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Medical students writing on death, dying and palliative care: a qualitative analysis of reflective essays

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ABSTRACT

Background Medical students and doctors are becoming better prepared to care for patients with palliative care needs and support patients at the end of life. This preparation needs to start at medical school.

Objective To assess how medical students learn about death, dying and palliative care during a clinical placement using reflective essays and to provide insights to improve medical education about end-of-life care and/or palliative care.

Methods Qualitative study in which all reflective essays written by third-year medical students in 1 year from a UK medical school were searched electronically for those that included 'death', 'dying' and 'palliative care'. The anonymised data were managed using QSR NVivo 10 software, and a systematic analysis was conducted in three distinct phases: (1) open coding; (2) axial coding and (3) selective coding. Ethical approval was received.

Results 54 essays met the inclusion criteria from 241 essays screened for the terms 'death', 'dying' or 'palliative'; 22 students gave consent for participation and their 24 essays were included. Saturation of themes was reached. Three overarching themes were identified: emotions, empathy and experiential and reflective learning. Students emphasised trying to develop a balance between showing empathy and their emotional state. Students learnt a lot from clinical encounters and watching doctors manage difficult situations, as well as from their refection during and after the experience.

Conclusions Reflective essays give insights into the way students learn about death, dying and palliative care and how it affects them personally as well as the preparation that is needed to be better equipped to deal with these kinds of experiences. Analysis of the essays enabled the proposal of new strategies to help make them more effective learning tools and to optimise students' learning from a palliative care attachment.

BACKGROUND

Traditionally, medical students and doctors have been poorly prepared to care for patients with palliative care needs and to support patients at the end of life.[1–4] This is being addressed in clinical practice and in medical education research.[5 6] The importance of students' learning about end-of-life and palliative care is increasingly recognised by medical students internationally.[7–9] This is advocated in the UK, USA and Australia.[8–12] Although inclusion of end-of-life and palliative care teaching in the medical curriculum is recognised, its prominence varies between medical schools, with vast differences in content, teaching methods, assessment and scope.[13–18]

Although students learn most from clinical encounters, they feel underprepared and lack exposure to dying patients.[11 16 19–23] Previously, this research team reported positive responses from hospice patients towards medical students, but hospice staff expressed concerns regarding patient and student welfare leading to gatekeeping.[17] A subsequent study by this research team found that, although medical students feared hospice placements, this was alleviated during the placement and they felt supported, reporting an enjoyable and valuable learning opportunity with inspiring patient encounters.[18] A concern is for students whose fears are not allayed. This could be due to the lack of opportunity to speak to patients, students avoiding seeing dying patients because of

preconceived fears or because overprotective staff preventing a student–patient encounter. This could have a negative outcome for those students who remain anxious about engaging with dying patients, and for their future patients.[14,15,24]

Experiential learning with the student–patient encounter is essential in learning about palliative and end-of-life care.[21,25] Medical students often write reflective essays after experiential learning about palliative and dying patients.[26–28] Many medical schools have embedded reflective learning in their curricula and essays are now widely used as one process to encourage and develop reflective practice.[29] Furthermore, reflection is essential to developing a balanced professional identity and is also needed for continued professional development.[30–32] Reflective practice is particularly pertinent when students have their first exposure to dying and death so that they can make some sense of what can be a very distressing experience, not least because many went into medicine to 'cure'.[33] It is important however that this experience is made as positive as possible, to enthuse medical students to care for dying patients and possibly plant the seed for a future career in palliative medicine. In this study, students' clinical experiences of death, dying and palliative care using reflective essays were evaluated.

STUDY OBJECTIVES

This study aims to contribute to our understanding of how undergraduate medical students learn about and reflect on death, dying and palliative care during and after clinical placements. The study has two objectives:

1. To explore how medical students learn about and deal with death, dying and palliative care during a clinical placement.
2. To use the analysis of reflective essays to provide insights to improve medical education about end-of-life care and/or palliative care.

