



Poor interpretation of chest X-rays by junior doctors

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INTRODUCTION

Studies targeting medical students and junior doctors have shown that their radiological skills are insufficient. Despite the widespread use of chest X-ray; however, a study of Danish junior doctors' skills has not previously been performed.

MATERIAL AND METHODS

A total of 22 participants perused a standardised series of ten chest X-rays. The test used a multiple-choice form for each image, and the clinical data and the tentative diagnosis of each image were also made available to the participants. For each image, the participant chose a single primary diagnosis; and for each diagnosis, the participant's confidence in the diagnosis was assessed on a five-point Likert scale. The diagnoses were divided into four groups: normal findings, chronic diseases, acute diseases and hyperacute diseases or conditions.

RESULTS

A total of 22 doctors receiving basic clinical education (BCE) completed the study. Overall, participants correctly established 51% of the diagnoses. The participants' overall confidence in the primary diagnoses was 57.5% on the Likert scale, corresponding to 57.5% confidence in the proposed diagnoses. The sensitivity was calculated to 0.49 (95% confidence interval (CI): 0.41-0.57) and the specificity to 0.55 (95% CI: 0.41-0.68).

CONCLUSION

Based on the results from this study, we conclude that BCE doctors do not meet the minimum requirements for radiological diagnostic skills for the use of chest X-ray that were established for this study.

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Treatment of insufficient lactation is often not evidence-based

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INTRODUCTION

Breast milk has many advantages over formula for infants in developed and developing countries alike. Despite intentions of breastfeeding, some women develop insufficient lactation. Treatment options traditionally include breastfeeding education and pharmacotherapy.

MATERIAL AND METHODS

An electronic questionnaire regarding treatment of insufficient lactation was sent to all obstetric departments (n = 21) and neonatal wards (n = 17) in Denmark. Three main questions were included which focused on: breastfeeding education for women, use of pharmacotherapy and availability of local guidelines.

RESULTS

In all, 30 out of a total of 38 departments participated; and of those, 93% offered some form of breastfeeding education. 50% used either metoclopramide or syntocinon to promote lactation. None used domperidone. 73% had a local clinical guideline. 77% offered sessions with a lactation consultant.

CONCLUSION

Despite lack of evidence, half of the Danish obstetric departments and neonatal wards use metoclopramide and syntocinon for insufficient lactation. Domperidone might provide an alternative, but no departments reported its use. Management of insufficient lactation should always be initiated by counselling and education. Only when these treatment options are exhausted should pharmacotherapy with a suitable medication be considered.

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