

Breaking Bad News: the TAKE five program

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-  Employee, consultant or member of the scientific advisory board of a health industry Yes  No

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-  Fees for lecture or redaction of articles or materials from a health industry Yes  No

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-  Support for travel, accommodation or registration to conferences and other events received from a health industry Yes  No

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-  Research or clinical study investigator for a health industry Yes  No

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Background

- **Bad news delivery's impact : worldwide concern**
 - SMILE Centre : the **TAKE 5** program
- Could it improve bad news delivery performances, such as longer course programs?

Materials and method

- **Preliminary study** conducted in the Emergency Department
- Data extracted from a 5-month period between November 2015 and April 2016
- **Three phases over 4 weeks**

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

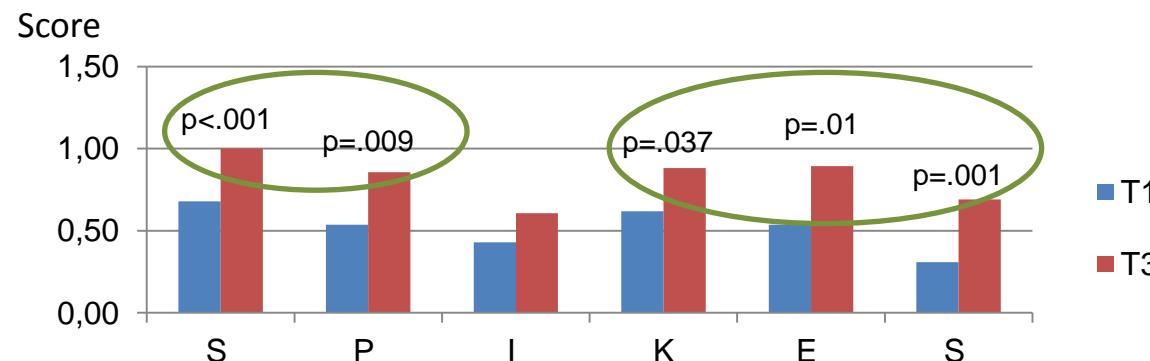
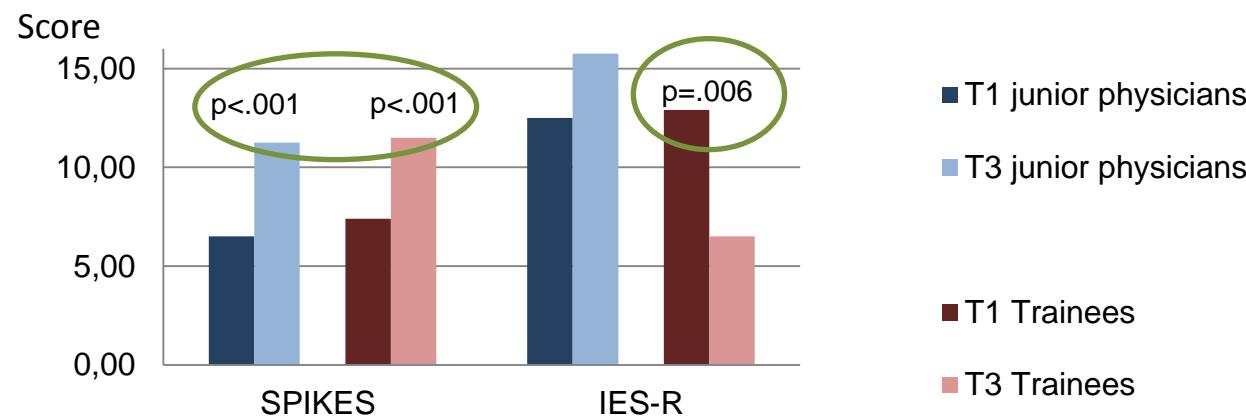
- **Evaluation**
 - **SPIKES competence form – short form^a**
 - **IES-R scale^b**

^a 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.

^b Brunet, A. et al. (2003). Validation of a French version of the Impact of Event Scale-Revised. Can J Psychiatry, 48(1), 56-61.

Results (N=14)

	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"



Conclusions

- Preliminary results
 - ↗ communication skills
 - ↘ physicians' stress
- A larger sample, measures of subjective and objective stress, and double-blinded video analyses

THANK YOU FOR YOUR ATTENTION



Any questions?