

ARE “GIVING BAD NEWS” DIFFICULT SITUATIONS FOR MEDICAL STUDENTS?

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Reviewed by: Assoc. prof. , PhD

ABSTRACT

Background: Discussions about end-of-life are difficult issues for physicians to initiate. What about medical students? Do they have enough education about these issues? **Aim:** In this study our aim was not only to learn their approaches about giving bad news but also to apply a learning method by adding role playing to the elective lesson titled as “giving bad news” to our undergraduate curriculum. **Methods:** Study group was the third year medical students, who were elected “Approaches to Primary Care Patients” lesson which was given from lecturers of Family Medicine Department. A questionnaire was performed in the beginning and at the end of the lesson. Between these two period a role-playing demonstration was performed from two voluntary students related the subject. **Results:** Fifteen female (62,5%), 9 male (37,5%), total 24 elective lesson students were participated. Most of the students (79,2%) stated our present undergraduate curriculum deficient related giving bad news. More than 90% feeling disturbed, concerned and insecure in giving bad news. After the lesson and role-playing demonstrations more than 90% of the students found this type of training efficacious and practical. **Conclusion:** Giving bad news is a very important communication skill. As family physicians play a key role on patient care we need to learn the methods and as lecturer to teach them to our medical students. Student integration to the training method can be beneficial to internalize the subject.

Keywords: Giving bad news, Medical education, Students

INTRODUCTION

Medical education is a process which is long and emotional for a student. In this hard road students generally want to cure their patients and save their lives. Towards this direction, historically, medical education raises physicians this way. Unfortunately, with the aging of society, physicians' patient group has changed, chronic diseases have increased than acute diseases¹⁻³.

Today, physicians frequently must break bad news, which is “an information that changes a person's view of the future in a negative way”⁴ or in another word “...results in a cognitive, behavioral or emotional deficit in a person receiving the news that persists for some time after the news is received”⁵. Whatever the specialty is, every physician must be able to relay sad, bad, and difficult news to patients and their loved ones^{6,7}. Although bad news often associated with a terminal disease such as cancer⁸; of course, bad news can change according to the person's life experiences, personality, spiritual beliefs, philosophical standpoint, perceived social support and emotional hardness⁷.

A physician's ability to effectively communicate is typically learned through trial and error or observation of more senior physicians and in general most medical schools do not include practical formal training sessions in communication of bad news to patients⁹. Recognition that doctors may require further training to help them improve communication skills has led to the development of courses, workshops on giving bad news for undergraduates and post-graduates¹⁰⁻¹³. There are many different ways which can show us way for improving this skill. Use of an empathic communication approach to giving bad news, such as SPIKES, may improve the physician-patient relationship and reduce the patient's anxiety¹⁴.

Uludag University, established in 1975, is located in Bursa, an industrial city with a strong historical and cultural heritage and a population of approximately 2,000,000. This university is the only medical school in the Southern part of Marmara Region. Despite the persistence of traditional lecture-based teaching in the university, to achieve balance between theoretical and practical dimensions of education, individual departments have adopted several didactic approaches. In the other hand, the existing curriculum did not offer many possibilities for students to prepare themselves for breaking bad news to patients. Therefore, Family Medicine

Department of this university, integrate the “giving bad news” subtitle to the elective lesson named as “Approaches

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to Primary Care Patients” for the third class of the medical school. The purpose of this study was to learn the students’ approaches about giving bad news and to apply a learning method by adding role playing to the lesson.

METHODS

The study group consisted of a group of third year medical students of the Uludag University School of Medicine class of 2005-2006, who were elected “Approaches to Primary Care Patients” lesson which was given from lecturers of Family Medicine Department.

After a literature search, a questionnaire was developed to assess the approaches and attitudes of medical students to giving bad news. The questionnaire consisted of two parts.

was the most reported situation (79%) as giving bad news, which followed by cancer (16 %) and accident (5,3 %).

In the first part of the questionnaire, students were asked to state their agreement with five statements regarding the situation of current curriculum, their feelings in giving bad news and the need for additional education. Fifty percent of the students found the current curriculum insufficient in “giving bad news”, while 21.8% found satisfactory. More than 95% found themselves feeling uncomfortable – bad and 91% feeling stressed in giving bad news. Only 16.7% of the students reported that they had self-confidence in giving bad news, compared with the 50% who were uncertain about feeling sure of him/herself. All the students (100%) agreed with the necessity of additional education related the subject (Table 1).

In the second part of the questionnaire, students were asked

Table 1. Students responses to the first part questionnaire's statements

	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
Our current curriculum is satisfactory in educating the student about "giving bad news" (Mean: 3,25 sd: 1,15)	12,5 %	8,3 %	29,2 %	41,7 %	8,3 %
I feel uncomfortable and bad when I give bad news to someone (Mean: 1,50 sd: 0,58)	54,2 %	41,7 %	4,2 %	-	-
I feel anxious and stressed about giving bad news (Mean: 1,79 sd: 0,72)	33,3 %	58,3 %	4,2 %	4,2 %	-
I have self-confidence in giving bad news to someone (Mean: 3,20 sd: 0,77)	-	16,7 %	50,0 %	29,2 %	4,2 %
Additional education should be given about "giving bad news" (Mean: 1,37 sd: 0,49)	62,5 %	37,5 %	-	-	-

The first part of the questionnaire was performed in the beginning of the lesson. The presentation of the lesson was done in power point style which points out the 6-step protocol⁶ and also includes several case examples with different communication types. After presenting the lesson, a role-playing demonstration was performed from voluntary students related the subject.

