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Original Research

Training of medical interns in breaking bad news using DISHA protocols

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ABSTRACT

Background: Breaking bad news is an un pleasant task and doing it at the wrong time or at wrong place and in the wrong manner can be even worse. Moreover, this process is just as hard for the person breaking the bad news as it is for the person receiving it. Yet this important Communication Skill is seldom taught to us in our training days as an Intern. **Aim:** To orient the medical Interns to the concept of "Bad News" and then training them in "Breaking Bad News " in a scientific and socially acceptable manner by using a new indigenous protocol called "DISHA". **Materials and Methods:** The concept of Breaking Bad News (BBN) was first explained to the Interns. Questionnaire was used to know if they felt comfortable in BBN. They were explained the protocol for BBN by an experienced faculty with help of scenario of a patient of cancer cervix. Questionnaire was used to assess if they had understood the protocol and whether they felt comfortable in BBN post intervention. Responses from the interns were obtained on the Likert Scale of 1-5; where 1-Strongly Disagree, and 5- Strongly Agree. Student's paired-t test was used to find and compare the mean scores in pre and post intervention phase. **Results:** Total 76 medical interns participated in this study, out of which 31 were females and 45 were males. Mean age of participants was 22.75 years. Overall the mean score changed from 2.20±.80 to 3.70±.57 ($p<0.001$). In female participants, the over the mean score changed from 2.26±.93 to 3.61±.72 ($p<0.001$). In male participants, the over the mean score changed from 2.16±.71 to 3.76±.57 ($p<0.001$). **Conclusion:** The change in mean score of participants in response to pre intervention as well as post intervention questionnaire pertaining to BBN using DISHA protocol was significant ($p<0.001$); thus emphasizing the utility of this educational intervention.

KEY WORDS: Breaking Bad News, DISHA Protocol, Communication Skill, Medical Education Technology, Teaching-Learning Methods, Interns Training, Likert Scale

INTRODUCTION

Any news capable of producing a negative change in a expectations of an individual about his or her present or future is termed as bad news [1]. While the receiver of the news goes through phases of denial and despair, one who gives the news too is distraught [2, 3].

Although those who deliver health care would like to stay away from this process of Breaking Bad News (BBN), changing global trends are encouraging enhanced patient communication and increased patient say in their own management [4].

Each of us, at some point of time in our lives will have to deliver Bad News either to patients or to their relatives. But many medical teaching institutes do not have a specific training programme for interns on these lines. Research studies have not only found inadequate training in interns for BBN but have also expressed the need for focused training on these lines [5].

A review of recommendations for suitable model for breaking bad news [6] also stresses the fact that such training is lacking in current curricula and are therefore needed.

A randomized study performed to assess the efficacy of a communication skills training program in BBN showed that such programs can improve residents BBN skills [7]. Active involvement through simulated patient interviews were found to be required for students to feel enabled in BBN. This finding underlines the role of individualized training [8,9]. With improved diagnostic skills and increased knowledge about disease processes, entities are being diagnosed with increased efficiency. Laws are being changed and the health care industry is brought under Consumer Protection Act in this country. Hence there is a greater need to share the findings with patients and therefore in BBN. But how to BBN is still not taught in teaching institutes in this country. This study is therefore undertaken to address this important communication skill issue which is highly desirable but seldom taught.

MATERIALS AND METHODS

Appropriate consent from the Institutional Research Cell and each participating medical intern was obtained for this study.

The study was carried out in this medical college. The study extended over a duration of 12 months from January 2014 to December 2014. A total of 76 medical interns and single teacher (author) from this institute participated in this study. Convenient sampling method was used to get the sample in which all available interns voluntarily participated in the research.

The participants had no previous education or formal training in BBN. Such programme is not yet introduced in University teaching curriculum followed by this institute.

The study included a Pre-Intervention Questionnaire for interns, Intervention detailing a novel indigenous protocol abbreviated as "DISHA" for BBN , Post-Intervention Questionnaire for students and the subsequent statistical analysis. The teacher in this study had undergone a basic and advanced course in medical education technology from an authorised university of health sciences, in which he was taught communication skills by the national faculty of medical education and technology. He has himself prepared this protocol and validated it during his FAIMER fellowship training at regional training center.

After explaining the medical interns about the concept of BBN with help of examples like patients detected to have Cancer Cervix, Cancer Breast, Intrauterine Fetal Demise, Lung Cancer and Brain Tumor, they were asked a single Pre Intervention Question-

(Q1): You feel comfortable in BBN?

In the Intervention phase, they were first explained in detail and taught the protocol for BBN abbreviated as DISHA. The name **DISHA** is an acronym in which-

D-means **D**etermine patients needs.

I- means **I**nforming all those involved in decision making,

S- means **S**haring the necessary scientific aspects of the disease.

H- means giving **H**ope and

A- means **A**ssisting them in making a proper informed decision.

After this they were asked to respond to another question-

(Q2): You have understood the Protocol for BBN.

In the Post Intervention phase, the interns were asked to respond to two more questions-

(Q3): After knowing the Protocol for breaking Bad News, You are comfortable in BB News and

(Q4): Hereafter you shall use this protocol for BB News.

