

Breaking bad news in the emergency department: A randomized controlled study of a short training course

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Introduction. For years, bad news delivery's impact on patients and relatives, as well as physicians' stress has been a major concern. Based on studies claiming the efficacy of training courses to help physicians delivering such news, several protocols, such as SPIKES have emerged worldwide. However, training to such protocol might be time-consuming and impede their use in acute care settings. This is a randomized controlled study aiming to assess the impact of a breaking bad news training course using e-learning and role-playings. We hypothesize that such an alleviate course might ease the acknowledgement process.

Participants and methods. Participation was proposed to medical trainees and residents from emergency, intensive care and anesthesia departments, on a voluntary basis. Participants were randomly assigned to the training course (TC) or a waiting list (WL). Both groups were assessed twice: before and after training for the TC group and at a two-week interval for the WL group. The course included e-learning (theoretical basis on SPIKES model) and a 2-hour role-playing session. Assessments included the analysis of video recordings of breaking bad news simulations with two actors playing the relatives' role. Questionnaires collected socio-demographic, stress and self-efficacy data. Two blinded experts rated the videos with the Breaking bad news Assessment Schedule (Miller et al., 1999). Finally, the actors' experiences were also evaluated.

All data have been continuously collected since October 2016.

Results. Out of 40 participants included, data from 19 participants have been analysed to date: 11 trainees and 8 residents, with a mean age of 24.9. Compared to the WL group, participants of the TC group increased significantly their knowledge level ($p = 0.001$) and self-efficacy ($p = 0.038$). The actors assessed that the announcement of the bad news was significantly more adequate in the TC group, as compared with the WL group ($p = 0.005$). There was no difference between groups in terms of stress reduction overtime. All participants were very satisfied about the training (mean = 4.3/5). The analysis of the videos is currently under study.

Conclusion. The training course for bad news delivery using e-learning and role playing appears to offer interesting perspectives in the field, enabling a more feasible approach as regards the acute care settings and concerns.