

Editorial

You Can't Save Everyone

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Medical students must grow in both knowledge and understanding as they move from laypersons-on-admission to physicians-on-graduation. The latter is done through the process of acquiring key, or 'threshold' concepts [1,4]. Understanding these "threshold concepts" enables the student to begin to think like a physician, construct an appropriate professional identity, and join the community of physicians. Threshold concepts cause an ontological shift in the student whereby the student comes to see themselves or their profession in a different light, perhaps with a different set of values. As threshold concepts also often causes angst, as the student struggles to accept new attitudes and a new concept. The student may feel or say "Oh, now I get it!"

In our qualitative thematic research on student reflective essays, we found seven threshold concepts, including "You can't save everyone" ('and I had to learn you can't save everyone, no matter how deserving and no matter how hard you try') and "It's about the patient" ('at some point, and I don't remember when, I no longer cared about embarrassing myself, and learned instead to focus on the patient and their wants and needs'). These two threshold concepts are encountered by medical students as they observe or participate in palliative care.

"You can't save everyone" is often thought of in an emergency room experience, but students also confront this concept when dealing with patients in hospice receiving palliative care. They must learn to get off the treadmill of medical and surgical endeavors and, instead, listen to the patient's wishes. They must understand that death is not always the enemy and that "save" has many different meanings.

"It's about the patient" comes when a student learns that medical care is not about them, it is about the patient - i.e., to focus not on how they are performing, but rather on the patient and the patient's problem. Knowledge of the latest journal article or surgical technique is good, but instead of focusing on displaying that knowledge, it may be better to listen to patients, to determine their wants and needs, and to be able to create a program to meet those.

As faculty, how can we assist students who are struggling with these concepts? [5], Students benefit greatly from the direct involvement with a patient in palliative care [6,7]. We can help students by arranging for them to spend time with a patient in hospice or receiving palliative care. Student and patient can discuss the trajectory of the patient's illness and decision to embrace palliative care. Following this experience, we can engage the student in reflective practice or a preceptor-lead discussion to clarify thoughts and concepts.

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Faculty can also provide a sympathetic ear when a student talks about his or her struggles, and, most importantly, normalize that effort. As experienced faculty, we may have forgotten our own struggles with these concepts, and, instead, may think every medical student should know them [8,9]. In fact, medical students often need to encounter these concepts and pass through a threshold of experience, including the struggle, in order to understand them.

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