For all these questions (Q1-Q4), participants [interns] responded on a **Liekert Scale of 1-5** where **1**-Strongly Disagree, **2**- Disagree, **3 -** Neutral, **4 -** Agree and **5-** Strongly Agree.

The responses from the interns were obtained on the Likert scale within 24 hours of the session [10].

RESULTS

In this study, out of the 76 interns (100%) who participated, 31 were females (40.78%) and 45 were males(59.22%). As shown in Table 1, the mean age of all participants was 22.75 years and that of female participants was 22.35 years and that of male participants was 23.02 years.

Table 1: Demographic Characteristics of participants

Gender	n	Mean age in years	SD	Whether previously trained in BBN
Females	31	22.35	.84	No
Males	45	23.02	.83	No
Total	76	22.75	.89	No

Table 2 shows the Mean of the Likert scores of the participants.

Table 2: Mean of Likert Scores of participants

Gender		Question-1	Question-2	Question-3	Question-4	Comparison Q-1 vs Q-3	
						t	p
Female	N	31	31	31	31	7.66	<0.001
	Mean Score	2.26	4.13	3.61	4.16		
	SD	.93	.50	.72	.64		
Male	N	45	45	45	45	11.82	<0.001
	Mean Score	2.16	4.07	3.76	4.04		
	SD	.71	.62	.57	.64		
Total	N	76	76	76	76	13.90	<0.001
	Mean Score	2.20	4.09	3.70	4.09		
	SD	.80	.57	.63	.64		

Student's paired-t test was used for comparison of change in mean scores. A significant improvement was seen in means score after intervention (Q-1 vs. Q-3).

Overall, when all participants were taken into consideration; the mean score changed from 2.20±.80 to 3.70±.57 ($p<0.001$). When only the female participants were considered the mean score changed from 2.26±.93 to 3.61±.72 ($p<0.001$). For male participants, the mean score changed from 2.16±.71 to 3.76±.57 ($p<0.001$).

Thus the implementation of DISHA- a new protocol for BBN was found to significantly increase the confidence levels of the interns in BBN. Infact, all interns agreed hereafter to use this protocol for BBN.

DISCUSSION

Interns who are nothing but the doctors in training find it as distressing and as stressful as the trained doctors themselves, when it comes to delivering bad news. This moral turpitude results from inadequate training and complete lack of scientific approach towards BBN [11].

A qualitative study on the interns' perspectives about communicating bad news to patients agreed that communicating bad news to patients and their families was an essential skill for trained doctors. The study also pointed out that this was difficult for interns. And it highlighted an important aspect that information about skills in this area in interns from developing countries was very limited. Though the interns have opportunities to observe a few instances of breaking bad news by their seniors, they themselves receive almost no classroom teaching or formal instruction in this important area. A need was therefore expressed in this study for increased focus on communication skills curriculum [5].

A study on attitudes of Physicians and Patients in Primary Care concluded that BBN is a teachable skill and hence clinical guidelines can be developed for its proper deliverance [12]. BBN was considered to be highly important by doctors as well as patients. It was also found that less than half (41.2%) of the physicians had any formal education about conveying bad news. Infact the patients also felt that physicians were less competent in these vital communication skills. Another issue that is debatable is whether we need to teach these skills to primary care physicians, or if we should refrain, because most bad news is conveyed by specialists.

BBN can be effectively done if there is a proper doctor-patient communication. Communication being a skill, we have to accept that it can be mastered by practice and patience [11, 13]. Hence there is a need for a protocol to deliver good as well as bad news.

The present study propose a new protocol to break bad news; which is a uniform and easy protocol simple enough to be usable not only in our day to day life but also implementable for training as regular part of our professional curriculum, especially in the medical setting.

This protocol can be used in different areas of BBN like in patients of Cancer Cervix, Cancer Breast, Intrauterine Fetal Demise, Lung Cancer and Brain Tumor.

By taking steps to improve our methodology of breaking bad news as outlined in the principles of DISHA, we can hope to contribute more completely towards those mortals who are the unfortunate receivers of bad news. As described in the results of the present study, all interns of both genders found this method of BBN very useful and agreed that they would use it in their lives.

Globally, the field of medical education programmes and curriculum are undergoing great reforms. It is therefore necessary that it should also imbibe and foster this art and science of delivering bad news so as to enable interns in finding grace in disgrace [13]. Hence medical education programmes must include sessions on effectively breaking bad news [7].

Though recent reviews have raised concerns about the quality of communication of BBN and whether training of students and residents can be beneficial for them to acquire this skill [9]. The present study is in agreement with this review and adds to it that interns can definitely be benefitted by introducing BBN communication skill workshops.

The review also highlights the need to consider differences in communication between different cultures and, reiterates the need of conducting controlled studies at local, national, and international levels [9]. The present study addresses this concern at the local level.

LIMITATIONS OF THE CURRENT STUDY

This being a monocentric study, findings might be influenced by the cultural, social, or demographic background of participants, limiting generalizability of the findings to other populations. Hence, multicentric studies are needed for optimum understanding and implementation of this concept.

CONCLUSION

There is clear science and a fine art behind mastering the communication skill of Breaking Bad News. Each institute should develop their own protocol for BBN and introduce it in pre as well as post graduation phase for its satisfactory assimilitation by the medical fraternity.

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