Exploring newly graduated doctors' workplace learning about the approach to the end-of-life using Cultural Historical Activity Theory

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Background

- Medical doctors must access the physical, psychological and social means to provide optimal care[e.g.(1)]
- Best practice guidelines emphasise anticipatory planning in advance of the very end-of-life[e.g.(2)]
- Medical doctors must be able to anticipate the dying patient[e.g.(3)] –

  but this is often difficult and/or subjective[e.g. (4)]


REALISTIC
MEDICINE
MEDICAL
healthier
scotland
SCOTTISH GOVERNMENT


Dying without dignity
Investigations by the Parliamentary and Health Service Ombudsman into complaints about end of life care

Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD)

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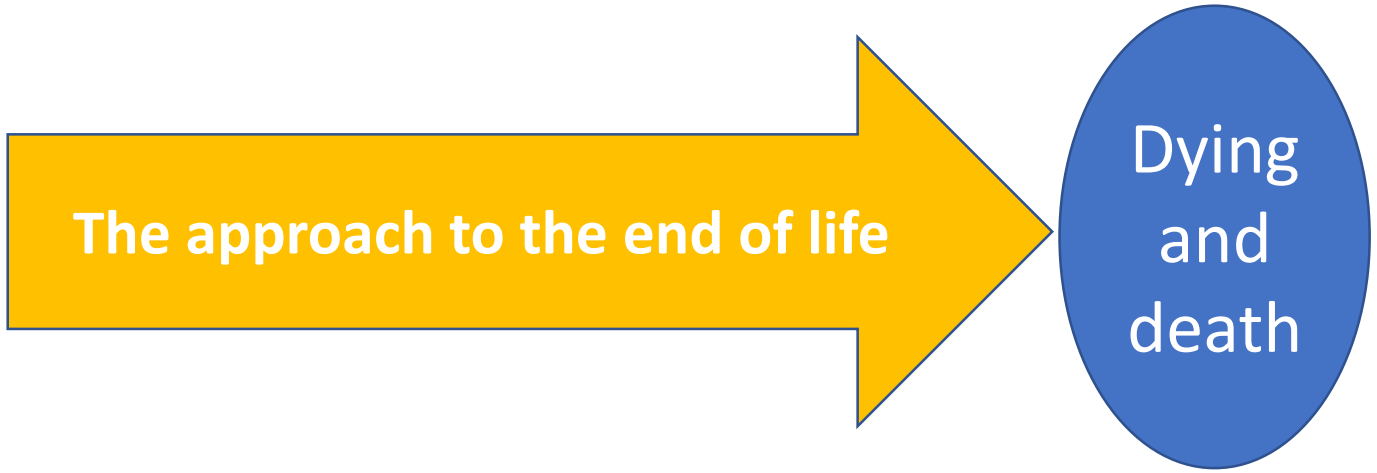

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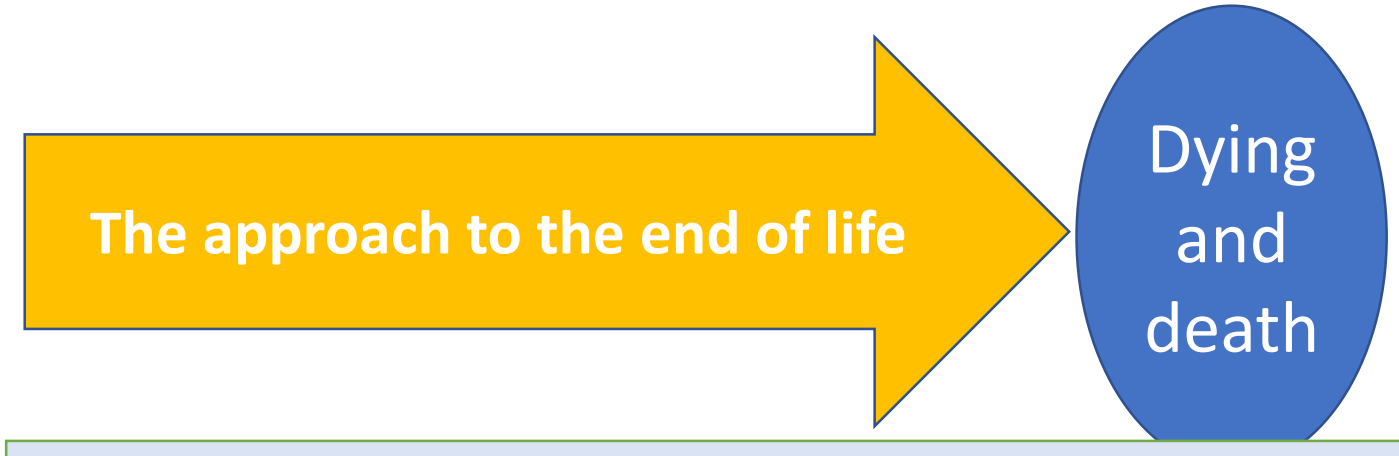

To explore how newly graduated medical doctors understand and learn about care of patients approaching the end of life

Methods (1)

To explore how medical doctors understand and learn about care of patients approaching the end of life

- Complementary qualitative methods

To explore how the approach to the end of life is understood and conceptualised

- Analysis of language used by/acceptable to UK medical doctors
- Scoping study methodology
  - Iterative inclusion/exclusion criteria generation
  - Broad sample of medical literature discussing the approach to the end-of-life in the general hospital setting
- Qualitative Content Analysis of 269 included documents
  - Analysis of how the approach to the end-of-life is expressed, articulated and conceptualised

Methods (2)

To explore how medical doctors understand and learn about care of patients approaching the end of life

To explore how the approach to the end of life is understood and conceptualised

What are the influences on how these understandings are developed and learned about?

