

BACKGROUND

Bad news delivery's impact on patients, their relatives, and physicians' stress is a **worldwide concern**.

Many protocols have been developed worldwide, but **training** to might be **time-consuming**.

We developed a **short simulation program** based on the **SPIKES** protocol, the **TAKE 5** program, and hypothesized that it could improve bad news delivery performances, as well as longer course programs. We therefore designed the present study to evaluate the potential impact of this **standardized 5-hours training program**.

PARTICIPANTS & METHODS

This **preliminary study** was conducted in the Emergency Department of a tertiary care academic hospital accounting for 90 000 ED census per year, 16 attending emergency physicians, 10 junior residents, and 5 trainees per month. Data were extracted from a 5-months period between November 2015 and April 2016.

The study included **three phases** over 4 weeks (Table 1).

Phase 1 (week 1)	Phase 2 (week 2)	Phase 3 (week 4)
Video recorded individual role-playing sessions	3-hour theoretical training group session	Video recorded individual role-playing sessions

Table 1. Study design

Each role-playing session lasted approximately 1 hour with 10 minutes briefing and medical case acknowledgement, 10 minutes role-plays and 40 minutes group debriefing.

We created an 8 scenarios database (paediatric with severe asthma attack, road accident, intracranial bleeding) for the role-playing sessions.

Bad news delivery performance **evaluation** was based on a **14 points retrospective assessment tool** (1). We collected data about the status and impact of a stressful event at 3-days using the French version of the **IES-R scale** (2). We applied Student t-tests for statistical analysis.

RESULTS

A total of **14 volunteers** were included in this preliminary study (Table 2).

	Mean age	Gender	BN delivery duration T1	BN delivery duration T3
Trainees (n=10)	24	6♀ / 4♂	8'20"	10'30"
Junior physicians (n=4)	25	4♀	13'18"	9'34"

Table 2. Sociodemographic characteristics and Bad-News delivery mean durations

On average, bad-news delivery process took 9'45" at T1 and 10'20" at T3.

From T1 to T3 (Figure 1), bad-news delivery performance increased significantly for both the junior emergency physicians and trainees, and the impact of the event on the trainees decreased significantly.

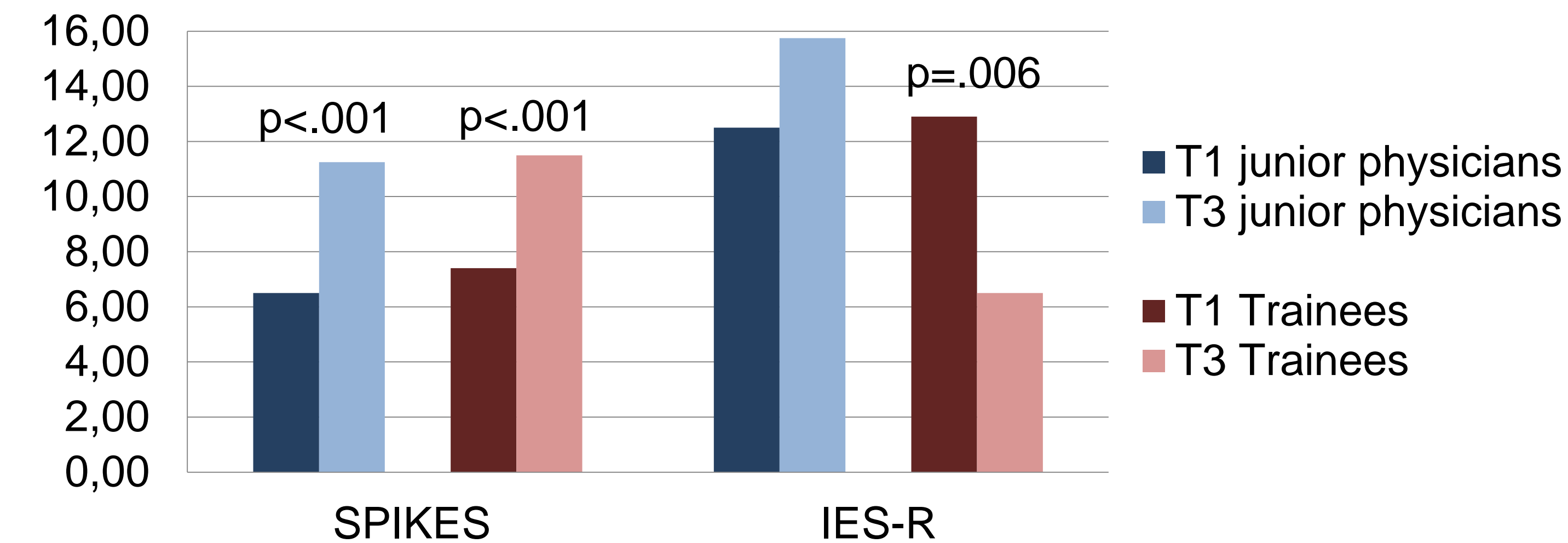


Figure 1. Comparison of Bad-News delivery performance and impact of the event scores before and after theoretical training session

