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The Patients Who Don't Get Better

Preliminary Findings From A Qualitative Medical Education
Study of Experiences of Scottish Foundation Doctors

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The Voyage of Life, Thomas Cole, 1842

What is already known:

- Early post graduate doctors care for patients at the end of life⁽¹⁾
- Junior doctors are often poorly prepared for this aspect of practice⁽²⁾
- Initiatives to improve teaching on palliative medicine and bereavement⁽³⁾

A red oval shape, likely representing a category or concept in a diagram.

Acute Care

A blue oval shape, likely representing a category or concept in a diagram.

End of Life Care

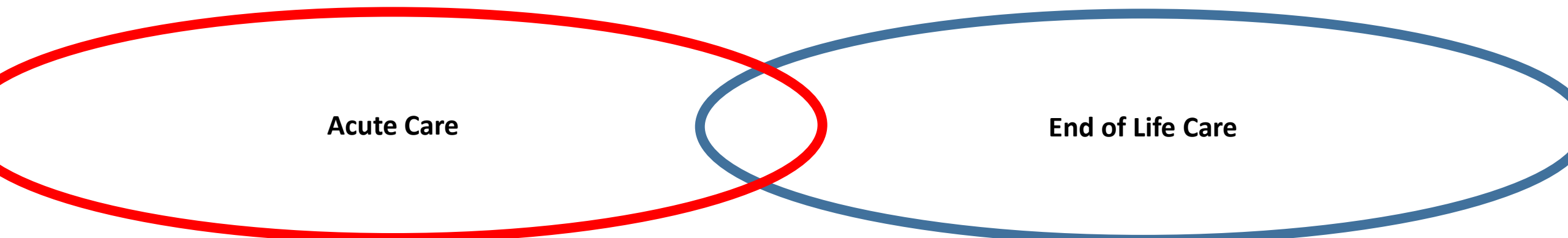
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- Initiatives to improve teaching on palliative medicine and bereavement⁽³⁾
- Differing opinions on diagnosing dying and recognising patients approaching end stage of their disease trajectory⁽⁴⁾



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- Differing opinions on diagnosing dying and recognising patients approaching end stage of their disease trajectory⁽⁴⁾
- Questions relating to how well new doctors are prepared for patient's *transition* towards the end of life



Dying without dignity

Investigations by the Parliamentary
and Health Service Ombudsman into
complaints about end of life care



Chief Medical Officer's
Annual Report 2014-15

Dying without dignity

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REALISTIC
MEDICINE





Parliamentary and Health Service Ombudsman



Chief Ann



REALISTIC MEDICINE



Dying without dignity

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Outcomes for graduates

(Tomorrow's Doctors)

(6, 7, 8)



Aims

To explore the experiences and perceptions of Foundation Doctors when encountering patients whose condition is not cured with medical treatment

To explore how Foundation Doctors perceive learning to care for patients when medicine's capacity to cure is limited – including any disparities between undergraduate and postgraduate learning



Methods



Methods

What cases are encountered in practice?

What challenges do Foundation Doctors face in these situations?

What role do the Foundation Doctors play?

What are the perceptions of Foundation Doctors of their preparation for these roles?





Preliminary findings

- 13 semi-structured interviews completed so far
- Role of the FY Doctor in care of patients approaching the end of life
 - Work under supervision of senior doctors
 - Attend to review sick patients, often 'out of hours'
 - Alert senior doctors to deteriorating patients ("worried")
 - Refer to other specialties
 - Attend cardiac arrests
 - Build relationships with patients and their relatives
 - Advocate for patients





Sense of limitations and junior status

Cassie: I would always err on the side to, let's try it and... there were two consultants and one would say, "no I don't think we should have another try of a strong antibiotic. We've tried it". And then say they swapped...there wasn't a big swap over, but say there was a swap over the next...and the consultant said, "no we should try"[...] but one minute we were not giving antibiotics and now we're going full on and he's getting four times a day or whatever. It's difficult.



Disparity between student and doctor perspectives

Zach: In medical school, you don't appreciate what it means entirely, to say somebody is not for escalation, and why would it be they wouldn't be for escalation.



Differences between day shift and out of hours work

Rosie: I saw a gentleman on general medicine who was on the ward because he had end stage renal failure, and he wasn't for dialysis, but he was still for CPR [...] and I went to review him on the weekend, not knowing the patient at all, and he had necrotic fingers and necrotic toes, but was still for CPR [...] if he had a cardiac arrest, he would have had CPR over that weekend, and that would have been terrible, but luckily that didn't happen



Coping and support

Tanya: ...if you feel at any point that you're struggling or you're not comfortable with what's going on you need to ring your registrar, because that's really what they're there for. They've had that much more experience, and have those more expertise. There are going to be times when you do feel out of your comfort zone and I guess that's only how you learn. But I think at that point you need another pair of eyes or something to help.



Disagreement with consultants' management plans

Helen: But, it took me two days to get the consultant, of me calling, and just annoying them, and they got really annoyed at me about saying, you need to speak to him, and they just weren't interested at all. It took me two days to get them to say, look, you need to speak to him and say that he's got cancer



Summary

- Early post graduate doctors play a significant role in care of sick patients at the transition towards end of life
- Heterogeneous experiences – varying perceptions of preparation, coping, support
- FY Doctors face challenges related to sense of own junior status, clinical disagreements and shift system of working
- Increased awareness of “Palliative Medicine” in undergraduate medical education may not necessarily lead to understanding of patient trajectory to end stages



Future research

- What other factors influence understandings of patients transition to the end stage of their disease?
- Why are there such different perceptions of preparation for practice?
- What are the perceptions of the senior doctors about the learning of the trainees?
- What lessons can be learned from this study to improve undergraduate education?

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