

The transition to expert: a qualitative study exploring clinical decision making for children under five attending the emergency department with minor respiratory conditions.

Leah Bowen¹, Sarah Purdy¹, Mark Lyttle^{2,3}, Alison Heawood¹

1) Centre for Academic Primary Care, School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol, BS8 2PS, UK.

2) Bristol Royal Hospital for Children, Upper Maudlin Street, Bristol, BS2 8BJ, UK.

3) Faculty of Health and Life Sciences, University of the West of England, Bristol.

Objectives and background

Unplanned paediatric admissions are increasing for young children and infants experiencing respiratory illnesses. Many admissions are short-stay events, typically lasting less than 48-hours. The short duration of these admissions could indicate that minor conditions are responsible for many of these events, and could consequently be targets for management by primary care teams. The purpose of this exploratory qualitative research is to understand more about admissions in young children attending the emergency department of a Children's hospital in the UK, with the aim of collaboratively identifying interventions to reduce admissions for minor respiratory conditions. The findings presented here will focus on the theme of clinical decision making by staff in this setting.

Methods

Semi-structured interview discussions were conducted with 15 emergency clinical staff with varying levels of experience in paediatrics and/or emergency medicine. Participants considered two clinical cases where they had been responsible for the care of a child presenting to the department with a minor respiratory complaint. These reflective cases facilitated discussion around the decision making process and treatment approach taken during the clinical situation. Interviews were audio-recorded and transcribed verbatim. Themes from the data were extracted and collated using thematic analysis.

Results

There were clear differences in the approach to decision making taken by experienced clinicians and their junior colleagues. Clinicians with less experience relied heavily on guidelines, admission criteria, clinical theory and second opinions from seniors in order to achieve safe clinical decisions. The 'informal' learning process was significant among junior staff, where tacit knowledge, clinical intuition and risk tolerance were developed. In direct contrast, senior clinicians used a high level of intuition, tacit knowledge and clinical experience to effectively manage risk to achieve a clinical decision.

Conclusion

This research will interest educators and trainers operating in emergency paediatric settings. The emergence of 'informal learning', its acquisition and role in clinical decision making has implications in the development of training programmes for clinicians working in emergency paediatrics.