METHODS

Design

This is a qualitative study of reflective essays, written by third-year medical students.

Research team

The analysis was conducted by three researchers with different professional backgrounds and research expertise. This included a clinical lecturer in palliative medicine with expertise in qualitative research and palliative care education (AG), a senior lecturer in sociology of health with background in education (LD) and an academic consultant (senior clinical lecturer) in palliative medicine who is the local palliative care education lead (JB).

Ethics

The study gained ethical approval from the Medical School Ethics Committee (reference: 12_09). Potential participants whose essays were identified as eligible for inclusion had to give explicit consent for their anonymised essay to be used and explicitly gave consent for *ad verbatim* quotes to be used in research outputs.

Data set

Essays were obtained from one UK medical school where medical students have clinical exposure from the start of their training, which substantially increases from their third year, when they have four, 8-week, clinical placements. After two clinical placements, students are required to write a 1000-word reflective essay on a patient, personal or professional issue. The objective of these is for students to reflect, after a clinical placement, on their experiences and understanding, skill set and knowledge as a foundation of professional development (box 1).

The students wrote two reflective essays in their third year at the end of any two of the four modules, which included the cancer/palliative care module. All essays were screened as they may encounter terminally ill and palliative care patients throughout that year. The inclusion criteria were reflective essays from third-year medical students in the academic year 2008–2009, which included any of the terms 'death', 'dying' or 'palliative'. All essays were electronically searched for those that met the inclusion criteria; the authors of these essays were emailed by someone outside of the research team asking for consent for their essay to be included in the study.

Box 1 Reflective essays

Learning outcomes

- Exercise in clear writing and summarising;
- Developing skills of self-reflection and critical awareness;
- Show that you are able to learn from your experiences;
- Skills of critical reflection.

Guidance students receive

- Clear instructions in student handbook;
- Two lectures in Year 1 and Year 2 (including reflection discourse and reflective essay writing);
- Online resources.

Follow-up and feedback

- Essays are read by the student's supervisor;
- Discussion between student and supervisor;
- Assignment added to the Student's Record of Achievement;
- No formal mark given.

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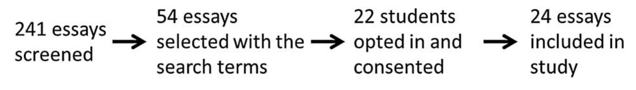
Analysis

We applied a systematic analysis to the data following the main principles of a grounded theory approach.[34] Such analysis allowed the research team to theorise these essays in form and content, and as accounts of what students intended to convey to the audience, their supervisors.[34] Three researchers independently analysed the anonymised data set. Findings were brought together in nine 3-hour team meetings and online discussion to reach consensus on themes and topics and ensure a transparent and in-depth coding process. The analysis included three distinct phases as developed by Strauss and Corbin: (1) open coding (going through each essay and code line by line); (2) axial coding (making connections between the codes); and (3) selective coding (identifying three central phenomena).[35] The data for the analysis were managed using specialist software for qualitative data analysis (QSR NVivo 10). During the first phase, each team member performed a line-by-line coding of each essay to develop a detailed index of the emerging key themes. We used our own codes as well as in vivo codes.[34 36] The coding framework with descriptive codes was refined in the second coding phase in which each team member wrote analytic memos while revisiting each essay, making connections between the descriptive codes by identifying axial codes.[37] These were discussed during the meetings which led to three central categories.

RESULTS

In total, 54 essays met the inclusion criteria; 22 students gave consent for participation in the study and their 24 essays were included (2 students had 2 included essays).

