Table 25: Johnson 2003[244]

Study (ref id)	Johnson 2003[244]
Aim	To explore how junior doctors think about prognosis and approach care decisions when caring for seriously ill hospitalised people.
Population	n=8 Internal medicine residents with limited experience in intensive care settings ranging from no experience to 2 months
Setting	During ethical and discharge planning sessions junior doctors (residents) presented people that they were caring for. If the person had already died or discharged the discussion was excluded from the study. The sessions were facilitated by a senior doctor who had not taken care of the person presented.
Study design	The junior doctors were asked a set of planned questions The first question they were asked was "*would you be surprised if this patient died*?". From this the facilitator asked further set questions to prompt further discussion including "*if you knew the patient might die, would your management be different?"* and "*has this consideration [that the patient might die] changed your management*"
Methods and	The 2 authors reviewed the responses for patterns and used template analysis to organise and segment the data attempting to identify major

analysis	categories of response and common domains across each category. These were then coded into broad themes and the transcripts reassessed by the 2 authors to identify themes. Data saturation was met by the 5th transcript.
Themes with findings	Changes in the management if suspecting death: • 1. Clarifying goals- 'When you're talking about working up-micromanaging- every little thing, you should probably figure out [what] the person and family would really want… I think [that] talks with the family would clarify these things • 2. improving communication with patients and families. 'Yeah I would probably spend more time with the patient and the family- I would listen to their story • 3. Spending more time with patients/ordering fewer tests- 'I'd probably spend more time with the patient- you know, getting to know his wishes. And I'd order less labs- since it wouldn't make much difference'.
Limitations	An indirect population, the people were not necessarily recognised in the last days of life by the junior doctor. No information provided
Applicability of evidence	Unsatisfactory use of analysis with only the core authors (who facilitated the discussions) coding and theming the transcripts.