

Virtual Hallway |

# The State of Clinical Confidence

What clinicians across Canada shared about uncertainty, learning, and support in modern practice.

# A note on how this came together

Medicine today is complex. Cases are less straightforward, expectations are higher, and decisions carry more uncertainty than they used to.

We asked clinicians in our community a few simple questions about confidence, learning, and support in everyday practice. What they shared was a snapshot of how medicine feels today across roles, regions and experience levels.

Across three short surveys, we received more than 180 responses from clinicians in our community. What follows reflects the patterns that emerged.



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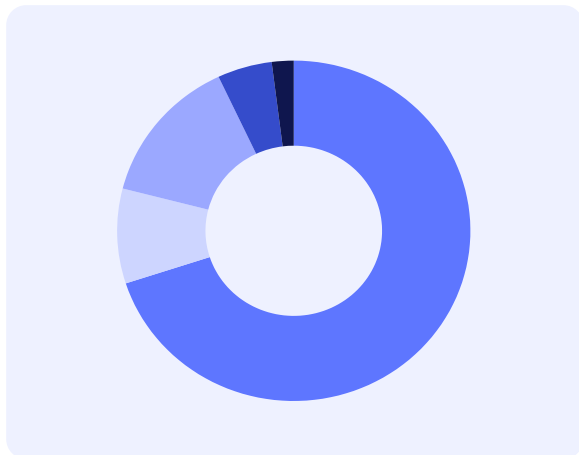
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# Section 1

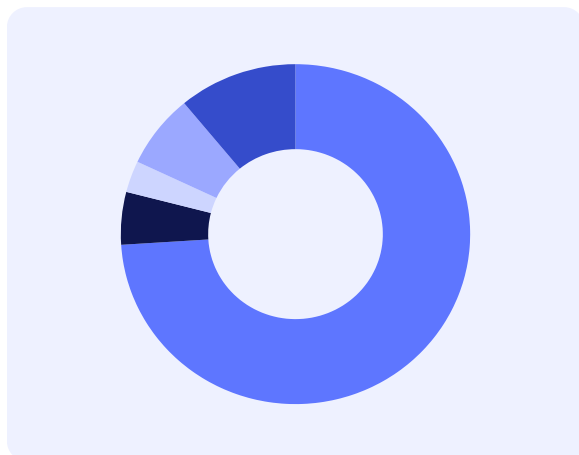
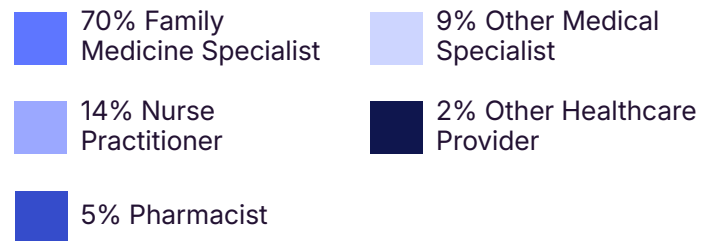
## Introduction

# Who we heard from

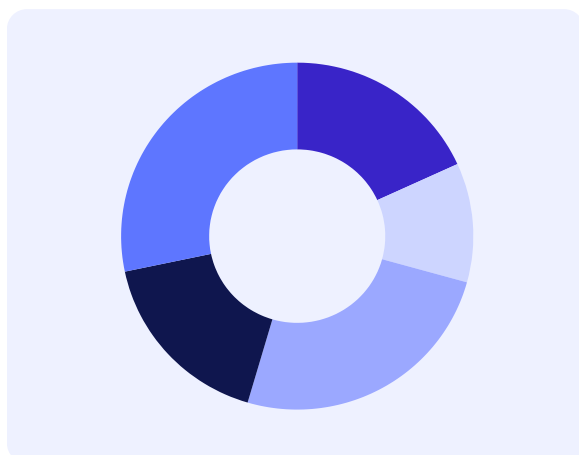
Responses came from clinicians across roles, regions and stages of practice.



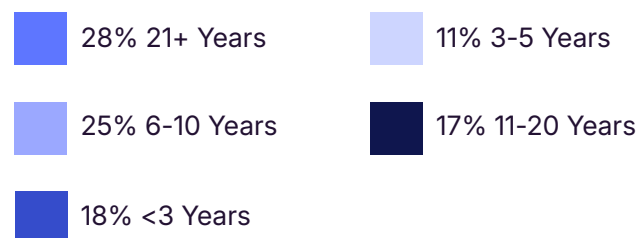
## Disciplines represented:



