

Echoes of Compassion: Empowering Medical Students in the Face of Loss

Description:

Medical students who experience death and/or traumatic experiences related to their clinical roles often have a wide range of reactions including distress, guilt, and grief. If not addressed, these experiences may ultimately lead to increased rates of burnout, decreased empathy, and unintentional lapses in compassion. While the University of Colorado School of Medicine has incorporated components of palliative care into its first year curriculum, there is no formal system in place to ensure students have the support needed to cope with death and other traumatic experiences during their clinical rotations in medical school.

Needs:

The current resiliency support system for ~800 students in CUSOM is inadequate, particularly concerning the emotional impact of death experiences on students. There is no formal curriculum in place to address these issues effectively and only a small fraction of students receive limited support, leaving the majority without the necessary resources to cope with the emotional toll of death experiences during their medical training. A robust support system should be developed within the SOM to provide accessible and ongoing assistance.

Objectives:

- Conduct a qualitative needs assessment to identify gaps in the support system for medical students dealing with death and traumatic experiences during clinical rotations.
- Evaluate the current level of support available to medical students.
- Understand the challenges medical students face in coping with death and traumatic experiences.

Setting and Participants:

We conducted a qualitative survey among members of the Class of 2025 from various clinical cohorts to determine the number of students who have encountered patient death and the level of support they received afterward. 61% of students reported no outreach regarding their experiences, while of those who reported outreach, 100% found it helpful

Through the survey, we identified the following domains of focus: debriefing, timely support, and lack of a current process. One participant stated, "Debriefing after the death would be supportive." Another participant emphasized the significance of timely debriefing, expressing, "I think a debrief as soon as possible after the death would be the best option." Interestingly, one participant took the initiative to seek support independently, stating, "I was the one who reached out to my LIC director instead." However, some participants expressed uncertainty about the school's role in initiating support, with one participant stating, "I'm not sure how anyone from the school could 'reach out' unless I reached out first." These quotes underscore the varying

perspectives on the importance of debriefing and the different approaches students took in seeking support following distressing experiences in the clinical setting.

Evaluations

We revised the required end of year and preexisting clinical evaluation forms to include specific questions related to death and traumatic experiences and whether they received support from the School of Medicine. These will be filled out at the end of the 2023 academic year and during the 2023-2024 academic year respectively. The evaluations will provide an opportunity for students to disclose their experiences and for preceptors to be aware of any potential trauma or emotional challenges that students may be facing. This data will further inform our needs assessment, and guide our changes to the curriculum.