- Newly graduated (first two postgraduate years) doctors in South East Scotland invited to participate in interviews
- Data generated through semi-structured interviews exploring experiences of caring for patients who had died in the general hospital setting
- Qualitative data underwent inductive thematic analysis[5]

UK Undergraduate Medical Degree → **Postgraduate 2 Year Foundation Training** → **Postgraduate Specialty Training**

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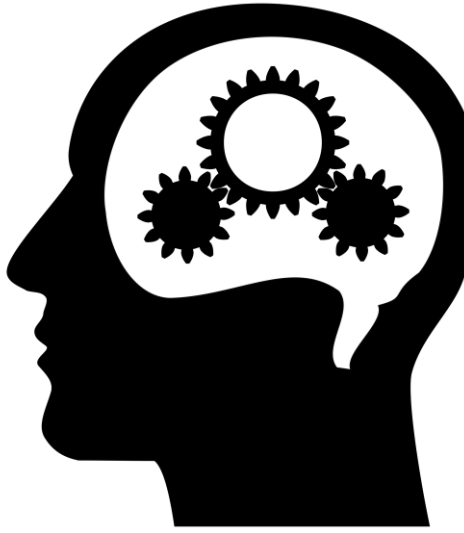
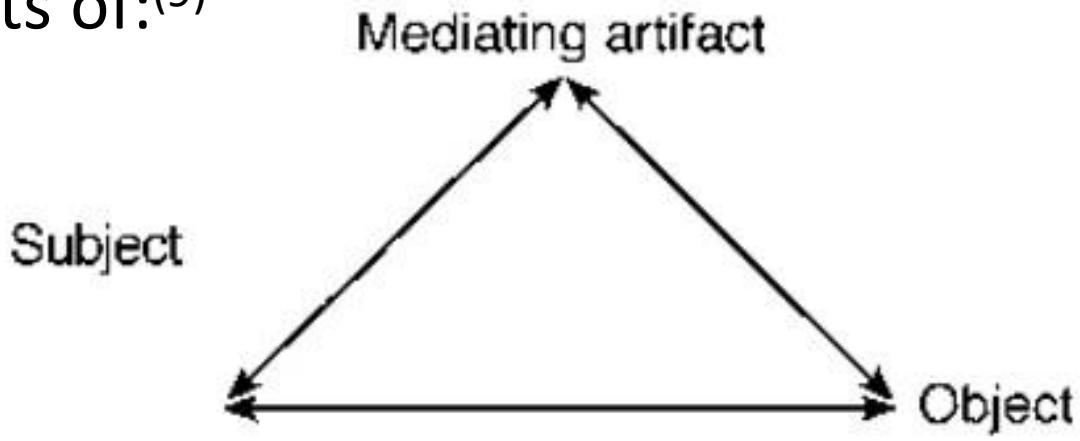
Key Findings

- Approach to end-of-life not a discrete entity, considered with reference to:
  - Judgements about the patient
  - The practice of and treatments available to the doctor
- Default medical care organised/planned for “expectation of cure”
- When patients approaching end-of-life ongoing standard default care becomes negative (“invasive”, “aggressive”)
- Decisions should be made to alter goals of care – more positive conceptions of care
- Medical schools may present a dichotomous view of end-of-life care as separate conceptually and geographically from acute care
- Understanding of the relevance of end-of-life care to acute hospital care is learned about through practice

