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## PRIMARY COLOUR

## Helen Salisbury: Mind the training gap

Helen Salisbury *GP*

Learning to be a good doctor is a complicated business, one that doesn't end until the day we retire. As well as understanding how bodies work and go wrong, and what can be done to put them right, we also need to learn many practical skills—how to listen so that patients feel heard, how to examine an abdomen or stitch a wound. While some of this knowledge is found in books or delivered in formal teaching sessions, a huge amount of medical training remains an apprenticeship where we learn from others who already know how to do it. The problem I currently face is the gap between what I'm trying to teach and the experiences of the people I'm teaching.

We're training our juniors in the skills we value: how to listen with full attention, how to sensitively inquire about psychosocial details that may influence a patient's presentation. It's only after gaining the trust of the slightly aggressive man with high blood-pressure and a fractured metacarpal that we might hear about the disintegrating marriage, the precarious employment, and the use of alcohol as respite. Once we know this, we may be able to offer more help than a sick certificate and blood pressure pills.

But when do we get a chance to model these skills? And more crucially, beyond the protected 20 minute consultations of the training period, when will our juniors get to use them? During an event on shared decision making, some despairing junior doctors described how the skills they'd enthusiastically learnt as students, and practised through role play, were now atrophying. Nowhere in their hospital had they seen the theory put into practice, and they were reluctantly concluding that little of it was applicable to the real world.

There's been much talk of doctors' moral injury incurred during the pandemic. It starts as that horrible, haunting feeling that you haven't been able to do the right thing for your patients and that some have suffered as a result.<sup>1 2</sup> In general practice this is now worse than at the height of the pandemic. There's an increasing mismatch between what patients demand and our capacity to provide it.

On top of this, I'm surely not the only one suffering from pedagogical distress—an awareness that what I'm teaching to medical students and junior doctors as good practice departs significantly from what I can offer my patients. There are moments of calm, when I can listen and help without awareness of time, remembering why I like this job, but I worry that we may actually be selling our juniors a lie and setting them up to feel like failures.

If they want to offer the standard of care we train them for—and examine them in—they may have to resign themselves to 12 hour days. Or they can compromise, doing the best they can in the time available. But that's not what they or their patients would choose.

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