

Poster presentation

Junior doctors can cooperate in the Acute Admission Department

Dan Brun Petersen*, Anders T Paulsen and Christian Backer Mogensen

Address: Acute Admission Department, Kolding Hospital, Skovvangen 2-8, DK-6000 Kolding, Denmark

Email: Dan Brun Petersen* - dan@db.s.dk

* Corresponding author

from Danish Society for Emergency Medicine: Research Symposium 2009
Copenhagen, Denmark. 26 April 2009

Published: 20 August 2009

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine 2009, **17**(Suppl 2):P12 doi:10.1186/1757-7241-17-S2-P12

This abstract is available from: <http://www.sjtem.com/content/17/S2/P12>

© 2009 Petersen et al; licensee BioMed Central Ltd.

Introduction

Kolding Hospital was one of the first hospitals in Denmark to set up an Acute Admission Department (called AMA) receiving acute patients for all specialities. Traditionally the junior doctors have their internship in one specialized department and they are only seeing patients referred to that speciality. Often one doctor can be very busy and the patients waiting, while other doctors are being inactive. We introduced the junior doctors to the most common conditions in internal medicine, surgery and orthopaedic surgery and then allowed them receive, treat and admit patients regardless of the speciality they were referred to. A principle was made: "A doctor does not sleep if a patient is waiting".

Methods

The new cooperation was evaluated through a questionnaire with 14 qualitative questions to the junior doctors. The answers were written in each doctor's own language and the answers were analyzed together by the investigators. The participants were also asked to grade the idea behind new cooperation and the way it was implemented (from 1–10, where 1 is the lowest).

Results

20 questionnaires were distributed, 14 were returned. Generally the junior doctors were positive about the new way of working, but a few found it difficult to grasp the wide span between the specialities. The possibility for helping each other was considered valuable both regarding the work load and the social interaction. One group found that the cooperation didn't do much for their own

development as doctors, but on the contrary another group thought that they had learned much more than they would have done in the old system. Many saw the cooperation as beneficial for the patients. Most were not satisfied with the actual implementation because rules for the cooperation were changed many times during the process. The average grade for the idea was "9" and for the implementation "5".

Conclusion

Letting junior doctors cooperate between specialities can be a success, both medically and socially. However it takes careful planning and well organized implementation to avoid frustrations among the doctors.