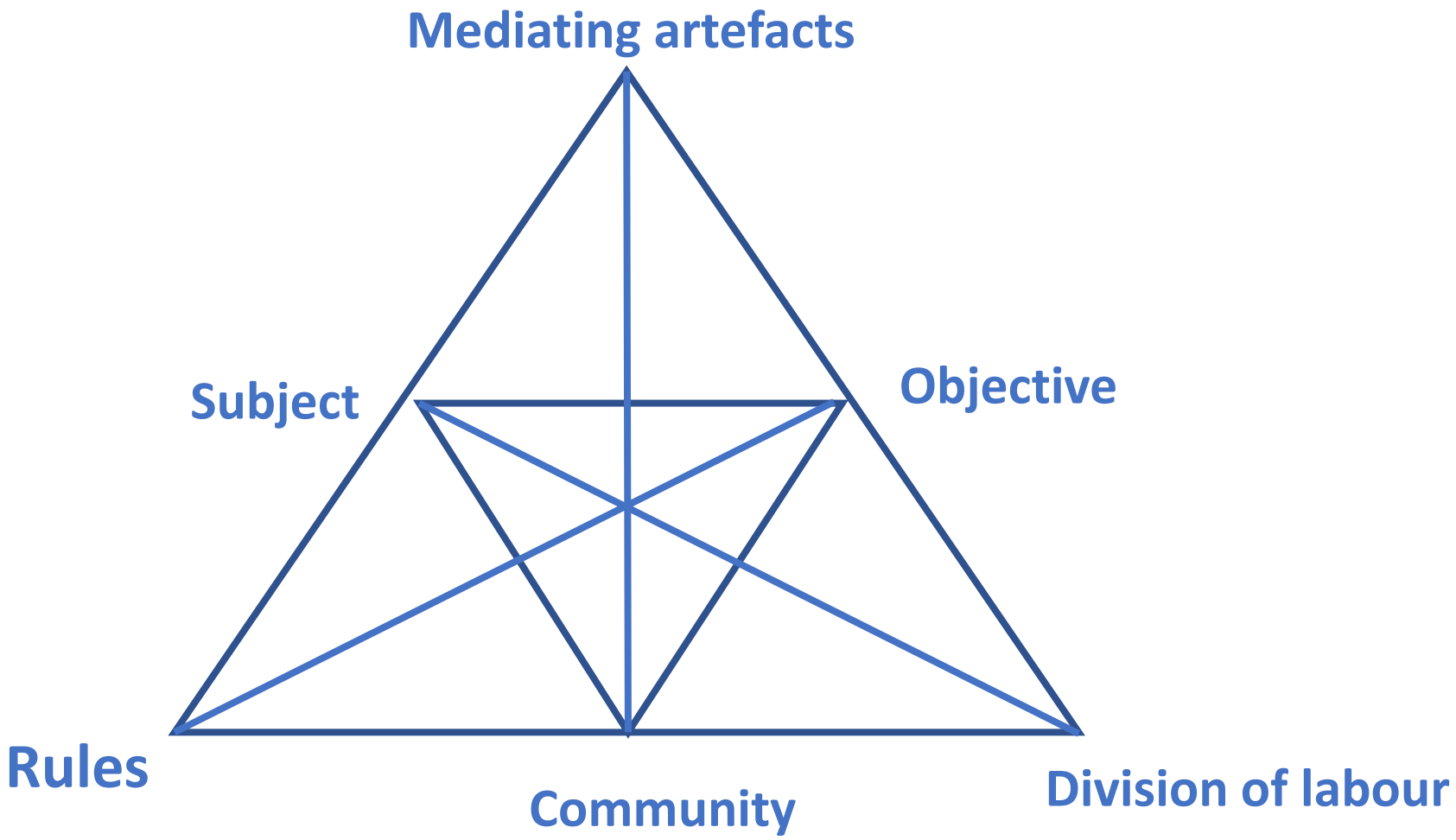


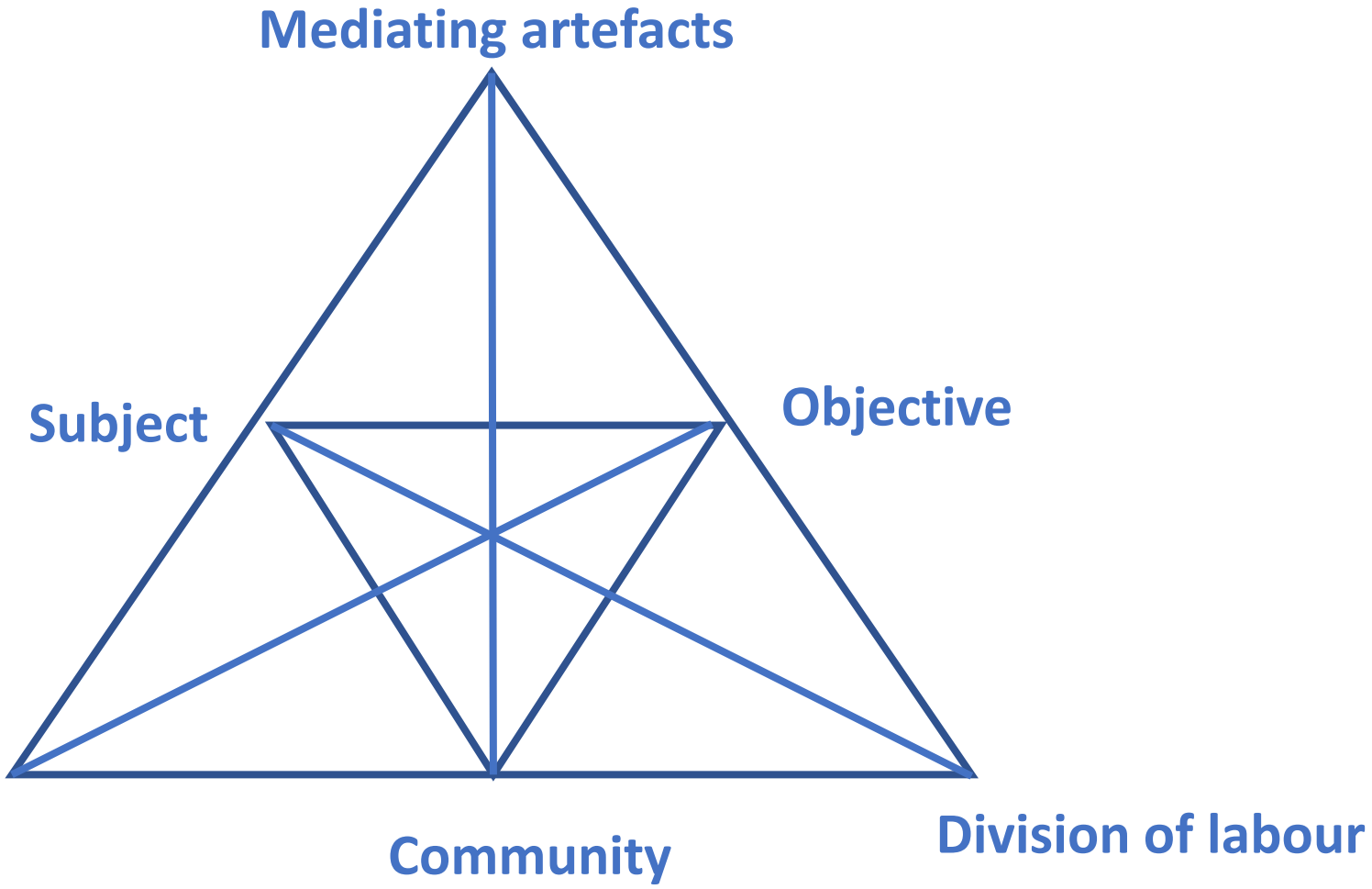
Cultural Historical Activity Theory

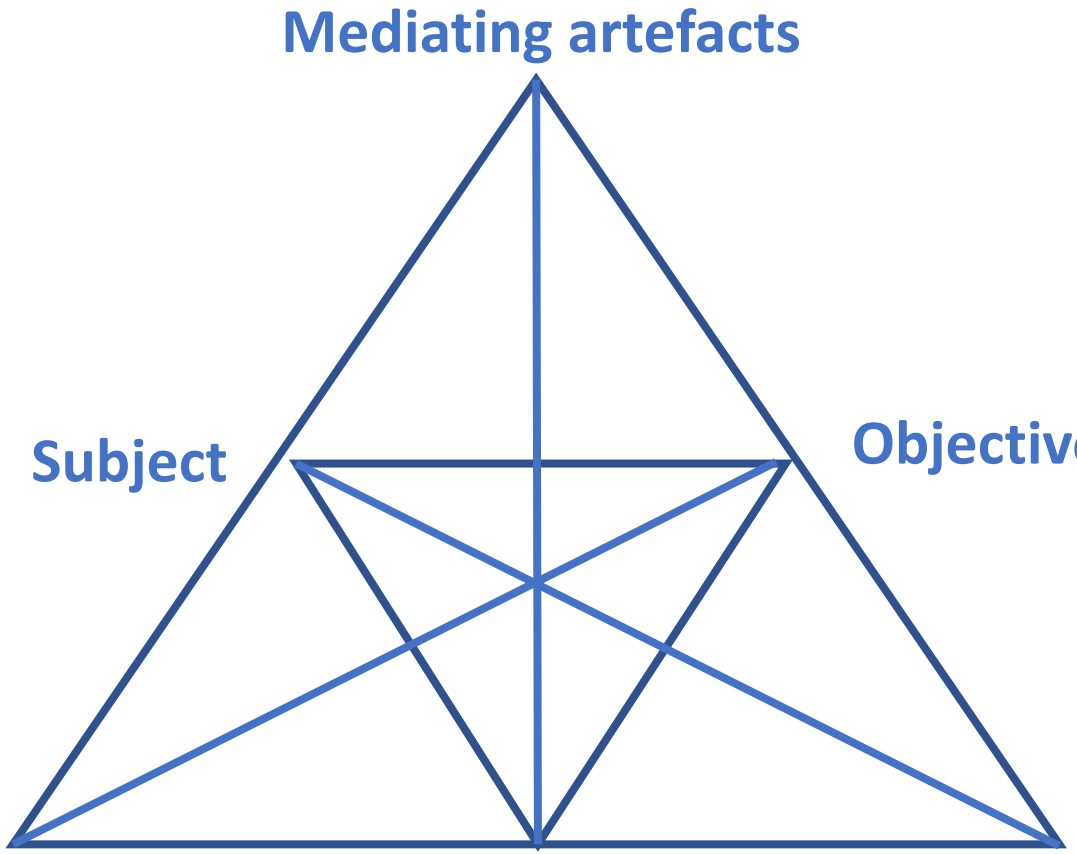
- Workplace learning and understanding through practice
- Socio-cultural learning theory (5)
- Socio-material learning theory (5)
- Describing real-world learning situations
- Planning solutions to complicated work-based problems
- Fundamental unit of life is the activity of the organism(7)
