Breaking the Silence: Debriefing Grief and Moral Distress in Clerkship

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Conflict of interest

	Co-author	Conflict disclosures
1	Ayla Raabis	No conflicts to declare.
2	Marihan Farid	No conflicts to declare.
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Background & Aim

Background
Medical students in clerkship rarely have structured spaces to process grief, moral distress, and hidden-curriculum harms, which contributes to unacknowledged emotional burden and burnout.

Aim
Deliver a co-facilitated session to introduce concepts of disenfranchised grief and moral distress and provide a psychologically safe forum for debriefing clerkship experiences.

Session

- ➔ 1-hr interactive lecture → 2-hr small-group tutorials (6–8 students)
- ➔ Facilitated by staff physician + senior resident; n ≈ 80 (full cohort)
- ➔ Multi-site (at both the Nova Scotia and the New Brunswick campuses)

Core learning objectives

- Recognize moral distress & hidden curriculum
- Reflect on ideal vs realistic medicine
- Practice peer/faculty debriefing; locate supports

Data collected (implementation only)

- Attendance logs
- Facilitator field notes (group dynamics, emergent themes)
- Open-ended participant feedback (post-session)

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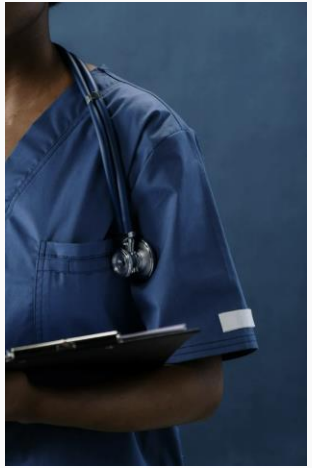
Innovation & Measures

Implementation-only evaluation; full clerk cohort attended (n ≈ 80); qualitative data: facilitator notes + open-ended feedback.

Top emergent themes

- Hidden curriculum & role modelling — most frequently raised; students described learning behaviour from clinicians more than from formal teaching.
- Ethical erosion / moral distress — repeated experiences where values conflicted with practice.
- Learner role inconsistency & loss of continuity — disrupted ability to form therapeutic relationships.
- Ideal vs. realistic medicine (disillusionment) — tension between taught ideals and system constraints.
- Advocacy as meaning & tension — rewarding but sometimes discouraged by teams.



Facilitator observations

- Small (6–8) co-facilitated groups produced candid, emotionally honest discussion.
- Students were reassured by hearing peers' similar experiences; many expressed relief.
- High demand for longitudinal/recurring debriefs rather than a single session.
- Facilitators recommended explicit pre-briefs, confidentiality rules, and clear signposting to support services.

Project impact (implementation phase)

- Created a psychologically safer space to name moral distress and grief.
- Normalized emotional reflection and peer support across the cohort.
- Generated learner demand for curriculum-embedded, repeated debriefs.

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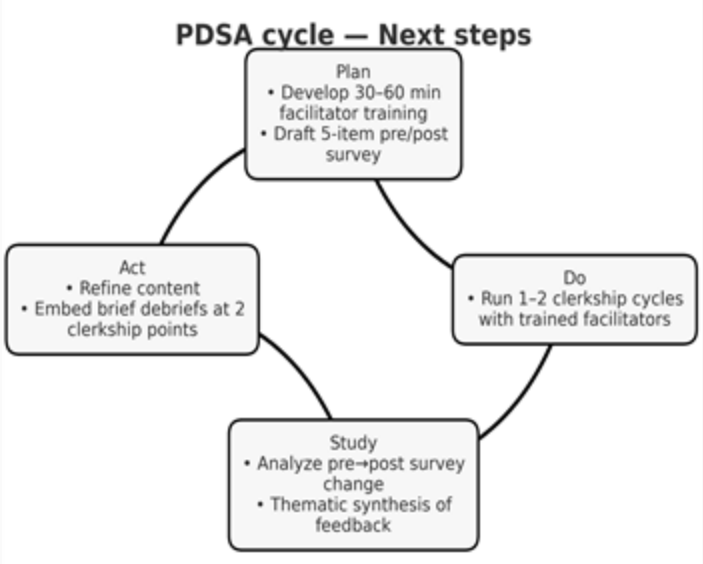
Project impact & lessons learned

Recommended QI measures (for next cycle)

- Process: % clerk groups offered debrief; % facilitators trained.
- Outcome: change in comfort discussing grief; likeliness to seek faculty/peer support.
- Balancing: number of participants referred for additional support; facilitator time burden.

Key lessons learned

- Overwhelming support by students for utility of session.
- Small, co-facilitated groups + structured pre-briefs are essential for psychological safety.
- A longitudinal integration of structured debriefs are necessary.
- Resident involvement is key as they bringing both recent lived experience as a student and guidance as a facilitator.



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