

Introducing a Postgraduate Training Module in **Breaking Bad News** of Stillbirth: A Study of Feasibility, Acceptance and Impact of Training Using a Mixed-methods Approach



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Introduction: BBN is an essential skill which requires experience that determines the patient-doctor relationship. [1] Many physicians find it difficult to deliver bad news to their patients.[2]

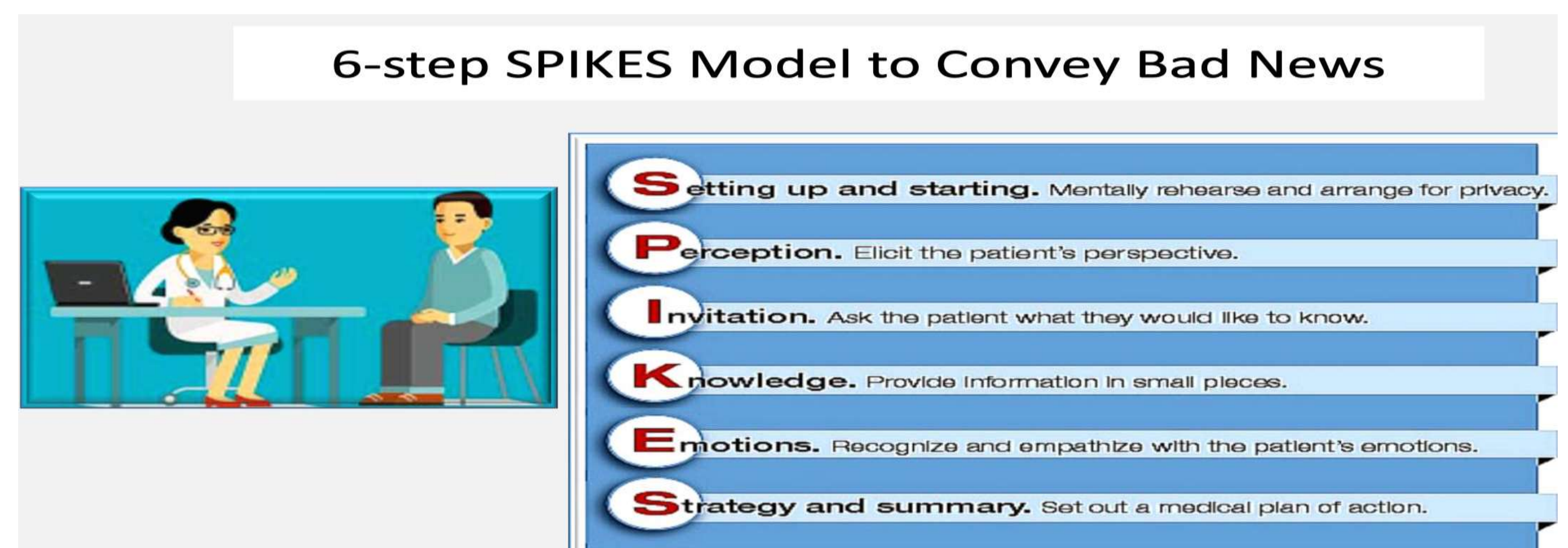
- Breaking bad news requires specialist training in communication skills to help physicians perform this task. [3]
- This type of training is valuable because it helps individuals to identify their own relations to stressful situations.

Aim:

- To train postgraduate residents in breaking bad news using SPIKES protocol
- To evaluate the impact of training on skills of communication on breaking bad news by postgraduate residents.

