

# Not All Sunshine and Rainbows

Findings from a qualitative study of newly qualified Scottish doctors learning about 'Do Not Attempt CPR' decisions

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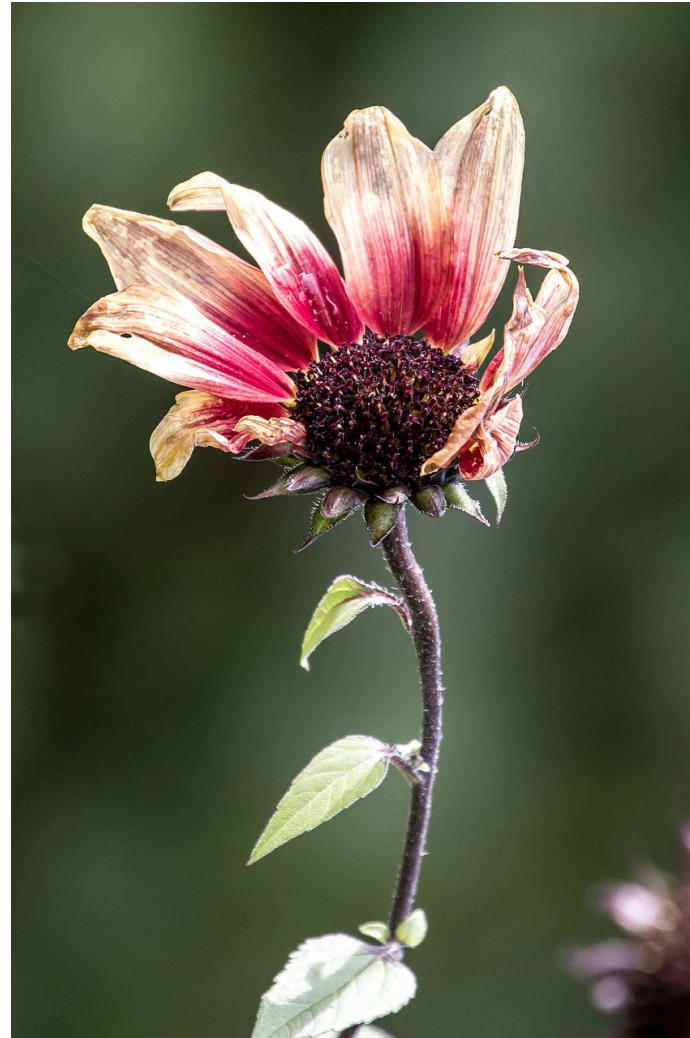


