

Breaking Bad News

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Summary of project

This project evaluated a multi-professional, experiential training programme which was developed to prepare health professionals for breaking bad news. Breaking bad news can be difficult for health professionals, and it seems that few receive specific training for undertaking this challenging task. The one-day workshop was developed and delivered by three facilitators from varied professional backgrounds. Each of the forty-five participants, mainly nurses (76%) and doctors (22%), attended one of five "breaking bad news" workshops. Using an experiential design, participants were supported in exploring and reflecting upon breaking bad news issues. Following the workshop, participants completed an evaluation questionnaire, which aimed to find out their perceptions of the effectiveness of the workshop approach in enhancing their knowledge and communication skills. Qualitative data analysis of the evaluation comments using the Atlas.ti (Scientific Software Development, Berlin) computer software programme identified seven themes. These included the development of practice, the value of sharing and the benefit of feedback and

teamwork. All responses indicated that the workshop had been a beneficial and effective training method.

Background

Breaking bad news is perhaps one of the most difficult tasks faced by health professionals. Those working in clinical settings such as intensive care, oncology and accident and emergency can frequently be involved in breaking bad news and this can be a source of considerable anxiety (Morton, Blok, Reidi, Van Dalen and Morley, 2000). Recipients of bad news often remember where, when and how bad news was communicated (Woolley, Stein, Forrest and Baum, 1989; Finlay and Dallimore, 1991; Fallowfield, 1993; Koopmeiners, Post-White, Gutknecht, Ceronsky, Nickelson, Drew, Mackey and Kreitzer, 1997). It has been suggested that ineffective or insensitive news disclosure can have a long term adverse impact (Fallowfield 1993), moreover, it has been advised that poor news disclosure can be a major factor in provoking litigious complaints.

Given the potential impact of breaking bad news, it is important that health professionals receive education and training to develop the skills to break bad news effectively. Yet it is still evident that few have any formal preparation in disclosing such news (Dent, 1990; Buckman, 1992; Walker, Bradburn and Maher, 1996). Latterly, there are reports of training programmes being developed to prepare health professionals for breaking bad news, although most focus only on the needs of medical staff. Whilst doctors have a uniquely important role in this difficult task, it is evident that other health professionals, most frequently nurses, can be equally involved. Nurses and other professionals need training to recognise the contribution that they can make in ensuring sensitive and effective disclosure of bad news.

Aim of project

To implement and evaluate a teaching programme to prepare health professionals for breaking bad news in a paediatric setting.

Developing the programme

Three facilitators, drawn from nursing, medical and counselling backgrounds, formed a partnership for the development and delivery of this one-day programme. An experiential workshop design was used predominantly to provide a flexible framework for considering issues related to the breaking of bad news.

The workshops were delivered to a mix of medical and nursing participants to facilitate an appreciation of respective collaborative roles.

The programme consisted of two parts. In the first part, participants were encouraged to reflect upon their own personal and professional experiences of breaking and receiving bad news. Consequently, they were able to draw on these experiences to develop their own framework and guidelines for breaking bad news.

The second part of the programme focused on testing out a realistic scenario for breaking bad news, using the guidelines that participants had developed. Each of the scenarios used was developed with paediatric staff from specific clinical areas. This was to ensure that the scenarios reflected situations likely to be faced in that particular clinical context. In the scenario, some of the workshop participants were involved in role-play, with recipient's roles (simulated relatives) being taken by actors. Following the scenario, the facilitators supported all the participants to debrief critically, yet positively, using a learner-centred model of feedback which has evolved from a method originally described by Pendleton, Schofield, Tate, Havelock (1984).

Five workshops were held, targeting staff working in a range of paediatric clinical settings including the accident and emergency department (AED), intensive care unit (ITU), medicine, surgery and the community. Each workshop was only open to staff working in similar areas, as it was considered that this approach would enhance group cohesion by ensuring the relevance of the chosen scenario, draw upon commonality of experiences and build upon their working relations.

Staff were recruited by involving lead medical and nursing staff in each of the chosen areas. They were able to raise awareness about the workshops and identify and encourage appropriate staff to attend.

Evaluation

Participants were requested to complete an evaluation questionnaire immediately following the workshop. The questionnaire, which combined both open and closed questions, sought to gain feedback from the participants about the relevance and effectiveness of the programme. Forty-three evaluation forms were completed. In addition, each of the facilitators offered their reflections about the effectiveness of the workshop and their involvement. Atlas.ti, a qualitative data analysis software package, was used for content analysis of the responses of participants to the open questions on the questionnaire.