Methodology:

1. **Pretest** (scoring on the basis of SPIKES checklist) and **PES empathy scoring**
2. **Theoretical training – workshop on BBN** (Interactive lectures, role plays, videos, **SPIKES Protocol**.)
3. **Post test in simulated environment** (scoring on the basis of SPIKES checklist) and **PES empathy scoring**
4. **Feedback – students, faculty and patients**



QAPBBN- Mean OSCE score of participants N-20

Item	Max Score 20	Mean Pre-score	Mean Post-score	P value
Prepare yourself	12	12	18	.010
Introduce yourself	12	12	12	1
Privacy	9	9	20	.00
Whom do you want to be accompanied	12	12	20	.001
What you already know	6	6	20	.00
How much you want to know	3	3	18	.00
Give warning shot	9	9	9	1
Allow denial	6	6	12	.083
Describe in detail situation	12	12	17	.09
Listens to concerns	17	17	19	.08
Allow ventilation of feelings	6	6	17	.001
Offer help	14	14	17	.48
Summarize	12	12	17	.64
Offer further management	9	9	16	.031

Feedback Questionnaire Responses of Junior Residents Who Participated in the Training - Likert's score on scale of 0-10

Questions	Mean	SD	SCORE	
			median	mode
1 How much is communication a part of your life?	8.57	1.02	9	8
2 How difficult does it feel to break bad news?	8.04	1.11	8	9
3 How much time in your training or professional qualification was dedicated to communication attention?	3.02	1.37	3	3
4 To what extent did you think you were prepared to break bad news before the role play?	5.19	1.93	5	5
5 To what extent do you feel prepared to break bad news after the role play?	7.66	1.52	8	8
6 How do the situations staged in role play simulate a real case?	8.28	1.05	8	8
7 How useful was the role play?	9.09	0.76	9	9

Results:

- We were able to formulate and introduce the training module.
- After attending the workshop, all residents had positive scores. OSCE scores (based on SPIKES protocol) improved by 80% and self-assessment reporting showed marked increase in confidence levels.
- More than 70% of residents rated the workshop high value educational training in BBN.
- Empathy score improved by 44%

SPIKES SCORE	Step1(Pre)	Step2(Post)	P value
1 "Setting up" [Preparation of the professional and the environment in which the news will be transmitted]	3.52 ± 1.69	7.57 ± 1.88	<.001
2 "Perception" [Assessment of the extent to which the patient is aware of his/her condition]	4.09 ± 1.78	7.90 ± 1.40	<.001
3 "Invitation" [Development of an understanding of how much the patient wants to know about his/her illness]	3.85 ± 1.71	7.80 ± 1.88	<.001
4 "Knowledge" [Transmission of information to the patients and evaluation of the impact of transmitting bad news]	4.19 ± 1.77	8.52 ± 1.47	<.001
5 "Emotions" [Response to the patient's reaction]	4.53 ± 2.31	8.19 ± 1.24	<.001
6 "Strategy and summary" [Disclosure of therapeutic plan and perinatal palliative care]	4.23 ± 2.14	7.90 ± 1.44	<.001

Post workshop - Rating of the activity by the resident doctors, N 20

Questions	Not at all/ a little Y/N	Somewhat Y/N	Quite a bit/ great deal Y/N
1 How much did the training increase your knowledge of how to BBN?	4 (20%)		16 (80%)
2 How much did the training increase your ability to BBN?	-	8 (40%)	12 (60%)
3 How much did the training increase your understanding of how to BBN?	-	6 (30%)	14 (70%)
4 How much did the training increase your comfort level in BBN?	-	6 (30%)	12 (60%)
5 How much did the training increase your comfort I in responding to the patient's emotional reactions?	1	5 (25%)	14 (70%)
6 How likely SPIKES training will change your future practices in BBN?	1	4 (20%)	15 (75%)
7 Was SPIKES training a good use of your time?	-	4 (20%)	16 (80%)
8 Please rate the overall value of SPIKES training	-	3 (15%)	17 (85%)

Conclusion:

Implementation of formal training provides a tool for postgraduates to deal with BBN and build their capacity to perform this function. Including a training module on breaking bad news of stillbirth is feasible, acceptable and helpful for postgraduate residents.

References

1. Shaw ML. Effective Communication Skills for Healthcare Workers. Integrated Studies 2018.
2. Armstrong L. It's not about the bike: my journey back to life. New York: Putnam, 2000.
3. Chavan KD. *Management of doctor patient relationship by teaching communication skills to resident doctors in maharashtra* (Doctoral dissertation, Tilak Maharashtra Vidyapeeth).