# Introduction

Anticipating and planning for end of life is good practice

DNACPR decisions

Recent controversies over CPR



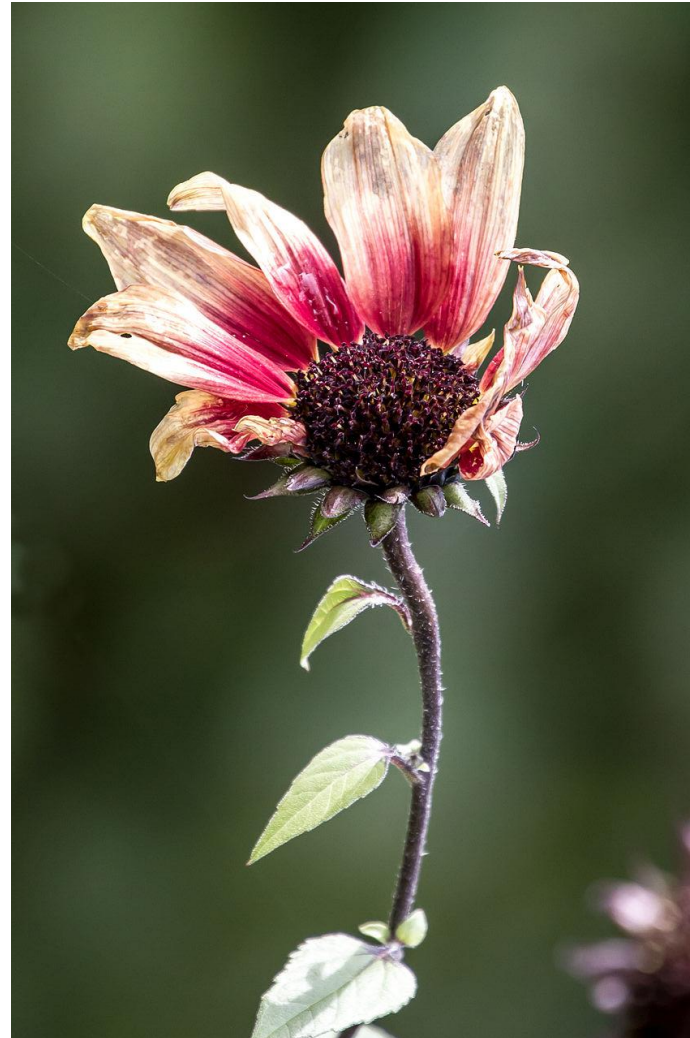


# Introduction

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Medical doctors provide patient care from point of graduation

Stressful for junior doctors

Foundation doctors are the consultants of the future



What are the perceptions of newly graduated medical doctors learning about 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) decisions?



What are the perceptions of newly graduated medical doctors learning about 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) decisions?

What factors facilitate or limit this learning?

How do these doctors perceive their preparation for practice?



# Methods

- Recruitment of Foundation (FY) Doctors
- Semi-structured interviews
- Pseudonyms given



# Methods

- Recruitment of Foundation (FY) Doctors
- Semi-structured interviews
- Pseudonyms given
- Exploring
  - **What roles do the FY Doctors play?**
  - **What are the perceptions of FY Doctors of their preparation for these roles?**
  - **What challenges do FY Doctors face in these situations?**