- Everyone influences and is influenced by social and cultural contexts (8)
- Unit of analysis is the activity system - consists of:(9)
  - Subject aiming to bring about change (object) to reach a goal (outcome)
  - Mediated by use of tools
  - Influenced by rules and division of labour



Adapted from[6]




Mediating artefacts
Subject
Objective
Rules
Community
Division of labour



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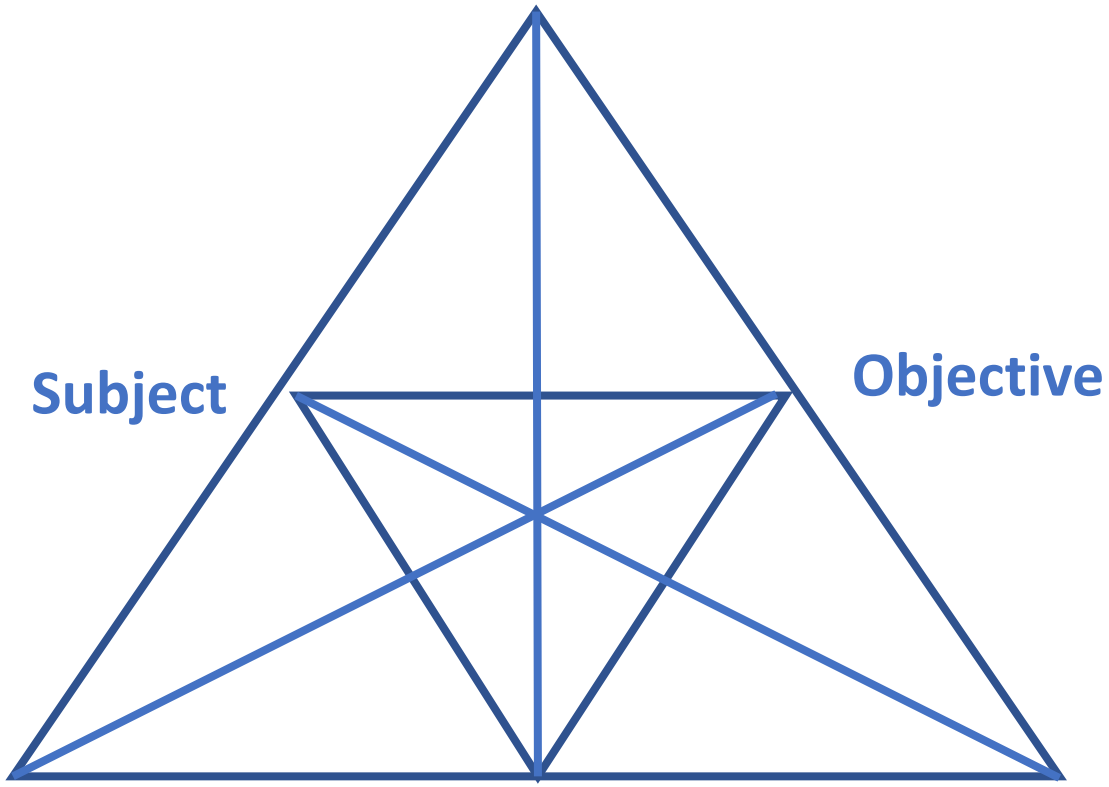

