

# What concerns do medical students have when faced with caring for a dying patient?

## Exploring self-identified needs in undergraduate palliative care education

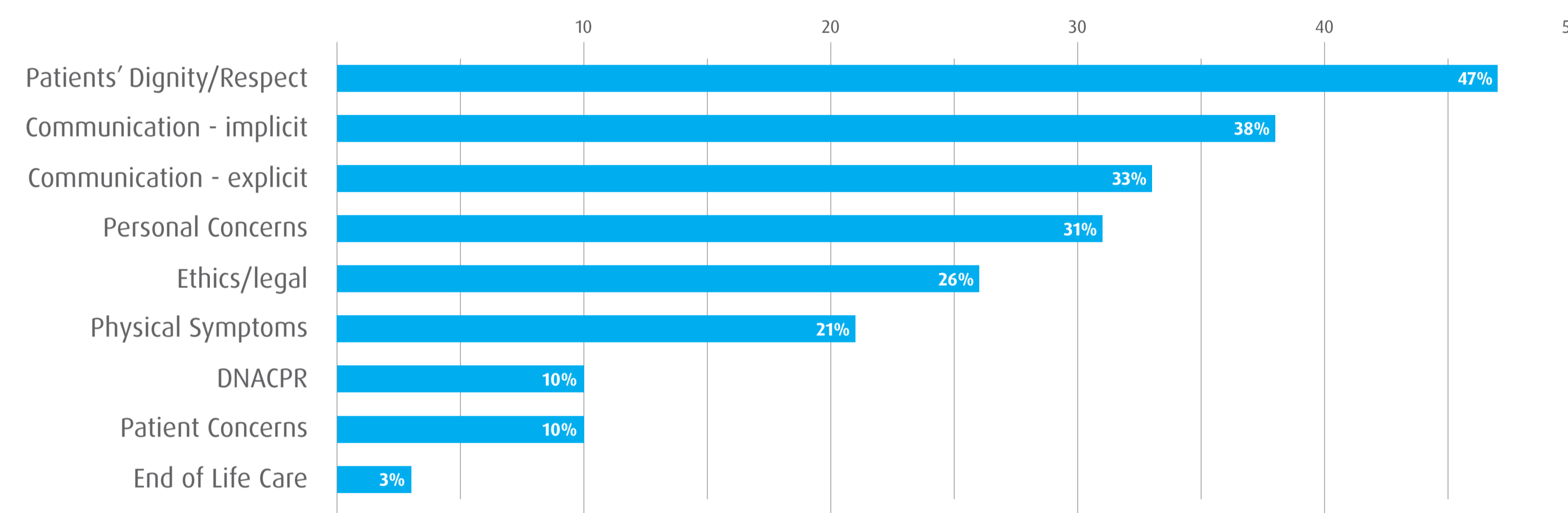
### Existing research suggests that:

- Students are highly interested in palliative care competencies and appreciate a formal curriculum covering competencies, in conjunction with opportunity to learn skills experientially.<sup>1,2,3,4,5,6</sup>
- Palliative care encompasses a range of skills and knowledge which can potentially be addressed in a variety of ways (e.g. through lectures, SSMs, communication skills and reflection).<sup>3,7</sup>
- Palliative care curricula for undergraduate medical students could creatively cover this breadth of knowledge/skills using different learning modalities.<sup>4,5,6,7</sup>

However, curricula tend to be developed based upon the knowledge and skills that professionals feel students should have. There is little research that considers the specific concerns and learning needs identified by medical students themselves, in response to open questioning.

**Methods** A survey was undertaken, in which 39 third year medical students were asked to reflect on their experience of seeing dying patients, both on the wards and in the media and to answer the open question "What concerns do you have about caring for a dying patient?" Their responses were collated and analysed for themes.

