

"What do I do with this wound?" Exploring Resident Doctors' Confidence in Wounds and Burns

Management: Lessons for Remote and Resource-Limited Practice

A cross-site quality improvement project



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Background

- Wounds & burns management is a core component of emergency care

Within our trust:

- Wound management frequently led by ANPs during day hours
- Out of hours practice often involves reduced senior support and limited access to guidance

"Resident doctors are more likely to manage wounds independently out of hours, mirroring the isolated decision-making conditions faced in remote and expedition settings, where senior support and resources may be limited."

Rationale and objectives

- This project arose from personal experience of feeling underprepared when managing minor injuries and burns out of hours

Aim → to explore confidence in wound management, identify barriers to safe independent practice and inform targeted educational interventions

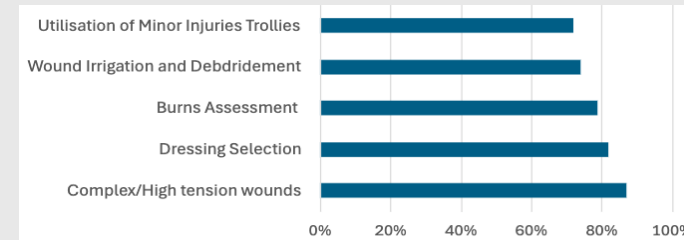
Methods

We completed the First cycle of a cross-site, trust-wide QI project using an anonymous questionnaire distributed to resident doctors across UH Sussex NHS Foundation Trust

61 Questionnaire Responses	FY1 → SpR Grades Sampled
Multi-site Trust-wide Reach	Cycle 1 Of an Ongoing QI Project

Results

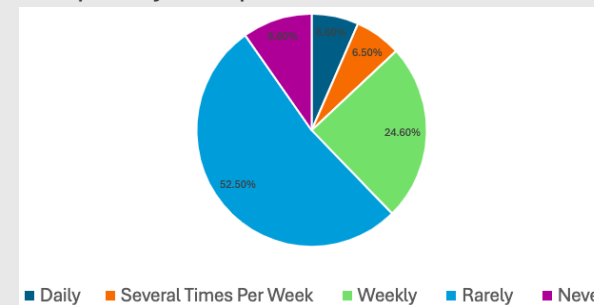
% reporting low confidence in wound management skills:



Educational gap and impact on practice:

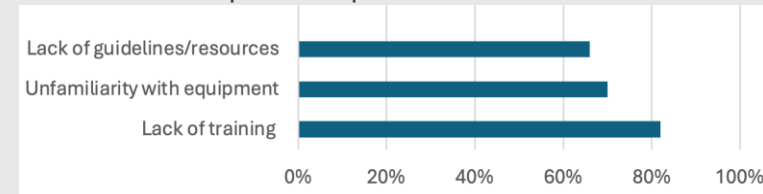


Frequency of exposure:



59% of doctors managed wounds never or rarely

Barriers to independent practice:



Conclusions and Discussion points

- Substantial educational gap in resident doctors' confidence and preparedness for wound and burns management
- 79–87% reported low confidence across key practical skills**, including burns assessment
- 62% had received no formal teaching and 90% were unaware of local guidelines**
- Findings highlighted a need for accessible, point-of-care resources and structured practical teaching
- Out-of-hours wound management may have particular relevance to remote/austere practice, where senior support and resources may be limited

Limitations

- Small sample size and uneven representation across sites, limiting generalisability
- Response bias and self-reported data

Next steps

- Develop a practical wound management handbook for minor injuries trolleys, which could also support clinicians working in remote settings with limited resources
- Clearer departmental guidelines
- Structured cross site teaching sessions including dedicated burns teaching
- Refresher teaching and formal ANP shadowing sessions for rotating ED doctors

References:

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