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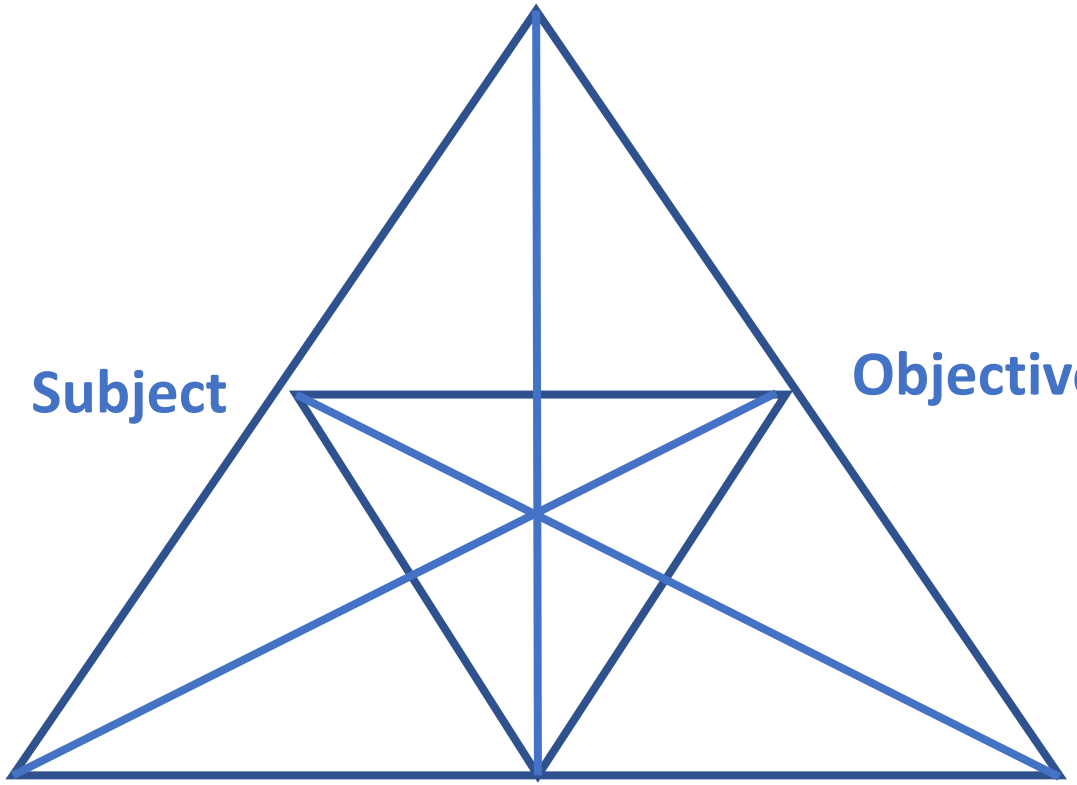

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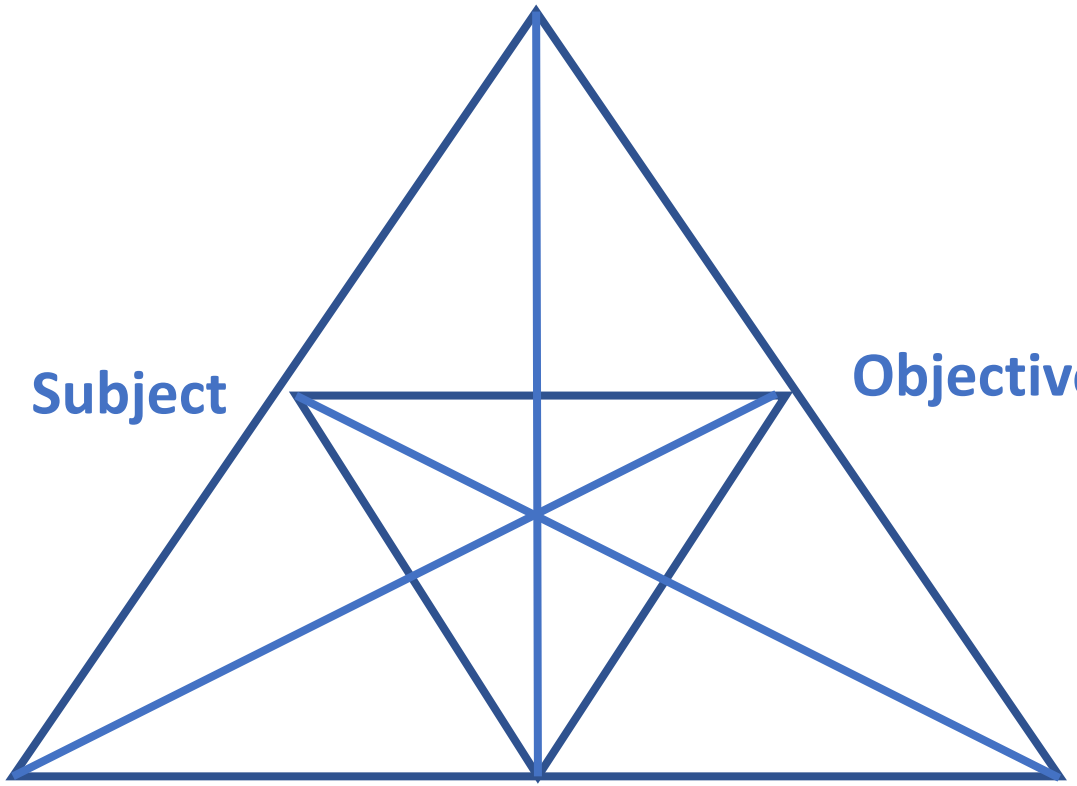

