Simulating Breaking Breaking Bad News to Parents - Is Formal Training Needed?

Sterni L, Lawson A
St Louis Children’s Hospital, St Louis, MO, USA

Problem: Anesthesia training focuses on technical skill, knowledge acquisition through experience, and learning through patient outcome. Although at times involved in anesthetics with unintended outcomes, many trainees have limited interaction with patients/families following these circumstances. Communication skills are acquired by experience of trainees during pre-operative interviews, while obtaining informed consent, and by apprenticing other anesthesiologists. Anesthesiologists are in a unique position as, unlike other treating physicians, parents do not choose their anesthetic provider. As a result, doctor-patient relationships with anesthesiologists differ: patients and parents may not have the same trust, same type of repertoire, or same level of comfort when communicating with the anesthesiologist. With this situation, and with little formal training in breaking bad news, are anesthesia trainees prepared/effective when delivering bad news to parents?

Methods: 16 senior residents and pediatric anesthesia fellows participated in simulated events regarding obtaining informed consent and breaking bad news. Participants were not briefed as to the nature of the case simulation until arrival. Actors performed as standardized parents, following a script to ensure similar encounters for trainees. After six simulated cases obtaining informed consent, the trainee was presented with a situation in which to break bad news to a parent. Interactions were timed to regulate scenarios. Parents and trainees were then required to answer questionnaires regarding trainees performance and each individual's satisfaction with the encounter. Answers from standardized parents were tallied to ascertain if all elements of the error were disclosed, and determine how effectively the information was communicated. Parent satisfaction with the overall meeting was evaluated, and whether the physician convinced the parent of his concern for the child.

Results: Standardized patient scores showed several deficiencies in trainees methods for delivering bad news. Areas needing improvement include presentation of facts, discussing future prevention, personal responsibility for medical error, communicating additional patient management issues resulting from error, and displaying concern/empathy. Trainees expressed difficulty answering prognostic questions, in organizing communication of the medical error, and in dealing with emotional responses from parents.

Conclusion: Despite numerous ongoing efforts to improve the safety of anesthesia and surgery, medical error with or without poor outcome continues to pervade medicine. Breaking bad news is one of the most important skills physicians must perform. Maintaining good communication and fostering a relationship of openness and trust with parents following these events is important to patient care, preserving doctor-parent relationships, and in reducing litigation. Anesthesia trainees express personal limitations and doubts when delivering bad news, and this is reflected in responses from standardized parents. To improve parent satisfaction and patient care, formal communication skills training in breaking bad news should be considered in pediatric anesthesia residency curriculum.