

Medical Education

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

Jan Schildmann^{a,1,*}, Stefanie Kupfer^{b,1}, Nicole Burchardi^c, Jochen Vollmann^a^a Institute for Medical Ethics and History of Medicine, Ruhr-University Bochum, Germany^b Department of Child and Adolescent Psychiatry, University of Erlangen-Nürnberg, Germany^c Coordination Centre for Clinical Trials, Philipps University Marburg, Germany

ARTICLE INFO

Article history:

Received 7 October 2010

Received in revised form 10 April 2011

Accepted 13 April 2011

Keywords:

Doctor–patient relationship

Professionalism

Breaking bad news

Medical education

Cancer

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.

© 2011 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Breaking bad news is a frequent and at the same time challenging task for physicians in most clinical specialties [1–3]. Various study groups have published guidance on the professional handling of this difficult communication situation over the last few years [4,5] and teaching courses on breaking bad news have been implemented as part of the undergraduate and postgraduate curricula in North America and several European countries [3,6,7]. There is evidence that small group teaching interventions which incorporate experiential methods (i.e. role play, standardised patients) and principles of a learner-centred approach improve course participants' perceived self-efficacy [8,9] and observable communication skills [10–12].

The methods which have been used to measure breaking bad news competency differ with respect to the *type of the instruments* (e.g. detailed checklist, global rating scales) and the *raters* (e.g.

standardised patients, independent raters) [3,13]. The different possible approaches towards the measurement of communication skills have been discussed not only with respect to feasibility and reliability of assessment but also regarding possible implications for the validity of results gained by the use of different instruments and/or raters [14,15]. A more detailed analysis of empirical studies on the evaluation of breaking bad news interventions further indicates that there is variation regarding the different communication competences relevant for breaking bad news which have been shown to improve following a teaching intervention [12,16–20].

There is a scarcity of empirical research in which different approaches to assess breaking bad news competences have been systematically compared [21,22]. On the basis of the methodical discussions about differing approaches towards the assessment of breaking bad news competency and for the purpose of the identification of an appropriate and feasible evaluation strategy with respect to our own teaching courses, an evaluation study was designed in which different types of instruments (detailed checklist and global rating scale) were used by the same raters, and different raters (independent raters and standardised patients) used the same measurement instrument (global rating scale) to assess the possible effects of a breaking bad news intervention (see Fig. 1a).

* Corresponding author at: Institute for Medical Ethics and History of Medicine, Ruhr-University Bochum, Malakowturm-Markstr., 258a, 44799 Bochum, Germany. Tel.: +49 234 32 28654; fax: +49 234 32 14205.

E-mail address: jan.schildmann@rub.de (J. Schildmann).

¹ Authors contributed equally as first authors to this research.