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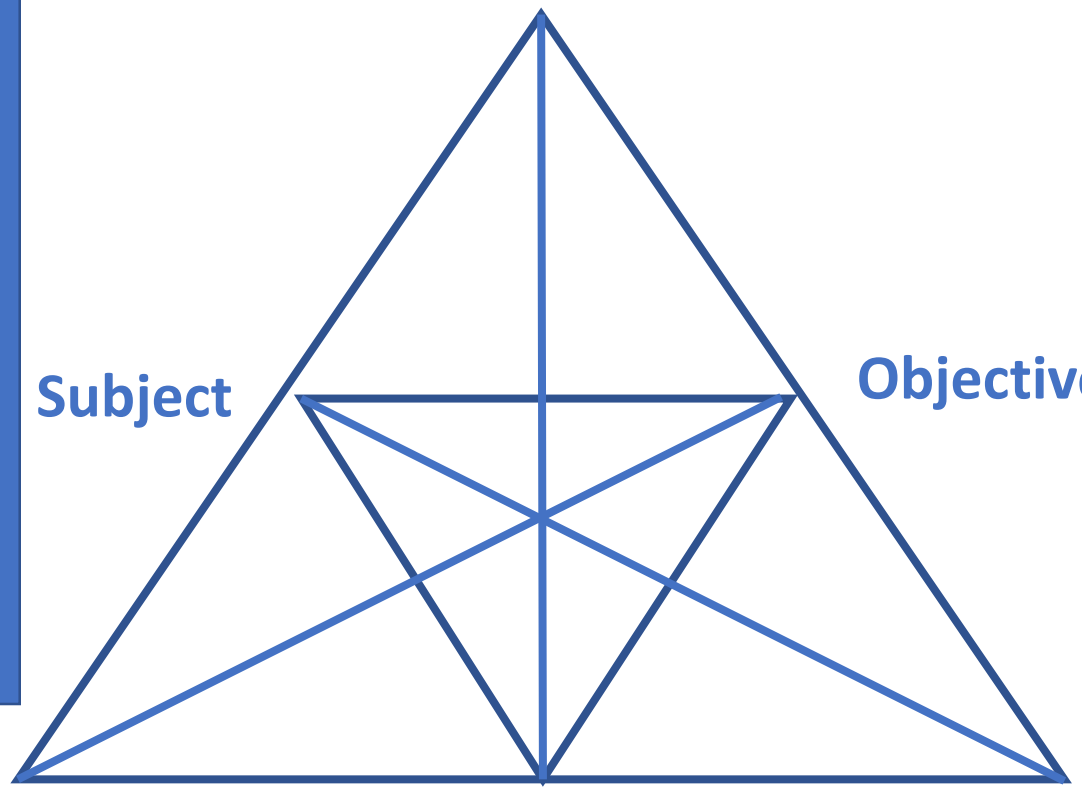
Physical Tools

- Handover
- Clinical Documentation
- DNACPR orders

Psychological Tools

- Pre-existing knowledge of patients
- Interaction with other MDT members (nurses' input)
- Expectations of responsible consultant



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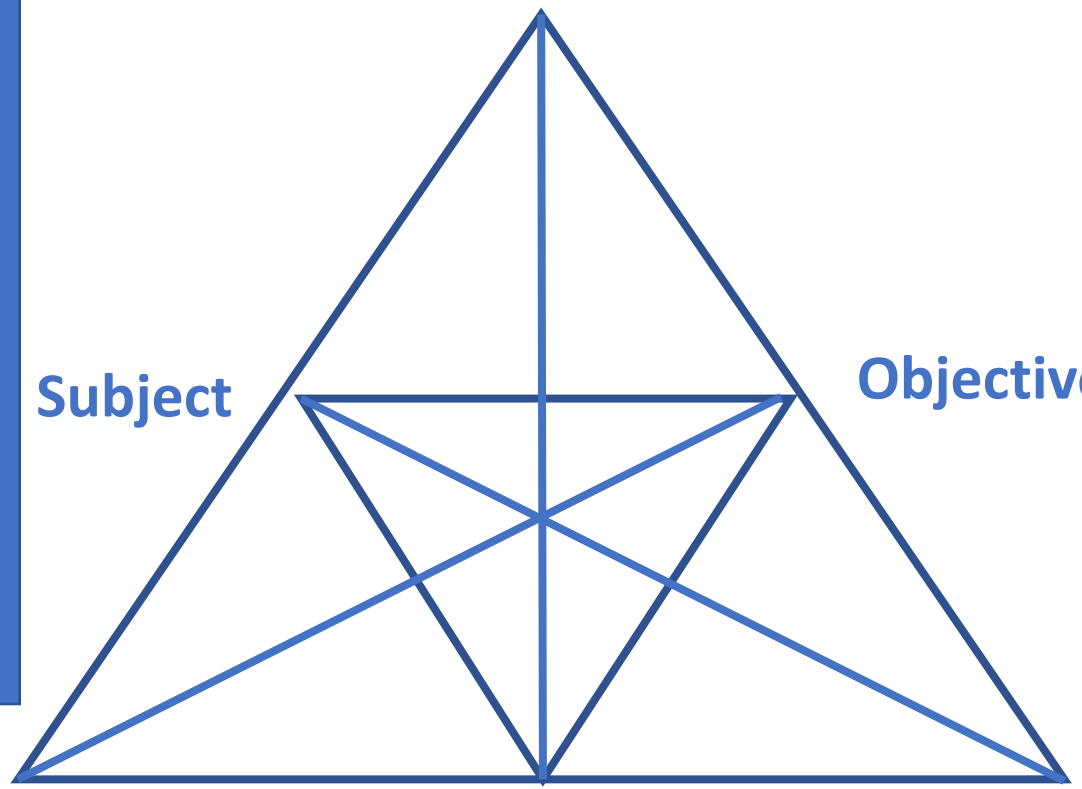
Mediating artefacts