Flow chart of recruitment



During content analysis, three main themes were identified: (1) emotions, (2) empathy and (3) experiential and reflective learning (table 1). The first two themes relate more to what students wrote and the last theme is about how students learn in palliative care. As no new themes were emerging, as assessed independently by all authors, with the included 24 essays, the team was confident that data saturation was reached and no further essays were accessed. The form of some essays was superficial being principally descriptive about individual patients they had seen, describing their appearance and characteristics in great detail without dense reflection on the sensitive topics which they raised (table 1). Many students wrote passionately

Table 1 Illustrative quotes from the essays

Theme	Illustrative quotes
Emotions	*Tears were running down everybody's faces in the room during the consult, and as the patient howled and screamed at the thought of his prognosis I have to admit it took all my strength not to let out an audible sob or walk over and grab and hug him.* (R14a, male) *Observing this consultation was a very emotional experience, which I left feeling rather upset. It made me think that it could have been one of my relatives in that situation, and if it was I would not have wanted it to have transpired like it did. Whilst I was in the room it would not have been appropriate for me to show the emotions I was feeling, as it would not have helped the patient and they may become annoyed at someone 'feeling sorry' for them. As this was one of the first encounters I had where bad news was given, I feel I have since adapted a lot more to hearing it and even though it is still sad to witness, I have become a lot less emotional in these situations.* (R13, female) *Health care staff must be able to accept their own feelings, in order to be able to put them aside so that they can deliver the best care for the patient. At the same time, this will make sure they don't distance themselves from patients when they ask "end of life" questions. This I felt will be a hard for me to do, as I find it hard to strike a balance between acting professionally whilst at the same time showing an appropriate amount of sympathy.* (R4, male)
Empathy	*Every patient has a real need to be treated as a real person and that no amount of knowledge will be useful if I cannot interact correctly with the patient on a human level.* (R20, female) *The key point that I can take from this contact was the importance of taking time with patients, however long you can realistically manage, to gain a better understanding of what the person, not the patient, wants from their treatment and care.* (R11, male) *Although I attempted to employ empathy, it was difficult because I had no idea what this man must be feeling. Before, I have always used empathy by trying to stand in the other person's shoes and mimic what I think they should be feeling. In this case, I just couldn't do that.* (R1, male)
Experiential and reflective learning	*The visit with the Macmillan nurse was a learning curve for me. It is not a situation that I have previously come across and therefore I found it a very valuable.* (R10, female) *When I reach a consultant's post, I really want to try and remember how it was during my foundation years. I don't want to lose touch of the reason that we are all in this profession. We exist for the patients, not for any other reason, and without patients, we have no role in society.* (R17, male) *I hope that this encounter with this particular patient will help me develop as a medical student and make me a better doctor, as I will never forget how cancer has affected this person. I will be able to apply this experience to further encounters with patients, and have a greater understanding of how a terminal illness, in particular cancer, affects them. I have seen clearly how frightening it is for the patient to deal with and how much pain and suffering it can cause.* (R22, female)

about the importance of caring for people with a terminal illness.

Emotions

The main emphasis in this theme is how students dealt with emotions before and during their placements. Students described anxiety before the placement and were worried about how they would control, or fail to control, their emotions during an encounter with a patient:

> I had to bite my tongue and count slowly in my head in order to keep my tears at bay. (R18, female)

In the essays, descriptions of the emotions are quickly followed by reflections on the need to learn how to manage emotions. Students worry about losing control or becoming emotional which they perceive as unprofessional behaviour. Some reflected that it is not as simple as striving to be totally in control of emotions, as they need to have, and to show, some emotions to connect with patients. For some students, the emotions were related to triggering memories of bereavements or serious illness in a friend or relative. For others, the thought that what they witnessed during their placements could happen to them or someone close to them set off a whirlwind of emotions. One student described how they coped with their emotions in this setting after a personal bereavement and how this helped them be more empathic.

