Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

**Literature search results**

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search required by:</td>
<td>n/a</td>
</tr>
<tr>
<td>Search completed on:</td>
<td>16 October 2012</td>
</tr>
<tr>
<td>Search completed by:</td>
<td>Richard Bridgen</td>
</tr>
</tbody>
</table>

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; CINAHL; EMBASE; MEDLINE; PsychINFO; Google Scholar

**Database search terms:** (break* or broke) adj2 "bad news"; “advanced communication”; disclos* adj2 "bad news"; impart* adj2 "bad news"

**Evidence search string(s):** ((breaking OR imparting OR disclosing) "bad news") OR "advanced communication"

**Google search string(s):** ((breaking OR imparting OR disclosing) "bad news") OR ~"advanced communication"

**Summary**

There has been lots of research on breaking bad news and/or advanced communication published within the last three years.

**Guidelines**

**American Academy of Pediatrics**

*Communicating with children and families: from everyday interactions to skill in conveying distressing information* 2009
British Association of Perinatal Medicine

Guidelines for the investigation of newborn infants who suffer a sudden and unexpected postnatal collapse in the first week of life 2011

from Standards for communicating with parents

Privacy in suitable surroundings where parents cannot be overheard or seen is important for all sensitive discussions with parents. This is especially important when breaking bad news.

Care Quality Commission

Essential standards of quality and safety 2010

Have somewhere private available for breaking bad news, where this is done.

Department of Health

Essence of Care 2010

procedures are in place for communicating people’s personal information in a confidential manner, for example, during handover procedures, consultant and/or teaching rounds, admission procedures and telephone calls, and when calling people in outpatients and breaking bad news

Healthcare for London

Dementia services guide

- Good practice in breaking bad news of a diagnosis is sharing the information with the patient and carer at the speed of the individual’s understanding and willingness to listen.
- NHS Newham have commissioned a diagnostic memory clinic, in which they have developed a multi-disciplinary formula for working with patients and carers that focuses on assessment findings, breaking bad news and follow-up care coordination and early intervention arrangements.

International Association for the Study of Pain

Guide to pain management in low-resource settings: chapter 8 - Principles of palliative care 2010

See p. 55 for SPIKES model.

NHS End of Life Care Programme

What do we know now that we didn’t know a year ago? New intelligence on end of life care in England 2012

16.11 Existing models for breaking bad news are inadequate for people with learning disabilities:

- Breaking bad news to people with learning disabilities should be seen as a process, not a one-off event or series of events
- Understanding of bad news is built gradually over time. Information needs to be broken down into singular chunks of knowledge that can be added over time to people’s existing knowledge base
- Breaking bad news to people with learning disabilities should involve health and social care professionals as well as (family) carers and paid care staff
- A new model for breaking bad news that has been developed for people with learning disabilities may also have relevance for other client groups.
End of life care in heart failure: A framework for implementation 2010

ALL health professionals involved in communicating with patients or involved with the care of patients reaching the end of life should be trained in advanced communication skills.

The route to success in end of life care: achieving quality for occupational therapy 2010

Use advanced communication skills such as active listening and open-ended questions to elicit the person’s ‘story’ and their key priorities.

The route to success in end of life care: achieving quality in acute hospitals 2010

- Train generalist and specialist staff to recognise a dying patient and in breaking bad news to relatives.
- Seek to provide private spaces in which to break bad news or to initiate end of life care discussions.

Talking needs action training needs analysis: the pilot sites report their findings for end of life care communication skills 2010

Supporting people to live and die well: a framework for social care at the end of life 2010

NHS Evidence
Communication in cross-cultural cancer care 2012

NHS Kidney Care
Getting it right: End of life care in advanced kidney disease 2012

NICE
Raising sensitive issues with pregnant women: training plan for maternity settings 2011
Raising sensitive issues with pregnant women: tips
Healthcare professionals need to develop advanced communication skills to enable them to raise sensitive issues with women and to support them effectively. Detailed below are ten tips for raising sensitive issues with clients.

Renal Physicians Association
Shared decision-making in the appropriate initiation of and withdrawal from dialysis 2010
See box 7. A Six-Step Approach to Talking about Serious Illness.

Royal College of Nursing
Competences: an integrated career and competence framework for nurses working in the field of long-term follow-up and late effects care of children and young people after cancer 2011

Royal College of Radiologists
Good practice guide for clinical radiologists 2012
Clinical radiologists should receive training in communication skills, including the process and timing of ‘breaking bad news.’
### Evidence-based reviews

**Clinical Immediate Reference**

- Helping patients face death and dying 2011
- Breaking Bad News 2010
- Looking After People With Cancer 2009

## Published research

**Managing the delivery of bad news: An in-depth analysis of doctors’ delivery style.**

*(includes abstract)*; Shaw J; Dunn S; Heinrich P; Patient Education & Counseling, 2012 May; 87 (2): 186-92 (journal article - research) ISSN: 0738-3991 PMID: 21917397 CINAHL AN: 2011541377

Abstract: **OBJECTIVE:** The purpose of this study was to identify and describe the delivery styles doctors typically use when breaking bad news (BBN). METHODS: Thirty one doctors were recruited to participate in two standardised BBN consultations involving a sudden death. Delivery styles were determined using time to deliver the bad news as a standardised differentiation as well as qualitative analysis of interaction content and language style. Communication performance was also assessed. RESULTS: Analysis of BBN interactions revealed three typical delivery styles. A blunt style characterised by doctors delivering news within the first 30s of the interaction; Forecasting, a staged delivery of the news within the first 2min and a stalling approach, delaying news delivery for more than 2min. This latter avoidant style relies on the news recipient reaching a conclusion about event outcome without the doctor explicitly conveying the news. CONCLUSION: Three typical bad news delivery styles used by doctors when BBN were confirmed both semantically and operationally in the study. The relationship between delivery style and the overall quality of BBN interactions was also investigated. PRACTICE IMPLICATIONS: This research provides a new template for approaching BBN training and provides evidence for a need for greater flexibility when communicating bad news.

**Subjects:** Physician-Patient Relations; Truth Disclosure; Adult: 19-44 years; Aged: 65+ years; Middle Aged: 45-64 years; Female; Male

**Database:** CINAHL with Full Text

**Check for Full Text**


**Subjects:** Communication; Neoplasms; Physician-Patient Relations

**Database:** CINAHL with Full Text

**Check for Full Text**

**Communication skills training for oncology professionals.** *(includes abstract)*; Kissane DW; Bylund CL; Banerjee SC; Bialer PA; Levin TT; Maloney EK; D'Agostino TA; Journal of Clinical Oncology, 2012 Apr 10; 30 (11): 1242-7 (journal article - research) ISSN: 0732-183X PMID: 22412145 CINAHL AN: 2011516402

Abstract: **PURPOSE** To provide a state-of-the-art review of communication skills training (CST) that will guide the establishment of a universal curriculum for fellows of all cancer specialties undertaking training as oncology professionals today. METHODS Extensive literature review including meta-analyses of trials, conceptual models, techniques, and potential curricula provides evidence for the development of an appropriate curriculum and...
CST approach. Examples from the Memorial Sloan-Kettering Cancer Center CST program are incorporated. Results A core curriculum embraces CST modules in breaking bad news and discussing unanticipated adverse events, discussing prognosis, reaching a shared treatment decision, responding to difficult emotions, coping with survivorship, running a family meeting, and transitioning to palliative care and end of life. Achievable outcomes are growth in clinician's self-efficacy, uptake of new communication strategies and skills, and transfer of these strategies and skills into the clinic. Outcomes impacting patient satisfaction, improved adaptation, and enhanced quality of life are still lacking. CONCLUSION Future communication challenges include genetic risk communication, concepts like watchful waiting, cumulative radiation risk, late effects of treatment, discussing Internet information and unproven therapies, phase I trial enrollment, and working as a multidisciplinary team. Patient benefits, such as increased treatment adherence and enhanced adaptation, need to be demonstrated from CST.

Subjects: Communication; Oncology
Database: CINAHL with Full Text

Breaking bad news. (includes abstract); Phan, Geao Q; ASCO Connection, 2012 Mar; 3 (2): 38-9 (journal article - pictorial) ISSN: 2155-2584 CINAHL AN: 2011473829
Abstract: Advice for conveying honest, thorough information in a compassionate, supportive manner.
Subjects: Empathy; Oncology; Physician-Patient Relations; Support, Psychosocial
Database: CINAHL with Full Text

Interns' perspectives about communicating bad news to patients: a qualitative study. (includes abstract); Supe, A N; Education for Health: Change in Learning & Practice (Network: Towards Unity for Health), 2011 Dec; 24 (3): 541 (journal article - research) ISSN: 1357-6283 PMID: 22267350 CINAHL AN: 2011533156
Abstract: INTRODUCTION: Communicating bad news to patients and families is an essential skill for physicians but can be difficult for interns. Very little is known about skills in this area for interns in developing countries. METHOD: Two focus groups, consisting of a total of 12 interns, were conducted in the Seth G.S. Medical College and KEM Hospital in Mumbai, India. The grounded theory approach was used to identify common themes and concepts, which related to: (1) barriers in communicating bad news, (2) interns' confidence in communicating bad news, (3) interns' perceptions about their need for such training and (4) interns' suggested methods for training. RESULTS: Interns described barriers in time constraints, language, their personal fears, patients' illiteracy, crowded wards with no privacy and lack of training. All interns lacked confidence in breaking news of death, but seven were confident in breaking bad news about chronic diseases or cancers. Subjects reported they had received very little classroom teaching or formal instruction in this area, though they had had opportunities to observe a few instances of breaking bad news. They expressed need for increased focus on communication skills curriculum in the form of case discussions, workshops and small group teaching, in addition to clinical observation. CONCLUSIONS: Interns in our school in Mumbai reported inadequate training and low comfort and skill in communicating bad news and expressed need for focused training.
Subjects: Communication Skills Training; Interns and Residents; Physician-Patient Relations; Truth Disclosure
Database: CINAHL with Full Text

Mandatory communication skills training for cancer and palliative care staff: Does one size fit all? (includes abstract); Turner, Mary; Payne, Sheila; O'Brien, Terri; European Journal of Oncology Nursing, 2011 Dec; 15 (5): 398-403 (journal article - research,
Abstract: Abstract: Purpose of the research: There is increasing recognition of the importance of good communication between healthcare professionals and patients facing cancer or end of life. In England, a new national 3-day training programme called 'Connected' has been developed and is now mandatory for all cancer and palliative care professionals. This study aimed to explore the attitudes of staff in one region to undertaking this training. Methods and sample: A survey questionnaire was developed through a series of discussions with experts and semi-structured interviews with five healthcare professionals. The questionnaire was distributed to 200 cancer and palliative care staff; 109 were completed and returned. Key results: There were significant differences between doctors’ and nurses’ attitudes to communication skills training, with doctors demonstrating more negative attitudes. More nurses than doctors felt that communication skills training should be mandatory for cancer and palliative care professionals (p ≤ 0.001), whilst more doctors felt that staff should already be skilled communicators and not require further training (p ≤ 0.001). Nurses also self-rated their communication skills more highly than doctors. Conclusions: The current 'one size fits all' approach being taken nationally to advanced communication skills training does not meet the training preferences of all healthcare professionals, and it is recommended that tailoring courses to individuals’ needs should be considered.

Subjects: Communication Skills Training; Palliative Care; Professional-Patient Relations; Oncologic Care; Adult: 19-44 years; Middle Aged: 45-64 years; Male; Female

Database: CINAHL with Full Text

Developing and implementing an advanced communication training program in oncology at a comprehensive cancer center. (includes abstract); Bylund, Carma L; Brown, Richard F; Bialer, Philip A; Levin, Tomer T; Lubrano di Ciccone, Barbara; Kissane, David W; Journal of Cancer Education, 2011 Dec; 26 (4): 604-11 (journal article - research, tables/charts) ISSN: 0885-8195 PMID: 21541813 CINAHL AN: 2011372062

Abstract: Cancer patients report significant levels of unmet needs in the realm of communication. Communication skills training programs have been shown to improve clinical communication. However, advanced communication skills training programs in oncology have lacked institutional integration, and thus have not attended to institutional norms and cultures that may counteract explicit communication skills training. We developed and implemented an advanced communication skills training program made up of nine teaching modules for faculty, fellows, and residents. Training included didactic and experiential small group work. Self-efficacy and behavior change were assessed for individual participants. Since 2006, 515 clinicians have participated in this training program. Participants have shown significant gains in self-efficacy regarding communicating with patients in various contexts. Our initial work in this area demonstrates the implementation of such a program at a major cancer center to be feasible, to be acceptable, and to have a significant impact on participants' self-efficacy.

