Women in Healthcare Blog

6 August 2013 – Refreshing the Returner

Some skills return to the user very quickly: riding a bike, getting on skis after a 5 year gap, scanning at a supermarket checkout, helping a patient have a drink. It is clear that these are skills where there is a degree of automatism, requiring what Dan Kahneman calls 'Thinking, fast'. Some of the skills which we use in healthcare however, are not instinctive, and require active rationalisation and weighing up of evidence – 'Thinking, slow'. Others, in the same way as riding a bike, require some motor skills, though have a degree of risk associated with them (e.g. inserting a chest drain, assisting in an operating theatre) where even if the instinctive memory of the procedure is still there, the risk may render one more anxious and in need of revision and support.

This is recognised on return of military reservists to civilian work, after active deployment, including medical and nursing staff. Civilian employers are encouraged and funded by the UK Ministry of Defence, to arrange for a period of re-induction and skills refreshment when a reservist returns to their usual employment after a period of service, where their role may differ, however slight, from that in civilian life. An intensivist acting on deployment as a general anaesthetist would be a typical example. The need for such support to doctors after a period away from work is also recognised by the Academy of Medical Royal Colleges in their 'Return to practice' guidelines in which an absence of just three months is seen as requiring intervention on returning.

The Times (27th July 2013) reports on a Coroner's court case in Leicester, where the death of a child is being considered. The paediatric registrar in this case reported 12 hours of working without a break, but also a recent period of 13 months maternity leave as contributing to 'de-skilling'. Women doctors will shortly make up the majority of the medical workforce and most of them will request maternity leave, during their training or early consultant years. It seems rational, and appropriate 'slow' thinking to plan our medical workforce with a capacity for not only service cover during maternity leave, but also planned induction and support in the months after return. It should be seen as an essential requirement in commissioning both training programmes and service delivery. All organisations representing healthcare professionals must campaign to have this returners' support recognised as essential for our patients' safety and the wellbeing of women.

References:

Thinking, fast and slow. Dan Kahneman, Penguin
Return to Practice, Guidelines 2012, Academy of Medical Royal Colleges
The Times, 27th July 2013

Professor Jean McEwan