# Findings



- Perceived roles

- 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

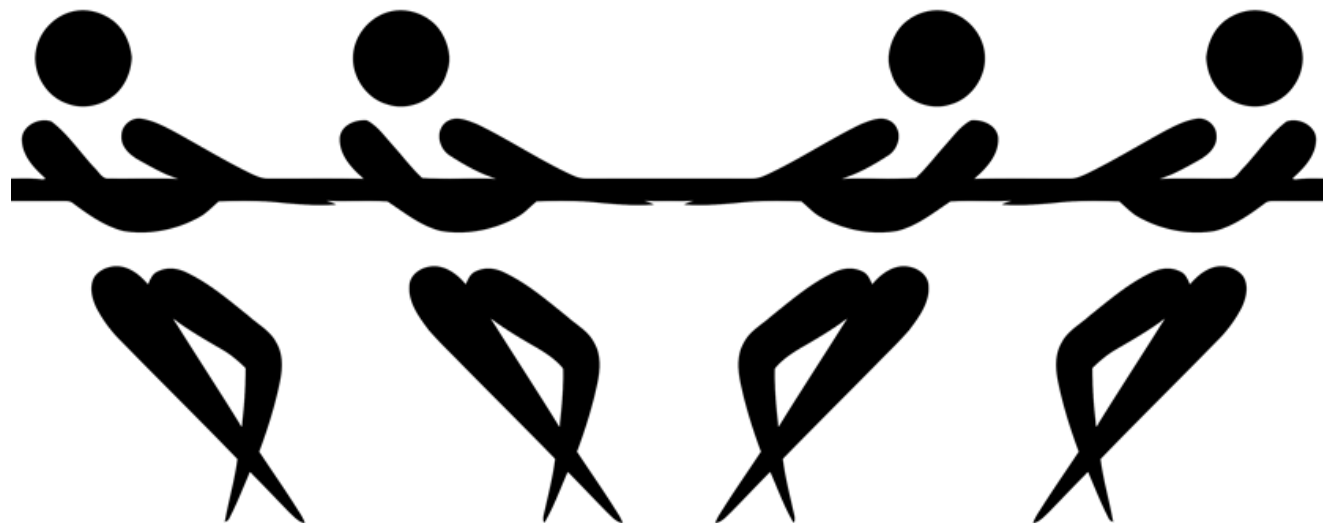






# Suitability of CPR

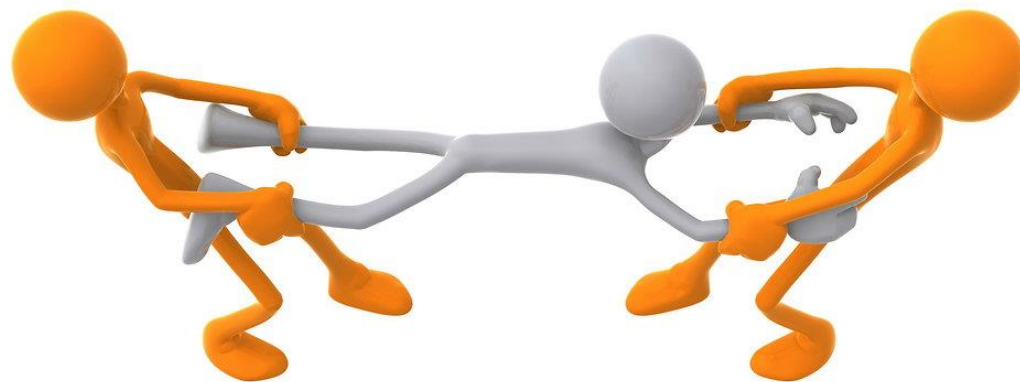
- Difficulties understanding decision making
  - Some cases clear
  - Often dealing with uncertainty
- Differences between consultants
- Differences between consultant and junior perspective





# Influence of Nursing Staff

- Nurses can provide continuity
- May spot when a patient is dying
- Forthcoming with opinion
- May approach FY first with concerns





# Experiences of Cardiac Arrests

- “Incredibly frustrating”
- “Exhausted and demoralised”
- Including the period after cardiac arrests
- Influences how FY doctors feel about DNACPR





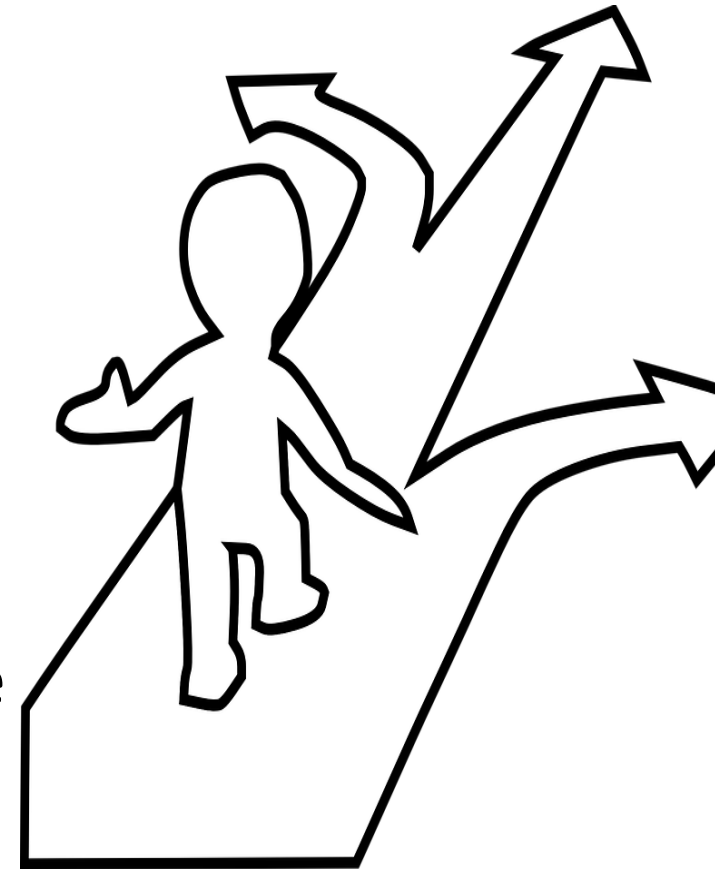
# Perceptions of Preparation for Practice

- Mix of perceptions
- “Not all sunshine and rainbows”
  - Some felt medical school provided training opportunities
- “Never sat in on a DNACPR conversation”
  - Different focus of learning
  - When learning about DNACPR – methods may be unhelpful



# Discussion

- Medical schools preparing for practice?
- Handling uncertainty
- Variability of experiences
- Discrepancies in opinion
  - Between consultants
  - Between consultants and junior doctors
  - Between medical staff and nursing staff
- Cardiac arrests and CPR can be a negative experience





# Conclusions

- Challenging to learn about DNACPR decisions
  - Undergraduate preparation for practice
  - Challenges in postgraduate training
- No easy solutions
- Future work
- Work culture





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