Signs (semiotic)

- Age
- Mobility
- Diagnoses
- Judgements about quality of life
- Patients' ongoing harmful behaviour



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Cultural Historical Activity Theory

- Contradictions or tensions within or between systems have the potential to facilitate transformation[(10)]

- Resolution of contradictions leads to subjects and activity systems becoming qualitatively different[(11)]

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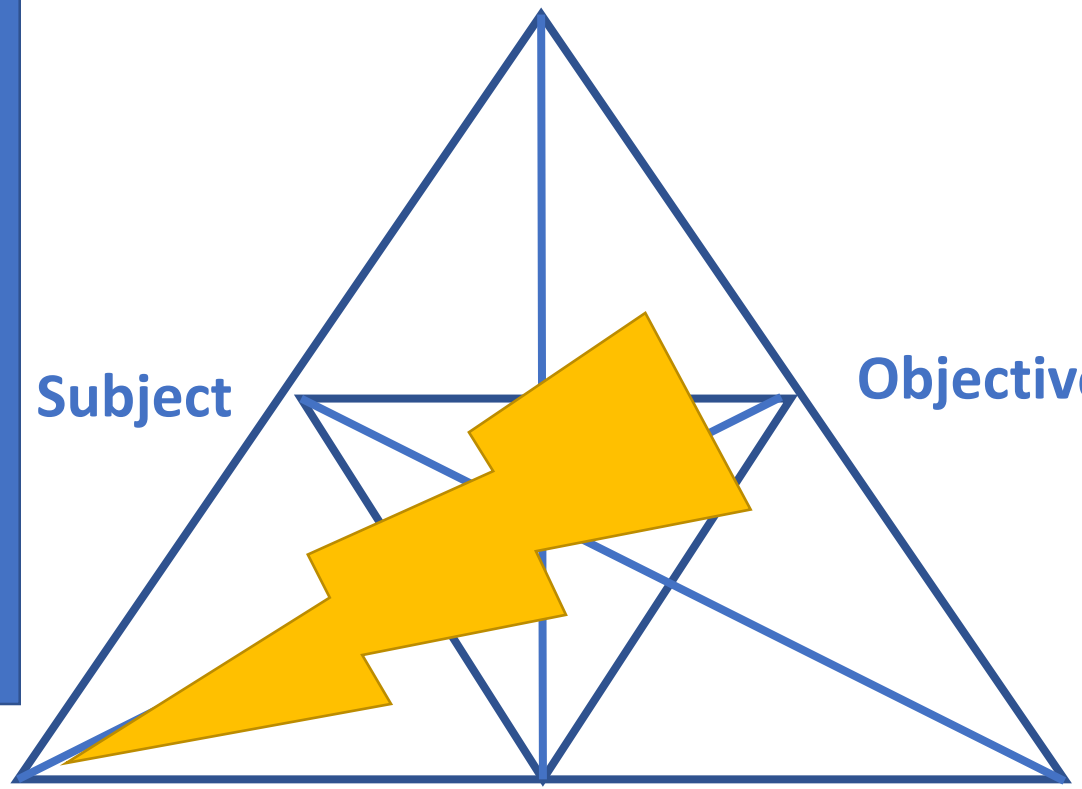

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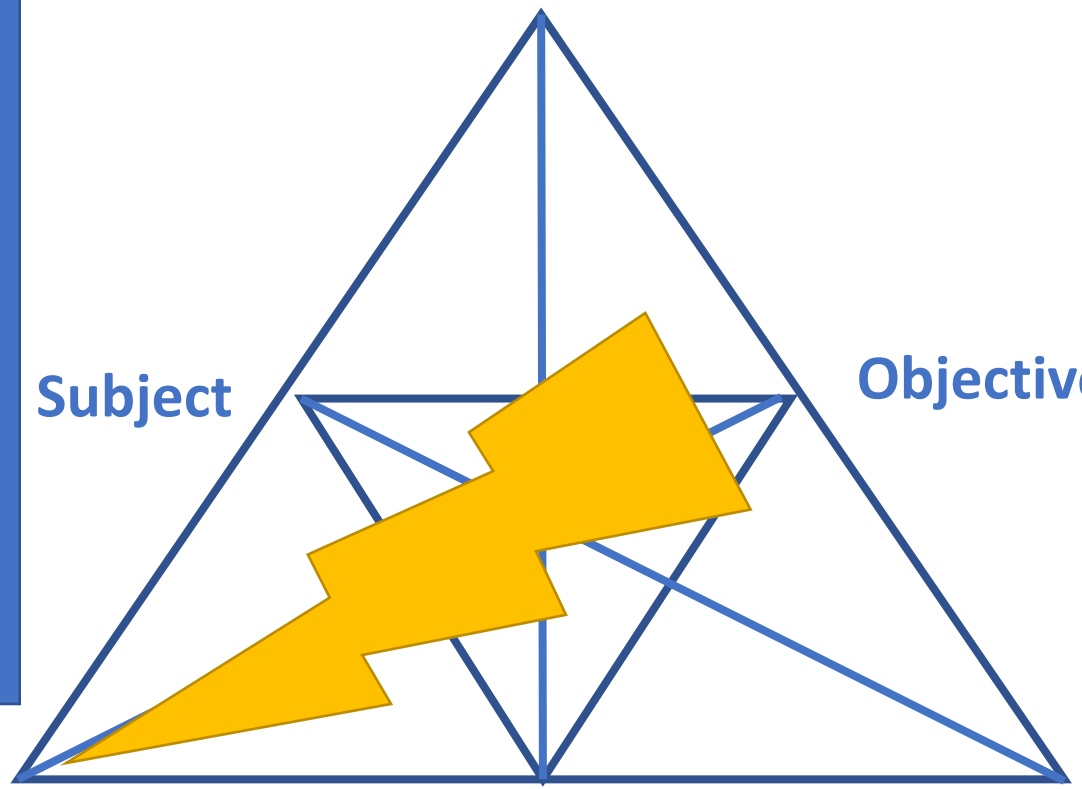