Subjects: Cancer Care Facilities; Communication Skills Training; Education, Continuing; Education, Interdisciplinary; Multidisciplinary Care Team; Oncologic Care

Database: CINAHL with Full Text

Factors influencing the attitudes and behaviors of oncologists regarding the truthful disclosure of information to patients with advanced and incurable cancer. (includes abstract); Cherny NI; Palliative Care Working Group of the European Society for Medical Oncology; Psycho-Oncology, 2011 Dec; 20 (12): 1269-84 (journal article - research) ISSN: 1057-9249 PMID: 20878723 CINAHL AN: 2011415151

Abstract: OBJECTIVE: To evaluate the attitudes of the European Oncologists to information disclosure to patients with advanced cancer, their self-reported behaviors, and the factors that influence both attitudes and behaviors. Methods: ESMO members were invited to complete an online questionnaire to evaluate both attitudes and clinical behaviors relating to the disclosure of information to patients with advanced cancer. Data were analyzed to evaluate demographic, educational and social factors influencing attitudes and behaviors. RESULTS: Two hundred and ninety-eight completed surveys were returned. The survey
demonstrated strong internal consistency construct validity. The responses indicate that individual clinicians generally display a range of behaviors including non-disclosive as well as disclosive behaviors depending on the dynamics of individual interactions between oncologist and specific patient. Although regional cultural norms influence oncologists' attitudes toward disclosure and, indirectly, their self-reported behaviors, the impact is influenced by other factors: in particular, perceived institutional professional norms, the degree of training in breaking bad news and the frequency of exposure to requests by family members to withhold information from the patient. CONCLUSIONS: Positive attitudes regarding disclosure of information to patients and disclosive behaviors can be encouraged, even in non-Western countries, by the development of strong professional norms and education in breaking bad news and coping with the emotional responses of patients.

Subjects: Attitude of Health Personnel; Oncology; Neoplasms; Truth Disclosure
Database: CINAHL with Full Text


Abstract: The objective of this study was to ascertain how patients judge the acceptability of physicians' communication of bad news. Two hundred forty-five adults, who had in the past received bad medical news, indicated the acceptability of physicians' conduct in 48 vignettes of giving bad news to patients. Vignettes were all combinations of five factors: level of bad news (infection with hepatitis C, cirrhosis of the liver, or liver cancer); request or not to the patient to come with spouse or partner; attempt or not by the physician to find out the patient's expectations about the test results; presence or absence of emotional supportiveness; and provision or not of complete and understandable information. In addition, nine physicians rated the same vignettes. Quality of information and emotional supportiveness explained more than 95% of the variance in patients' acceptability judgments, while the degree of badness of the news had no impact. In addition, for patients, low emotional supportiveness could not be fully compensated by high quality of information, nor the inverse. Physicians, in contrast, responded as if such compensations were possible. Physicians must appreciate that patients expect high levels of both empathy and information quality, no matter how bad the news.

Subjects: Truth Disclosure; Patients; Physician-Patient Relations; Physicians; Adult: 19-44 years; Middle Aged: 45-64 years; Aged: 65+ years; Aged, 80 and over; Male; Female
Database: CINAHL with Full Text

**Breaking bad news to patients: a guide for dental professionals.** Porter, Kathy; Dental Nursing, 2011 Jul; 7 (7): 399-401 (journal article - pictorial) ISSN: 1749-6799 CINAHL AN: 2011235658

Subjects: Dental Care; Nurse-Patient Relations; Truth Disclosure
Database: CINAHL with Full Text

**The communication competency of medical students, residents and consultants.** (includes abstract); Wouda JC; van de Wiel HB; Patient Education & Counseling, 2012 Jan; 86 (1): 57-62 (journal article - research) ISSN: 0738-3991 PMID: 21501942 CINAHL AN: 2011409573

Abstract: OBJECTIVE: The model of expert performance predicts that neither physicians in training nor experienced physicians will reach an expert level in communication. This study tested this hypothesis. METHODS: Seventy-one students, twenty-five residents and fourteen consultants performed a 'breaking bad news' exercise with a simulated patient. Their communication competency was assessed with the CELI instrument. Actor assessments were also obtained. The differences in communication competency between students, residents and consultants were established. RESULTS: The mean performance scores ranged from bad to adequate. An expert level of performance was seldom reached. Novice students scored lower than the other groups in their competency and in the actor
assessment. First-year students scored lower than the consultants in their competency and in the actor assessment. No differences in performance were found between third-year students, interns, residents and consultants. CONCLUSION: Students acquire a 'satisfactory' level of communication competency early in the curriculum. Communication courses in the curriculum do not enhance this level. Clinical experience has also a limited effect. PRACTICE IMPLICATIONS: The learning conditions for deliberate practice must be fulfilled in medical curricula and in postgraduate training in order to provide medical students and physicians the opportunity to attain an expert level in communication.

Subjects: Clinical Competence; Communication; Consultants; Internship and Residency; Physician-Patient Relations; Students, Medical; Truth Disclosure

Database: CINAHL with Full Text

**Discussing Religion and Spirituality Is an Advanced Communication Skill: An Exploratory Structural Equation Model of Physician Trainee Self-Ratings.** (includes abstract); Ford, Dee W.; Downey, Lois; Engelberg, Ruth; Back, Anthony L.; Curtis, J. Randall; Journal of Palliative Medicine, 2012 Jan; 15 (1): 63-70 (journal article - research, tables/charts) ISSN: 1096-6218 PMID: 22242716 CINAHL AN: 2011433052

Abstract: Background: Communication about religious and spiritual issues is fundamental to palliative care, yet little empirical data exist to guide curricula in this area. The goal of this study was to develop an improved understanding of physicians’ perspectives on their communication competence about religious and spiritual issues. Methods: We examined surveys of physician trainees ( n=297) enrolled in an ongoing communication skills study at two medical centers in the northwestern and southeastern United States. Our primary outcome was self-assessed competence in discussing religion and spirituality. We used exploratory structural equation modeling (SEM) to develop measurement and full models for acquisition of self-assessed communication competencies. Results: Our measurement SEM identified two latent constructs that we label Basic and Intermediate Competence, composed of five self-assessed communication skills. The Basic Competence construct included overall satisfaction with palliative care skills and with discussing do not resuscitate (DNR) status. The Intermediate Competence construct included responding to inappropriate treatment requests, maintaining hope, and addressing fears about the end-of-life. Our full SEM model found that Basic Competence predicted Intermediate Competence and that Intermediate Competence predicted competence in religious and spiritual discussions. Years of clinical training directly influenced Basic Competence. Increased end-of-life discussions positively influenced Basic Competence and had a complex association with Intermediate Competence. Southeastern trainees perceived more competence in religious and spiritual discussions than northwestern trainees. Conclusion: This study suggests that discussion of religious and spiritual issues is a communication skill that trainees consider more advanced than other commonly taught communication skills, such as discussing DNR orders.

Subjects: Palliative Care; Spirituality; Physician-Patient Relations; Communication Skills

Database: CINAHL with Full Text

**Teaching and evaluating breaking bad news: A pre-post evaluation study of a teaching intervention for medical students and a comparative analysis of different measurement instruments and raters.** (includes abstract); Schildmann J; Kupfer S; Burchardi N; Vollmann J; Patient Education & Counseling, 2012 Feb; 86 (2): 210-9 (journal article - research) ISSN: 0738-3991 PMID: 21571487 CINAHL AN: 2011443582

Abstract: OBJECTIVE: To investigate changes of different domains of breaking bad news (bbn) competences after a teaching module for medical students, and to collage the results generated by different approaches of evaluation. METHODS: Rating of medical student-SP interactions by means of a global rating scale and a detailed checklist used by SPs and independent raters. RESULTS: Students improved their breaking bad news competency. However, the changes vary between the different domains of bbn competency. In addition, results generated by different evaluation instruments differ. CONCLUSION: This study serves as a stimulus for further research on the training of specific elements of bbn and different approaches of evaluating bbn competency. PRACTICE IMPLICATIONS: In light of the different facets of bbn competency, it is important to set priorities regarding the teaching
aims and to provide a consistent approach.

Subjects: Clinical Competence; Education, Medical; Physician-Patient Relations; Students, Medical; Truth Disclosure; Adult: 19-44 years; Female; Male

Database: CINAHL with Full Text

**Teaching Communication Skills Using Role-Play: An Experience-Based Guide for Educators.** (includes abstract); Jackson, Vicki A.; Back, Anthony L.; Journal of Palliative Medicine, 2011 Jun; 14 (6): 775-80 (journal article - tables/charts) ISSN: 1096-6218 PMID: 21651366 CINAHL AN: 2011164100

Abstract: Teaching advanced communication skills requires educators who are not only excellent communicators themselves but have the ability to deconstruct the components of the interaction and develop a cognitive approach that can be used across a variety of learners, diverse content, and under different time constraints while helping the learner develop the skill of self-reflection in a 'safe' and effective learning environment. The use of role-play in small groups is an important method to help learners cultivate the skills required to engage in nuanced, often difficult conversations with seriously ill patients. To be effective, educators utilizing role-play must help learners set realistic goals and know when and how to provide feedback to the learners in a way that allows a deepening of skills and a promotion of self-awareness. The challenge is to do this in a manner that does not cause too much anxiety for the learner. In this article we outline an approach to teaching communication skills to advanced learners through the use of different types of role-play, feedback, and debriefing.

Subjects: Professional Practice, Evidence-Based; Role Playing; Practice Guidelines; Communication Skills Training

Database: CINAHL with Full Text

**Conversations in end-of-life care: communication tools for critical care practitioners.** (includes abstract); Shannon, Sarah E.; Long-Sutehall, Tracy; Coombs, Maureen; Nursing in Critical Care, 2011 May-Jun; 16 (3): 124-30 (journal article - tables/charts) ISSN: 1362-1017 PMID: 21481114 CINAHL AN: 2011003788

Abstract: Communication skills are the key for quality end-of-life care including in the critical care setting. While learning general, transferable communication skills, such as therapeutic listening, has been common in nursing education, learning specific communication tools, such as breaking bad news, has been the norm for medical education. Critical care nurses may also benefit from learning communication tools that are more specific to end-of-life care. We conducted a 90-min interactive workshop at a national conference for a group of 78 experienced critical care nurses where we presented three communication tools using short didactics. We utilized theatre style and paired role play simulation. The Ask-Tell-Ask, Tell Me More and Situation-Background-Assessment-Recommendation (SBAR) tools were demonstrated or practiced using a case of a family member who feels that treatment is being withdrawn prematurely for the patient. The audience actively participated in debriefing the role play to maximize learning. The final communication tool, SBAR, was practiced using an approach of pairing with another member of the audience. At the end of the session, a brief evaluation was completed by 59 nurses (80%) of the audience. These communication tools offer nurses new strategies for approaching potentially difficult and emotionally charged conversations. A case example illustrated strategies for applying these skills to clinical situations. The three tools assist critical care nurses to move beyond compassionate listening to knowing what to say. Ask-Tell-Ask reminds nurses to carefully assess concerns before imparting information. Tell Me More provides a tool for encouraging dialogue in challenging situations. Finally, SBAR can assist nurses to distill complex and often long conversations into concise and informative reports for colleagues.

Subjects: Communication Skills Training; Terminal Care; Critical Care Nursing

Database: CINAHL with Full Text

**Hospital consultants breaking bad news with simulated patients: An analysis of communication using the Roter Interaction Analysis System.** (includes abstract); Vail L;
Abstract: OBJECTIVE: To explore how experienced clinicians from wide ranging specialties deliver bad news, and to investigate the relationship between physician characteristics and patient centredness. METHODS: Consultations involving 46 hospital consultants from 22 different specialties were coded using the Roter Interaction Analysis System. RESULTS: Consultants mainly focussed upon providing biomedical information and did not discuss lifestyle and psychosocial issues frequently. Doctor gender, age, place of qualification, and speciality were not significantly related to patient centredness. CONCLUSION: Hospital consultants from wide ranging specialties tend to adopt a disease-centred approach when delivering bad news. Consultant characteristics had little impact upon patient centredness. Further large-scale studies are needed to examine the effect of doctor characteristics on behaviour during breaking bad news consultations. PRACTICE IMPLICATIONS: It is possible to observe breaking bad news encounters by video-recording interactions between clinicians and simulated patients. Future training programmes should focus on increasing patient-centred behaviours which include actively involving patients in the consultation, initiating psychosocial discussion, and providing patients with opportunities to ask questions.

Subjects: Communication; Consultants; Patient Simulation; Physician-Patient Relations; Physicians; Truth Disclosure; Adult: 19-44 years; Female; Male

Database: CINAHL with Full Text

Breaking bad news: Communication skills for difficult conversations. (includes abstract); Davenport, Lisa; Schopp, Georgeanne; JAAPA: Journal of the American Academy of Physician Assistants, 2011 Feb; 24 (2): 46-50 (journal article - pictorial) ISSN: 1547-1896 PMID: 21387970 CINAHL AN: 2010954353

Abstract: PAs can develop the basic skills needed to deliver bad news and can learn how to promote consensus and understanding among patients, families, and the health care team.

