

Difficult Conversations: Practicing delivering bad news with pediatric residents through simulation curriculum

Morgan L. Day DO, Lanier Lopez MD, Jodi Mayfield MD, Justin Hessinger MD

Delivering bad news is a task that physicians often find themselves facing, regardless of specialty. And yet, most physicians state that they feel uncomfortable or ill-equipped for these situations.¹ In a recently published study evaluating internal medicine interns' comfort level with delivering bad news, only 51% of interns reported feeling comfortable delivering difficult news to patients and their family members.² Currently, the UNM Pediatric Residency program does not have any consistent and formal training for residents on how to deliver bad news. This quality improvement project aimed to implement a workshop to train pediatric residents on how to deliver difficult news and subsequently improve residents' basic knowledge and confidence in these clinical scenarios. Residents were given a pre-survey to establish their baseline experience with these conversations. One of our pediatric oncology attendings gave a twenty-minute didactic on delivering bad news that included reviewing strategies and methods.^{1,3} After this session, residents participated in four low-risk and common simulation cases where they role-played delivering difficult news to a family member, role-played by a pediatric attending. After the simulations were complete, the residents took a post-survey to assess the effectiveness of the workshop in improving comfort level and knowledge of delivering difficult news. In comparing results from the pre-test and post-test survey, residents reported increased confidence in delivering difficult news and increased comfort in teaching how to deliver difficult news to junior residents and medical students. Additionally, residents reported that they plan to invest more time in the future to further master the skill of delivering bad news. The continued impact of the workshop will be re-assessed 3 months after the workshop. Additional training opportunities will be incorporated over the next year into Resident School and Grand Rounds to further improve resident physicians' comfort with delivering difficult news.

References:

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