



MASSACHUSETTS COALITION FOR
SERIOUS ILLNESS CARE

Massachusetts Medical Schools' Collaborative Medical Student Focus Groups Findings

December 2021

Background & Methods

- The Collaborative wanted to understand medical student experiences and feedback on their education in serious illness communication
- Roberta Goldman, PhD, an anthropologist from Alpert Medical School of Brown University, conducted two focus groups at each school from Jan-Apr 2021
- The eight focus groups included 50 fourth year medical students
- Groups were audio and video recorded, transcribed, de-identified, and analyzed using line-by-line qualitative coding, as well as discussing the transcripts with faculty at each school



Project Faculty and Student Leaders

This presentation is a summary of the data analysis shared in a [full report](#) from Dr. Roberta Goldman. We acknowledge the leadership provided by Jennifer Reidy, Anna Gosline, and Stephanie Chan, along with the qualitative research expertise of Patricia Stebbins. This work was supported by the Massachusetts Coalition for Serious Illness Care and an [abbreviated companion report](#) is available on our website.

In addition, the following project faculty and medical students (denoted by an asterisk *) were involved in recruiting focus group participants and analyzing transcripts:

- **Boston University School of Medicine:** Hollis Day, Priya Garg, Matthew Gasteiger*, Sarah Morgan*, and Megan Young
- **Harvard Medical School:** Kate Brizzi, Carolina Jaramillo*, and Irene Yeh
- **Tufts University School of Medicine:** Scott Epstein, Emma Livne*, Isabella Stumpf, and Tamara Vesel
- **UMass Chan Medical School:** Kayla Daniell*, Melissa Fischer, Rose Healy*, Suzanne Mitchell, Molly Olmsted*, Hayden Peirce*, Jennifer Reidy, and Emily Vicks*



Six Key Themes Emerged

#1: Students view the skills of serious illness communication as **essential to high-quality medical practice, regardless of specialty.**

#2: Students said training in serious illness communication and palliative care should be **required and a formal part of the medical school curriculum.**

#3: Students prefer to learn by **practicing with frameworks as they progress through preclinical and clinical years, and especially by observing real-world clinical situations.**

#4: Students describe the palliative care team as **highly sought-out experts in best practices and teaching,** but a scarce, often misunderstood resource in health care.

#5: Students claimed it was **mostly due to luck when they observed good role models** and were included in family meetings.

#6: Students strongly desire a **regular practice of debriefing after difficult and emotional clinical situations,** and view physicians who engage them in debriefing and self-care as powerful role models.



Key Theme #1: Students view the skills of serious illness communication as essential to high-quality medical practice, regardless of specialty.

“There's something to be said for being honest with yourself, like ‘Am I consulting palliative care because this is truly a complex situation that is beyond my expertise to handle, or is it just that I don't want to talk about death, it's scary and I'm uncomfortable?’”



Key Theme #2: Students said training in serious illness communication and palliative care should be required and a formal part of the medical school curriculum.

"I was thinking about how useful some of the training we get in this area is...when they're teaching us phrases to use and having us role play and [in] a lecture...The stuff doesn't solidify until I actually get to do this in a real-life situation...I think it's something we should clinically be required to rotate through and have those experiences if we want to effectively train physicians to be better at this."



Key Theme #3: Students prefer to learn by practicing with frameworks as they progress through preclinical and clinical years, and especially by observing real-world clinical situations.



“I think you can glean a lot...about how to be successful and effective by watching other people give you either good or bad examples. It's very interesting, though, because there are very few other things that people do professionally or otherwise where we expect people to gain proficiency through observation alone.”

Key Theme #4: Students describe the palliative care team as highly sought-out experts in best practices and teaching, but a scarce, often misunderstood resource in health care.

“So on the wards I often had to advocate, like ‘I really want to have this conversation with this patient. Can I give it a try?’ And the resident says, ‘Oh yeah, sure, if you want to.’ But it wasn’t valued in the same way as, like, ‘Oh, I want to try and do this procedure, put in this line or take on this new admission.’ So I think it’s part of a value system and part of the medical hierarchy.”

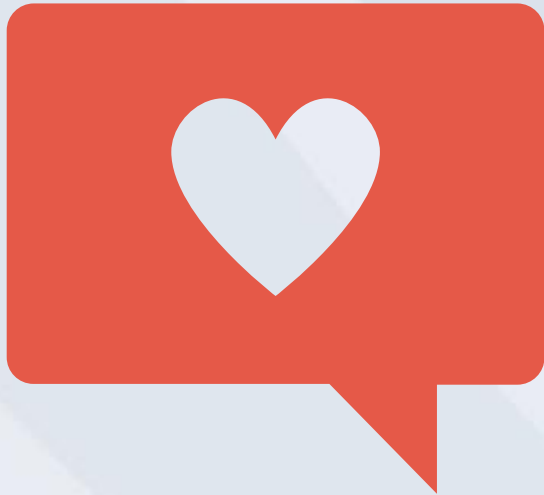


Key Theme #5: Students claimed it was mostly due to luck when they observed good role models and were included in family meetings.



“Due to serendipity, I [worked with] a couple of attendings who felt very passionately...and really pushed me to consider how can I have these conversations. Having that additional propulsion, I would say, and the encouragement to really tackle those conversations, I definitely came out feeling rather surprised I was able to have these conversations even if we were having a really heavy workday.”

Key Theme #6: Students strongly desire a regular practice of debriefing after difficult and emotional clinical situations, and view physicians who engage them in debriefing and self-care as powerful role models.



"As a third-year med student...I'm literally just standing there and [my patient] is dying alone. It just felt like a horrible experience, and...we just stood there for three hours rounding until she died, listening to her, and no one talked about it. We went back to the workroom and everybody just acted like it hadn't happened and I was like breaking on the inside."

Read the report on our website