Subjects: Communication Skills; Physician Assistants; Professional-Patient Relations

Database: CINAHL with Full Text

Patient preferences for the delivery of bad news - the experience of a UK Cancer Centre. (includes abstract); BROWN V; PARKER P; FURBER L; THOMAS A; European Journal of Cancer Care, 2011 Jan; 20 (1): 56-61 (journal article - research, tables/charts) ISSN: 0961-5423 PMID: 2148936 CINAHL AN: 2010885076

Abstract: The primary aim of this study was to assess how patients would prefer to be given their cancer diagnosis in a typical UK cancer centre. Two hundred and forty-four patients attending the oncology outpatient department at the Leicester Royal Infirmary, UK, were recruited. Patients were invited to complete the Measure of Patients' Preferences questionnaire, write comments on their own experience of the breaking bad news consultation and choose their preferred role in decision making. Over 90% of questionnaires were completed. Patients rated the items addressing the message content of the consultation as more important than the facilitative or the supportive aspects. Over 80% of patients wrote a detailed account of their experiences, of which 60% were satisfied with the consultation. Most of the patients who were dissatisfied commented on the unsympathetic or pessimistic manner of the doctor. The majority of patients wanted a collaborative role in decision making. Regarding the cancer diagnosis, the majority of patients have information needs, want to be involved in treatment decisions and know their prognosis. The difficulty for physicians is how to meet individual information needs, give hope, but not deliver unrealistic expectations.

Subjects: Neoplasms; Diagnosis; Communication; Aged: 65+ years; Male; Female

Database: CINAHL with Full Text

Communicating with cancer patients: what areas do physician assistants find most challenging? (includes abstract); Parker, Patricia A.; Ross, Alicia C.; Polansky, Maura N.; Palmer, J. Lynn; Rodriguez, M. Alma; Baile, Walter F.; Journal of Cancer Education, 2010
Abstract: Physician assistants (PAs) and other midlevel practitioners have been taking on increasing clinical roles in oncology settings. Little is known about the communication needs and skills of oncology PAs. PAs working in oncology (n=301) completed an online survey that included questions about their perceived skill and difficulty on several key communication tasks. Overall, PAs rated these communication tasks as "somewhat" to "moderately" difficult and their skill level in these areas as "average" to "good." Areas of most perceived difficulty were intervening with angry patients or those in denial and breaking bad news. Highest perceived skills were in communicating with patients from cultures and religions different than your own and telling patient he/she has cancer or disease has progressed, and the lowest perceived skills were in discussing do not resuscitate orders. There are areas in which enhancement of communication skills may be needed, and educational opportunities should be developed for PAs working in oncology.

Subjects: Cancer Patients; Communication Skills; Oncologic Care; Physician Assistants; Professional Practice; Professional-Patient Relations; Adult: 19-44 years; Middle Aged: 45-64 years; Female; Male

Database: CINAHL with Full Text

Strategies for breaking bad news to patients with cancer. Becze E; ONS Connect, 2010 Sep; 25 (9): 14-5 (journal article - pictorial, protocol, teaching materials) ISSN: 1935-1623 PMID: 20945670 CINAHL AN: 2010826345

Subjects: Communication; Nurse-Patient Relations; Cancer Patients

Database: CINAHL with Full Text

SPIKES: a framework for breaking bad news to patients with cancer. (includes abstract); Kaplan M; Kaplan M; Clinical Journal of Oncology Nursing, 2010 Aug; 14 (4): 514-6 (journal article - case study) ISSN: 1092-1095 PMID: 20682509 CINAHL AN: 2010740518

Abstract: SPIKES is an acronym for presenting distressing information in an organized manner to patients and families. The SPIKES protocol provides a step-wise framework for difficult discussions such as when cancer recurs or when palliative or hospice care is indicated. Each letter represents a phase in the six-step sequence. S stands for setting, P for perception, I for invitation or information, K for knowledge, E for empathy, and S for summarize or strategize. Breaking bad news is a complex communication task, but following the SPIKES protocol can help ease the distress felt by the patient who is receiving the news and the healthcare professional who is breaking the news. Key components of the SPIKES strategy include demonstrating empathy, acknowledging and validating the patient's feelings, exploring the patient's understanding and acceptance of the bad news, and providing information about possible interventions. Having a plan of action provides structure for this difficult discussion and helps support all involved.

Subjects: Cancer Patients; Professional-Patient Relations; Truth Disclosure; Aged: 65+ years; Female

Database: CINAHL with Full Text

Disclosure and understanding of cancer diagnosis and prognosis for people with intellectual disabilities: findings from an ethnographic study. (includes abstract); Tuffrey-Wijne I; Bernal J; Hollins S; European Journal of Oncology Nursing, 2010 Jul; 14 (3): 224-30 (journal article - case study, research, tables/charts) ISSN: 1462-3889 PMID: 20181525 CINAHL AN: 2010697135

Abstract: PURPOSE: Growing numbers of people with intellectual disabilities are diagnosed with a life-limiting illness such as cancer. Little is known about disclosure of diagnosis and prognosis to this group. The study aim was to explore how much people with intellectual disabilities who have cancer understand about their diagnosis and prognosis, and to explore how much they are told about their cancer. METHOD: 13 people with intellectual disabilities and cancer took part in a 3-year ethnographic study. Data collection consisted mostly of
RESULTS: Eleven participants were told that they had cancer, but most were not helped to understand the implications of this diagnosis or their prognosis. Decisions around disclosure, as well as the task of truth-telling, rested mostly with relatives and paid carers. Those with severe/profound intellectual disabilities were most likely to be protected from the truth. Understanding was affected by cognitive ability, life experience and truth-telling. Lack of understanding affected the ability to take decisions about treatment and care.

CONCLUSIONS: Existing models for breaking bad news are inadequate for people with intellectual disabilities. The findings suggest that more open communication is needed, but further studies are needed to establish best practice in this area.

Subjects: Mental Retardation; Neoplasms; Neoplasms; Truth Disclosure; Adult: 19-44 years; Middle Aged: 45-64 years; Female; Male

Database: CINAHL with Full Text
Beyond bad news: communication skills of nurses in palliative care. (includes abstract); Malloy P; Virani R; Kelly K; Munévar C; Journal of Hospice & Palliative Nursing, 2010 May-Jun; 12 (3): 166-76 (journal article - CEU, exam questions, research, tables/charts) ISSN: 1522-2179 CINAHL AN: 2010668426

Abstract: Communication skills are paramount in effective delivery of palliative care. The emphasis in much of the previous literature has been on physician communication and also has been largely focused on the singular topic of breaking bad news. Much less emphasis has been placed on communication as a vital skill of nurses and on the opportunities for nurses, as they are often the key professionals at the bedside after “bad news” is shared. The study was conducted as a survey of nurses (N = 333) attending an End-of-Life Nursing Education Consortium conference. The survey assessed nurses’ perspectives of the most challenging aspects of communication in their work and elicited examples of both positive and negative communication. Results of the survey indicate important areas for future research and education to enhance nurses’ abilities to communicate effectively and compassionately. Respondents identified several key areas in need of improvement related to communication. Examples of the most difficult areas of communication include discussing bad news, talking with physicians about palliative care issues, discussing spiritual concerns, and talking with patients/families from different cultures. Nurses are the primary, constant healthcare providers across clinical settings, and effective skills in communication are critical to nursing practice and to ensure quality care. Education regarding communication skills is needed in basic and graduate nursing education programs as well as in continuing education for practicing nurses.

Subjects: Communication Skills; Hospice and Palliative Nursing

Database: CINAHL with Full Text

Improving residents' end-of-life communication skills with a short retreat: a randomized controlled trial. (includes abstract); Szmulowicz E; el-Jawahri A; Chiappetta L; Kamdar M; Block S; Journal of Palliative Medicine, 2010 Apr; 13 (4): 439-52 (journal article - randomized controlled trial, research, tables/charts) ISSN: 1096-6218 PMID: 20201666 CINAHL AN: 2010628290

Abstract: Background: Internal medicine residents are largely unprepared to carry out end-of-life (EOL) conversations. There is evidence that these skills can be taught, but data from randomized controlled trials are lacking. Purpose: We studied whether a day-long communication skills training retreat would lead to enhanced performance of and confidence with specific EOL conversations. We also studied the effect of the retreat on residents’ ability to respond to patient emotions. Methods: PGY-2 resident volunteers were randomly assigned to a retreat group or a control group. The retreat involved a combination of teaching styles and skills practice with standardized patients. All participants completed questionnaires and were evaluated carrying out two types of conversations (breaking bad news or discussing direction of care) with a standardized patient before (T1) and after (T2) the intervention phase. Conversations were audio-taped and later rated by a researcher blinded to group assignment and time of assessment. Results: Forty-nine residents agreed to randomization (88%) with 23 residents randomized to the retreat group and 26 to the control group. Compared to controls, retreat participants demonstrated higher T2 scores for breaking bad news, discussing direction of care, and responding to emotion. Comparing T2 to T1, the retreat group’s improvement in responding to emotion was statistically significant. The retreat group’s confidence improved significantly only for the breaking bad news construct. Conclusions: A short course for residents can significantly improve specific elements of resident EOL conversation performance, including the ability to respond to
emotional cues.

Subjects: Communication; Emotions; Physician-Patient Relations; Terminally Ill Patients

Database: CINAHL with Full Text

**Breaking bad news to patients: this valuable communication skill will reward you in the end.** (includes abstract); Caillier R; Podiatry Management, 2010 Jan; 29 (1): 123-4 (journal article) ISSN: 0744-3528 CINAHL AN: 2010538549

Abstract: This valuable communication skill will reward you in the end.
Subjects: Professional-Patient Relations; Truth Disclosure
Database: CINAHL with Full Text
PDF Full Text (892.5KB)

**From AMED, EMBASE, MEDLINE and PsychINFO**

**The communication competency of medical students, residents and consultants.**

Wouda JC. van de Wiel HB.


[Journal Article. Research Support, Non-U.S. Gov't]

UI: 21501942

OBJECTIVE: The model of expert performance predicts that neither physicians in training nor experienced physicians will reach an expert level in communication. This study tested this hypothesis.

METHODS: Seventy-one students, twenty-five residents and fourteen consultants performed a 'breaking bad news' exercise with a simulated patient. Their communication competency was assessed with the CELI instrument. Actor assessments were also obtained. The differences in communication competency between students, residents and consultants were established.

RESULTS: The mean performance scores ranged from bad to adequate. An expert level of performance was seldom reached. Novice students scored lower than the other groups in their competency and in the actor assessment. First-year students scored lower than the consultants in their competency and in the actor assessment. No differences in performance were found between third-year students, interns, residents and consultants.

CONCLUSION: Students acquire a 'satisfactory' level of communication competency early in the curriculum. Communication courses in the curriculum do not enhance this level. Clinical experience has also a limited effect.

PRACTICE IMPLICATIONS: The learning conditions for deliberate practice must be fulfilled in medical curricula and in postgraduate training in order to provide medical students and physicians the opportunity to attain an expert level in communication. Copyright Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Stage

MEDLINE

Authors Full Name

Wouda, Jan C. van de Wiel, Harry B M.

Institution

Wenckebach Institute, University Medical Centre, Groningen, The Netherlands.

j.c.wouda@psb.umcg.nl
Teaching communication skills using role-play: an experience-based guide for educators.

Jackson VA. Back AL.

Teaching advanced communication skills requires educators who are not only excellent communicators themselves but have the ability to deconstruct the components of the interaction and develop a cognitive approach that can be used across a variety of learners, diverse content, and under different time constraints while helping the learner develop the skill of self-reflection in a 'safe' and effective learning environment. The use of role-play in small groups is an important method to help learners cultivate the skills required to engage in nuanced, often difficult conversations with seriously ill patients. To be effective, educators utilizing role-play must help learners set realistic goals and know when and how to provide feedback to the learners in a way that allows a deepening of skills and a promotion of self-awareness. The challenge is to do this in a manner that does not cause too much anxiety for the learner. In this article we outline an approach to teaching communication skills to advanced learners through the use of different types of role-play, feedback, and debriefing.
Teaching breaking bad news using mixed reality simulation.

Bowyer MW. Hanson JL. Pimentel EA. Flanagan AK. Rawn LM. Rizzo AG. Ritter EM. Lopreiato JO.


[Comparative Study. Journal Article]

BACKGROUND: Our novel teaching approach involved having students actively participate in an unsuccessful resuscitation of a high fidelity human patient simulator with a gun shot wound to the chest, followed immediately by breaking bad news (BBN) to a standardized patient wife (SPW) portrayed by an actress.

METHODS: Brief education interventions to include viewing a brief video on the SPIKES protocol on how to break bad news, a didactic lecture plus a demonstration, or both, was compared to no pretraining by dividing 553 students into four groups prior to their BBN to the SPW. The students then self-assessed their abilities, and were also evaluated by the SPW on 21 items related to appearance, communication skills, and emotional affect. All received cross-over training.

RESULTS: Groups were equal in prior training (2 h) and belief that this was an important skill to be learned. Students rated the experience highly, and demonstrated marked improvement of self-assessed skills over baseline, which was maintained for the duration of the 12-wk clerkship. Additionally, students who received any of the above training prior to BBN were rated superior to those who had no training on several communication skills, and the observation of the video seemed to offer the most efficient way of teaching this skill in a time delimited curriculum.

CONCLUSION: This novel approach was well received and resulted in improvement over baseline. Lessons learned from this study have enhanced our curricular approach to this vital component of medical education. Published by Elsevier Inc.

Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.
Successful use of web-based learning instruction for a complex communication skill.

Ganje T., Dooley-Hash S.L., Hopson L.


