

SHARING BAD NEWS:



IDENTIFYING DIFFERENCES BETWEEN THE SKILLS
TAUGHT AND OBSERVED IN CLINICAL PLACEMENTS

OLEZIA VERSTIUK | EDISON CHEUK TING TANG

UNIVERSITY OF NICOSIA MEDICAL SCHOOL, MD6 PROGRAMME -YEAR 3 AND YEAR 5

OUTLINE

- BACKGROUND
- AIMS & OBJECTIVES
- METHODS
- RESULTS
- CONCLUSIONS



“PATIENTS DON'T REMEMBER
DOCTOR'S PRESCRIPTION,
BUT THEIR COMMUNICATION”

— PRACHI KERKAR





BACKGROUND

- **Sharing bad news (SBNs)** in clinical practice — core skill, critical yet challenging for both clinicians & patients.
- **Curriculum Gap:** discrepancy between what is taught in medical education regarding communication skills & what is practiced in real-world clinical settings.
- **Observational Studies & Feedback** —> skill improvement
- **Cultural Sensitivity & Ethical Principles:** honesty, empathy & respect for patient autonomy
- **Various frameworks and models exist to help health care professionals when sharing bad news.**

MEET OUR TEAM

University of Nicosia Medical School, Nicosia, Cyprus



PROF. ALEXIA
PAPAGEORGIU



DR. ZOE
GIANNOUSI



DR. PANAYIOTA
ANDREOU



EDISON CHEUK
TING TANG

AIMS & OBJECTIVES



To explore the discrepancy between the sharing of bad news skills as taught in academic settings and the actual application of these skills observed by medical students during their clinical placements.

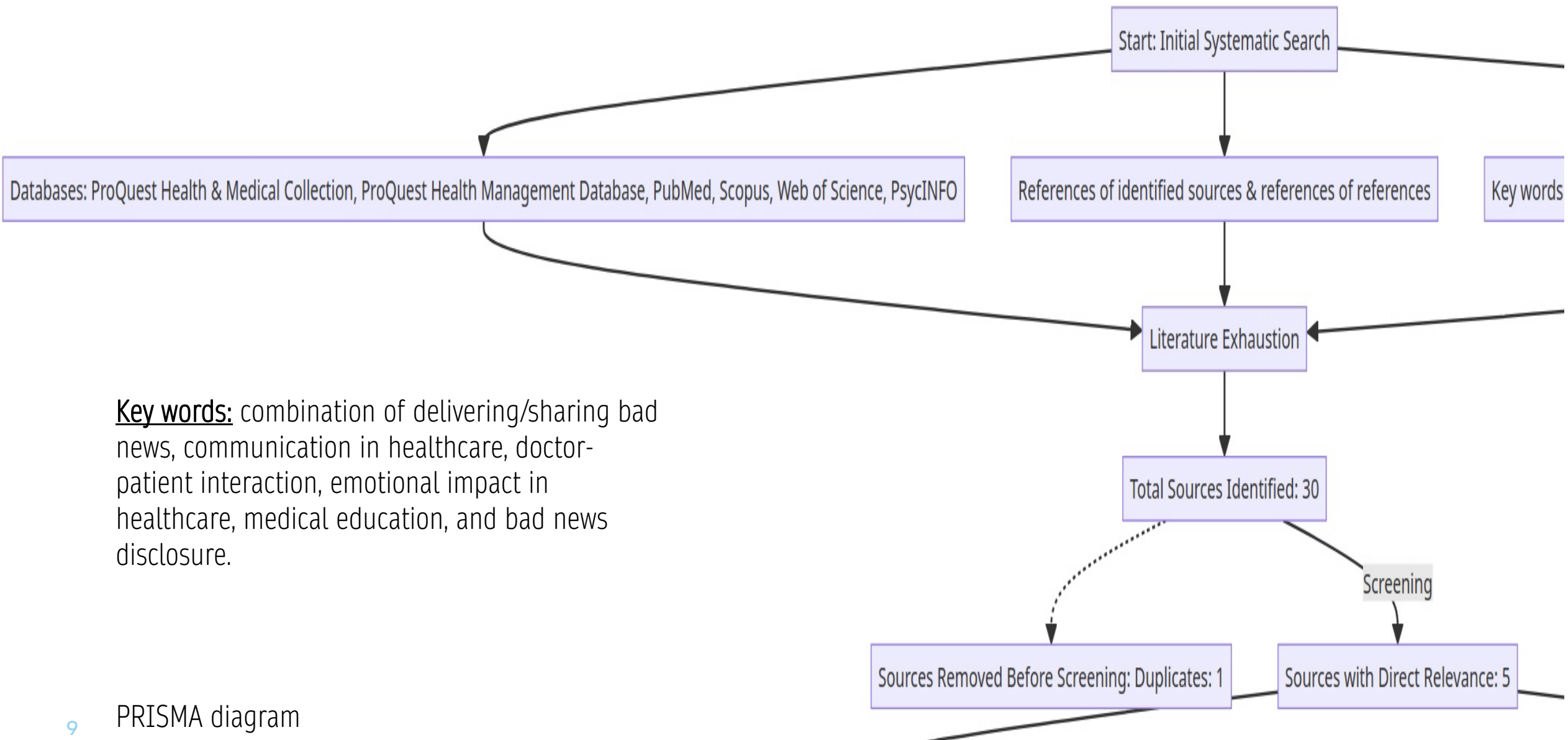
To carry out a narrative review of peer reviewed studies focused on the discrepancies between communication skills taught in educational sessions with those seen by students in real-life healthcare settings when delivering bad news to patients / their families.

