

Confidence Levels of Junior Doctors in Managing Hospital In-patients with Diabetes

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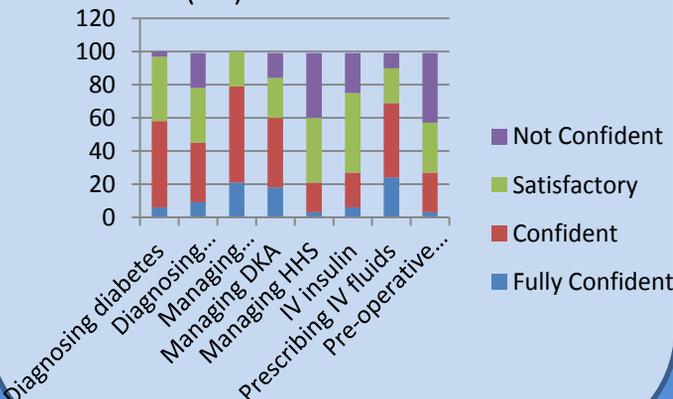
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Introduction: There has been a significant increase in the prevalence of diabetes and this is represented in the in-patient diabetes population. Lack of confidence in managing diabetes and a need for training has been demonstrated previously in the TOPDOC diabetes study.¹

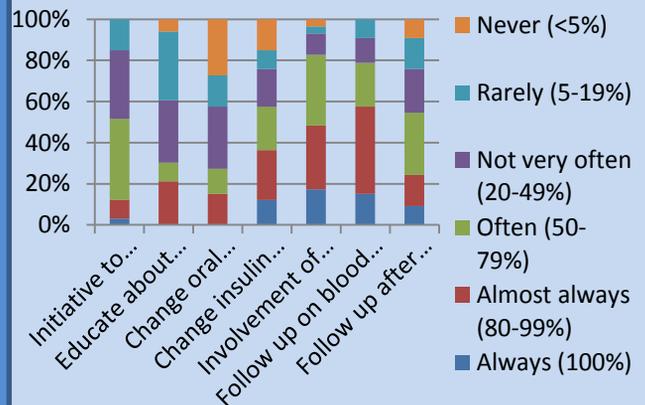
Aim: To evaluate self reported confidence levels of junior doctors in managing patients with diabetes and identify training needs. We aimed to get representation from local trainees to clarify whether this remains an issue.

Methods: An online pre-validated questionnaire of junior doctors working in the West of Scotland deanery was administered on the original dedicated TOPDOC study web portal, www.topdocdiabetes.org. Responses were anonymous.

Results: There were 33 completed questionnaires. The percentage of all respondents that were 'fully confident' in managing diabetes were: diagnosing diabetes (6%), diagnosing impaired glucose tolerance (9%), managing hypoglycaemia (21%), managing DKA (18%), managing HHS (3%), commencing or discontinuing IV insulin (6%), and pre-operative diabetes care (3%).



Four participants (12%) said they would 'always' or 'almost always' take initiative to improve diabetes control, with 72% stating they would do this 'often' or 'not very often'. With regard to changing dose or timing of oral therapy, no participants would 'always' do this, 15% 'almost always', and 27% 'never'. 12% 'always', and 24% 'almost always' would change the dose or timing of insulin therapy. The majority (54%) would 'always' or 'almost always' involve specialist diabetes teams.



Half of participants felt their post-graduate training had not adequately prepared them to manage in-patient diabetes. Over 75% would welcome further training.

There is a significant lack of confidence in managing in-patient diabetes. TOPDOC previously demonstrated this across the UK, and we have shown this still exists at a local level. The results should be used to promote efforts to address training needs with diabetologists providing the necessary leadership.