Key findings

The majority of participants (77%) had not received any prior training in breaking bad news. All participants rated this type of training as very important, with the majority (89%) indicating that they would strongly recommend the programme to other colleagues. Analysis of the responses to the open-ended questions generated 37 different codes, and these were grouped into one of seven themes which reflected common patterns. Wordage is available for six of the themes and is summarised below.

Themes

Development of practice

Participants indicated that their personal awareness and practice of breaking bad news had been influenced as a result of participating in the workshop, particularly regarding individual roles, factors that can influence effective news disclosure and the impact of being involved in breaking bad news. An increased sense of personal confidence in being able to break bad news was also reflected in their comments.

Benefits of sharing

There was considerable agreement about the process and learning benefits of sharing skills, experiences and feelings, when involved in breaking bad news.

Value of feedback

Participants valued demonstration of positive feedback techniques and how this provided insights into the effectiveness of skills.

Team work

Participants reaffirmed or gained new insights into

understanding the role and contribution of team members in breaking bad news.

Factors influencing learning

Participants were able to clearly identify and articulate both the positive and negative features which affected their learning as a result of attending the workshop. There was agreement that one of the most positive elements was the scenario, which provided a 'realistic' opportunity to explore the specific challenges of breaking bad news in a safe and supportive way.

Recommendations

Participants made recommendations for the incorporation and extension of the workshop programme.

Implications for practice

This project generated several implications which are of relevance to health care education and practice:

1. The design and format of the workshop programme was seen to be an effective way of facilitating active learning and fulfilling learning needs. It is recommended that this approach should be considered when training health care professionals to communicate effectively in highly sensitive situations.
2. Using a targeted approach was a valuable way of ensuring the programme was relevant to specific clinical settings. There can, however, be considerable difficulty in releasing several members of staff from the same clinical area at one time. Providing this type of training at a regional level for staff working in specific areas may be one way of overcoming this problem.
3. A particular strength of this programme was the collaborative approach, evidenced by the participation of facilitators and health care workers from a diverse range of backgrounds and professions. This provided positive role modelling for the participants in recognising the contribution of others to achieve a successful outcome. We would recommend that at least two facilitators from different backgrounds be involved in the delivery of the programme.
4. Considerable efforts were made to promote attendance by medical staff, given their unique role in breaking bad news. However, attendance was not as high as anticipated and reflects a continuing need to promote the value of this type of learning activity to everyday practice. It is evident from the evaluation comments offered by the medical

participants that the programme was an effective and helpful means of promoting communication skills and should become part of an on-going continuing education programme.

5. While recommendations were made by both participants and facilitators to make this type of educational activity a mandatory training requirement, it should be recognised that this approach, rather than encouraging attendance through personal motivation, might provoke adverse feelings from some participants. This might limit their ability to engage meaningfully with others in the group, with potential adverse consequences for individual and group learning.
6. The project used a relatively simple end-of-programme method of evaluation. While this yielded some helpful data, it is recognised that a pre-post workshop design of evaluation would ascertain more fully the effectiveness of the training intervention. Some participants supported the inclusion of video-recording and its use merits consideration to enhance overall programme design (Klein, Tracy, Kitchener and Walker, 1999; Fallowfield, Saul and Gillingham, 2001).

Conclusion

This paper has summarised the implementation and evaluation of training workshops designed to support health professionals in breaking bad news. The workshops were delivered using an experiential approach and in collaboration with facilitators from differing clinical backgrounds. Findings presented in this report have indicated the benefits of these workshops, with participants particularly noting increased awareness about breaking bad news issues and the identification of strategies useful to promote effective clinical practice.

There is a need to expand training opportunities for health professionals involved in breaking bad news to ensure that they develop the knowledge and acquire the skills to enable a sensitive and therapeutic response. The evaluation by participants attending the workshops would suggest that the innovative and collaborative approach evident in this programme has considerable merit and relevance as a model for training health professionals in breaking bad news.

A full paper reporting on this project has been published in the Journal of Advanced Nursing:

Farrell, M., Ryan, S. and Langrick, B. (2001) "Breaking bad news within a paediatric setting: an evaluation report of a collaborative education workshop to support health professionals". *Journal of Advanced Nursing*. Vol.36. No. 6. pp 765-75.

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Further reading

Farrell, M. Ryan, S. and Langricle, B. (2001) 'Breaking bad news' within a paediatric setting: an evaluation report of a collaborative education workshop to support health professionals. *Journal of Advanced Nursing*. Vol. 36. No.6. pp 765-775. A copy of the original full report can be obtained from the website: www.fons.org/projects/badnews.htm.

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