The rejection by many junior doctors of induction training in communication, discharge policies and encoding procedures does not reflect the known problems in these areas, and suggests that attitudes, as well as knowledge and skills, need to be addressed in order to achieve improvements. Present arrangements for induction training, which are hospital-wide and look largely at process measures relating to the delivery of healthcare, do not meet all the needs of doctors in training when they start an appointment. These issues remain highly topical^{5 6} and further effort is clearly required to effect adequate change. It could be argued that some of these issues could be covered in more depth in undergraduate

training, for example, the need for better undergraduate training in communication issues has already been suggested by the General Medical Council.⁷

A striking finding from these two surveys is that there remains a clear wish from junior staff for performance review and career counselling, and this need is not yet being met. A large majority of respondents wished to receive more formal goal-setting interviews at the beginning of an appointment and performance review later. This will be introduced as a formal process for specialist registrars under the implementation of the Calman reforms, but is not formally in place for SHOs, who also wish to receive it.

- 1 Jolliffe IT, Morgan BJ. Principal component analysis and exploratory factor analysis. *Stat Meth Med Res* 1992;1:69-95.
- 2 Department of Health & Social Security. *Hospital medical staffing: achieving a balance*. London: DHSS, 1986.
- 3 Department of Health & Social Security. *Working for patients*. London: HMSO, 1989.
- 4 Garrud P. Counselling needs and experience of junior doctors. *BMJ* 1990;300:445-57.

- 5 Cantwell BM, Ramirez AJ. Doctor-patient communication: a study of junior house officers. *Med Educ* 1997;31:17-21.
- 6 Spencer J, Stacy R. Interpersonal skills are being taught better, but more work is needed (letter). *BMJ* 1997;314:1203.
- 7 George C, ed. *The new doctor*. London: General Medical Council, April 1997.

Images in medicine

Retroperitoneal haematoma

A 77-year-old woman was admitted with unstable angina. She was treated with intravenous heparin in addition to other anti-anginal medication. On the fifth day of admission, her blood pressure suddenly dropped and she went into hypotensive shock. Abdominal examination revealed a diffuse tender swelling in the left iliac fossa. Investigations showed moderate renal impairment and a 5 g/dl fall in her haemoglobin since admission. There was no evidence of overt bleeding and coagulation screen remained normal. A computed tomographic scan of the abdomen revealed two separate retroperitoneal haematomata (two continuous lines marked 1 and 2 on the figure).

Heparin was stopped and she was resuscitated with a blood transfusion. She made an uneventful recovery and was discharged home.

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