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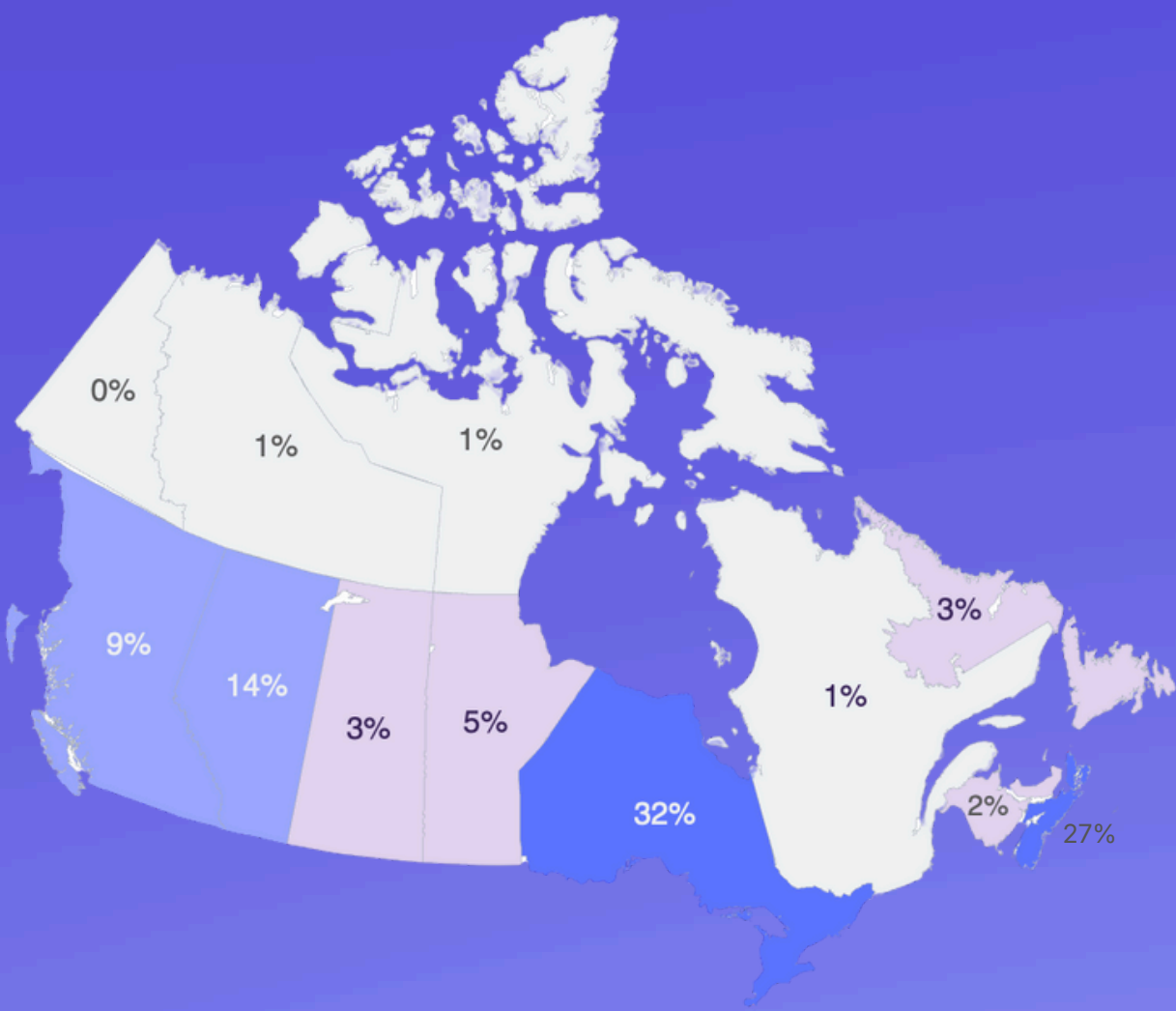


## Years in practice:



# Clinicians across Canada shared their perspectives.

Responses came from clinicians across roles, regions and stages of practice.