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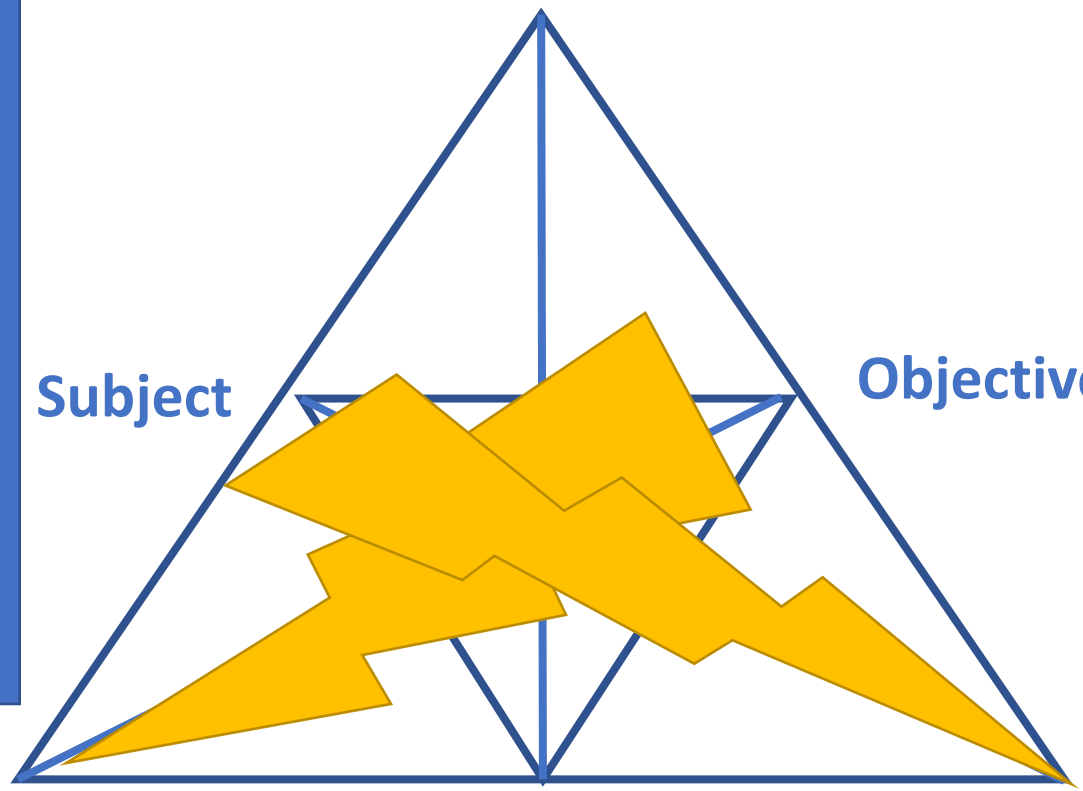

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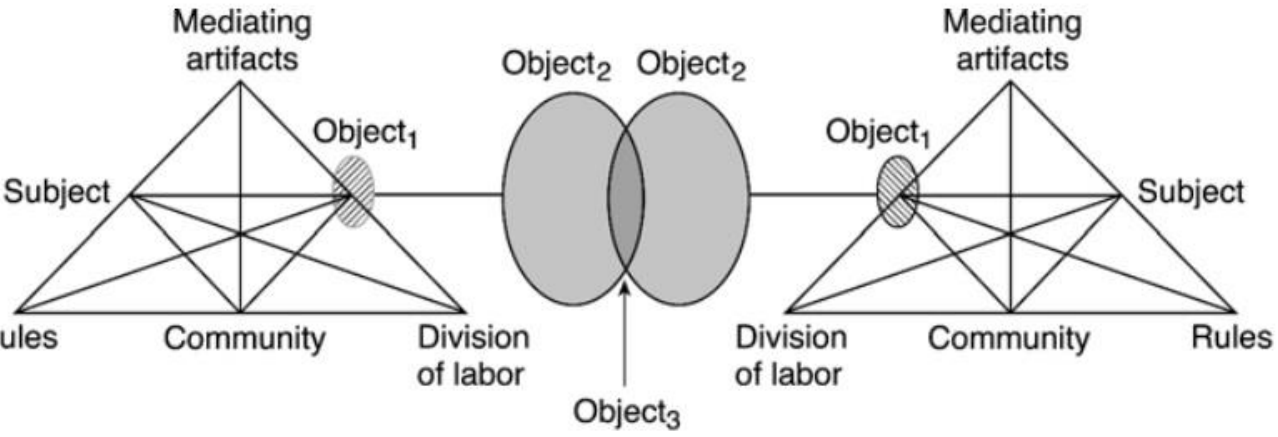
Future Work


Mediating artifacts
Object1
Subject
ules
Community
Division of labor
Object2
Object2
Object3
Mediating artifacts
Object1
Subject
Division of labor
Community
Rules

Summary

- Dichotomous view of acute care as separate from EOL-care is not reflective of the realities of practice
- Understandings of the approach to EOL are co-constructed by newly graduated doctors in and with their work environment
  - Socio-cultural / Socio-material apparatus (CHAT) appropriate for analysis.
- System based contradictions could be focuses for intervention to improve workplace learning and practice
  - Tensions between the organisation of the systems and perceived need of patients may be a potential area for further work
- Future research should investigate the activity of other MDT members, and consider how contradictions between interacting activity systems influence understandings of patients approaching EOL.

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