[Journal: Conference Abstract]

AN: 70745876

Background: Notification of a patient's death to family members represents a challenging and stressful task for emergency physicians. Complex communication skills such as those required for breaking bad news (BBN) are conventionally taught with small-group and other interactive learning formats. We developed a de novo multi-media web-based learning (WBL) module of curriculum content for a standardized patient interaction (SPI) for senior medical students during their emergency medicine rotation. Objectives: We proposed that use of an asynchronous WBL module would result in students' skill acquisition for breaking bad news. Methods: We tracked module utilization and performance on the SPI to determine whether students accessed the materials and if they were able to demonstrate proficiency in its application. Performance on the SPI was assessed utilizing a BBN-specific content instrument developed from the GRIEV-ING mnemonic as well as a previously validated instrument for assessing communication skills. Results: Three hundred seventy-two students were enrolled in the BBN curriculum. There was a 92% completion rate of the WBL module despite students being given the option to utilize review articles alone for preparation. Students interacted with the activities within the module as evidenced by a mean number of mouse clicks of 42.1 (SD 21.6). Overall SPI scores were 94.5%, (SD 4.4) with content checklist scores of 92.8% (SD 5.7) and interpersonal communication scores 97.9% (SD 4.7). Five students had failing content scores (<75%) on the SPI and had a mean number of clicks of 30.8 (SD 28.2), which is not significantly lower than those passing (p = 0.21). Students in the first year of WBL deployment completed self-confidence assessments which showed significant increases in confidence (2.86 to 3.44, p < 0.001 on a five-point scale) after completion of the WBL activity (n = 125, 91.9% response rate). Conclusion: A high rate of completion of the WBL module despite presence of alternative is suggestive of student acceptance of this method for instruction in communication skills. Students utilizing the multimedia WBL module can successfully complete a SPI for a complex communication skill indicating that asynchronous, on-line techniques can be used to augment instruction.

Institution
(Ganje, Dooley-Hash, Hopson) University of Michigan, Ann Arbor, MI, United States

Correspondence Address
T. Ganje, University of Michigan, Ann Arbor, MI, United States

Publisher
Blackwell Publishing Ltd

Emtree Heading
*communication skill; *society; *emergency medicine; *learning; human; student; click; curriculum; patient; skill; emergency physician; medical student; interpersonal communication; checklist; mouse; death.

ISSN
1069-6563

DOI
http://dx.doi.org/10.1111/j.1553-2712.2012.01332.x

Language
English
Strategies for breaking bad news to patients with cancer.
Becze E.
ONS Connect. 25(9):14-5, 2010 Sep.
[Journal Article]
UI: 20945670
Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.
Stage MEDLINE
Authors Full Name
Becze, Elisa.
Abbreviated Source
ONS Connect. 25(9):14-5, 2010 Sep.
NLM Journal Name
ONS connect
Publisher Identifier
Journal available in: Print. Citation processed from: Print
NLM Journal Code
101300056
Journal Subset
N
Country of Publication
United States
Emtree Heading
ISSN
SPIKES: a framework for breaking bad news to patients with cancer.
Kaplan M.

[Journal: Article]
AN: 20682509

SPIKES is an acronym for presenting distressing information in an organized manner to patients and families. The SPIKES protocol provides a step-wise framework for difficult discussions such as when cancer recurs or when palliative or hospice care is indicated. Each letter represents a phase in the six-step sequence. S stands for setting, P for perception, I for invitation or information, K for knowledge, E for empathy, and S for summarize or strategize. Breaking bad news is a complex communication task, but following the SPIKES protocol can help ease the distress felt by the patient who is receiving the news and the healthcare professional who is breaking the news. Key components of the SPIKES strategy include demonstrating empathy, acknowledging and validating the patient's feelings, exploring the patient's understanding and acceptance of the bad news, and providing information about possible interventions. Having a plan of action provides structure for this difficult discussion and helps support all involved.

Institution
(Kaplan) Weill Cornell Medical Center, New York Presbyterian Hospital, New York, New York, USA. marcellekaplan@gmail.com

Correspondence Address
M. Kaplan, Weill Cornell Medical Center, New York Presbyterian Hospital, New York, New York, USA. marcellekaplan@gmail.com

Country of Publication
United States

Emtree Heading
aged; article; breast tumor; clinical protocol; female; human; human relation; "interpersonal
Physician-patient communication: breaking bad news.

Fields S.A., Johnson W.M.
[Journal: Article]
AN: 22655433

Physicians often struggle with how to manage the task of breaking bad news with patients. Moreover, the arduous nature of the task can contribute to physician detachment from the patient or an avoidance of breaking the news in a timely manner. A plan of action can only improve physician confidence in breaking bad news, and also make the task more manageable. Over a decade ago, Rabow and McPhee offered a strategy; the ABCDE plan, which provided a patient centered framework from which to deliver troubling news to patients and families. At the heart of this plan was the creation of a safe environment, the demonstration of timely communication skills, and the display of empathy on the physician's part. Careful consideration of the doctor's own reactions to death and dying also played an important role. A close review of the five tenets of this plan indicates the relevance of Rabow and McPhee's strategy today. The patient base in our nation and state continues to be older, on average, and physicians are faced with numerous patients who have terminal illness. A constructive plan with specific ideas for breaking bad news can help physicians effectively navigate this difficult task.

Institution
(Fields) WVU School of Medicine, Department of Family Medicine, Charleston Division, USA.

Correspondence Address
S.A. Fields, WVU School of Medicine, Department of Family Medicine, Charleston Division, USA.

Country of Publication
United States

Emtree Heading
article; *doctor patient relation; empathy; human; *interpersonal communication; patient
Pediatric oncologists opinions on breaking bad news.
Johnston D.L., Appleby W.
Pediatric Blood and Cancer. 56 (3) (pp 506-506), 2011. Date of Publication: March 2011.
[Journal: Letter]
AN: 2011021960
Institution
(Johnston, Appleby) Division of Hematology/Oncology, Children's Hospital of Eastern Ontario, Ottawa, ON, Canada
Correspondence Address
D.L. Johnston, Children's Hospital of Eastern Ontario, 401 Smyth Road, Ottawa, ON, K1H 8L1, Canada. E-mail: djohnston@cheo.on.ca
Country of Publication
United States
Publisher
Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)
Emtree Heading
empathy; family; human; letter; medical education; *medical practice; *pediatrician; priority journal; prognosis; social worker.
Number of References
1
Embase Section Headings
Pediatrics and Pediatric Surgery [7], Cancer [16], Public Health, Social Medicine and Epidemiology [17]
ISSN
1545-5009
Electronic ISSN
Patient preferences for the delivery of bad news - the experience of a UK Cancer Centre.

Brown V.A., Parker P.A., Furber L., Thomas A.L.


The primary aim of this study was to assess how patients would prefer to be given their cancer diagnosis in a typical UK cancer centre. Two hundred and forty-four patients attending the oncology outpatient department at the Leicester Royal Infirmary, UK, were recruited. Patients were invited to complete the Measure of Patients' Preferences questionnaire, write comments on their own experience of the breaking bad news consultation and choose their preferred role in decision making. Over 90% of questionnaires were completed. Patients rated the items addressing the message content of the consultation as more important than the facilitative or the supportive aspects. Over 80% of patients wrote a detailed account of their experiences, of which 60% were satisfied with the consultation. Most of the patients who were dissatisfied commented on the unsympathetic or pessimistic manner of the doctor. The majority of patients wanted a collaborative role in decision making. Regarding the cancer diagnosis, the majority of patients have information needs, want to be involved in treatment decisions and know their prognosis. The difficulty for physicians is how to meet individual information needs, give hope, but not deliver unrealistic expectations. 2010 Blackwell Publishing Ltd.

Institution
(Brown, Furber, Thomas) Departement of Oncology, Leicester Royal Infirmary, Leicester, United Kingdom   (Parker) Departement of Behavioural Sciences, University of Texas MD Anderson Cancer Center, Houston, TX, United States

Correspondence Address
A.L. Thomas, Department of Cancer Studies and Molecular Medicine, Leicester Royal Infirmary, Leicester, LE1 5WW, United Kingdom. E-mail: at107@le.ac.uk
Medical students' perspectives on clinical empathy training.
Afghani B., Besimanto S., Amin A., Shapiro J.
[Journal: Article]
AN: 21710425
There is a need for studies specifically addressing the barriers to empathy training from the perspective of medical students. The objective of this study was to evaluate attitudes of 3rd and 4th year medical students regarding their training in clinical empathy at a public teaching hospital and medical school. A questionnaire assessing students' satisfaction with, and
opinions on, empathy training, as well as barriers to training, was distributed during the last quarter of the year. Of 188 eligible participants, 157 (84%) responded. Approximately one-half of the respondents said empathy could be taught. Eighty-one percent of respondents felt that their empathy had increased or stayed the same during their training. When asked about barriers for learning empathy, the majority of respondents chose time pressure and lack of good role models. Respondents rated breaking bad news, talking to patients about medical mistakes and taking care of dying or demanding patients as areas in need of more empathy-related training. Although the majority of students were satisfied with their training of clinical empathy, our study highlights the need for innovative methods to address concerns regarding barriers to practicing empathy, as well as the need for more training in how to demonstrate empathy in challenging clinical situations.

Institution
(Afghani) UCI-CHOC PSF Hospitalist.

Correspondence Address
B. Afghani, UCI-CHOC PSF Hospitalist.

Country of Publication
United Kingdom

Emtree Heading
article; *attitude; clinical competence; doctor patient relation; *empathy; female; human; interview; male; medical education; *medical student; psychological aspect; questionnaire; *teaching; United States.

Electronic ISSN
1469-5804

Language
English

Entry Week
201100

Date Delivered
20111103

Year of Publication
2011

Copyright
MEDLINE is the source for the citation and abstract of this record.

Link to the Ovid Full Text or citation:
Click here for full text options

Mandatory communication skills training for cancer and palliative care staff: does one size fit all?.

Turner M.  Payne S.  O’Brien T.
[Journal Article.  Research Support, Non-U.S. Gov't]
UI: 21163700

PURPOSE OF THE RESEARCH: There is increasing recognition of the importance of good communication between healthcare professionals and patients facing cancer or end of life. In England, a new national 3-day training programme called 'Connected' has been developed and is now mandatory for all cancer and palliative care professionals. This study
aimed to explore the attitudes of staff in one region to undertaking this training.

METHODS AND SAMPLE: A survey questionnaire was developed through a series of discussions with experts and semi-structured interviews with five healthcare professionals. The questionnaire was distributed to 200 cancer and palliative care staff; 109 were completed and returned.

KEY RESULTS: There were significant differences between doctors' and nurses' attitudes to communication skills training, with doctors demonstrating more negative attitudes. More nurses than doctors felt that communication skills training should be mandatory for cancer and palliative care professionals (p <= 0.001), whilst more doctors felt that these staff should already be skilled communicators and not require further training (p <= 0.001). Nurses also self-rated their communication skills more highly than doctors.

CONCLUSIONS: The current 'one size fits all' approach being taken nationally to advanced communication skills training does not meet the training preferences of all healthcare professionals, and it is recommended that tailoring courses to individuals' needs should be considered. Copyright ACopyright 2010 Elsevier Ltd. All rights reserved.
Learning how to break bad news--more than following the rules.

Spencer J.

[Journal: Note]
AN: 22471915

Institution
(Spencer) School of Medical Sciences Education Development, Newcastle University, Newcastle upon Tyne NE2 4HH, UK.

Correspondence Address
J. Spencer, School of Medical Sciences Education Development, Newcastle University, Newcastle upon Tyne NE2 4HH, UK.

Country of Publication
United Kingdom

Emtree Heading
*clinical education; *doctor patient relation; human; *interpersonal communication; *medical education; *medical student; note; psychological aspect.

Electronic ISSN
1466-187X

DOI
http://dx.doi.org/10.3109/0142159X.2012.672778
OBJECTIVE: To assess the effects of a communication skills program on professional practitioners' performance and self-confidence in clinical interviewing.

METHODS: Twenty-five health professionals took 3 months of basic communication skills followed by 3 months of advanced communication skills. An additional quarter dealt with self-awareness and communication in special situations. Participants' performances were evaluated in clinical interviews with standardized patients before, during and after the program by external observers and standardized patients, using standardized instruments. Participants assessed their own confidence in their communication skills before and after the program. Data were analysed using GLM repeated-measures procedures in SPSS.

RESULTS: Basic communication skills and self-confidence improved throughout the 6 months; competencies declined but self-confidence continued to increase 4 months later. Compared with taking no course, differences were statistically significant after the 6 months (external observers only) and 4 months later (external observers and participants).

CONCLUSION: The program effectively improved communication skills, although significantly only when assessed by external observers. Four months later, effects were significant in communication skills (external observers), despite the decline and in self-confidence.

PRACTICE IMPLICATIONS: While periodical enrollment in programs for the practice of communication skills may help maintain performance, more knowledge on communication and self-awareness may enhance self-confidence. Copyright Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.

Stage
MEDLINE

Authors Full Name

Institution
Department of Medical Psychology at the School of Medicine, University of Porto, Porto, Portugal. irenec@med.up.pt
Is the clinical nurse specialist ideally situated as the patients key worker to break bad news.

Logan J., Hurwitz V., Bhangoo R., Ashkan K., Brazil L., Beaney R.