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# **Section 2**

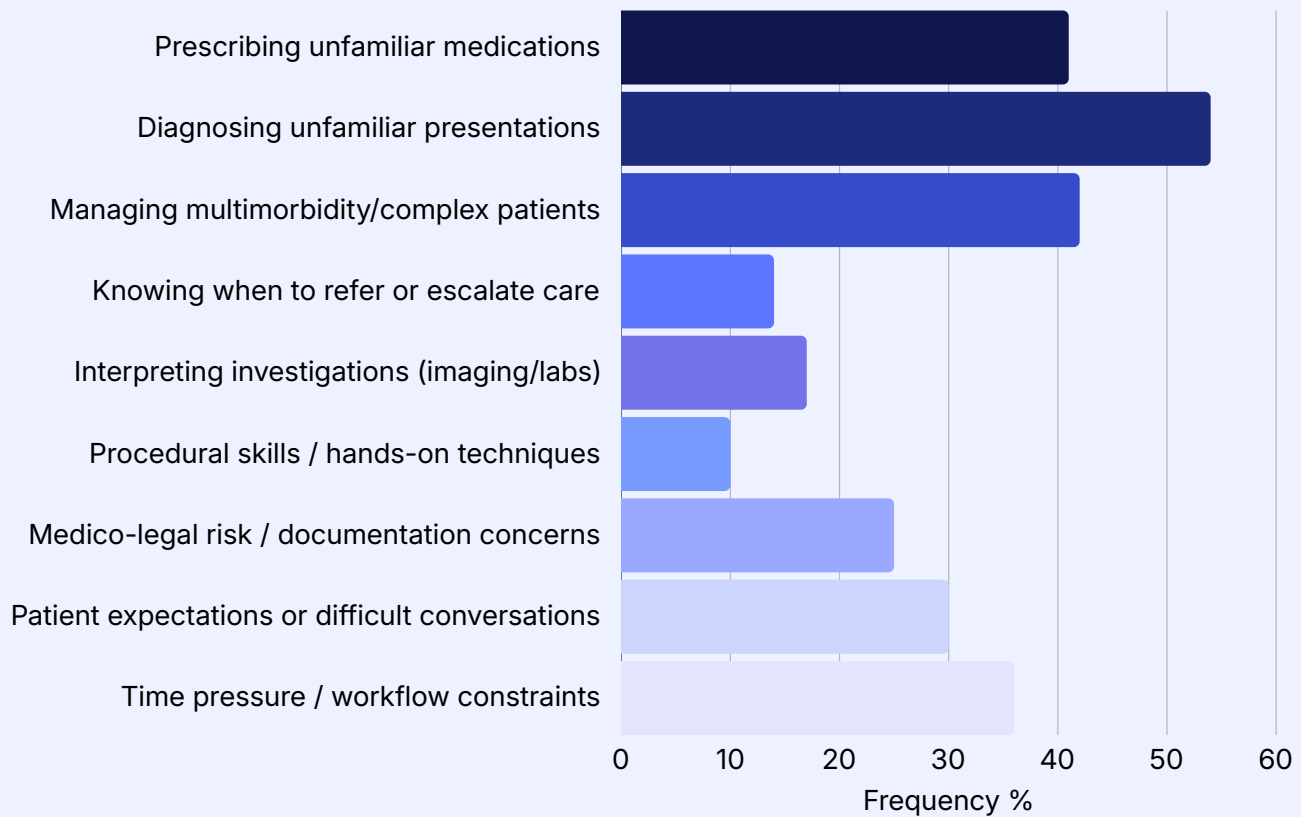
## **Where Confidence Breaks Down**

# Uncertainty is a common part of clinical practice.

Uncertainty is a common part of clinical work, particularly when cases are complex, unfamiliar, or don't fit neatly into guidelines. When we asked clinicians where uncertainty tends to show up most often, a clear pattern emerged.

## Uncertainty is a common part of clinical practice.

Thinking about your work or what you see among colleagues, which situations most commonly create clinical anxiety or uncertainty?



# Where confidence feels thinnest.

When clinicians were asked about confidence across different clinical areas, a small set of domains stood out as consistently more challenging. These are areas where evidence is evolving, presentations are varied, and decisions often require judgment over time rather than clear-cut answers.

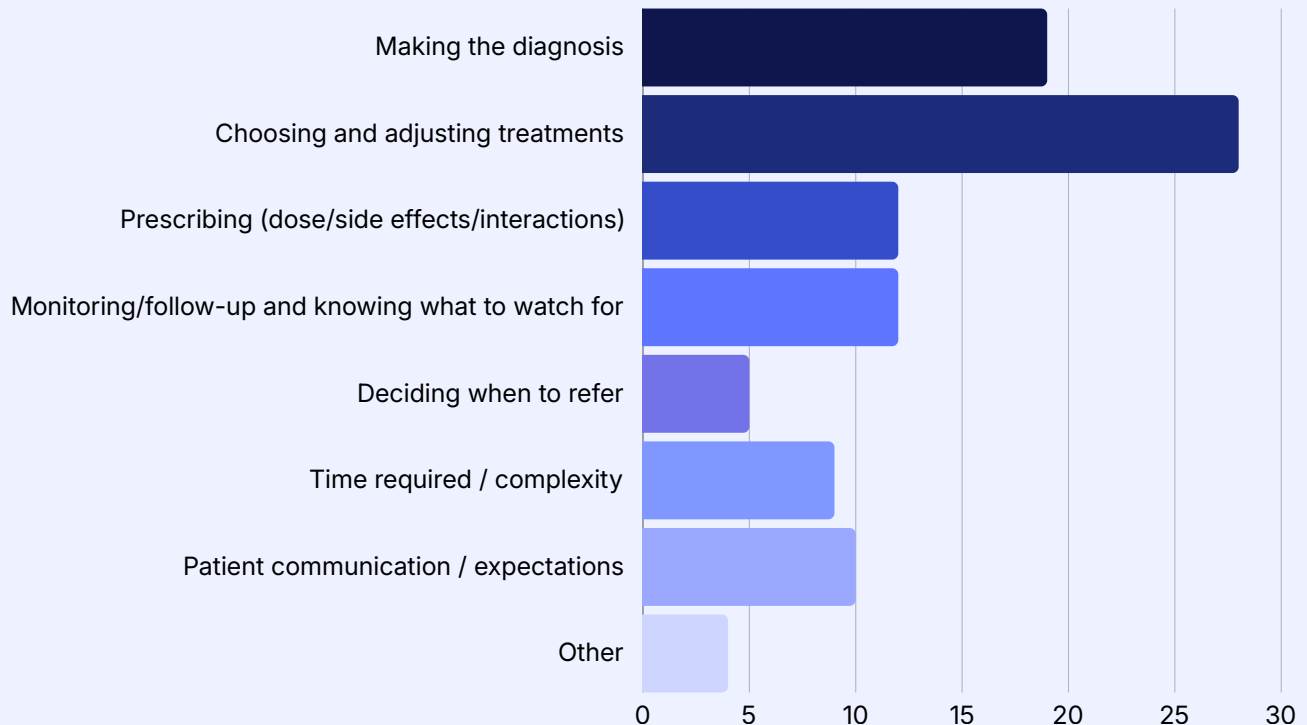
## Which clinical areas do you feel least confident in?

