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1 **ABSTRACT.**

2 Experiencing patient loss is emotionally challenging for many medical students. This narrative reflects on the
3 author's encounter with sudden patient loss and the complex emotions it evoked. The commentary underscores
4 the need to prioritize emotional support for medical students dealing with patient loss. The author proposes
5 ways to accomplish this, including equipping students with effective coping mechanisms, creating a supportive
6 environment that encourages students to seek debriefing sessions, and incorporating debriefing sessions into
7 clerkship curricula. By normalizing the emotional complexities of patient loss and fostering a culture of support,
8 medical education can better prepare students to navigate the challenges of patient care with compassion and
9 resilience.

10

11 **Key Words:** *medical education, patient loss, resilience, wellbeing*

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1 THE EXPERIENCE.

2 The glow of the computer screen cast a soft illumination over the otherwise darkened room. "You are opening
3 the chart of a deceased patient." The words leapt out at me from the screen, stark and unwavering. I blinked,
4 trying to process the information. Just that afternoon, I had left the hospital, leaving behind a patient whose
5 condition had been improving. Waves of sadness and disbelief washed over me as I tried to comprehend the
6 sudden loss. *How could this have happened?* Guilt crept into my chest, heavy and suffocating. I had spoken
7 with the patient's family earlier that day, reassuring them that their loved one was making progress.

8
9 The following day, I waited for someone, anyone, on the team to mention the patient. But the topic remained
10 conspicuously absent from conversation. *Did they not know what had happened? And if they did, why was no*
11 *one talking about it? Would speaking up only add to the burden of an already busy team?* After all, I was just a
12 medical student.

13
14 In the end, my uncertainty won out, and I remained silent. But in that silence, a question lingered: *What if I*
15 *had spoken up? More importantly, how can students like me be better equipped to cope with sudden patient*
16 *loss?*

17
18 Reflecting on my personal encounter with patient loss, I have come to understand the necessity of openly
19 discussing and addressing the emotional impact patient loss has on medical students. *What emotions did I*
20 *experience upon learning about my patient's death? How did I initially navigate and cope with these*
21 *overwhelming feelings? What factors played a role in my decision to remain silent about my experience with*
22 *patient loss?* These questions underscore the importance of equipping students with effective coping
23 mechanisms, which are not only essential for our personal well-being but also for our training as future
24 healthcare providers.

25
26 Like my own experience, most medical students encounter patient loss during their clinical rotations, triggering
27 a range of complex emotions¹. Among these emotions, sadness, anger, guilt, impotence, and vulnerability are
28 commonly reported by students^{2,3}. Students also often find themselves balancing intense emotional
29 responses with the perceived expectation of maintaining detached professionalism⁴. These encounters can
30 take a significant toll on our mental wellbeing, which may consequently impact the quality of patient care we
31 are able to provide. Despite this, research has primarily focused on emotional responses and interventions for
32 resident and attending physicians rather than medical students^{1,5}.

33
34 Therefore, there is a pressing need to better prepare students for patient loss. Nearly 50% of medical students
35 nationwide have reported that they have felt unprepared to handle the emotional impact of patient loss⁶. While
36 many medical schools have incorporated end-of-life care modules into their curricula, these sessions tend to
37 focus on the dying process within palliative care^{7,8}. Similarly, medical schools have made efforts to promote
38 student wellness, although these initiatives often do not specifically address coping with patient loss⁹.

39
40 Implementing dedicated sessions in pre-clinical curricula to prepare students for sudden patient loss could
41 effectively reduce emotional distress during these challenging situations. Through these sessions, students

1 would understand that experiencing a range of emotions in response to patient loss is normal and valid.
2 Additionally, they can acquire valuable insights into various coping strategies. Students have previously
3 reported personal coping strategies, such as exercising and writing, seeking support from others, and finding
4 solace in spiritual/religious guidance¹⁰. Since there is no "one size fits all" approach to coping, it is crucial for
5 students to learn effective coping mechanisms early in their training to use throughout their careers and
6 mitigate the risk of burnout.

7
8 Additionally, students need to be encouraged to seek debriefs from their teams during their clinical rotations.
9 Debrief sessions for medical students have been found to be effective in supporting emotional reactions to
10 patient deaths⁴. Particularly, debriefing may be crucial in helping students balance emotion and professional
11 detachment⁴. However, students report often feeling inadequately supported by their medical teams and
12 supervisors². Seeking debrief may be especially challenging for students since they may often feel
13 disempowered along the medical hierarchy. Additionally, systemic factors such as workloads and time
14 pressures may hinder residents and attending physicians from prioritizing debrief sessions¹⁰.

15
16 Efforts should be made to establish a supportive and inclusive environment where students feel empowered
17 to seek debriefing sessions without fear of judgement. These sessions can take various forms, including one-
18 on-one conversations with a resident or attending, informal reflection sessions like journaling, or group
19 discussions involving structured reflection questions with fellow students. Regardless of the format, the goal of
20 these sessions remains consistent: to provide a safe space for students to reflect on their experiences, to gain
21 insights on emotional responses and coping strategies from their supervisors and/or peers, and to reassure
22 students that they do not need to confront these challenges in isolation. Implementing regular debriefing
23 sessions into rotation schedules, specifically tailored for students, could also provide structured time and
24 space for reflection and support without disrupting workflow or putting the burden on students to initiate
25 debriefs.

26
27 In conclusion, through collaborative efforts and a culture of mutual support, medical education can better
28 equip students with the tools, environment, and curriculum resources necessary to navigate the emotional
29 challenges of patient loss (**Figure 1**). Rather than allowing students to endure in silence and question the
30 normalization of patient loss, we need to normalize its emotional complexities and encourage students to seek
31 support. Recognizing and addressing this will ultimately contribute to shaping compassionate and resilient
32 healthcare providers.

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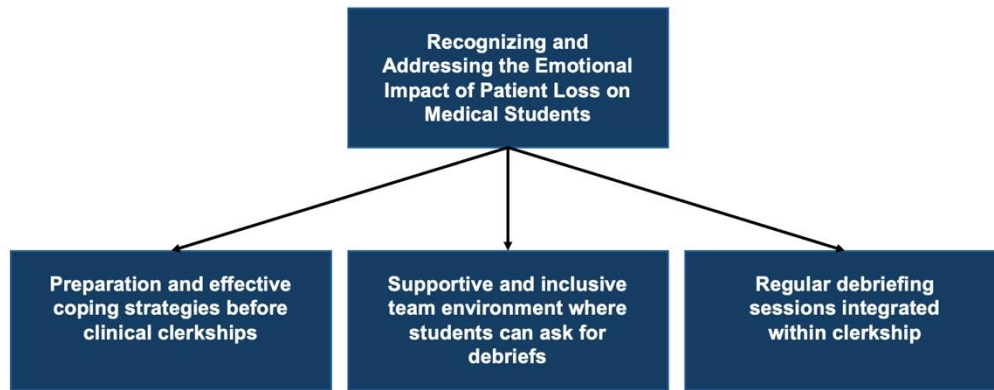
1 **FIGURES AND TABLES.**

2

3 **Figure 1.** Three Steps to Recognize and Address Emotional Impact of Patient Loss for Medical Students.

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