

Difficult Conversations in Neurology: Defining medical student exposure and educational opportunities

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OBJECTIVE: To define the frequency and range of content of medical student exposure to difficult conversations during a neurology clerkship and its impact on student's confidence to lead similar conversations in the future.

BACKGROUND: Training in communication skills is an essential part of medical student education; however, it is not clear how this training occurs in the context of clinical rotations.

DESIGN/METHODS: In this prospective study, students rotating through a required neurology clerkship were asked to record and reflect on difficult conversations (defined as discussions of 1) new disability, 2) poor neurologic prognosis, 3) prognostic uncertainty, 4) terminal diagnosis and 5) end-of-life care). All students completed baseline and follow-up surveys. Students tracked the number and content of difficult conversations using an online "communication tracker" tool. Focus groups were performed at clerkship end to explore the educational value of clinical encounters.

RESULTS: Fifty-five second (n=22; 11 M, 11 F), third (n=24; 12 M, 12 F), and fourth-year (n=9; 5 M, 4 F) medical students were enrolled. Most students reported no prior formal classroom (63%) or bedside (84%) instruction in communication around the pre-defined conversation types. The majority of students (85%) desired additional bedside instruction in communication skills. Most students (71%) observed a difficult conversation during the neurology clerkship (median 1, range 0-6). Students were most frequently exposed to discussions of poor neurologic prognosis (42%), new disability (29%), and/or prognostic uncertainty (22%). Students who observed a conversation about poor neurologic prognosis felt more prepared to lead such a conversation at the end of the rotation than those who did not (p=0.02). In focus groups, students identified pre-conversation planning and post-conversation debriefing as important, often overlooked, educational opportunities.

CONCLUSIONS: While exposure alone can improve students' perceived ability to lead conversations about poor neurologic prognosis, opportunities remain to enhance communication skills education in neurology.

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