When asked about confidence across clinical domains, certain areas consistently emerged as more challenging. These share common features: evolving evidence, varied presentations, and decisions that unfold over time.



## From the areas you feel least confident in, what specifically is most difficult?

The difficulty isn't making the diagnosis. It's what comes after: choosing treatments, adjusting them over time, and knowing when to change course. These aren't one-time decisions But ones that require ongoing clinical judgment.



## What makes these areas hard to navigate

When clinicians were asked what feels most difficult within lower-confidence areas, the challenge wasn't awareness, it was decision-making.

Choosing treatments, adjusting care over time, and knowing when to change course emerged as the hardest parts of practice. These are not one-time decisions. They require judgment, follow-up, and confidence that the right path is being taken.

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## **Section 3**

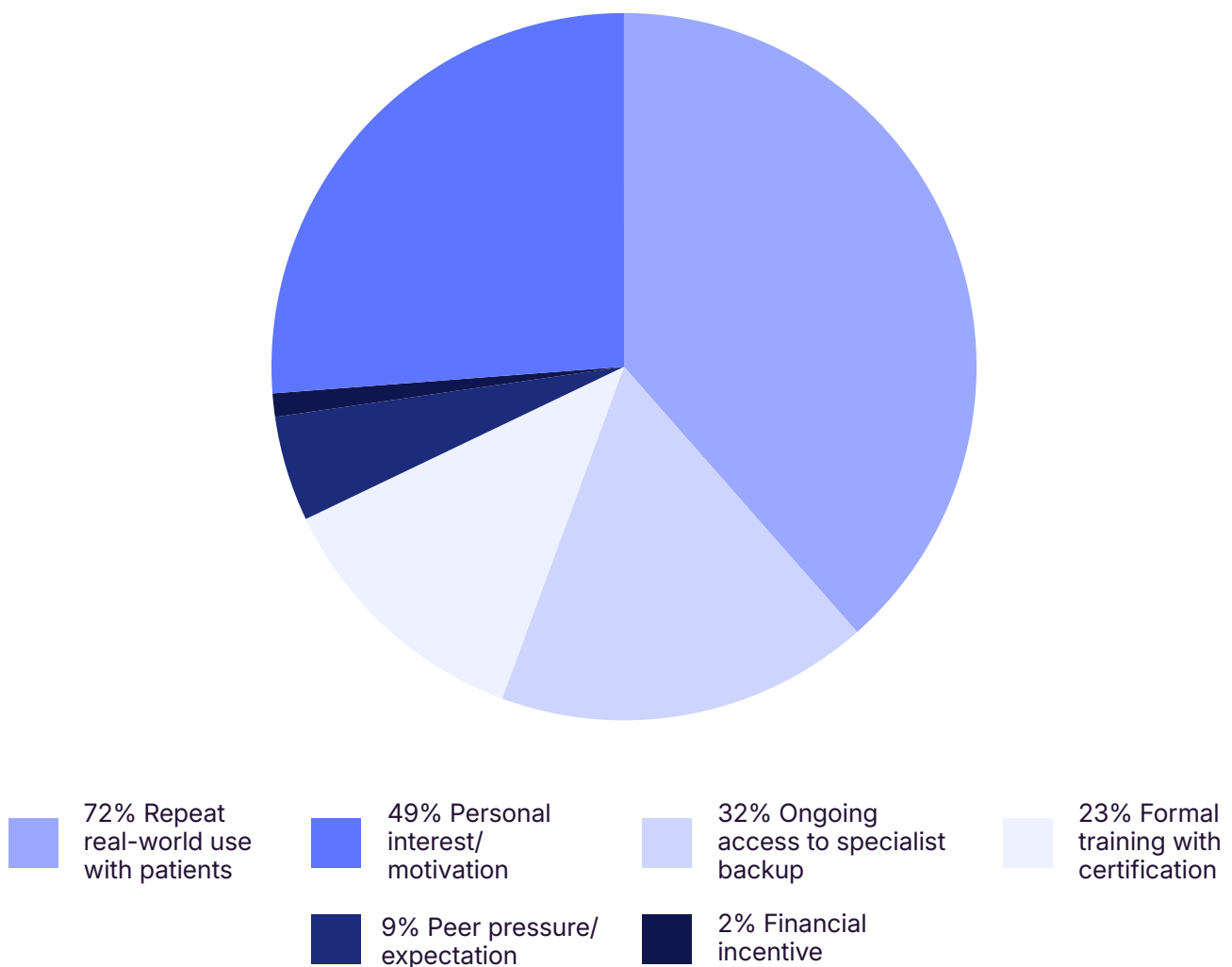
# What Actually Build Confidence

# How learning sticks

Clinicians are constantly exposed to new information through lectures, guidelines, and consultations. But not all learning changes practice.

When we asked what actually helps new skills or knowledge stick, a clear pattern emerged.

**Think of a clinical skill or knowledge area you've successfully expanded in the past two years. What was the key factor that made it stick?**

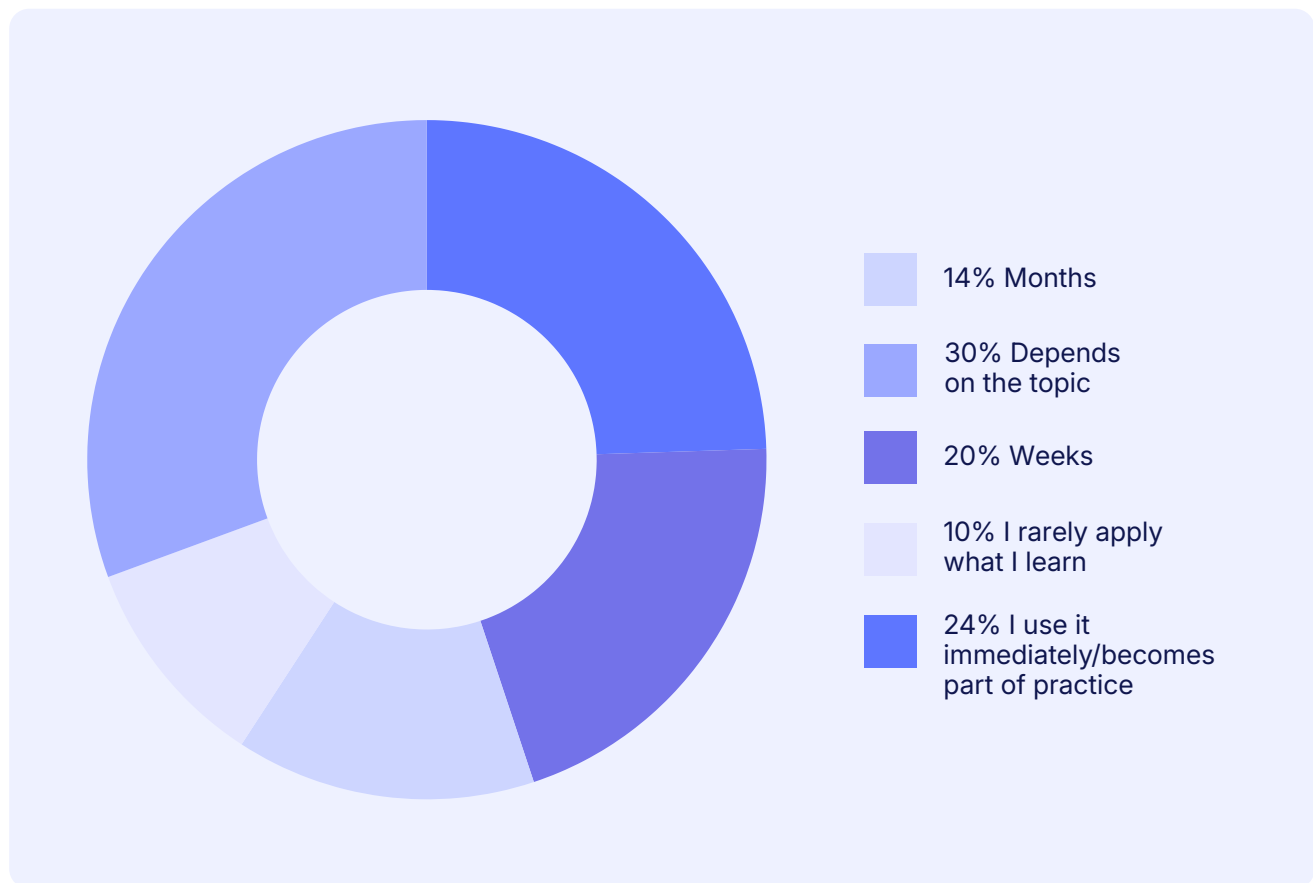


# How quickly learning becomes practice?

Learning only matters if it changes what happens with patients.