Further analysis revealed that most relevant increases concerned the "situation", "presentation", "knowledge", "emotions" and "summary" steps. Interestingly, we also found a significant decrease of the impact of bad-news delivery on trainee physicians' stress (Figure 2).

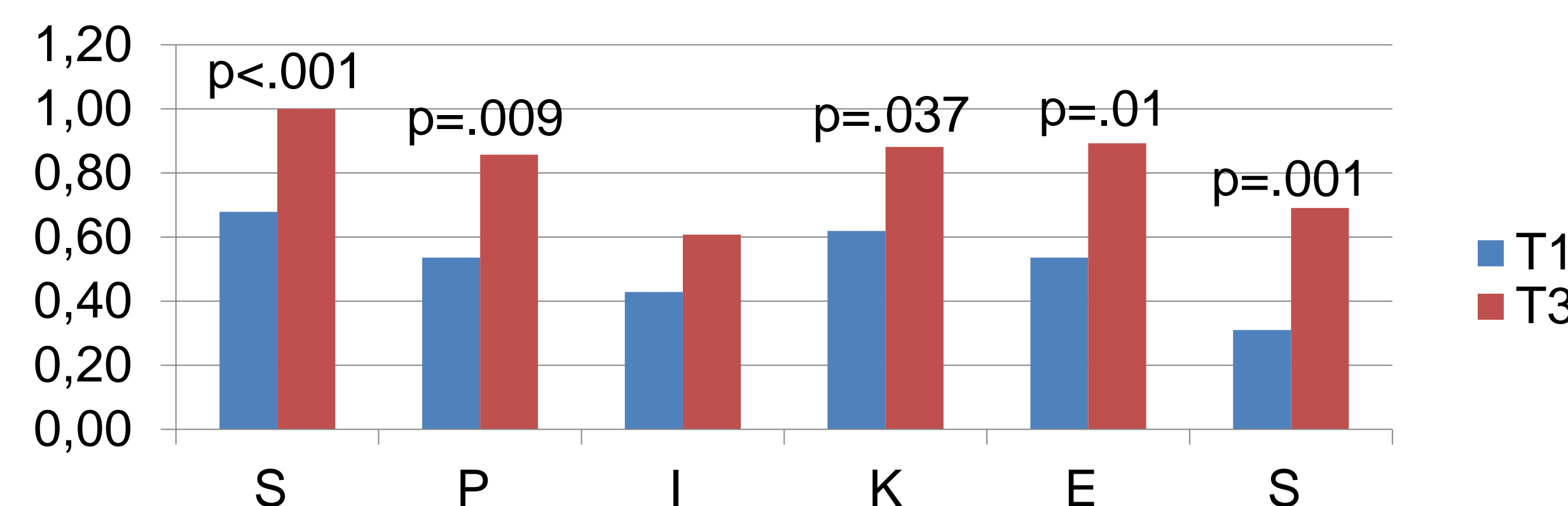


Figure 2. Comparison of Bad-News delivery performance before and after theoretical training session

DISCUSSION and CONCLUSION

These preliminary results indicate some **potential** for this new standardized course of breaking bad news delivery.

Apart from allowing physicians **increase** their **communications skills**, we believe that this simple 5-hour simulation-training program could **alleviate physicians' stress** when they happen to break bad news.

PERSPECTIVE

We actually pursue this preliminary study.

A **larger sample**, measures of **subjective and objective** stress, and **double-blinded** video analyses will probably allow us to enhance and expand our results.

REFERENCES

- (1) Brunet, A. et al. (2003). Validation of a French version of the Impact of Event Scale-Revised. *Can J Psychiatry*, 48(1), 56-61.
- (2) Park, I. et al. (2010). Breaking bad news education for emergency medicine residents: A novel training module using simulation with the SPIKES protocol. *J Emerg Trauma Shock*, 3(4), 385-388.



Figure 3. Example of video recorded individual role-playing sessions