**NHS Education for Scotland**

**Transcript of ‘Responding to the Sudden Death of a Doctor in Training - Case Study: Trainee’ Film**

I was one of many trainees affected in some way by the sudden death of one of our colleagues. At the time I worked in a different hospital within the region, which was the same as many trainees who had worked with him at some point due to the rotational nature of our training.

News travels very quickly within a medical specialty and over social media. I valued contact from the deanery that offered reliable information and mentioned the wishes of his family for this to be shared. It’s important to remember that most trainees receive emails straight to their phone and a sensitive beginning to this email is important. The email might appear on their phone screen as they are paying for their shopping or when they glance at the time when waking up during sleep between night shifts.

Many others worked more closely with this trainee than I did, but I wanted to highlight the significance that the impact people can have on you even when they are relatively short working relationships. Brief conversations we had about my career and encouragement he gave me for my exams meant a tremendous amount to me. Yet in the workplace I felt that I should keep quiet about this because I thought that others were going through far more significant grief than me.

Many junior trainees did not lose a close friend but did lose someone who was a strong peer support. We felt great sadness at what he'd gone through. I think we struggled to find the words to talk about his death but didn't want to acknowledge this. There is a belief that because we are doctors we should be experts in talking about death. In reality, it is very different having such personal and sensitive conversations with colleagues in the workplace.

Working in a different hospital, I wanted to be able to support my colleagues in the specialty but I didn't know how. I realise that many trainees who were grieving would have carried on working in acute wards to cover his gap, or avoid creating a new gap of their own absence.

If someone had asked, I would have been grateful to cover a shift in his hospital to help his friends take time off or to attend his funeral. Reflecting on conversations with my peers, I noticed that communication with nursing teams had not been addressed in the same way as the medical teams.

During rotation, trainees can develop intense supportive relationships with the nursing team, particularly when working out of hours. The nursing teams in some hospitals found out through social media or word of mouth with less support available. I worry that they were given the impression that their grief was of less value than that of the doctors. Whereas we should consider everyone in their grief.

The film was produced in May 2022 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or <https://vimeo.com/711705498>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or contact [supportarounddeath@nes.scot.nhs.uk](mailto:supportarounddeath@nes.scot.nhs.uk)

© NHS Education for Scotland 2022. You can copy or reproduce the information in this document for use within NHS Scotland and for non-commercial purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.