But the distance between learning something new and using it in practice can vary widely.

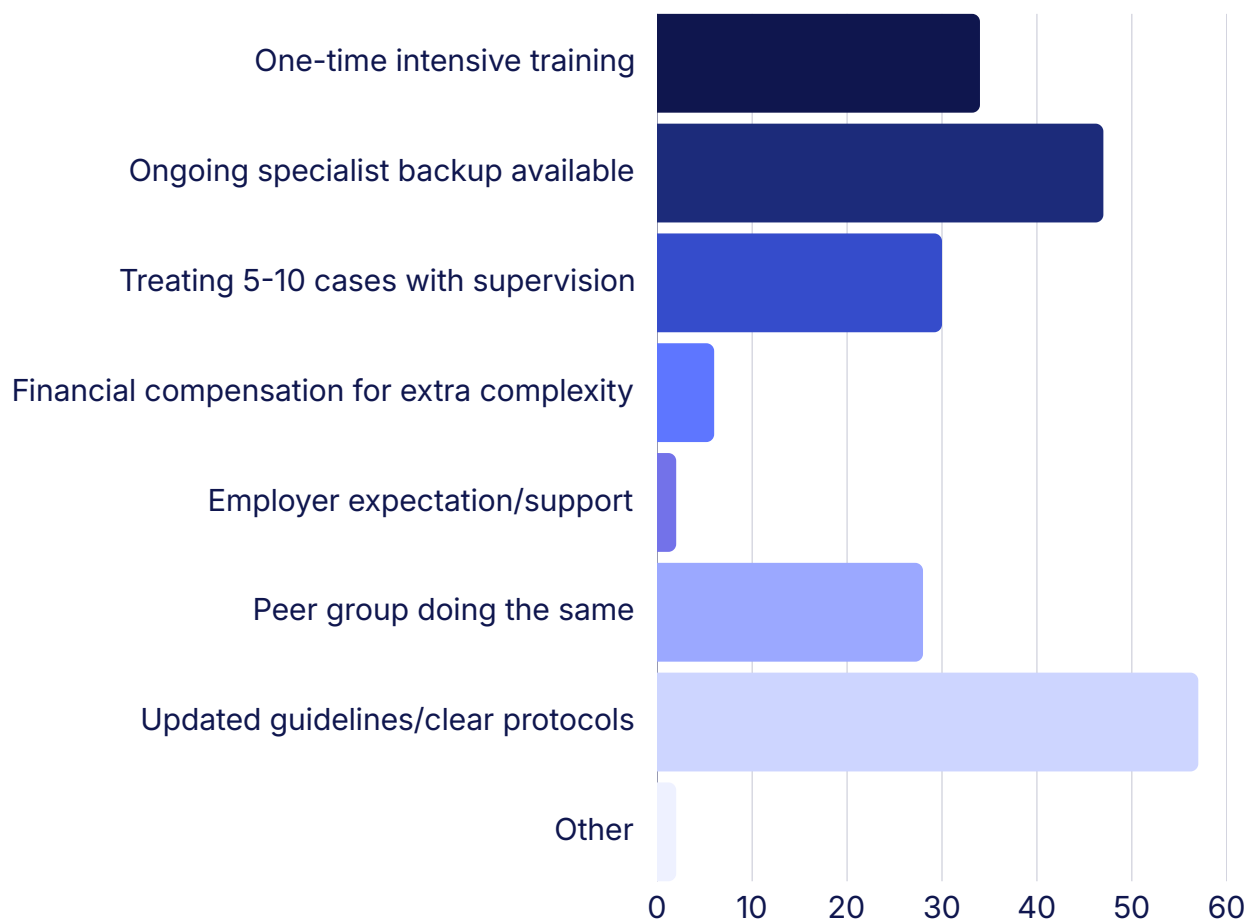
When clinicians reflected on how new knowledge shows up in their day-to-day work, their answers highlighted an important divide.



There's a gap between learning something new and integrating it into practice. For many clinicians, that distance can stretch across weeks or months and sometimes the learning never gets applied at all.

# What gives clinicians the confidence to start

Taking on a new type of patient or condition isn't just about knowledge — it's about reassurance. When clinicians considered what would give them the confidence to begin, they pointed to clarity, backup, and the ability to check their decisions along the way.



It's not one-time training that gives clinicians confidence to begin. It's knowing specialist backup is available and having the chance to treat cases with supervision. Confidence builds with support, not credentials alone.

