Suggested Talking Points for Discussions with Students about Suffering

We have created a monograph on suffering to fill a gap in the UWSOM curriculum. According to a survey of palliative care experts, identifying "spiritual and existential suffering in patients and families" is one of the palliative care competencies for graduating medical students.[1] And medical students surveyed at UWSOM have said they want more curriculum on suffering in medical school.[2]

In addition to informing medical students about the monograph on suffering, consider having a discussion. We understand this may not be possible due to time constraints or other barriers, such as feeling like you don't have the emotional bandwidth. You and the medical student likely have experienced or encountered suffering, personally or professionally. Medical students have reported they experience suffering related to medical education from isolation, stoicism, confusion about their identity/role as medical students, and witnessing suffering.[3] Experiencing suffering may make it challenging to engage but also has the potential to enhance engagement with others who are suffering (whether patients or colleagues or medical students).

Suffering can be a challenging topic to discuss. We recommend having an awareness that medical students have their own "specific life history, family context, and identity"- and "these realities have an impact on how students respond" to discussing suffering.[4] Additionally, since preceptors will be giving students a grade, some students may not feel safe with an in-depth discussion.

If you are able to have a discussion on suffering, here are some suggested approaches:

Define suffering	1. Severe distress that threatens the integrity of the person[5] 2. Often involves other feelings of isolation, regret, fear of dying, loss of purpose, spiritual and cultural narratives.[6,7] 3. The same structural factors that contribute to health inequities- such as poverty, racism, access to health care and education - can also contribute to suffering as a part of patients' illness experience.[4,8]
Define spiritual suffering	1. A type of existential suffering defined as "distress due to spiritual or religious concerns."[6]
Describe a patient encounter	1. Ask the student to describe an encounter with a patient they have seen who is suffering.

	2. Discuss a patient who is experiencing significant suffering that you have seen together. 3. Describe a patient you saw without the student.
Discuss how to recognize suffering	1. Patient's verbal clues 2. Patient's nonverbal clues 3. You and/or the student experienced discomfort, such as a feeling of helplessness[9]
Discuss how to respond to suffering	1. Suggested questions and phrases from the suffering monograph 2. Reflective listening skills taught in Motivational Interviewing 3. Being curious about the patient's experience 4. Being present, authentic and emotionally available 5. Treating the patient as a whole person by also paying attention to the existential and psychosocial domains that influence patient suffering. 6. With narrative humility[4] 7. Use NURSE statements to respond to emotion
Discuss the rewarding aspects of caring for patients who are suffering	1. A positive aspect of being a family physician is that, through continuity, you can accompany a patient on their journey, providing a supportive relationship as the patient goes through changes.[10,11]

References

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