

Researchers evaluate teaching program for breaking bad news to patients

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Researchers at Moffitt Cancer Center in Tampa, Fla., and the University of South Florida (USF) College of Medicine evaluated the experience of medical students who participated in videotaped sessions where they practiced conveying difficult news to "standardized patients" (SPs). The SPs role-played patients with a variety of cancers and who were receiving bad medical news.

The study aimed at both evaluating student perceptions of the methods used in teaching how to break bad news and also at determining the effectiveness of the educational program designed for conveying difficult news.

The study appeared in a recent issue of the *Journal of Cancer Education*.

"One of the biggest challenges a physician will face is conveying difficult news to a patient," said study co-author Gwendolyn Quinn, Ph.D., director of the Survey Methods Core Facility at Moffitt. "Despite the importance of this skill, [formal education](#) in conveying bad news to patients has been limited."

[Medical students](#) at USF are required to complete a two- to three-hour training session, involving three to five students, covering how to communicate difficult medical news. Following this instruction they have a videotaped encounter with a standardized patient who is trained to act the part of a patient who is hearing bad medical news.

"Many of the SPs are [cancer survivors](#), so they have a [personal connection](#)," said co-author John V. Kiluk, M.D., F.A.C.S., an assistant member of Moffitt's Don and Erika Wallace Comprehensive Breast Program.

Videotaped sessions take place in fully equipped learning labs with bi-directional [video cameras](#) that activate when the students enter the exam rooms for their 15-minute encounter with an SP. SPs are asked to focus on the emotional aspects of hearing bad news rather than ask questions about treatment.

Following the encounter, medical students gather in groups of three to five to review their videotaped sessions with a [surgical oncologist](#). This physician subsequently points out strengths and weaknesses of each student's communication technique and offers suggestions on improvement. An important part of the evaluations is having the SP offer the patient's perception of the student's technique or style.

Students also discuss their verbal and nonverbal interactions with the SPs. There is an emphasis on nonverbal communication, such as eye contact, and also on verbal skills related to helping patients deal with denial, shock and tears.

Students also fill out a follow-up questionnaire.

When evaluating medical student surveys and student discussions about their videotaped encounters with the SPs, researchers found that medical students reported having "improved comfort" in addressing difficult topics with patients.

"When we analyzed the clinical experience of medical students during the Interdisciplinary Oncology Clerkship, we found that while 95 percent had witnessed the sharing of bad news during their medical

education, only half the medical students had personal experience in delivering bad news," said co-author Sophie Dessureault, M.D., Ph.D., an associate member of Moffitt's Gastrointestinal Tumor and Immunology programs. "After the small group interaction, students overwhelmingly agreed that the exercise was helpful and that the SPs were 'realistic.' They also agreed strongly that the post-interview discussion was the most advantageous feature and that, overall, their knowledge of best practices had increased."

According to the researchers, it is important that the "art of medicine" should not be forgotten and that developing a relationship with a patient and their family can often be forgotten during the fast pace of clinical work.

"Medical students can learn communication techniques from observing mentors," said Quinn. "However, senior clinicians seldom have the time to role-play to help students develop skills."

The researchers concluded that videotaping and a subsequent evaluation was superior to instructor comments alone, and that a combination of videotaping and assessor comments was "highly beneficial."

"Although these encounters cannot replace actual patient interactions, these exercises provide a safe learning environment for the student," concluded the authors. "As a result, the students will have a solid background from which to begin developing good communication skills in the oncology setting."

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