Empathy

Students reported the need for holistic care and to see the patient as a 'whole' person, not 'a set of symptoms'. They saw the doctor focusing on the dying person, not just the disease. This led to the need for a specific approach, which students asked for in their reflective essays:

> For future scenarios I think it would be helpful to learn about how to approach talking to patients….. (R16, male)

On seeing patients as 'people', many wrote about 'empathy'. This concept was used to reflect on different issues: emotional state of students and doctors, approach to end-of-life care and an essential attribute. Indeed, being emphatic was perceived as 'more than just feeling sorry' and seen as an important trait of being a professional and competent clinician in dealing with dying and death. Tutors served as role models in showing empathy or, occasionally, showed how it should not be done. There was also a practical side, with 'empathy' being a strategy, a plan of action, a technique, something to be learnt and to adhere to. There was a consensus from these essays that holistic care and effective empathic interaction require time. In sum, time management and doctors' empathy were associated with clinical competence which the students aspired to.

Experiential and reflective learning

The essays indicate that the students partly learn about palliative care through clinical experience and reflection on these experiences. Students reported the need to learn and develop many skills by example, and that their first experience of dying and death often takes place while being exposed to palliative care. Students need to experience situations where they can see doctors interact with patients and relatives in difficult situations:

> Textbook cases are no longer the method of learning. (R2, male)

The medical students often wrote about the need to be reflective and that they spent time reflecting on certain clinical encounters. They reported that the skill of reflection is one they hope to take with them throughout their medical career. Writing reflectively was identified as an ideal tool to develop as doctors and to learn coping strategies in dealing with difficult situations. This reflection, along with continual learning, allows experiential knowledge to marinate and help develop the students into their own style, learning what they would want to be like and moving away from what they would not.

The overlapping nature of the three themes was evident in many of the student reflections (table 1):

> I did not panic when the patient started to cry and feel I was both empathetic and sensitive. I used silences to allow the patient to start talking when he was ready and he told me himself that he had been really glad to meet and speak with me. (R15, female)

DISCUSSION

By analysing reflective essays, medical students' learning and understanding of death, dying and palliative care was evaluated. We had two main objectives. The first was to explore how medical students learn about and deal with death, dying and palliative care during and after a clinical placement. Caring for people with a terminal illness is an area that many students were passionate about but struggled with the balance of 'cure' against quality, and the relative importance of these for the patient and their family; this is also an issue for doctors.[38 39] Students learn from seeing doctors in these situations especially as many will not have come across dying and death before. When a student has been recently bereaved, it can add to emotional difficulties when exposed to dying patients, but might also give the student insight and empathy that can only come with this experience.

The students discussed the difficulty of balancing showing empathy and professionalism, which some of them interpret as being distant; an experiential learning gap was evident. The balance of emotions and using empathy and applying this in the clinical situation as professionalism are developed by experience of seeing tutors/teachers in practice and by refection.

This involves the student being present and the tutors/teachers being engaged with the patients and relatives and exhibiting these skills for the students to learn.

Our findings confirm previous work describing tensions between old professionalism and new professionalism (for instance, detachment vs empathy; patient-centred communication vs paternalism).[40] Furthermore, students need to be comfortable discussing how they feel with the doctors they are working with to aid this experiential learning. In clinical practice, to encourage this, it is vital students are exposed to situations where they can learn; this takes prioritisation and motivation from the students and opportunities and engagement from the tutors/teachers.

The second main objective was to use the analysis of the reflective essay to provide insights to improve medical education about end-of-life care and/or palliative care. In common with Head *et al*,[27] many essays were very descriptive about individual patients. It is apparent students learn from powerful patient stories and need to develop their reflective skills to build upon these descriptive accounts. Based on the review of essays and previous studies,[17 18] key factors were identified which are important in the use of reflective essays for learning tools in palliative and end-of-life care (table 2). Skills training should include teaching on how to reflect and write reflective essays, especially as this is also needed for continued professional development. Their experience in palliative care can aid this. To deepen reflective ability, the essays should be marked by an experienced supervisor, followed by one-to-one or small group guided conversations of their reflection in which prompts taken from the essay are used, and finally structured feedback. The reflective essays' content could be enhanced by having a more defined remit/topic to write about which might increase the focus of the essay, for example, based on encounters with a patient, observation (breaking bad news, clinical scenario) and focusing on key areas. Controlling emotion and empathy are common themes, exemplified by reflections such as: 'how do I know what it is like to be terminally-ill' and 'what if it was my mother'. These should be included in remit/topic of reflection. There also needs to be promotion of experiential learning in palliative care and dying and death as core to the curriculum.