At the end of the lesson the second part of the questionnaire was distributed. Attitudes to giving bad news were assessed by questions scored on a five-point Likert-type scale with 1 representing “strongly agree” and 5 representing “strongly disagree”.

SPSS 11.0 software was used to analyse the data obtained.

RESULTS

A total of 24 elective students participated in the elective lesson; of these, 15 were female (62,5%) and 9 male (37,5%). The ages of the students ranged from 20 to 23 years (mean 21.3, \pm 1.44). Only five students (21%) stated that they had not have an experience about giving bad news before, compared with 19 (79%) who indicated that they had such an experience. According to these students, death

to state their agreement with six statements regarding the presentation type of the lesson , their feelings after the lesson and recommendation of the lesson. All of the students find efficacious this type of lesson (which was an interactive presentation and contained role-playing) and decide to recommend this elective lesson to the other students. More than 90% of the students stated that they understand the practical points in coping with these difficult situations and the dialogue that can be used in giving bad news; while only 4.2% were uncertain. Although 79.2% of the students stated that they were feeling more safe after the lesson, 20.8% of them were uncertain. Most of the students (91.6%) found useful the role playing of students (Table 2). We did not find any statistical significance between age,gender and all the statements used.

DISCUSSION

Physician is not a God, just a human being who has emotions. Every physician wants to treat and wants to give good news to his/her patients. But the fact is that there will always be bad news; which a phrase like “dropping the bomb” can be used to describe the task². The delivery of

Table 2. Students responses to the second part questionnaire's statements

	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
I understand the subject better with this type of presentation /lesson. (Mean: 1,41 sd: 0,50)	58,3 %	41,7 %	-	-	-
This lesson gave practical information about difficult situations. (Mean: 1,75 sd: 0,73)	37,5 %	54,2 %	4,2 %	4,2 %	-
I feel more safe now in giving bad news. (Mean: 2,08 sd: 0,58)	12,5 %	66,7 %	20,8 %	?	-
Now I know the type of the dialogue that I can use in giving bad news. (Mean: 1,87 sd: 0,67)	25,0 %	66,7 %	4,2 %	4,2 %	-
I found useful the role playing of the students (Mean: 1,79 sd: 0,72)	33,3 %	58,3 %	4,2 %	4,2 %	-
I recommend this elective lesson to my other friends. (Mean: 1,54 sd: 0,50)	45,8 %	54,2 %	-	-	-

sad, bad and difficult news always be an unpleasant, depressing but necessary part of medicine. For this reason physician needs to prepare himself towards this difficult task. But how? In general, communication of bad news to patients is rarely taught in medical schools and clinicians are generally poor at it^{9,15-16}. It has been known that, a physician's ability to effectively communicate is typically learned through trial and observation of more senior physicians⁹. But are we sure that medical students may complete their undergraduate education with observing many physicians giving bad news or getting enough training about it? In this sense, believing the necessity of additional training, we aim to integrate a special lesson format in a small student group, look at the results of it and improve it step by step.

Although half of the student group found the current curriculum insufficient in 'giving bad news', like many studies having the same results^{7,17}, our result can be misleading as they are in their pre-clinical period. But all of the students have the foresight about the necessity of additional training in giving bad news.

Experts point out that clinicians invariably respond with their own feelings about the bad news⁴. Many studies showed that physicians fears can be a barrier to effective communication of bad news⁸. In our study, prior the lesson, most of the students were feeling uncomfortable and stressed in giving bad news. Additional questions would be needed for learning the feelings and the factors affecting communication.

Over the past several years, there has been an increased emphasis on the importance of communication skills; and towards this context, more specifically, medical schools begin to add different type of education methods or courses to teach students how to break bad news to patients^{8,9,18}.

Until now, we did not have a special lesson or practice in our undergraduate curriculum. Students were learning spontaneously this communication from their medical edu-

cation. Our elective is the first important step in this field. As we believe theoretical lesson related the subject will not be enough. We use 6-step protocol as a guidance, which described by Buckman one of the recognized approaches to giving bad news^{4,18}, integrate examples of different cases and role playing that can enhance the education. Our results showed that this type of presentation with guiding had been found beneficial from all the students in this stage. In another study from UK, which a course was conducted for fourth- and fifth-year medical students, at the end of the course students' knowledge had increased and they found more confident in their ability to give bad news¹⁰.

The present study has some limitations. The results presented in the study should be considered preliminary as this study utilizes small number of students. The students in this sample were only third year medical students, more studies should be done to senior students; or this study group should be followed through years, as we aimed to do. Another limitation is that not to have different training methods to compare with. In teaching students to break bad news, objective evidence of learning and retention of skills is difficult to achieve. Also, it is difficult to assess whether efforts at enhancing communication skills in giving bad news improves physician's effectiveness. Some physicians report beneficial effects in giving bad news to their patients after they had participated in such a communication skills training course^{19,20}.

CONCLUSION

As physicians we can not ignore our duty about giving bad news to our patients and their families. Having stronger education and more training possibilities (*role playing, simulated patients, case reports, video presentations, etc*) can contribute to the perceiving this difficult communication skill.

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