The breaking of significant news is a complex issue. As a result of a patient satisfaction survey carried out to be compliant with NICE Improving Outcomes Guidance (IOG) for people with brain and other CNS tumours, patients and their careers identified that although satisfied with the service, many felt that ‘breaking bad news’ or giving of histology could be improved. The clinical nurse specialist team looked at ways of improving this service to patients and their carers. As a result they implemented a nurse led results clinic, which runs on a weekly basis, meaning that all patients are seen within the time frame outlined in the IOG. Dedicated time was set aside in a Macmillan funded information centre, in an environment away from the main hospital site.

**DISCUSSION/METHODS:** Patient’s who have attended the clinic have been sent a questionnaire to assess the clinic’s success. It poses the question; ‘Is the clinical nurse specialist ideally situated as the patient’s key worker to break bad news’ results of a prospective questionnaire based study. **RESULTS:** 15 questionnaires have been sent out with a response rate of 46%. Of the returned questionnaires, 85% (6/7) felt that the clinical nurse specialist was ideally suited to deliver results, the other 15% (1/7) would have preferred a consultant in charge of their care. When asked if enough information was given regarding further treatment 57% (4/7) stated all treatment options were fully explained with a further 28% stating they received as much information as they wanted. In terms of location, 42% (3/7) felt that the information centre was exactly the right environment for the clinic and a further 28% (2/7) were happy with location. 15% (1/7) felt that the Macmillan branding and information in the centre made them feel uncomfortable, however they remained satisfied with the consultation. Following a 30 minute consultation, patients are given literature to take away with them, including a Macmillan information booklet, information prescription and contact details for their key worker this happened with 85% (6/7) of patients who completed the questionnaire.

**Conclusion.** This small sample of patients are satisfied with their nurse led results clinic, and feel that the Macmillan information centre is an ideally situated location. The questionnaires continue to be sent out to gain further quantitative data to strengthen and expand the conclusions made in this study.

**Institution**
(Logan, Hurwitz, Bhangoo, Ashkan, Brazil, Beane) Kings College Hospital, London, United Kingdom

**Correspondence Address**
J. Logan, Kings College Hospital, London, United Kingdom

**Publisher**
Oxford University Press

**Emtree Heading**
*human; *worker; *patient; *clinical nurse specialist; hospital; questionnaire; consultation; nurse; environment; histology; brain; patient satisfaction; prescription; central nervous system.

**ISSN**
1522-8517

**DOI**
http://dx.doi.org/10.1093/neuonc/nos183

**Language**
English

**Summary Language**
English

**Entry Week**
201241
Is it possible to improve residents breaking bad news skills? A randomised study assessing the efficacy of a communication skills training program.

Lienard A. Merckaert I. Libert Y. Bragard I. Delvaux N. Etienne AM. Marchal S. Meunier J. Reynaert C. Slachmuylder JL. Razavi D.

[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 20628395

BACKGROUND: This study aims to assess the efficacy of a 40-h training programme designed to teach residents the communication skills needed to break the bad news.

METHODS: Residents were randomly assigned to the training programme or to a waiting list. A simulated patient breaking bad news (BBN) consultation was audiotaped at baseline and after training in the training group and 8 months after baseline in the waiting-list group. Transcripts were analysed by tagging the used communication skills with a content analysis software (LaComm) and by tagging the phases of bad news delivery: pre-delivery, delivery and post-delivery. Training effects were tested with generalised estimating equation (GEE) and multivariate analysis of variance (MANOVA).

RESULTS: The trained residents (n=50) used effective communication skills more often than the untrained residents (n=48): more open questions (relative rate (RR)=5.79; P<0.001), open directive questions (RR=1.71; P=0.003) and empathy (RR=4.50; P=0.017) and less information transmission (RR=0.72; P=0.001). The pre-delivery phase was longer for the trained (1 min 53 s at baseline and 3 min 55 s after training) compared with the untrained residents (2 min 7 s at baseline and 1 min 46 s at second assessment time; P<0.001).

CONCLUSION: This study shows the efficacy of training programme designed to improve residents’ BBN skills. The way residents break bad news may thus be improved.

Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.
Stage
MEDLINE
Authors Full Name
Institution
Clinique de Psycho-Oncologie et des Soins Supportifs, Institut Jules Bordet, Brussels, Belgium.
Abbreviated Source
NLM Journal Name
Interns’ perspectives about communicating bad news to patients: a qualitative study.
Supe AN.
[Journal Article]
UI: 22267350
INTRODUCTION: Communicating bad news to patients and families is an essential skill for
physicians but can be difficult for interns. Very little is known about skills in this area for interns in developing countries.

METHOD: Two focus groups, consisting of a total of 12 interns, were conducted in the Seth G.S. Medical College and KEM Hospital in Mumbai, India. The grounded theory approach was used to identify common themes and concepts, which related to: (1) barriers in communicating bad news, (2) interns’ confidence in communicating bad news, (3) interns’ perceptions about their need for such training and (4) interns’ suggested methods for training.

RESULTS: Interns described barriers in time constraints, language, their personal fears, patients' illiteracy, crowded wards with no privacy and lack of training. All interns lacked confidence in breaking news of death, but seven were confident in breaking bad news about chronic diseases or cancers. Subjects reported they had received very little classroom teaching or formal instruction in this area, though they had had opportunities to observe a few instances of breaking bad news. They expressed need for increased focus on communication skills curriculum in the form of case discussions, workshops and small group teaching, in addition to clinical observation.

CONCLUSIONS: Interns in our school in Mumbai reported inadequate training and low comfort and skill in communicating bad news and expressed need for focused training.

Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.

Stage
MEDLINE

Authors Full Name
Supe, A N.

Institution
KEM Hospital, Parel, Mumbai, Maharashtra, India. avisupe@gmail.com

Abbreviated Source

NLM Journal Name
Education for health (Abingdon, England)

Publisher Identifier
Journal available in: Print-Electronic. Citation processed from: Internet

NLM Journal Code
9607101

Journal Subset
IM

Country of Publication
England

Emtree Heading

ISSN Electronic
1469-5804

ISSN Linking
1357-6283
Informing cancer patient in relation to his type of personality: the dependent (oral) patient.

Kallergis G.


[Journal Article]

When a doctor has to break bad news to the cancer patient, he knows that the news will put a strain on his relationship with the patient. Bad news is any information that changes a person's view of the future in a negative way. The questions: "Do you tell the diagnosis or not? How much information do you reveal? Who do you inform about the diagnosis and/or what do you tell" are very frequent during scientific discussions. Must the patients know or do they also have the right not to know? Is it possible to determine who should be told what, when and how? The aim of this paper was to describe the dependent character or type of personality, so that a therapist can make a diagnosis in order to determine the informative approach.
Improving residents' end-of-life communication skills with a short retreat: a randomized controlled trial.

Szmulowicz E. el-Jawahri A. Chiappetta L. Kamdar M. Block S.
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 20201666

BACKGROUND: Internal medicine residents are largely unprepared to carry out end-of-life (EOL) conversations. There is evidence that these skills can be taught, but data from randomized controlled trials are lacking.

PURPOSE: We studied whether a day-long communication skills training retreat would lead to enhanced performance of and confidence with specific EOL conversations. We also
studied the effect of the retreat on residents' ability to respond to patient emotions.

METHODS: PGY-2 resident volunteers were randomly assigned to a retreat group or a control group. The retreat involved a combination of teaching styles and skills practice with standardized patients. All participants completed questionnaires and were evaluated carrying out two types of conversations (breaking bad news or discussing direction of care) with a standardized patient before (T1) and after (T2) the intervention phase. Conversations were audio-taped and later rated by a researcher blinded to group assignment and time of assessment.

RESULTS: Forty-nine residents agreed to randomization (88%) with 23 residents randomized to the retreat group and 26 to the control group. Compared to controls, retreat participants demonstrated higher T2 scores for breaking bad news, discussing direction of care, and responding to emotion. Comparing T2 to T1, the retreat group's improvement in responding to emotion was statistically significant. The retreat group's confidence improved significantly only for the breaking bad news construct.

CONCLUSIONS: A short course for residents can significantly improve specific elements of resident EOL conversation performance, including the ability to respond to emotional cues.

Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.
Stage
MEDLINE
Authors Full Name
Institution
Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts, USA. eszmuiio@nmh.org
Abbreviated Source
NLM Journal Name
Journal of palliative medicine
Publisher Identifier
Journal available in: Print. Citation processed from: Internet
NLM Journal Code
d0c, 9808462
Journal Subset
IM
Country of Publication
United States
Emtree Heading
ISSN Electronic
1557-7740
Hospital consultants breaking bad news with simulated patients: An analysis of communication using the Roter Interaction Analysis System.

Vail L., Sandhu H., Fisher J., Cooke H., Dale J., Barnett M.


Objective: To explore how experienced clinicians from wide ranging specialities deliver bad news, and to investigate the relationship between physician characteristics and patient centredness. Methods: Consultations involving 46 hospital consultants from 22 different specialties were coded using the Roter Interaction Analysis System. Results: Consultants mainly focussed upon providing biomedical information and did not discuss lifestyle and psychosocial issues frequently. Doctor gender, age, place of qualification, and speciality were not significantly related to patient centredness. Conclusion: Hospital consultants from wide ranging specialities tend to adopt a disease-centred approach when delivering bad news. Consultant characteristics had little impact upon patient centredness. Further large-scale studies are needed to examine the effect of doctor characteristics on behaviour during breaking bad news consultations. Practice implications: It is possible to observe breaking bad news encounters by video-recording interactions between clinicians and simulated patients. Future training programmes should focus on increasing patient-centred behaviours which include actively involving patients in the consultation, initiating psychosocial discussion, and providing patients with opportunities to ask questions. 2010 Elsevier Ireland Ltd.

Institution
(Vail) Health Sciences Research Institute, Warwick Medical School, University of Warwick, Coventry, United Kingdom  (Sandhu, Fisher, Cooke, Dale, Barnett) Warwick Medical School, University of Warwick, United Kingdom

Correspondence Address
L. Vail, Health Sciences Research Institute, Warwick Medical School, University of Warwick, Gibbett Hill Road, Coventry, CV4 7AL, United Kingdom. E-mail: Laura.vail@warwick.ac.uk
Personal reports of receiving bad news provide data that describes patients' comprehension, reflections, experienced emotions, and an interpretative commentary with the wisdom of hindsight. Analysis of autobiographical accounts of "hearing bad news" enables the identification of patterns of how patients found out diagnoses, buffering techniques used, and styles of receiving the news. I describe how patients grapple with the news, their somatic responses to hearing, and how they struggle and strive to accept what they are hearing. I discuss metaphors used within the languages of hearing bad news. Finally, I discuss implications for a change of focus in the breaking bad news research agenda, that is, from the physician's "performance" to a patient-focused agenda. 2011 Springer Science+Business Media, LLC.
Factors influencing the attitudes and behaviors of oncolgists regarding the truthful disclosure of information to patients with advanced and incurable cancer.


[Journal Article. Research Support, Non-U.S. Gov't]

OBJECTIVE: To evaluate the attitudes of the European Oncologists to information disclosure to patients with advanced cancer, their self-reported behaviors, and the factors that influence both attitudes and behaviors. Methods: ESMO members were invited to complete an online questionnaire to evaluate both attitudes and clinical behaviors relating to the disclosure of information to patients with advanced cancer. Data were analyzed to evaluate demographic, educational and social factors influencing attitudes and behaviors.

RESULTS: Two hundred and ninety-eight completed surveys were returned. The survey demonstrated strong internal consistency construct validity. The responses indicate that individual clinicians generally display a range of behaviors including non-disclosive as well as disclosive behaviors depending on the dynamics of individual interactions between onocologist and specific patient. Although regional cultural norms influence oncologists' attitudes toward disclosure and, indirectly, their self-reported behaviors, the impact is influenced by other factors: in particular, perceived institutional professional norms, the degree of training in breaking bad news and the frequency of exposure to requests by family members to withhold information from the patient.

CONCLUSIONS: Positive attitudes regarding disclosure of information to patients and disclosive behaviors can be encouraged, even in non-Western countries, by the development of strong professional norms and education in breaking bad news and coping with the emotional responses of patients. Copyright Copyright 2010 John Wiley & Sons, Ltd.
Discussing religion and spirituality is an advanced communication skill: An exploratory structural equation model of physician trainee self-ratings.

Ford D.W., Downey L., Engelberg R., Back A.L., Curtis J.R.
[Journal: Review]
AN: 2012057715

Background: Communication about religious and spiritual issues is fundamental to palliative care, yet little empirical data exist to guide curricula in this area. The goal of this study was
to develop an improved understanding of physicians' perspectives on their communication competence about religious and spiritual issues. Methods: We examined surveys of physician trainees (n=297) enrolled in an ongoing communication skills study at two medical centers in the northwestern and southeastern United States. Our primary outcome was self-assessed competence in discussing religion and spirituality. We used exploratory structural equation modeling (SEM) to develop measurement and full models for acquisition of self-assessed communication competencies. Results: Our measurement SEM identified two latent constructs that we label Basic and Intermediate Competence, composed of five self-assessed communication skills. The Basic Competence construct included overall satisfaction with palliative care skills and with discussing do not resuscitate (DNR) status. The Intermediate Competence construct included responding to inappropriate treatment requests, maintaining hope, and addressing fears about the end-of-life. Our full SEM model found that Basic Competence predicted Intermediate Competence and that Intermediate Competence predicted competence in religious and spiritual discussions. Years of clinical training directly influenced Basic Competence. Increased end-of-life discussions positively influenced Basic Competence and had a complex association with Intermediate Competence. Southeastern trainees perceived more competence in religious and spiritual discussions than northwestern trainees. Conclusion: This study suggests that discussion of religious and spiritual issues is a communication skill that trainees consider more advanced than other commonly taught communication skills, such as discussing DNR orders. 2012, Mary Ann Liebert, Inc.