METHODOLOGY

- **Inclusion criteria:** English, Last 15 Years, Focus on discrepancies between the teaching of Bad News in undergraduate Healthcare Education and what students observe in clinical placements, both qualitative and quantitative studies.
- **Exclusion criteria:** Non-peer-reviewed.
- **Screening Process:** Initial Articles Assessed by Titles and Abstracts, Full-Text Review for Relevance.
- **Data Extraction:** Key Information Extracted - Objectives, Methodology, Sample Size, Findings, Conclusions.
- **Subjectivity Acknowledged:** Recognized Subjectivity in Qualitative Data Interpretation.
- **Study Heterogeneity:** Addressed Challenges Due to Diverse Methodologies & Contexts.
- **Bias Mitigation:** Efforts to Minimize Bias Acknowledged.
- **Conclusion:** Summarized the Methodological Approach in This Research.

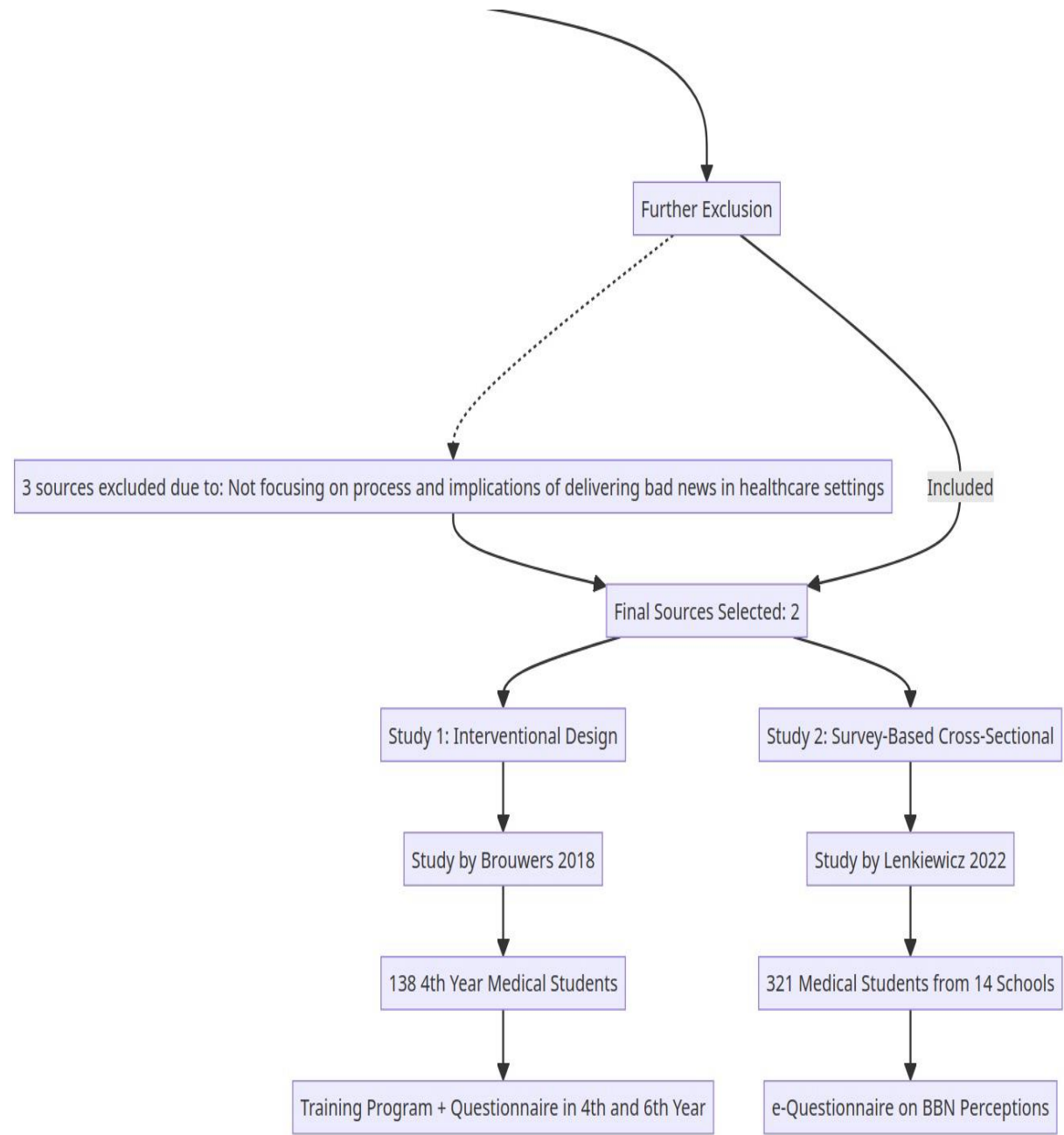
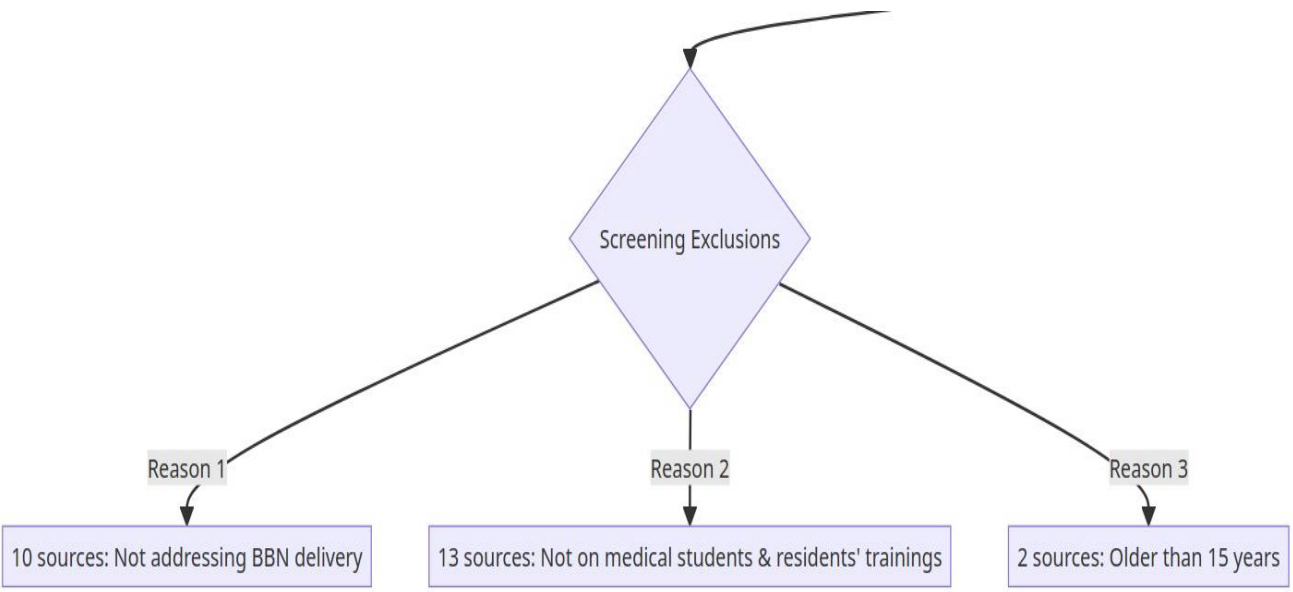
METHODOLOGY

