

Widening medical students' exposure and confidence toward resuscitation management and discussions

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Dear editor,

We would like to thank Aggarwal and Khan¹ on their review of medical students' experiences of resuscitation and discussions surrounding resuscitation status, which we read with great interest. As medical undergraduates ourselves, we found it insightful and valuable to read the opinions of fellow students on such an essential and delicate matter.

Tomorrow's Doctors, the guidance provided to medical undergraduates by the General Medical Council, states that students should be able to "provide cardiopulmonary resuscitation (CPR) or direct other team members to carry out resuscitation".² However, basic life support taught in accordance with this guidance is unlikely to replicate the stress and pressure of performing CPR on real patients, as detailed by the students reflecting on the realities of CPR. More eye opening was the scarcity with which students had encountered such an important medical experience (11 of the 20 interviewed). Considering how sporadic and urgent cardiopulmonary arrest is, it is unlikely that any progress will be made toward increasing students' exposure to CPR. However, we believe that more steps could be taken to simulate the urgency of having to perform CPR, to provide more representative preparation for students. For instance, Gokhale et al³ found that employing the strategy of "on the spot" simulation of CPR led to a statistically significant improvement in CPR knowledge post-session and all participants reported increased confidence in performing resuscitation in the future. Therefore, we argue that incorporating such measures to simulate the spontaneity of real CPR will serve to develop necessary skills and confidence in a safe environment.

The students' accounts on the topic of Do not attempt cardiopulmonary resuscitation particularly resonated with us, with personal experiences of being turned away from such conversations. As a career dedicated to preserving life, discussions around palliation and end-of-life management have traditionally not featured heavily in medical education. The sensitivity around the subject of end-of-life management and the necessity for effective communication on the topic were demonstrated in the infamous media dissection of the Liverpool Care Pathway. It has been demonstrated that direct experience with patients at the end of their lives gives medical students a more positive attitude toward and better knowledge of end-of-life care.⁴ One key factor hampering the availability of such opportunities to students is the patient's right to privacy at such a significant period in their life, which must be respected above everything else. However, we believe from our experience, there is a growing appreciation among patients that

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students are a legitimate link in the chain of a health care team, and will go on to bear the responsibility of caring for similar patients in the future. It is our personal opinion that this shift in attitude is born out of the burgeoning culture promoting transparency and patient involvement in health care. As such, we feel that the best way to widen students' exposure to end-of-life discussions is to maintain this openness and compassion to foster the trust needed for patients to allow students into such a momentous time in their lives.

Disclosure

The authors report no conflicts of interest in this communication.

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