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# **Section 4**

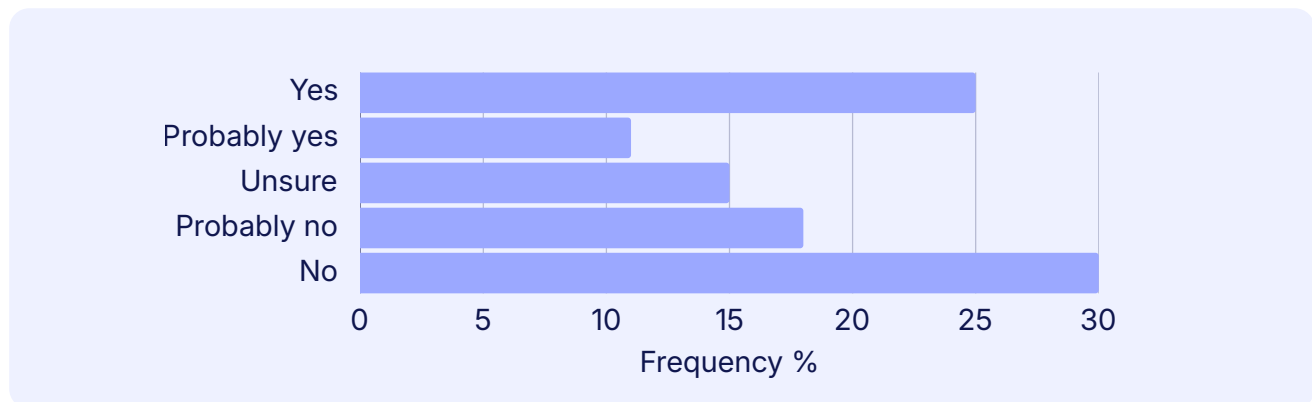
## **The Desire to Expand (And What's in the Way)**

# The desire to do more is still there

Despite the complexity of modern practice, many clinicians are still interested in expanding their clinical scope. This interest is driven less by obligation, and more by a desire to provide better care and continue growing professionally.

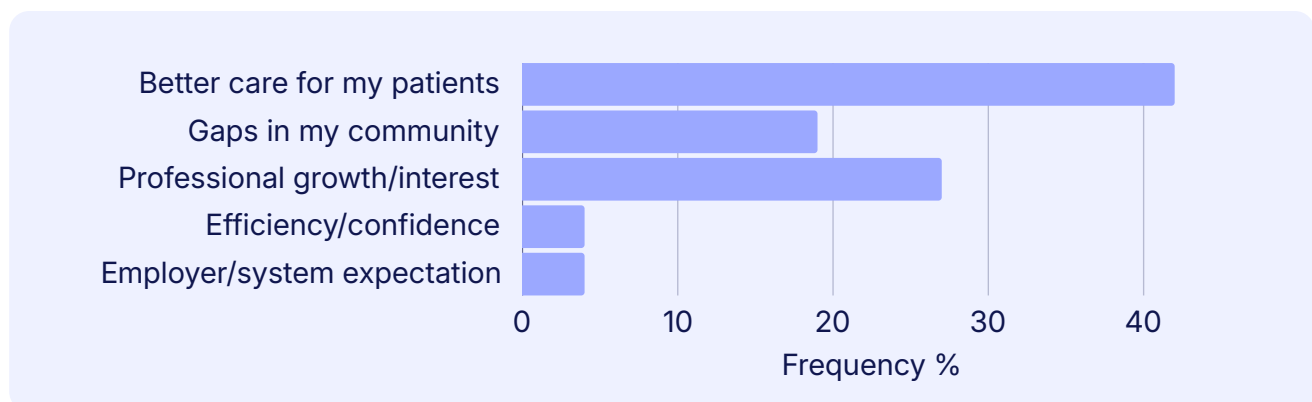
## Interest in expanding scope of practice

Are you interested in expanding your clinical scope of practice in the next 12 months?



## What's driving increase in scope?

Respondents consistently pointed to patient needs, professional growth, and gaps in their local communities as the reasons they want to do more.