From the current and previous studies, students often reported feeling anxious (including how to control emotions and be empathetic) before the hospice/palliative care placement; however, they learnt from their experience, often becoming empowered from it.[17 18] This could be addressed before a hospice visit by guided discussion prior to seeing palliative care patient and peer (student–student) preparation from students who have been to the hospice[17 18] (table 2).

Strength and limitations

This study builds upon previous studies by the same research team and provides a more nuanced understanding of medical student learning about palliative care and wider learning such as reflection.[17 18] It helps dissect key areas which the students find difficult and enables the foundation for enhanced preparation for students. A robust methodology was used in the analysis, drawing on the different experiences and expertise of the research team members.

One of the main limitations is that this study just analysed the single perspective of what students wrote in their essays, as they reflect in different ways and some might not like reflecting by writing. This is an analysis of routinely collected data; nevertheless, the themes that arise are clear and important for practice and future work. The reflection in some of the essays was superficial, but key themes nevertheless arose. Our methodology of attaining the essays was aimed to

Table 2 Findings, implications and suggestions for clinical and educational practice

Findings	Implications for education	Suggestions for practice
Variety in denseness of reflection; not always detailed reflection in essays	Students need more guidance and space to reflect	Structured teaching sessions on how to reflect, reflective writing and learning Longer essays to enhance the ability to reflect
Many different topics discussed by students; diffuse reflections	Clear topics for reflective essay in palliative care to enhance targeted reflection; more developmental for students learning to be more focused	A clear remit/topic for the reflective essays Targeted reflection on empathy and emotions
Form and content of essays suggest some students do not reflect as deeply as they could	Follow-up and feedback on essays	Small group (or one-to-one) reflection discussions and feedback with prompting, guided conversations and structured feedback Training on reflective feedback for supervisors
Dealing with emotions and notions of empathy	Students need to be prepared for sensitive encounters	Peer and palliative care specialist tutor preparation for students prior to clinical palliative medicine placement
Students' personal life events	Potentially difficult for some students to be in the palliative care/hospice environment	Identification of specific individual student needs
Need for holistic specialist palliative care experience	Important for students to have time with specialists in palliative care	Ensure student exposure to palliative care specialists

remove selection bias, by identifying all essays in a year group which met the inclusion criteria. The majority of relevant essays should have been identified, although our search terms were not exhaustive. There might be differences between year groups and institutions; however, the pool of essays screened was from a large number of students. Selection bias might have occurred as we needed consent to include the essays in the analysis; this was obtained from just under half of the students and it is unknown how representative were they of all students who wrote about death and dying.

Implications for clinical and educational practice

To be competent doctors, it is important that students are exposed to dying and death, and although this experience should be across clinical settings, they tend to get most exposure when attached to palliative care. In the UK, where palliative care is well established, this can be embedded into the clinical experience of students. This might prove more difficult in countries and medical schools where palliative care is in its developmental stages, but would be important to consider in the development of these services.

Future research

Future research needs to build upon this work and the work of others and be based on the common concerns of medical students prior to seeing palliative care patients, going to a hospice/palliative care unit. We would propose a peer intervention to better prepare medical students prior to their specialist palliative care block, which would need to be tested by a multicentre, education intervention, cluster randomised controlled trial.

Conclusions

Medical students' reflective essays gave important insights into how they interact with and feel about dying patients. The key themes from the essays were emotions, empathy and experiential and reflective learning. Many students wrote passionately about the importance of managing dying patients and that they need to be empathic doctors, balancing their emotional involvement with dying patients. It is vital that students' opportunity to reflect is optimised and that reflective essays are used to enhance learning in a specific area, as demonstrated here with death, dying and palliative care. Providing feedback to students is key to developing the skills to use reflective discourse constructively.

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