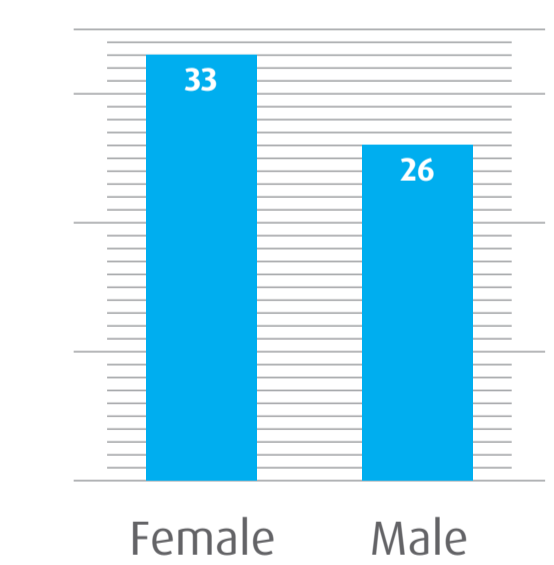
**Results** Medical students identified a range of concerns and potential learning needs.



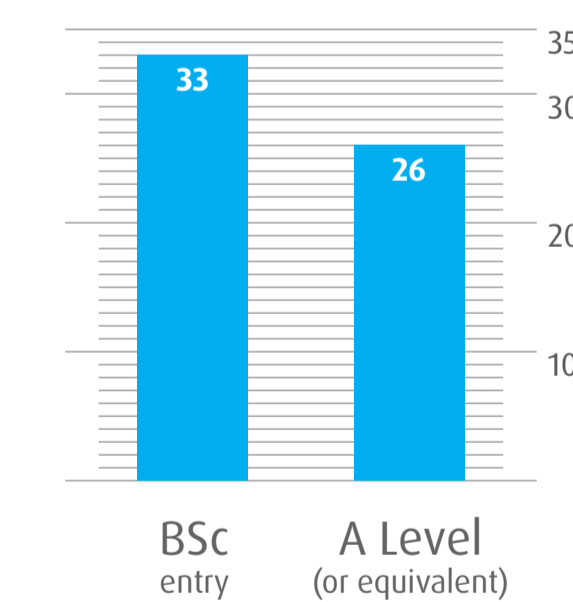
### Student Demographics



#### Gender



#### Education level



Average age at entry (2015)  
**22.12**

**Conclusions** In response to an open question, third year medical students identified insightful concerns about caring for the dying. These themes could be readily addressed through a variety of teaching styles and will influence the Buckingham Medical School palliative care curriculum.

### Medical Students Responses

The patients are dying so you know that it's going to get to a point where they die. It is always sad to see people die. If you treat them for a long time you will most likely get emotionally attached and this will make the situation more upsetting.

Understand the emotions, feelings, needs and priorities of a patient with chronic incurable illness.

Explain to them what is happening and what is going to happen to them. Explain what doctors or healthcare professionals can do to help them.

There is such peace and serenity in death, so is it worth it to prolong suffering? Ensure it is what the patient wishes.

Trying to put a dying patient at ease and give them the best possible end of life care.

Try to think from a patient's point of view what they are going through.

Knowing what to say/how to deal if patient is feeling scared/unsure.

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<sup>1</sup> Anneser J et al. Needs, Expectations and Concerns of medical Students Regarding End-of-Life issues before the introduction of a Mandatory Undergraduate Palliative Care Curriculum. *J Palliat Med* 2014;17:1201-1205.  
<sup>2</sup> Billings M et al. Determinants of Medical Students' Perceived Perception to Perform End of Life Care, Quality of End of Life Care Education, and Attitudes toward End of Life Care. *J Palliat Med* 2010;13:319-326.  
<sup>3</sup> Romotzky et al. "It's not that easy" - Medical Students' Fears and barriers in End-of-Life Communication. *J Canc Educ* 2015;30:333-339.  
<sup>4</sup> Wittenberg-Lyles et al. Medical Students' Views and Ideal about Palliative Care Communication Training. *Am J Hospice & Palliat Med* 2010;27:38-49.  
<sup>5</sup> Haselink B et al. Education on End of Life Care in the Medical Curriculum: Students' Opinion and Knowledge. *J Palliat Med* 2010;13:381-387.  
<sup>6</sup> Gillet K et al. Factors influencing the development of end-of-life communication skills: A focus group study of nursing and medical students. 2016;36:395-400.  
<sup>7</sup> Ellman M et al. Implementing and Evaluating a Four-Year Integrated End-of-Life care Curriculum for Medical Students. *J Teaching and Learning in Medicine*. 2016;28:229-239.