

Exploratory Review of Medical Student Essays Reveals Learner Discomfort, Lack of Opportunities but Desire to Gain Competence

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Published In/Presented At

Cebeci, N.H. Hansen, S., & Eygnor, J. (2023). Exploratory Review of Medical Student Essays Reveals Learner Discomfort, Lack of Opportunities but Desire to Gain Competence [Poster]. Poster presented at The Society of Teachers of Family Medicine 2023 Annual Spring Conference, Tampa, FL.

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Exploratory Review of Medical Student Essays Reveals Learner Discomfort, Lack of Opportunities but Desire to Gain Competence

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Background/Introduction

- Collaborative decision making between patients and physicians about life-limiting illnesses has been shown to reduce patient distress, health care costs, and surrogate decision maker conflict.
- However, palliative care education in US medical schools is “variable and underdeveloped” largely due to an “already overstrained curricula, insufficient time, lack of faculty expertise, and inadequate funding.”⁵
- The aim of this study was to explore undergraduate medical students’ perceptions of their knowledge, skills, and attitudes about caring for dying patients.

Methods

- **Design:** retrospective, qualitative review
 - **Study population:** 4th year medical students (in a USA medical school program) who had just completed values-based care curriculum
 - **Sample:** Deidentified essays written as summative assessment
 - **Sample size:** 44
 - **IRB:** project did not meet the regulatory requirements for human subject research
1. Using the essay prompt about engaging in difficult conversations with dying patients, researchers created a codebook of 8 a priori codes to initiate content analysis (Table 1).
 2. Two researchers independently coded a data subset, then came together to compare coding and ensure intercoder reliability.
 3. This process was repeated for all essays.
 4. When coding was complete, the study team, by consensus, identified a subset of codes for second-level coding and interpretation of themes.
 5. The lead physician faculty for the course served as a member checker to validate the resulting themes.



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A Priori Codes

Codes	Operationalization
Challenges	Statements about what impedes conversations
Language used	Specific verbiage identified for conversations
Indicated specialty	Statements about chosen medical specialty
Orientation (past/present/future)	Timing of events in essay; present = medical school
Solutions	Statements about how to conduct successful conversation
Role (in conversation)	Indicates whether student led, observed, or was part of team
Timeline	References to time point/stage in conversation
Values-Based Care	References to Values-Based Care curriculum objectives

Table 1. A priori codes: codes developed using essay prompts.

Results

Researchers identified 8 emergent codes and chose to further explore 5 (marked * in Table 2).

Overall, essays revealed a theme of discomfort with end-of-life care. The discomfort, however, frequently was accompanied by empathetic language. Other themes included a dearth of opportunities to engage with dying patients, yet many expressed a desire to hone their skills, recognizing they would need it in their careers.

Emergent Codes

Codes	Operationalization
Use of empathetic language*	Use or lack of emotional language in writing style
Comfort vs Discomfort*	Statements indicating comfort with difficult conversations
What they observe	References to observation of others engaging with patients
Personal experience*	Statement about student role in difficult encounters
Purpose of the conversation*	Statements about value of engaging in difficult conversation
Relevance to future practice*	How skills may be used in their clinical career
Type of conversation	What the conversation is about (i.e. code status, prognosis)
Miscellaneous important	Outlier statements that bring forth a notable new theme

Table 2. Codes identified in vivo during analysis of essays.

Use of Empathetic Language

Definition: Statement that captures voice of writer. May reveal emotional connection/ investment with patient or skill set (Empathy) or impersonal language/disengagement (Distance)

EMPATHY

“I want to make it a better experience for my patients because ultimately it isn’t about me: it’s about them.”

DISTANCE

“They may be angry or sad, but it is important to remain calm and express empathy.”

Comfort vs Discomfort

Definition: Captures whether the writer indicates comfort or capability with having difficult conversations.

COMFORT

“I am grateful for my SELECT education for equipping me with the knowledge to approach these situations unafraid.”

DISCOMFORT

“One of the things I considered when choosing a specialty was how much death and dying I wanted to face – the answer being, minimal.”

Type of Experience

Definition: Statement regarding role of student in difficult encounters

- | | |
|------------------------------------|----------------------------------|
| 9 “I led” a difficult conversation | 3 “I practiced” (SP case) |
| 7 “I participated” in a team | 5 “I did not” have an experience |
| 3 “I interacted” with a patient | 6 None specified |
| 11 “I observed” an encounter | |

Discussion

- As early as the medical school level, students can identify and appreciate the benefits of difficult conversations even if they are not the ones leading the conversation.
- There is a prevalence of discomfort and a lack of experiences but it is accompanied by an appreciation for the relevance of these experiences and skills and a desire to learn more.
- Students that are comfortable identify training and patient experiences as part of what makes them comfortable.

Study Limitations

- Existing data set that didn’t necessarily align with my research question.
- Articulation: Data authors were medical students, not writers.

What comes next?

- How can we embed primary palliative care skill development into medical training for all specialties?
- How can we foster a certain level of comfort with caring for dying patients?
- Recognizing curricular constraints, is any particular learning environment key for students to experience?

Conclusion

Overall findings suggest a need for more robust experiential learning in end-of-life care for undergraduate medical learners.

“I believe all specialties and subspecialties within medicine, at one point or another, require a caretaker to have a difficult conversation. Equipping ourselves, myself and my peers, with the verbiage and experience with these scenarios has proven to be an excellent way for us to prepare for the reality of medicine and what we will likely experience in the field, at home, or anywhere else.”