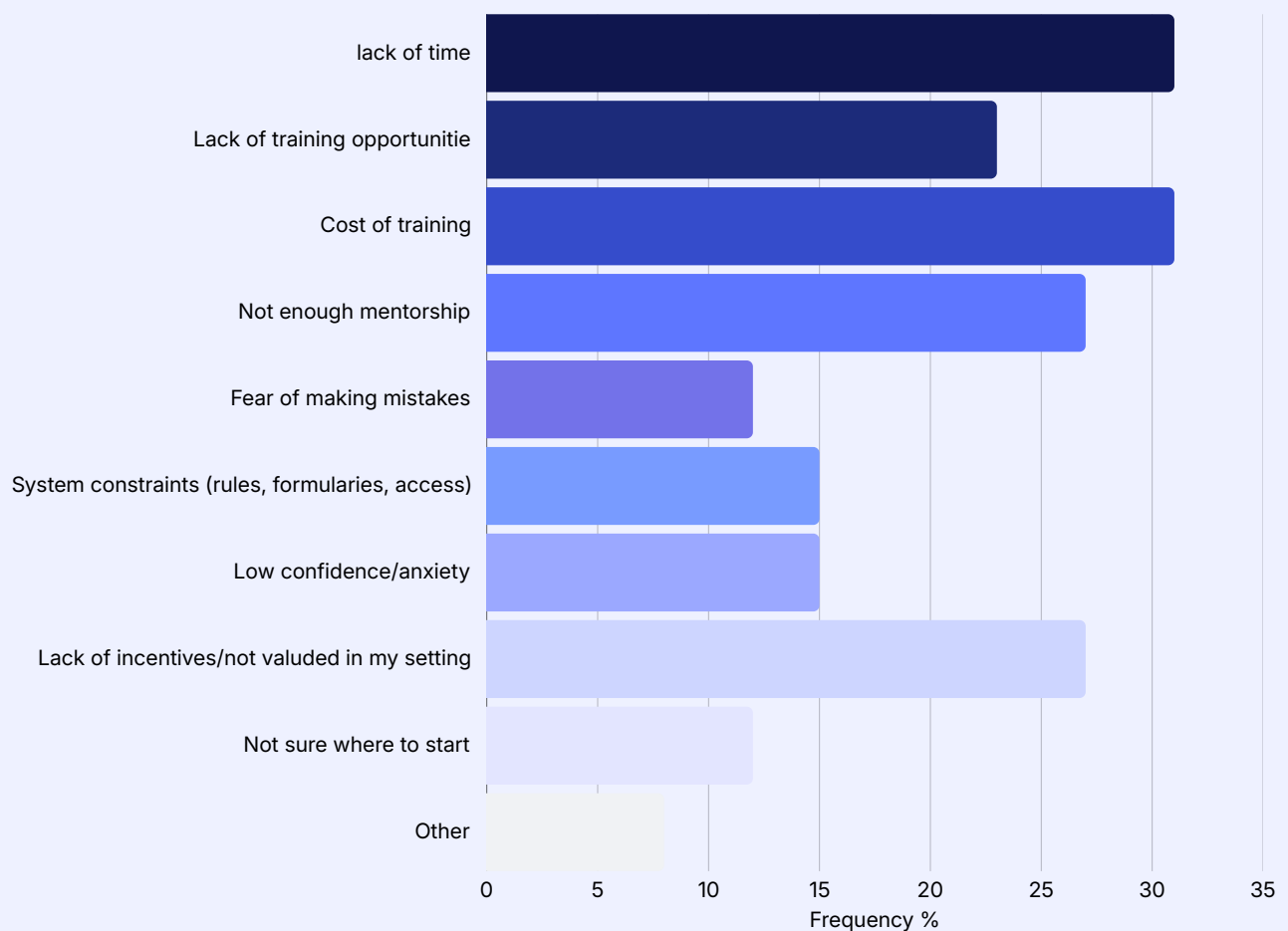


# What gets in the way?

When clinicians think about expanding their scope, the barriers are rarely about interest or intent. Instead, they point to practical constraints that make growth difficult to sustain alongside day-to-day practice.

Time, cost, and access to mentorship consistently surfaced as the biggest obstacles.

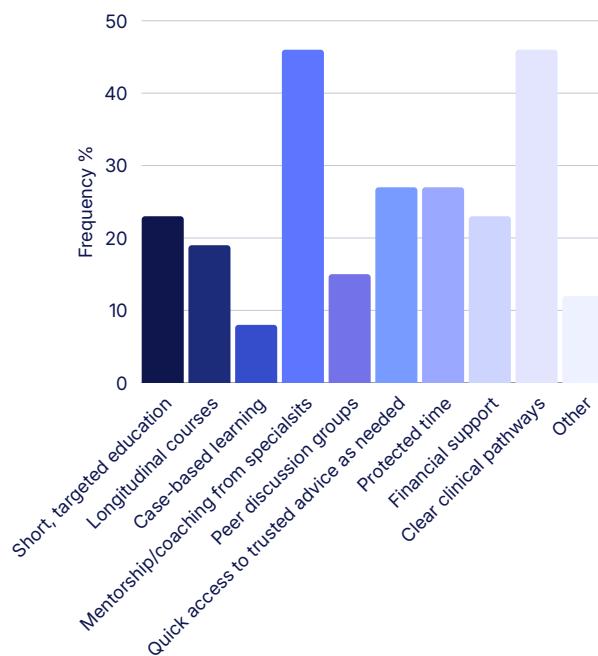
## What are the biggest barriers to expanding your scope of practice?



# What clinicians say would help most?

When clinicians imagine what would help them expand their scope, they point to practical, ongoing support: clear clinical pathways, access to specialist mentorship, and quick access to trusted advice when they need it.

These aren't calls for more lectures or credentials. They're calls for systems that support clinical judgment in real time.



When clinicians imagine expanding their scope, the support they're looking for is practical and ongoing.

Clear pathways and access to specialist mentorship stood out as the most helpful forms of support, more so than one-time training or credentials alone.

***Clinical confidence isn't built in a classroom or through a certification. It's built through repeated practice, with backup available when judgment feels uncertain. The clinicians we heard from know this.***

***The question is whether our systems do.***

# Gain clinical confidence with Virtual Hallway

To get started, log in or sign up for a free account to book collegial consults and watch medical education videos.

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