which students practice or observe a patient interaction and ship by requiring two simple, student-directed activities in care learning objectives into the third-year Medicine clerkship. We explored these obstacles to integrating palliative care learning objectives into the third-year Medicine clerkship by requiring two simple, student-directed activities in which students practice or observe a patient interaction and then reflect on the experience.

All students enrolled in the clerkship have completed both exercises thus far in the 2017-18 academic year. Our coordinator reports only minimal administrative burden. Student responses to reflective items in the survey regarding both exercises have been remarkably rich and insightful (Boxes 2 and 3).

Examples of serious news delivered or observed by students
- New diagnoses including new or recurrent cancer, cirrhosis, HIV, diabetes, inflammatory bowel disease
- Recommended discharge to SNF from hospital
- Team recommends patient have amputation
- New stroke with poor functional prognosis
- Worsening heart failure and new LV thrombus
- Progression of chronic kidney disease
- Team recommends patient start insulin for diabetes
- Patient with end-stage liver disease is not a liver transplant candidate

- 32/157 or 20% of students delivered the news themselves with supervision; the rest observed a clinician delivering the news
- 83/153 or 54% of students reported a significant level of autonomy in completing the exercise (had the conversation with the patient without a supervisor present or had a supervisor present but “did most or all of the talking.”)
- In 93/153 or 59% of the patient interactions the patient chose a healthcare agent.
- After completing the exercise, 108/153 or 71% of students rated their comfort level with discussing advance care planning a healthcare agent. 

I learned that silence can be more powerful than words.
I learned that it is important to pause throughout the conversation to assess understanding, validate and normalize emotions, and offer empathy and support...
I learned about just being with people in their grief and watching them process news that they were not expecting. I am learning more and more that there is not one set reaction to bad news through this interaction and several since this one.

This experience taught me the importance of simplicity. The questions posed were simple, direct and kind. The physician listened and the patient talked. The focus remained on what makes life worth living...

I learned the importance of including family in the decision-making process even if the patient is competent. They provide an alternative view on the situation and also ask questions the patient did not consider.

I learned that it is best to start having conversations with patients about advanced care planning early on in their lives, preferably before they present emergently to the Intensive Care Unit...

This was more natural than expected, for both the patient and for me. I anticipated that the conversation may be an awkward one or at least feel uncomfortable, but it did not. It also is very helpful to now have an understanding of what questions are asked on a [Durable Power of Attorney] form. This exercise did help a lot.

This is a feasible model with minimal administrative and faculty burden. Students report being comfortable having these difficult conversations and substantive reflection has enriched their experience. We will explore this innovation further with a mixed-methods study of student reflections.

References: