

Supplemental Table e-1. Representative Student Quotes

<p><b>Student Inclusion in Difficult Conversations on the Neurology Wards</b></p>
<p>They [faculty] would exclude us from difficult conversations...I wouldn't even know it was happening. I think they saw it as <i>"Oh this is a really unpleasant part of our job and we don't need to expose the medical students to this because it's just so unpleasant. They're here to learn the physical exam in Neurology."</i> It's at the expense of our education.</p> <p>Everybody that's in the hospital is going to have something upsetting going on, and so you can kind of guarantee that if you go in and ask somebody how they're doing, it can be pretty easy to have a similar conversation in a more predictable way. And so doing that a few times then makes it a lot easier.</p> <p>They [team and patient] quietly talked and I actually stayed away from it, because the intimacy stressed me out. I didn't know if it was even appropriate for me to be there.</p>
<p><b>Impact of Exposure to Difficult Conversations: Missed opportunities</b></p>
<p>It [lack of pre-conversation plan] made it very stressful to go into people's rooms because I would have information; I would have no idea what information the family had.</p> <p>Afterwards I didn't think to grab the Attending and to be like <i>"Tell me exactly what you did to do that conversation."</i> We had other work to do after that, so it was pretty quick.</p> <p>I think debriefing and being able to talk about these instances will...I feel like I'll be more comfortable when I see it again rather than just being put in a shocked experience and it dissipating after that.</p>
<p><b>Opportunities to Enhance Communication Skills Instruction: Insights from students</b></p>
<p>I got feedback on rounds all the time about the physical exam or the history—what to do next time you encounter this, how to do this better, what you did wrong, those sorts of things. It just wasn't focused on conversations.</p> <p>If you have a patient that you're going to have a difficult conversation with, the attending could ask the resident <i>"How would you approach this patient? What would you say? How would you go through what points you want to make?"</i></p> <p>I think a top down, as well as bottom up approach to improving this [communication skills training]. Bottom up would focus on medical students and including us. Top down would be talking to Attendings and making them aware of their role in teaching and contributing to the culture in clinic.</p>