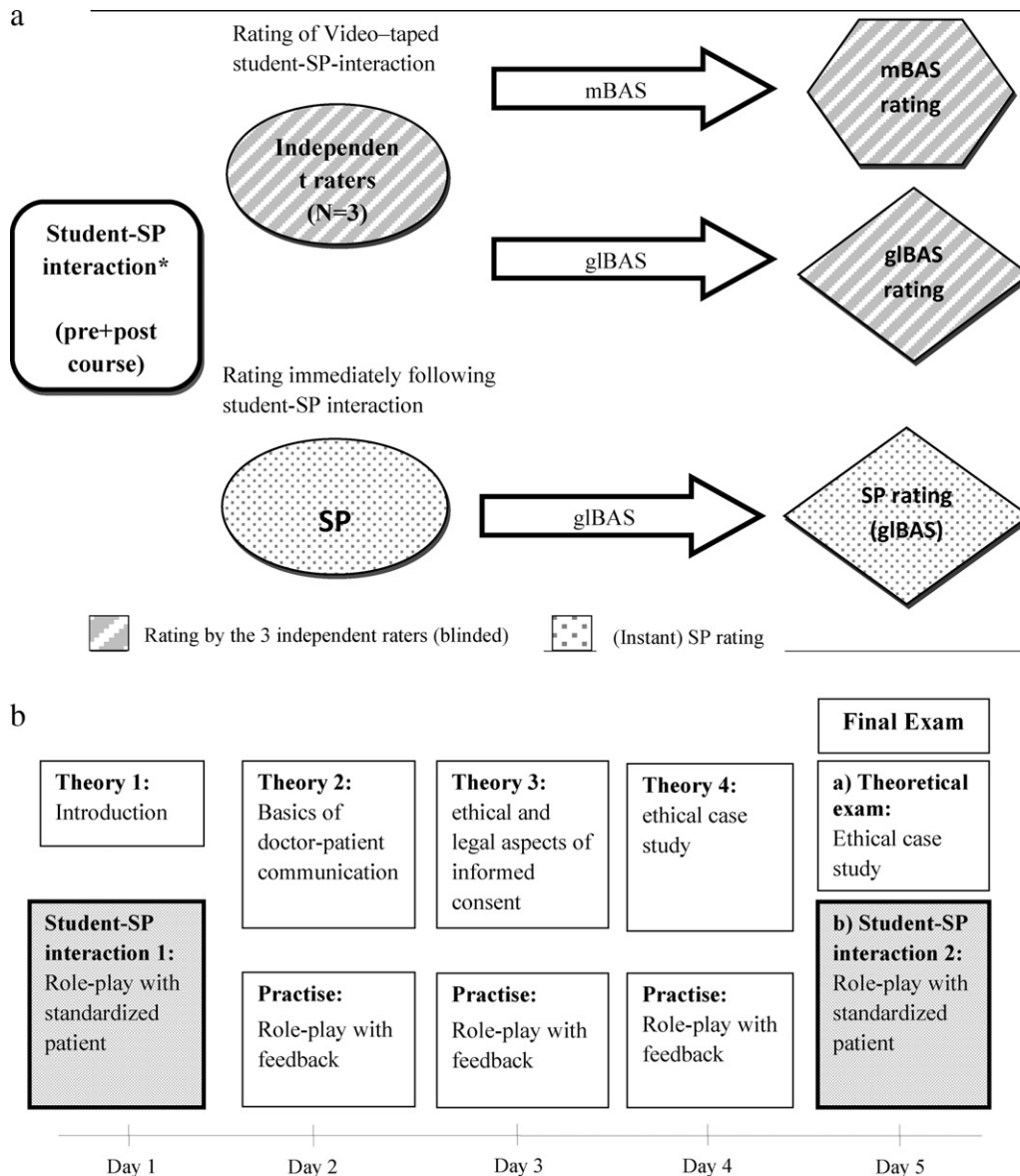


Fig. 1. (a) Overview of rating methods: the hexagons emblemize detailed checklist rating (mBAS), and the diamonds emblemize global rating (glBAS). (b) Structure of course and evaluation – role-plays with standardised patients (grey boxes) were videotaped for pre-post evaluation.

The aims of this research were as follows:

1. To investigate possible changes regarding the different communication competencies of medical students relevant for breaking bad news before and after a teaching module on breaking bad news.
2. To compare the results generated by different approaches to measure communication skills.

The results of this study will be discussed with a focus on their implications for an appropriate and consistent design of the teaching and the evaluation of breaking bad news competency.

2. Methods

2.1. Teaching course, participants and study protocol

The teaching course on breaking bad news evaluated in this study is one of several special study modules in the field of medical

humanities which are offered to third-year medical students at the Friedrich-Alexander-University Erlangen-Nuremberg. At the time of this study there was no other communication skill training using simulated patients as part of the medical curriculum. On this basis the teaching of breaking bad news in this course also covered some basic aspects of communication skills, even though this was not the primary goal of the course. The important aims of the course were the improvement of knowledge and communication skills relevant to breaking bad news to patients. The two courses which were designed for a maximum of 20 medical students each were conducted and evaluated in two consecutive semesters. A more detailed description of the course and evaluation is provided in Wand et al. [23].

The course began with a brief welcome session followed immediately by a 10-min discussion in which medical students had to disclose the diagnosis of cancer to a standardised patient (SP). SPs had received experiential training on their roles for two days with an emphasis on reliable behaviour. All student-SP-interactions were videotaped and informed consent for the research had been elicited from the students prior to the course.

Download English Version:

<https://daneshyari.com/en/article/6154226>

Download Persian Version:

<https://daneshyari.com/article/6154226>

[Daneshyari.com](https://daneshyari.com)