

Junior Doctor – Jack



Dr Jack, a junior doctor in the Emergency Department (ED), is completing his second year of prevocational training. He reflects on his professional growth, in particular how uncertain and inadequately prepared he used to feel about medical situations involving critically ill or dying patients.

During training, Dr Jack discovered **End-of-Life Essentials (EOLE)** and began enhancing his **skills, knowledge and confidence** in delivering **high quality end of life care** to patients.

1

RECOGNISING DYING



THEN: I was **uncertain** on my ability to recognise when a patient could be in the last 12 months of life.

NOW: I **utilise tools** and **triggers** to step back from the situation and consider if end-of-life care is needed.

2

COMMUNICATION

THEN: I **panicked** and **focused only** on managing symptoms of dying patients.

NOW: I am now able to have **the big conversations** with patients and families about prognosis. By **preparing for discussions**, using everyday language, and seeking support from senior staff, my **confidence and abilities have grown**.

3

GOALS OF CARE

THEN: At times, it was easier to continue with unnecessary treatments, than to ask the patient, what's important to you?

NOW: I practice utilising the guides in the **Goals of Care at the End of Life module**, to help facilitate discussions with patients and understand their preferences and choices. **I feel better prepared** for unexpected questions like... *"Isn't there more that can be done?"*



4

COMPASSION

THEN: I often felt pressured to attend to patients quickly, and didn't consider the patient's point of view.

NOW: I focus on **communicating compassionately**, and showing small acts of **kindness**, like calling the patient by their name and being prepared to repeat information.



5

MANAGING CONFLICT

THEN: I avoided **serious conversations** with patients and families to avoid conflict.

NOW: I understand that patients and families require time to **'take in'** serious issues and I am **prepared** to have more **one-on-one conversations** to improve care.