- **Quality Assessment:** Evaluated Clarity, Methodology, Validity, & Relevance of Studies.
- **Synthesis of Findings:** Identified Common Themes & Contrasted Perspectives.
- **Handling Discrepancies:** Two or more team members went through the discrepancies and discussed reasons for Conflicting Findings.
- **Comprehensive Review:** Examined Reference Lists for Additional Studies.
- **Appraisal Process:** Systematic Evaluation of Study Methodology, Sample Size, Data Collection, Bias, & Findings.
- **Data Handling:** Utilized Different Approaches for Qualitative & Quantitative Data Extraction.
- **Scope of Review:** Considered Limitations in Language, Historical Perspective, & Generalisability.



Key words: combination of delivering/sharing bad news, communication in healthcare, doctor-patient interaction, emotional impact in healthcare, medical education, and bad news disclosure.

9 PRISMA diagram



PRISMA diagram

RESULTS – PERCEPTIONS OF MEDICAL STUDENTS IN EDUCATION – LENKIEWICZ (2022)

- 75.1% felt like they were insufficiently equipped for tasks associated with Breaking bad news (SBN) during medical education
- 95.5% felt that SBN skills training was useful,
- only 27.1% involved in SBN training experienced sufficient personal support for their own emotional management.
- 20.6% expressed that skills for SBN have provided sufficient guidance
- 50.5% believed these skills are were applicable in clinical practice.
- 36.4% lacking experience with SBN in clinical placements
- 63.6% observed SBN in rotations.

RESULTS – PERCEPTIONS OF MEDICAL STUDENTS IN CLINICAL PLACEMENTS – BROUWERS (2018)

- Students 'strongly agree' to 'somewhat agree' in terms of finding the skills taught in classroom applicable in clinical practice.
- Sufficient emotional support was desired but not achieved
- Students experienced difficulty in conveying medical information and informing a patient about a follow-up plan.
- The skills of SBN taught in medical education are forgotten by a large majority of participants by the time they reach their final year.

RESULTS – EDUCATIONAL DEMAND FOR SBN TRAINING – LENKIEWICZ (2022)

- Majority expressed a demand for increased SBN skills training in medical school.
- Additional exposure to patients outside of compulsory clinical practice = the necessity for increased SBN training time
- Preference for more active based learning
- Interest in observation in clinical placements & possessing insight into the doctor-patient dynamic.

CONCLUSIONS

- Inadequate preparation in facing SBN.
- Lack of preparation & confidence for sensitive conversations
- Remarkable disparity between the theoretical training & its application in clinical environments.
- Desire for simulated scenarios that resemble real-life consultations
- Expressing additional need for SBN in medical school = students leaning towards non-surgical careers.
- Continuous feedback
- Exploring the perspective of students
- Clinicians may not utilize the structured format of SBN taught in medical school → lower emphasis on its importance

LIMITATIONS

- Language & cultural perspectives
- Generalizability
- Subjectivity & potential bias
- Focus on articles published the last 15 years

NEED FOR FUTURE RESEARCH

- importance of topic → extensive research on how SBN is taught in medical schools and what is practised in clinical environments is required — only 2 studies directly focused on the topic
- more emphasis & awareness — on how important to have a congruent approach between what is taught in the medical school & what is observed in clinical practice — important aspect of clinical care
- strengthening communication between healthcare professionals & patients → optimising interaction & nurturing an effective and constructive relationship
- important — prospective physicians are well equipped to break bad news to help maintain professional integrity

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THANK YOU

