within the JDH itself, NHS links have been used, ensuring only staff on NHS computers can access clinical guidance. The JDH is held on the public Padlet platform, which several respondents have found difficult to navigate, despite this being the only approved public website by NHS Tayside to use for the JDH.

Conclusions & Future Ideas

Despite the small sample size, there is a clearly established desire for a clinically-oriented induction resource within NHS Tayside. The JDH, with continuous input, could fill this gap in integrating doctors into NHS Tayside. Moving forwards, liaising with the Induction Teams regarding ongoing awareness and the DoME regarding the use of Padlet will be key.