

Breaking Bad News: the TAKE five program.

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INTRODUCTION

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

	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

From T1 to T3 (Figure 1) :

- bad-news delivery performance increased significantly for both the junior emergency physicians and trainees
- the impact of the event on the trainees decreased significantly.

The most relevant increases (Figure 2) concerned the "situation", "presentation", "knowledge", "emotions" and "summary" steps.

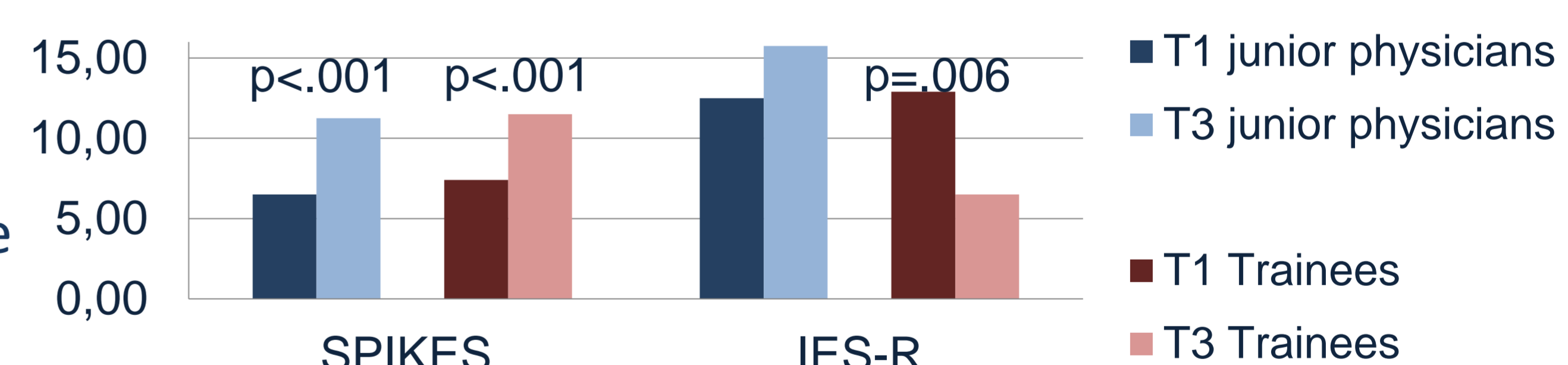


Figure 1. Comparison of Bad-News delivery performance and impact of the event scores before and after theoretical training session

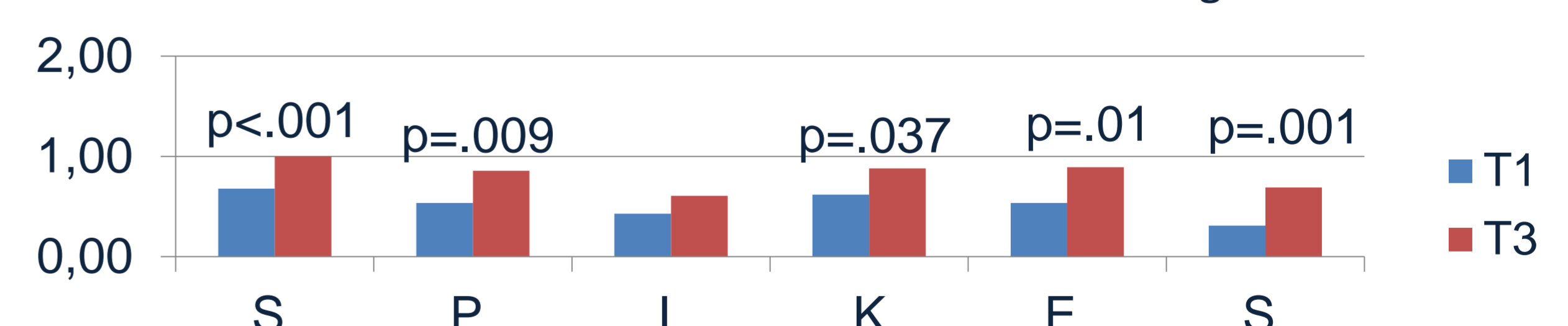


Figure 2. Comparison of Bad-News delivery performance before and after theoretical training session

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 **communication skills**, we believe that this simple 5-hour simulation-training program could **alleviate physicians' stress** when they happen to break bad news.

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

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