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Breaking bad news to patients with cancer: A randomized control trial of a brief communication skills training module incorporating the stories and preferences of actual patients

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ABSTRACT

Objective: This study tested the effectiveness of a brief, learner-centered, breaking bad news (BBN) communication skills training module using objective evaluation measures.
Methods: This randomized control study (N = 66) compared intervention and control groups of students (n = 28) and residents' (n = 38) objective structured clinical examination (OSCE) performance of communication skills using Common Ground Assessment and Breaking Bad News measures.
Results: Follow-up performance scores of intervention group students improved significantly regarding BBN (colon cancer (CC), p = 0.007, r = −0.47; breast cancer (BC), p = 0.003, r = −0.53), attention to patient responses after BBN (CC, p < 0.001, r = −0.74; BC, p = 0.001, r = −0.65), and addressing feelings (BC, p = 0.006, r = −0.48). At CC follow-up assessment, performance scores of intervention group residents improved significantly regarding BBN (p=0.004, r = −0.43), communication related to emotions (p = 0.034, r = −0.30), determining patient's readiness to proceed after BBN and communication preferences (p = 0.041, r = −0.28), active listening (p = 0.011, r = −0.37), addressing feelings (p < 0.001, r = −0.65), and global interview performance (p = 0.001, r = −0.51).
Conclusion: This brief BBN training module is an effective method of improving BBN communication skills among medical students and residents.
Practice implications: Implementation of this brief individualized training module within health education programs could lead to improved communication skills and patient care.

1. Introduction

Historically patients with cancer were routinely left uninformed regarding their diagnosis [1,2]. This was done largely with the belief that informing patients was harmful and caused undue stress. As cancer treatments improved in the late 1970's, physician-centered models of care evolved to an increased focus on autonomy and most physicians more fully informed their patients about their cancer diagnosis [3]. However, with this change, came new communication challenges to both the patient and the treating physician [4–6].

"Bad news" has been defined by Buckman [7] as, "any news that drastically and negatively alters the patient's view of his or her future." Examples of bad news include: cancer diagnosis, cancer recurrence, and treatment failure. Doctor-patient encounters involving breaking bad news (BBN) are important. When bad news is delivered poorly, it can negatively impact both patient and physician. Negative patient outcomes can include stress and anxiety [8]; miscommunication regarding diagnosis, treatment, and prognosis [9]; and poorer overall health outcomes [10]. Negative physician outcomes can include increased stress [11,12], anxiety [13], and burnout [14].

The Toronto and Kalamazoo Consensus Statements [15,16] made recommendations regarding communication skills in general practice. Recommendations involving challenging communication skills such as those found when delivering bad news were offered by Baile et al. [17] who described a six-step protocol, while Girgis and Swanson-Fisher [20] provided consensus

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guidelines. Training activities for BBN come in a variety of formats. Among these are lecture and small group discussion using role-play and/or standardized patients, instructional videos, and objective structured clinical examinations (OSCEs) [4,17–21].

BBN training is often labor intensive and time consuming, therefore many medical schools provide few formal learning experiences [10,17]. Where BBN training has been reported, these approaches can require up to forty hours [4,22–25].

Initial studies concerning BBN relied largely on participant self-report of increased knowledge and/or confidence while giving bad news [26]. Consequently, conclusions regarding the expression of BBN communication skills were limited. Although they are difficult to create and expensive to implement, OSCEs have been used in several studies [26–28]. More recently, randomized controlled studies evaluating the efficacy of BBN communication skills training have been conducted [25,29–32].

Recognizing these challenges to implementation and education, our study tested the effectiveness of a brief, self-paced, skill-focused BBN training module using objective evaluation measures. This module was developed using cancer stories from patients. It was the result of an interdisciplinary effort involving faculty from the East Tennessee State University (ETSU) Graduate Storytelling Program and the departments of Family and Internal Medicine.

2. Methods

2.1. Intervention

Training materials for the BBN module were developed using qualitative methods for discovering a variety of challenging experiences reported among patients with cancer. Semi-structured interviews were conducted, video recorded, transcribed verbatim, checked for accuracy by the original interviewer, and analyzed [33,34]. Each interview began with the statement, "Please begin by sharing any stories or personal experiences that might help others to appreciate what it has been like for you to deal with cancer." After a patient shared their story, interviewers asked 1) questions to clarify issues related to communication (e.g. If the

Breaking Bad News Skills Rating Form Checklist (BBN Skills)

1. **Preamble to Breaking Bad News (gauging patient knowledge and readiness)**
   a. Refers to current "tumor related" or "procedure-related" symptoms [Yes/No]
   b. Checks with how the biopsy-diagnostic procedure went [Yes/No]
   c. Addresses family involvement [Yes/No]
   d. Checks what the patient has been told/knows about the results ("How told" is specific and different from exploring, "how it went.") [Yes/No]
   e. Checks /explores/addresses feelings (must either initiate a dialogue about feelings or explores deeper a feeling statement made by patient. Not just, "How are you feeling?" Must successfully elicit what feelings are present.) [Yes/No]
   f. Checks the patient's readiness to receive the results; how much, and in what amount of detail the patient prefers. [Yes/No]
   g. Premature inquiry regarding patient attributions about cause of symptoms. (reverse scored) [Yes/No]
   h. Distracting leads such as lengthy ice-breakers or "beating around the bush" (reverse scored) [Yes/No]

2. **Breaking Bad News**
   a. Provides forewarning [Yes/No]
   b. Expresses personal regrets [Yes/No]
   c. Makes a positive personal statement [Yes/No]
   d. Makes statement using the term "cancer" [Yes/No]
   e. Uses ambiguous or obscuring modifier such as "highly suspicious," "may represent." [reverse scored] [Yes/No]
   f. Uses non-specific lay terms (mass, growth, tumor) instead of the word, "cancer." [reverse scored] [Yes/No]

3. **Attention to Patient Responses after BBN**
   a. After stating "cancer", immediately proceeds to providing additional information re: cancer details, treatment, prognosis, etc." [reverse scored] [Yes/No]
   b. Explicitly asks about patient reactions [Yes/No]
   c. Responds non-verbally to non-verbal expression [Yes/No]
   d. Explores personally charged verbal clues [Yes/No]
   e. Asks about experience and/or knowledge regarding cancer. [Yes/No]

4. **Communication Related to Patient Emotions**
   a. Asks about feelings [Yes/No]
   b. Acknowledges patient feeling without specifically naming it [Yes/No]
   c. Names/restates/hypothesizes or acknowledges a specific feeling [Yes/No]
   d. Touches patient supportively [Yes/No]
   e. Discourages expressions of feelings, "Don't worry…Be a fighter"…"Be strong" [reverse scored] [Yes/No]

5. **After BBN Determines Patient Readiness to Proceed and Communication Preferences**
   a. Asks about readiness to proceed [Yes/No]
   b. Asks about preference to involve family member, if needed [Yes/No]
   c. Preference for type of information – General (qualitative) vs. Specific (graphs, tables, percentages) [Yes/No]
   d. Asks about preference for prognosis timeline (General vs. Percentages, months)[Yes/No]
   e. Discloses prognosis (either General or Specific) [Yes/No]
   f. Provides medical recommendations direction (the next step will be…on diagnosis, work-up, and or TX. (If postpones further discussion until family or patient is ready mark N/A.) [Yes/No]

Fig. 1. Breaking Bad News Skills Rating Form Checklist (BBN Skills).

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