Institution

(Ford) Medical University of South Carolina, Division of Pulmonary and Critical Care, Department of Medicine, 96 Jonathan Lucas Drive, Charleston, SC 29425, United States

(Downey, Engelberg, Curtis) Division of Pulmonary and Critical Care, Department of Medicine, University of Washington, Seattle, WA, United States

(Back) Division of Medical Oncology, Department of Medicine, University of Washington, Seattle, WA, United States

Correspondence Address

D.W. Ford, Medical University of South Carolina, Division of Pulmonary and Critical Care, Department of Medicine, 96 Jonathan Lucas Drive, Charleston, SC 29425, United States. E-mail: fordd@musc.edu

Country of Publication

United States

Publisher

Mary Ann Liebert Inc. (140 Huguenot Street, New Rochelle NY 10801-5215, United States)

Emtree Heading

adult; *communication skill; do not resuscitate; female; human; male; *medical student; normal human; palliative therapy; patient assessment; *religion; resuscitation; review; *self concept; terminal care; United States; university hospital.

Number of References

39

Embase Section Headings

Public Health, Social Medicine and Epidemiology [17]

ISSN

1096-6218

Electronic ISSN

1557-7740

DOI

http://dx.doi.org/10.1089/jpm.2011.0168

CODEN
Disclosure and understanding of cancer diagnosis and prognosis for people with intellectual disabilities: findings from an ethnographic study.

Tuffrey-Wijne I. Bernal J. Hollins S.


[Case Reports. Journal Article. Research Support, Non-U.S. Gov't]

UI: 20181525

PURPOSE: Growing numbers of people with intellectual disabilities are diagnosed with a life-limiting illness such as cancer. Little is known about disclosure of diagnosis and prognosis to this group. The study aim was to explore how much people with intellectual disabilities who have cancer understand about their diagnosis and prognosis, and to explore how much they are told about their cancer.

METHOD: 13 people with intellectual disabilities and cancer took part in a 3-year ethnographic study. Data collection consisted mostly of participant observation. Participants were visited regularly for a median of 7 months.

RESULTS: Eleven participants were told that they had cancer, but most were not helped to understand the implications of this diagnosis or their prognosis. Decisions around disclosure, as well as the task of truth-telling, rested mostly with relatives and paid carers. Those with severe/profound intellectual disabilities were most likely to be protected from the truth. Understanding was affected by cognitive ability, life experience and truth-telling. Lack of understanding affected the ability to take decisions about treatment and care.

CONCLUSIONS: Existing models for breaking bad news are inadequate for people with intellectual disabilities. The findings suggest that more open communication is needed, but further studies are needed to establish best practice in this area.
Disclosing a diagnosis of dementia: helping learners to break bad news.

Lee L. Weston WW.


[Journal Article]

UI: 21753111

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

MEDLINE

Authors Full Name


Institution

Centre for Family Medicine Memory Clinic, Ont.

Abbreviated Source


NLM Journal Name

Canadian family physician Medecin de famille canadien

Publisher Identifier

Journal available in: Print. Citation processed from: Internet

NLM Journal Code

blo, 0120300

Other ID

Source: NLM. PMC3135455

Journal Subset

IM

Country of Publication

Canada

Emtree Heading


ISSN Electronic

1715-5258

ISSN Linking

0008-350X

Language

English, French

Date of Publication
Developing and implementing an advanced communication training program in oncology at a comprehensive cancer center.

Bylund CL. Brown RF. Bialer PA. Levin TT. Lubrano di Ciccone B. Kissane DW.


Cancer patients report significant levels of unmet needs in the realm of communication. Communication skills training programs have been shown to improve clinical communication. However, advanced communication skills training programs in oncology have lacked institutional integration, and thus have not attended to institutional norms and cultures that may counteract explicit communication skills training. We developed and implemented an advanced communication skills training program made up of nine teaching modules for faculty, fellows, and residents. Training included didactic and experiential small group work. Self-efficacy and behavior change were assessed for individual participants. Since 2006, 515 clinicians have participated in this training program. Participants have shown significant gains in self-efficacy regarding communicating with patients in various contexts. Our initial work in this area demonstrates the implementation of such a program at a major cancer center to be feasible, to be acceptable, and to have a significant impact on participants’ self-efficacy.

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Stage

MEDLINE

Authors Full Name


Institution

Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, New York, NY 10022, USA. bylundlc@mskcc.org

Abbreviated Source


NLM Journal Name

Journal of cancer education : the official journal of the American Association for Cancer Education
Conversations in end-of-life care: communication tools for critical care practitioners.
Shannon SE. Long-Sutehall T. Coombs M.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 21481114

BACKGROUND: Communication skills are the key for quality end-of-life care including in the critical care setting. While learning general, transferable communication skills, such as therapeutic listening, has been common in nursing education, learning specific communication tools, such as breaking bad news, has been the norm for medical education. Critical care nurses may also benefit from learning communication tools that are more
specific to end-of-life care.

STRATEGY: We conducted a 90-min interactive workshop at a national conference for a group of 78 experienced critical care nurses where we presented three communication tools using short didactics. We utilized theatre style and paired role play simulation. The Ask-Tell-Ask, Tell Me More and Situation-Background-Assessment-Recommendation (SBAR) tools were demonstrated or practiced using a case of a family member who feels that treatment is being withdrawn prematurely for the patient. The audience actively participated in debriefing the role play to maximize learning. The final communication tool, SBAR, was practiced using an approach of pairing with another member of the audience. At the end of the session, a brief evaluation was completed by 59 nurses (80%) of the audience.

SUMMARY: These communication tools offer nurses new strategies for approaching potentially difficult and emotionally charged conversations. A case example illustrated strategies for applying these skills to clinical situations. The three tools assist critical care nurses to move beyond compassionate listening to knowing what to say. Ask-Tell-Ask reminds nurses to carefully assess concerns before imparting information. Tell Me More provides a tool for encouraging dialogue in challenging situations. Finally, SBAR can assist nurses to distill complex and often long conversations into concise and informative reports for colleagues. Copyright 2011 The Authors. Nursing in Critical Care Copyright 2011 British Association of Critical Care Nurses.
Comparison of patients' needs and doctors' perceptions of information requirements related to a diagnosis of oesophageal or gastric cancer.


[Journal: Article]

AN: 20345454

The aim of this study was to assess the information needs of patients diagnosed with oesophageal and gastric cancer and to compare these with their perceived information needs in the opinion of junior doctors. One hundred patients and 100 doctors responded to a questionnaire regarding the information needs of cancer patients. Seventy-nine per cent of patients wanted as much information as possible about their diagnosis, but only 35% of doctors were willing to give all the available information (P < 0.0001). Seventy-seven per cent of patients wanted to receive their diagnosis from a consultant whereas only 5% of doctors believed that patients should receive their diagnoses from a consultant (P < 0.0001). Eighty-four per cent of doctors were willing to communicate a serious illness with a good prognosis, yet only 43% would communicate a diagnosis with a poor prognosis (P < 0.0001). All 100 doctors had received formal training in breaking bad news, but 20 considered this inadequate. Socio-economic deprivation was associated with poor access to supplementary Internet derived information (P < 0.001). The majority of patients with a diagnosis of oesophago gastric cancer want a great deal of information regarding their illness, which contrasts with doctors' perceptions. Adequate training in information disclosure may help address this issue. 2010 Blackwell Publishing Ltd.

Institution

(Wittmann) South East Wales Upper GI Cancer Network, Department of Surgery, University Hospital of Wales, Cardiff, United Kingdom  (Beaton) South East Wales Upper GI Cancer Network, Department of Surgery, University Hospital of Wales, Cardiff, United Kingdom  (Lewis) South East Wales Upper GI Cancer Network, Department of Surgery, University Hospital of Wales, Cardiff, United Kingdom
Communication skills training for oncology professionals. [Review]


UI: 22412145

PURPOSE: To provide a state-of-the-art review of communication skills training (CST) that will guide the establishment of a universal curriculum for fellows of all cancer specialties undertaking training as oncology professionals today.

METHODS: Extensive literature review including meta-analyses of trials, conceptual models, techniques, and potential curricula provides evidence for the development of an appropriate curriculum and CST approach. Examples from the Memorial Sloan-Kettering Cancer Center CST program are incorporated.

RESULTS: A core curriculum embraces CST modules in breaking bad news and discussing unanticipated adverse events, discussing prognosis, reaching a shared treatment decision, responding to difficult emotions, coping with survivorship, running a family meeting, and transitioning to palliative care and end of life. Achievable outcomes are growth in clinician’s self-efficacy, uptake of new communication strategies and skills, and transfer of these strategies and skills into the clinic. Outcomes impacting patient satisfaction, improved adaptation, and enhanced quality of life are still lacking.

CONCLUSION: Future communication challenges include genetic risk communication, concepts like watchful waiting, cumulative radiation risk, late effects of treatment, discussing Internet information and unproven therapies, phase I trial enrollment, and working as a multidisciplinary team. Patient benefits, such as increased treatment adherence and enhanced adaptation, need to be demonstrated from CST.
Commentary on "teaching breaking bad news using mixed reality simulation".

Gould JC.

[Journal Article]
UI: 19691977
Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.
Stage
Breaking bad news: the patient's viewpoint.

Munoz Sastre MT. Sorum PC. Mullet E.
The objective of this study was to ascertain how patients judge the acceptability of physicians' communication of bad news. Two hundred forty-five adults, who had in the past received bad medical news, indicated the acceptability of physicians' conduct in 48 vignettes of giving bad news to patients. Vignettes were all combinations of five factors: level of bad news (infection with hepatitis C, cirrhosis of the liver, or liver cancer); request or not to the patient to come with spouse or partner; attempt or not by the physician to find out the patient's expectations about the test results; presence or absence of emotional supportiveness; and provision or not of complete and understandable information. In addition, nine physicians rated the same vignettes. Quality of information and emotional supportiveness explained more than 95% of the variance in patients' acceptability judgments, while the degree of badness of the news had no impact. In addition, for patients, low emotional supportiveness could not be fully compensated by high quality of information, nor the inverse. Physicians, in contrast, responded as if such compensations were possible. Physicians must appreciate that patients expect high levels of both empathy and information quality, no matter how bad the news.
OBJECTIVE: To explore patient's perspectives and expectations from physicians with respect to breaking of bad news.

METHODS: A cross-sectional survey was carried out in the Community Health Centre of a tertiary care teaching hospital in Pakistan. All consenting individuals from 18 to 60 years of age were interviewed on the basis of a structured, pre-tested questionnaire.

RESULTS: The response rate for this study was 91.3%. A total of 400 respondents completed the full interview. About 60% patients had a fairly accurate idea about the implications of the phrase “bad news”. A big proportion (44.1%) of people reported that bad news had been broken to them previously with incomplete details. From their personal experience, most respondents quoted “disease diagnosis” and “chances of survival” as most commonly encountered bad news. Diagnosis of cancer or its recurrence was stated as the most likely example of bad news (35.5%). A significant majority of respondents (40.5%) stated that it's the patient's absolute right to know bad news. A significant association for the relationship between both age as well as the gender of the respondents and type of emotional response expressed on hearing bad news ($p = 0.000$) was observed.

CONCLUSION: This study documents the perceptions and expectations of patients from their physicians with regards to breaking of bad news. Most of the respondents wanted their doctors to be honest and upfront during the process.
Breaking bad news: communication skills for difficult conversations.

Davenport L., Schopp G.
Breaking bad news: an interview study of paediatric cardiologists.
Birkeland AL.  Dahlgren L.  Hagglof B.  Rydberg A.
[Journal Article.  Research Support, Non-U.S. Gov't]
UI: 21272428

UNLABELLED: Technical developments in paediatric cardiology over the last few decades have increased expectations on professionals, demanding of them more emotional competence and communicative ability. The aim of this study was to examine the approach of paediatric cardiologists in informing and communicating with the family of the patient.

METHOD: A qualitative interview method was first tested in a pilot study with two paediatric cardiologists. There were nine subsequent semi-structured interviews that were carried out with paediatric cardiologists. A researcher performed all the interviews, which were taped, transcribed, decoded, and analysed.

RESULTS: Among paediatric cardiologists, how to break bad news to the family is an important concern, evident in findings regarding the significance of trust and confidence, the use of different emotional positions, and a common ambition to achieve skills to handle the situation. There is a need for reflection, education, and sharing of experiences. The
cardiologists desire further development of teamwork and of skills in medical students and residents for delivering bad news.

CONCLUSIONS: Doctors are expected to cope with the complexities of diagnoses and decisions, while simultaneously being sensitive to the feelings of the parents, aware of their own emotions, and able to keep it all under control in the context of breaking the bad news to the parents and keeping them informed. These conflicting demands create a need to expand the professional role of the doctor by including more training in emotional competence and communicative ability, beginning in medical school and continuing through consultancy.
Breaking bad news: a guide for effective and empathetic communication.

