Preparing junior doctors for discussing DNACPR with patients – a ‘bit of trial and error’?

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Making Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and treatment escalation decisions helps towards more dignified deaths for patients in acute hospital settings.

Not all doctors find it easy to have the necessary discussions with patients.

‘Tomorrow’s Doctors’ requires that medical schools prepare trainees adequately to ‘contribute to the care of patients and their families at the end of life’.
Aims

- To explore the experience of junior doctors in UHBristol NHS Trust in having these discussions
Methods

- Online questionnaire was sent to all junior doctors at Bristol Royal Infirmary May-June 2016.
- Respondents were asked:
  - to rate their confidence when discussing DNACPR decisions with patients and their families
  - what training they had received
  - whether or not they felt their undergraduate training had prepared them adequately for these conversations
Results

- 86 respondents with representation from FY1 to specialty trainees
Results

Confidence discussing DNACPR with patients and their families

- Very Confident
- Confident
- Neutral
- Not Confident
Results

Basis of DNACPR teaching

- Med School Teaching
- Foundation teaching
- Observation seniors in clinical environment
- Self-directed learning
- No formal teaching
Results

Undergraduate preparation for DNACPR discussions

- Very well
- Well
- Neutral
- Not well
Comments

- **Who should have the conversations?**
  - Mixed opinions from more junior trainees as to whether it was appropriate for them to be having DNACPR conversations – some felt it not; others felt more ready than their consultants

I think that the discussion about TEPP and DNACPR should be done by the most senior doctor available

Often foundation doctors are keen to initiate these conversations but are dissuaded from doing so by more senior colleagues...who feel it is either unnecessary or “not up to them” and leave it to the GP
Comments

- How best to learn?
  - 19/37 respondents said they would welcome further training; most mentioned observed role play with feedback
  - 11/37 said that observing others was the most useful way to learn, but...
  - 6/37 commented on the variable communication skills demonstrated by senior clinicians
  - 3/37 commented that the best way to learn was to get experience
How best to learn?

Communication skills training with actor role playing probably the best environment to learn to discuss DNAR

How the consultants feel about addressing these issues should be looked at...this is something that is done brilliantly by some and very poorly by others

There is no substitute for repeated experience of having this type of discussion

The most useful teaching is when I have been taken in to talk to family with one of the consultants or SRs

I have tried various approaches with differing results
Really intimidating topic to discuss with patients. Often avoided doing it as an F1 and asked to observe my seniors. Saw examples of it done really well and really badly. Have had mixed experiences doing it myself – bit of trial and error has helped me develop my own way of approaching it.
Conclusions

• Junior doctors do not feel adequately prepared or sufficiently confident to have DNACPR discussions with patients and/or families.

• Undergraduate formal teaching should complement observation of seniors in the clinical environment.

• Postgraduate training would be welcomed by trainees.
References


Thank You

Any Questions?