Rosenzweig M.Q.

The Nurse practitioner. 37 (2) (pp 1-4), 2012. Date of Publication: 12 Feb 2012. [Journal: Article]

AN: 22252021

Breaking negative news to patients is a common occurrence for nurse practitioners. This difficult task requires patience and refined communication skills, and must be approached with empathy for all parties involved. There are several ways to deliver bad news to patients successfully using patient-centered communication techniques and methods.

Institution
(Rosenzweig) University of Pittsburgh School of Nursing, Pittsburgh, PA, USA.

Correspondence Address
M.Q. Rosenzweig, University of Pittsburgh School of Nursing, Pittsburgh, PA, USA.

Country of Publication
United States

Emtree Heading
article; clinical competence; empathy; health personnel attitude; human; *interpersonal communication; *life event; methodology; *nurse patient relationship; nurse practitioner; nursing evaluation research; nursing methodology research; *patient care; practice guideline; psychological aspect.

Electronic ISSN
1538-8662

Language
English

Copyright
MEDLINE is the source for the citation and abstract of this record.
Aim: Current models for breaking bad news are inadequate in meeting the needs of people with intellectual disabilities (ID). This study explored the experiences and preferences of people with ID, families and professionals to identify the factors that affect breaking bad news to people with ID. Methods: Individual interviews and focus groups were conducted with 109 participants across England. Participants included people with ID, family carers, general nurses, physicians and ID professionals. Results: Results revealed that (a) people with ID have wide-ranging views about whether and how they want to be told bad news; (b) professionals lack confidence in communicating bad news to people with ID; (c) many family carers want to protect people with ID from bad news; and (d) bad news should be given in chunks, depending on the person's abilities and needs. Most people with ID make sense of bad news within their social context, rather than in a doctor's office. Conclusion: Rather than "breaking bad news", the key is to help someone understand and cope with a changing situation. This is a gradual process. A new model for breaking bad news to people with ID has been produced and will be presented as a poster.

Institution
(Tuffrey-Wijne) St George's University of London, United Kingdom

Correspondence Address
I. Tuffrey-Wijne, St George's University of London, United Kingdom. E-mail: ituffrey@sgul.ac.uk

Publisher
Blackwell Publishing Ltd

Emtree Heading
*human; *intellectual impairment; *disability; model; physician; information processing; social environment; nurse; United Kingdom; interview.

ISSN
0964-2633

DOI
http://dx.doi.org/10.1111/j.1365-2788.2012.01583_2.x

Language
English

Summary Language
English

Entry Week
201230

Date Delivered
20120717
Breaking bad news in onco-hematology: New hope, new words?.

Aitini E.
Leukemia and Lymphoma. 53 (2) (pp 328-329), 2012. Date of Publication: February 2012.
[Journal: Letter]
AN: 2012047508

Institution
(Aitini) Carlo Poma Hospital, Oncology and Hematology, via Lago Paiolo, Mantova, 46100, Italy

Correspondence Address
E. Aitini, Carlo Poma Hospital, Oncology and Hematology, via Lago Paiolo, Mantova, 46100, Italy. E-mail: enrico.aitini@aopoma.it

Country of Publication
United Kingdom

Publisher
Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

Emtree Heading
cancer research; doctor patient relation; *hematologic malignancy; human; letter; medical research; priority journal.

Number of References
5

Embase Section Headings
Cancer [16], Public Health, Social Medicine and Epidemiology [17], Hematology [25]

ISSN
1042-8194
Electronic ISSN
1029-2403

DOI
http://dx.doi.org/10.3109/10428194.2011.608454

CODEN
LELYE

Language
English

Entry Week
201205
Breaking bad news in inpatient clinical settings: Role of the nurse.

Warnock C., Tod A., Foster J., Soreny C.


AN: 20492016

warnock c., tod a., foster j. & soreny c. (2010) Breaking bad news in inpatient clinical settings: role of the nurse. Journal of Advanced Nursing 66(7), 1543-1555. Title.: Breaking bad news in inpatient clinical settings: role of the nurse. Aim.: This paper is a report of an exploration of the role of the nurse in the process of breaking bad news in the inpatient clinical setting and the provision of education and support for nurses carrying out this role. Background.: The term ‘breaking bad news’ is mostly associated with the moment when negative medical information is shared with a patient or relative. However, it can also be seen as a process of interactions that take place before, during and after bad news is broken. Little research has been conducted exploring the role of the nurse in the process of breaking bad news in the inpatient clinical setting. Methods.: A questionnaire was developed using Likert scales and open text questions. Data collection took place in 2007. Fifty-nine inpatient areas took part in the study; 335 questionnaires were distributed in total and 236 were completed (response rate 70%). Results.: Nurses engaged in diverse breaking bad news activities at many points in care pathways. Relationships with patients and relatives and uncontrolled and unplanned events shaped the context in which they provided this care. Little formal education or support for this work had been received. Conclusion.: Guidance for breaking bad news should encompass the whole process of doing this and acknowledge the challenges nurses face in the inpatient clinical area. Developments in education and support are required that reflect the challenges that nurses encounter in the inpatient care setting. 2010 The Authors. Journal compilation 2010 Blackwell Publishing Ltd.

Institution

(Warnock) Weston Park Hospital, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom  (Tod) Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, United Kingdom

(Foster) Gynaecology and Urology, Sheffield Teaching Hospitals NHS Foundation Trust, Royal Hallamshire Hospital, Sheffield, United Kingdom

(Soreny) Ophthalmic Assessment Nurse Sheffield Teaching Hospitals NHS Foundation Trust, Royal Hallamshire Hospital, Sheffield, United Kingdom

Correspondence Address

C. Warnock, Weston Park Hospital, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom. E-mail: clare.warnock@sth.nhs.uk

Country of Publication

United Kingdom

Publisher

Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
Breaking bad news in bipolar disorders: An interview study of patients and physicians.
Montel S., Spitz E.


[Journal: Conference Abstract]
AN: 70695677

Introduction: Research on the breaking bad news mainly focused on cancer disease. Few studies investigated this issue in mental diseases like bipolar disorders. We are exploring factors influencing the breaking bad news process in bipolar disorders. Methods: Patients and physicians involved in bipolar disorders are interviewed. Patients/physicians are considering eligible if they received/broke bad news in the few months preceding the
A semi-structured interview is conducted by psychologists. The main issues tackled are: needs, emotions, cognition, behavior/attitude before, during and after the breaking. TA will be used as data analysis. Results: We are proceeding to do the interviews of both patients and physicians. We will display the first results of this study during the ISBD meeting. Discussion: These qualitative data should help us to respond to the needs of the bipolar disorder's patients as well as those of the physicians who have to break them bad news.

Institution
(Montel, Spitz) University Paul Verlaine, Metz, France  (Montel, Spitz) Laboratory APEMAC, Paris, Nancy, Metz, France

Correspondence Address
S. Montel, University Paul Verlaine, Metz, France

Publisher
Wiley Blackwell

Keyword
Breaking bad news, Bipolar disorders, Patients, Physicians

Emtree Heading
*human; *interview; *bipolar disorder; *physician; *patient; *society; semi structured interview; psychologist; emotion; cognition; data analysis; mental disease; neoplasm.

ISSN
1398-5647

DOI
http://dx.doi.org/10.1111/j.1399-5618.2012.00981.x

Language
English

Summary Language
English

Entry Week
201213

Date Delivered
20120321

Year of Publication
2012

Copyright
Copyright 2012 Elsevier B.V., All rights reserved.

Link to the Ovid Full Text or citation:
Click here for full text options

Breaking bad news during prenatal care: a challenge to be tackled.
Guerra FA.  Mirlesse V.  Baiao AE.
[Journal Article]
UI: 21655706
Communicating an unfavorable diagnosis during prenatal care is a growing challenge in clinical practice, as more and more tests are being performed to screen for the main conditions affecting the pregnant woman and her fetus. The way patients receive and subsequently deal with bad news is directly influenced by how the news is communicated by the attending physician. Unfortunately, physicians receive little or no training in communicating bad news, and they generally feel quite uncomfortable about doing so. Although many physicians consider the saying that "there's no good way to break bad news" to be the truth, the maxim does not reflect the true picture. The scope of this article is to discuss, in light of the scientific literature and the experience of fetal medicine services, some recommendations that can help to deal with these difficult moments and improve patient care for the remainder of the pregnancy.

Record Owner
From MEDLINE, a database of the U.S. National Library of Medicine.

Stage
MEDLINE

Authors Full Name

Institution
Departamento de Obstetricia, Instituto Fernandes Figueira, Fundacao Oswaldo Cruz. Av. Rui Barbosa 716, 3o andar, Setor de Medicina Fetal, Flamengo. 22250-020 Rio de Janeiro RJ. ramosguerra@uol.com.br

Comments
Comment in: Cien Saude Colet. 2011 May;16(5):2368-9; author reply 2370-1; PMID: 21655707, Comment in: Cien Saude Colet. 2011 May;16(5):2369-70; author reply 2370-1; PMID: 21655708

Abbreviated Source

NLM Journal Name
Ciencia & saude coletiva

Publisher Identifier
Journal available in: Print. Citation processed from: Internet

NLM Journal Code
9713483

Journal Subset
IM

Country of Publication
Brazil

Emtree Heading

ISSN Electronic
1678-4561

ISSN Linking
1413-8123

Publisher Item Identifier
S1413-81232011000500002

Language
Introduction: Breaking bad news is one of the most difficult duties of physicians, especially in hematology-oncology. On the one hand there are no data available about how physicians break bad news in Germany. On the other hand, patient's preferences for breaking bad news are not well known. Methods: We developed a questionnaire leant on the SPIKES-protocol, which includes the perceived reality of the first time bad news had been broken to cancer patients and evaluates every single step of the SPIKES-protocol. Additionally the questionnaire asks for patient's preferences, including individual expectations, self-government in this situation and the emotional response of each patient. Between 10/2010 and 1/2011 all patients suffer from cancer in the oncology department of a university hospital and in a cancer rehabilitation clinic were asked to complete the questionnaire. The questionnaire was answered by 370 patients with prior diagnosed cancer. Results: Overall only 46,1% of all patients were thoroughly satisfied how they had been broken the diagnosis of cancer. There is a statistical significant correlation of the quality of how the bad news had been broken and the metal state of the patient after their conversation with their doctor (rs = -.261, p < .001). Concerning patients' preferences a well-defined list of precedence could be established, with "understanding the diagnosis", "adequate time", "the possibility to ask question" and "reassure understanding" being on the top of the list. For all of the ten most important patient's preferences, high significant differences between patient's wishes and the experienced reality could be shown. Conclusion: The study show that the quality of how bad news are broken is correlated to patients mental state and that its quality should be optimized. Furthermore it makes evident that there is an impressive gap between the way bad news are broken and patient's preferences.

Institution

(Seifart) Klinik Sonnenblick, Onkologie, Marburg, Germany  (Bar) Universitätsklinikum Giessen und Marburg GmbH, Standort Marburg; Ethikommission, AG Klinische Ethik, Marburg, Germany

(Stumpenhorst) Philipps-Universität Marburg, Fachbereich Psychologie, AG Klinische Psychologie und Psychotherapie, Marburg, Germany
Objective: To study the perceptions of cancer patients and their relatives regarding disclosure of cancer related information. Methodology: A cross sectional survey was conducted at Medical Oncology Ward, Hayatabad Medical Complex, Peshawar from September 2009 to January 2011. A total of 114 patients and their relatives were interviewed using a pre-designed questionnaire. Results: Eighty Three (73%) were male while 31 (27%) were female. Median age of cancer patients was 36 (18-70) years. Forty-eight percent (29/60) cancer patients wished for full disclosure of bad news while 39% (21/54) of their relatives wanted full disclosure (p= Not Significant). Sixty two percent (37/60) cancer patients and 74% (40/54) relatives wanted to be informed in case of recurrence (p= Not Significant). Over 90% of patients and relatives wanted bad news to be broken by a senior consultant. Fifty eight percent (35/60) cancer patients and 52% (28/54) relatives wanted
wished for their relatives to make treatment decisions for them (p= Not Significant). However, 93% (56/60) of cancer patients and 78% (42/54) of their relatives wanted full information about all side-effects of treatment (p < 0.02). Fifty eight percent (35/60) cancer patients and 32% (17/54) relatives wanted their close relatives to be present while bad news was being broken (p<0.007). Conclusion: Almost half of patients wished for full disclosure of information regarding cancer diagnosis. Over 90% patients wanted full information regarding all side-effects of chemotherapy. It is recommended that training regarding how to break bad news be made mandatory part of our medical training both at undergraduate and postgraduate levels.

Institution
(Jameel, Farooq, Ullah) Department of Medical Oncology, Hayatabad Medical Complex, Peshawar, Pakistan

Correspondence Address
A. Jameel, Department of Medical Oncology, Hayatabad Medical Complex, Peshawar, Pakistan. E-mail: ajameel99@yahoo.com

Country of Publication
Pakistan

Publisher
Postgraduate Medical Institute (Lady Reading Hospital, Peshawar, Pakistan)

Keyword
Breaking bad news, Cancer patient perceptions, Communication skills, Pakistan

URL

Emtree Heading
adult; aged; article; cancer diagnosis; cancer patient; cancer recurrence; cancer therapy; clinical decision making; cross-sectional study; female; human; *information dissemination; *interpersonal communication; major clinical study; male; *medical information; Pakistan; *patient attitude; *perception; relative; structured interview; treatment outcome.

Number of References
23

Embase Section Headings
Cancer [16], Public Health, Social Medicine and Epidemiology [17]

ISSN
1013-5472

Language
English

Summary Language
English

Entry Week
201237

Date Delivered
20120911

Year of Publication
2011

Copyright
Copyright 2012 Elsevier B.V., All rights reserved.
Breaking bad news.
Kachewar S.G., Sankaye S.B.
[Journal: Letter]
AN: 2012449315
Institution
(Kachewar, Sankaye) Rural Medical College, Pravara Institute of Medical Sciences (DU), Loni, India
Correspondence Address
S. G. Kachewar, Rural Medical College, Pravara Institute of Medical Sciences (DU), Loni, India. E-mail: sushilkachewar@hotmail.com
Country of Publication
Australia
Publisher
Australasian Medical Journal Pty Ltd (12 Lancett Crt, Sorrento, WA 6020 WA, Australia)
URL
http://www.amj.net.au/index.php?journal=AMJ&page=article&op=view&path%5B%5D=1389&path%5B%5D=945
Emtree Heading
cancer diagnosis; clinical decision making; *communication skill; disease course; genetic disorder; health care personnel; hospice care; human; letter; *medical education; patient information; patient satisfaction; recurrent disease; resuscitation; treatment failure.
Number of References
4
Embase Section Headings
Public Health, Social Medicine and Epidemiology [17]
ISSN
1836-1935
Language
English
Entry Week
201233
Date Delivered
20120814
Year of Publication
2012
Copyright
Copyright 2012 Elsevier B.V., All rights reserved.
Beyond dying: Illness descriptions of patients with advanced medical illness.
Morris D., Johnson K., Steinhauser K.
[Journal: Conference Abstract]
AN: 70647427

Objectives 1. Recognize common themes in patients' responses to the clinical questions "What is your understanding of your illness?" and "What has your doctor told you about the future course of your illness?". 2. Discuss implications of these responses for cancer and non-cancer patients. 3. Identify physician-patient communication strategies based on these findings that enhance opportunities for information sharing and partnering with patients across the disease trajectory. Background. Communication guidelines stress using open-ended questions to explore patients' perceptions of illness and prognosis. Questions like "What is your understanding of your illness?" are used by clinicians in breaking bad news with cancer patients or addressing code status at the end-of-life but have not been well studied in other disease groups or earlier in the disease trajectory. Research objectives. Analyze responses to the questions "What is your understanding of your illness?" and "What has your doctor told you about the future course of your illness?" among advanced cancer and non-cancer patients. Method. Qualitative analysis of 210 patients' responses to queries of illness understanding. Responses were recorded at the baseline interview of a larger, longitudinal study of patients with advanced life-limiting illness. After coding emergent themes, investigators conducted pattern analysis to examine variation associated with diagnosis and demographics. Result: 210 subjects included 70 patients with cancer, CHF, or COPD, with a mean age of 66 years. Major themes identified included: naming, prognosis, personal illness history, symptoms, and causality. Patients did not emphasize mortality. Responses varied by diagnosis and education but not illness severity. Subjects who completed high school more often referenced mortality and named their illness. Cancer patients' responses more often included prognosis while non-cancer patients referenced symptoms and causality. These differences were also reflected in reported discussions of their future with their physicians. Conclusion. Because most patients do not discuss their illness in terms of mortality but instead describe living with illness, these themes provide patient-centered guidance on using open-ended questions to explore patients' perceptions of illness earlier in the disease trajectory. Implications for research, policy, or practice. Our results require a shift from research emphasizing illness understanding as a dichotomous model of awareness of dying. Studies on patient-physician communication should incorporate these themes to develop techniques tailored to diagnosis and education level for partnering with patients earlier in the course of life-limiting illness.

Institution
(Morris) Durham VA Medical Center, Duke University, Durham, NC, United States
(Johnson) Duke University, Durham, NC, United States
(Steinhauser) Duke and VA Medical Center, Durham, NC, United States

Correspondence Address
D. Morris, Durham VA Medical Center, Duke University, Durham, NC, United States
Advanced communication strategies for relationship-centered care.

Rider E.A.

Pediatric Annals. 40 (9) (pp 447-453), 2011. Date of Publication: September 2011.

[Journal: Article]

AN: 2012111966

Institution

(Rider) Institute for Professionalism and Ethical Practice, Children's Hospital Boston, United States

(Rider) The John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital, United States

(Rider) Harvard Medical School, United States

Correspondence Address

E. A. Rider, Institute for Professionalism and Ethical Practice, Children's Hospital Boston, 1153 Centre St., Suite 31, Boston, MA 02130-3446, United States. E-mail: elizabeth_rider@hms.harvard.edu

Country of Publication

United States

Publisher

Copyright 2012 Elsevier B.V., All rights reserved.
A new model for breaking bad news to people with intellectual disabilities.

Tuffrey-Wijne I.


[Journal: Conference Abstract]
AN: 70808866
Aim: Current models for breaking bad news are inadequate in meeting the needs of people with intellectual disabilities (ID). They are often not told of a life-limiting diagnosis. The task
of breaking bad news is often left to carers who are poorly prepared and supported in this. Health care professionals do not know how to communicate adequately with people with ID.

Methods: The model was developed following a focus group/ interview study involving 109 participants, including people with ID, family carers, ID professionals, and health care professionals. The findings were combined with the literature. A preliminary model was developed; 60 stakeholders gave feedback on the model, including a wide range of family carers, professionals and academics. The preliminary version of the model was modified following feedback. Results: The model has four components. (1) Building a foundation of knowledge. Gradually and over time, the person with learning disabilities builds his/her understanding of the way his/her situation is changing because of the bad news; (2) capacity and understanding; (3) the people involved; and (4) the support needed by everyone involved. The model will be visually presented. Conclusion: The model now needs to be tested in practice.

Institution
(Tuffrey-Wijne) St. George's University of London, United Kingdom

Correspondence Address
I. Tuffrey-Wijne, St. George's University of London, United Kingdom. E-mail: ituffrey@sgul.ac.uk

Publisher
Blackwell Publishing Ltd

Emtree Heading
*human; *intellectual impairment; *disability; *model; health care personnel; feedback system; learning disorder; non profit organization; interview; diagnosis.

ISSN
0964-2633

DOI
http://dx.doi.org/10.1111/j.1365-2788.2012.01583_5.x

Language
English

Summary Language
English

Entry Week
201230

Date Delivered
20120717

Year of Publication
2012

Copyright
Copyright 2012 Elsevier B.V., All rights reserved.

Link to the Ovid Full Text or citation:
Click here for full text options

A model for emergency department end-of-life communications after acute devastating events-part I: Decision-making capacity, surrogates, and advance directives.

Limehouse W.E., Ramana Feeser V., Bookman K.J., Derse A.
Making decisions for a patient affected by sudden devastating illness or injury traumatizes a patient's family and loved ones. Even in the absence of an emergency, surrogates making end-of-life treatment decisions may experience negative emotional effects. Helping surrogates with these end-of-life decisions under emergent conditions requires the emergency physician (EP) to be clear, making medical recommendations with sensitivity. This model for emergency department (ED) end-of-life communications after acute devastating events comprises the following steps: 1) determine the patient's decision-making capacity; 2) identify the legal surrogate; 3) elicit patient values as expressed in completed advance directives; 4) determine patient/surrogate understanding of the life-limiting event and expectant treatment goals; 5) convey physician understanding of the event, including prognosis, treatment options, and recommendation; 6) share decisions regarding withdrawing or withholding of resuscitative efforts, using available resources and considering options for organ donation; and 7) revise treatment goals as needed. Emergency physicians should break bad news compassionately, yet sufficiently, so that surrogate and family understand both the gravity of the situation and the lack of long-term benefit of continued life-sustaining interventions. EPs should also help the surrogate and family understand that palliative care addresses comfort needs of the patient including adequate treatment for pain, dyspnea, or anxiety. Part I of this communications model reviews determination of decision-making capacity, surrogacy laws, and advance directives, including legal definitions and application of these steps; Part II (which will appear in a future issue of AEM) covers communication moving from resuscitative to end-of-life and palliative treatment. EPs should recognize acute devastating illness or injuries, when appropriate, as opportunities to initiate end-of-life discussions and to implement shared decisions. 2012 by the Society for Academic Emergency Medicine.

Institution

(Limehouse) Department of Medicine, Division of Emergency Medicine, Medical University of South Carolina, Charleston, SC, United States  (Ramana Feeseer) Department of Emergency Medicine, Virginia Commonwealth University Medical Center, Richmond, VA, United States

(Bookman) Department of Emergency Medicine, University of Colorado, Aurora, CO, United States

(Derse) Department of Emergency Medicine, Center for Bioethics and Medical Humanities, Medical College of Wisconsin, Milwaukee, WI, United States

Correspondence Address

W.E. Limehouse, Department of Medicine, Division of Emergency Medicine, Medical University of South Carolina, Charleston, SC, United States. E-mail: wlimehouse@comcast.net

Country of Publication

United Kingdom

Publisher

Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

Emtree Heading

anxiety; conference paper; dyspnea; emergency health service; emergency physician; *emergency ward; *end of life communication; family centered care; human; informed consent; interpersonal communication; law; living will; *medical decision making; medicolegal aspect; pain; palliative therapy; priority journal; prognosis; resuscitation; surrogacy law; *terminal care.

Number of References

25
Creating COMFORT: A communication-based model for breaking bad news

M Villagran, J Goldsmith… - Communication …, 2010 - Taylor & Francis

This study builds upon existing protocols for breaking bad news (BBN), and offers an interaction-based approach to communicating comfort to patients and their families. The goal was to analyze medical students' (N= 21) videotaped standardized patient BBN...

Cited by 7 Related articlesLancashire Teaching HospitalsFind@The Christie All 2 versions

Breaking bad news education for emergency medicine residents: A novel training module using simulation with the SPIKES protocol


Abstract Breaking bad news (BBN) in the emergency department (ED) is a common occurrence. This is especially true for an emergency physician (EP) as there is little time to prepare for the event and likely little or no knowledge of the patients or family background...

Cited by 6 Related articlesLancashire Teaching HospitalsFind@The Christie All 10 versions
Disclosing the truth to terminal cancer patients: a discussion of ethical and cultural issues

GA Kazdaglis, C Arnaoutoglou, D Karypidis… - …, 2010 - applications.emro.who.int

... Even though for many patients this person is their nurse, breaking bad news is not a common ... The me- dia constantly report complaints about the way patients have received bad news. Disclosing the truth by just giving clinical facts, without concern for the sensitivity with which it ... Cited by 12 Related articles View as HTML All 3 versions

What do we know about giving bad news? A review

ME Harrison, A Walling - Clinical pediatrics, 2010 - cpj.sagepub.com


Communication training in oncology: results of intensive communication workshops for Italian oncologists

R Lenzi, WF Baile, A Costantini… - European journal of …, 2010 - Wiley Online Library

... No training in communication, 65%. In their practice, physicians frequently had to discuss aspects of breaking bad news with patients and family members. The most frequent bad news included telling patients that no cure was available and disclosing a cancer diagnosis. ... Cited by 6 Related articles Lancashire Teaching Hospitals Find@The Christie All 3 versions

Managing the delivery of bad news: An in-depth analysis of doctors' delivery style

J Shaw, S Dunn, P Heinrich - Patient Education and Counseling, 2012 - Elsevier

... Abstract. Objective. The purpose of this study was to identify and describe the delivery styles doctors typically use when breaking bad news (BBN). Methods. ... Breaking bad news: a primer for radiologists in breast imaging. J Am Coll Radiol, 4 (2007), pp. 800–808. ... Cited by 3 Related articles Lancashire Teaching Hospitals Find@The Christie All 3 versions

Educating the delivery of bad news in medicine: Preceptorship versus simulation


... Teaching breaking bad news using mixed reality simulation. J Surg Res. ... [PubMed]. 13. Park I, Gupta A, Mandani K, Haubner L, Peckler B. Breaking bad news education for emergency medicine residents: A novel training module using simulation with the SPIKES protocol. ... Cited by 2 Related articles Lancashire Teaching Hospitals Find@The Christie All 5 versions

Experiences and attitudes of patients with terminal cancer and their family caregivers toward the disclosure of terminal illness

YH Yun, YC Kwon, MK Lee, WJ Lee… - Journal of Clinical …, 2010 - jco.ascopubs.org

... We used univariate analysis to estimate the odds ratio (OR) for each independent variable. (The OR is the extent to which being a member of a specific group increased or decreased the probability of agreeing with the model of attitudes toward disclosing bad news.) ... Cited by 21 Related articles Lancashire Teaching Hospitals Find@The Christie All 4 versions

Google Advanced Search

From 1st 50 results…

MTD Training

Advanced communication skills 2010