

Breaking bad news: a clinical skill for postgraduate exams

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Abstract

Breaking bad news is a challenging station in postgraduate exams. Candidates can struggle if they have not practised delivering sensitive information in a professional and empathetic way. Limited experience of using this clinical skill as a junior doctor often compounds candidates' uncertainty in exams. A clear structure is essential for examination success. The most commonly used is the SPIKES framework, the elements of which are Setting, Perception, Invitation, Knowledge, Emotions and Strategy. This is a stepwise approach that allows candidates to break bad news in a structured way. This is beneficial in clinical practice, but is also invaluable in postgraduate exams, which often have prescriptive marking schemes. This article highlights the key topics and pitfalls that candidates may encounter and suggests tips for success in exams.

Key words: Apology; Bad news; Communication; Empathy; Objective structured clinical examination; OSCE

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Introduction

Delivering bad news to patients in a clear and sensitive way is a vital skill in both clinical practice and postgraduate exams. Giving a difficult diagnosis is an essential skill that, when mastered, can lessen the negative effects on those in your care and their families. Doctors aim to have empathy and apologise if care has been delayed, or if there has been a medical error. These consultations are challenging as junior doctors must balance the desire to impart information with facilitating the needs of the patient. They must learn to allow time for patients to assimilate information, express emotions and ask questions.

Abdelrahman and Abdelmageed (2017) illustrated that two of the three most common reasons for complaints received by the General Medical Council relate either to issues of communication, or to a doctor's perceived lack of respect for the patient. As junior doctors, there is limited training and experience in breaking bad news, as this is normally managed by more senior team members. However, from the first placement, junior doctors are expected to inform patients if their scan or operation is delayed, and this can be a daunting prospect. In postgraduate exams there is often a station dedicated to breaking bad news. The inclusion of this scenario is important as it ensures due consideration is given to this skill by junior doctors preparing for examinations such as the Membership of the Royal College of Physicians Practical Assessment of Clinical Examination Skills (MRCP PACES) and the Membership of the Royal College of Surgeons objective structured clinical examination (MRCS OSCE). Candidates who are unfamiliar with the appropriate technique can often struggle with this station, especially if a patient becomes angry or upset.

Common types of station

In postgraduate exams, common scenarios include explaining a difficult diagnosis, disclosing a complication or mistake, and informing patients about delays in their diagnosis or treatment.

How to prepare

As a junior doctor or medical student, take the opportunity to observe these conversations. Watching senior doctors navigate breaking bad news provides insight into their technique

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and the response received. Exposure to a wide variety of techniques can help inform practice and develop one's understanding of how bad news can be delivered. Paradoxically, witnessing poor communicators break bad news can be as informative as watching those who are highly competent at delivering the news with ease.

SPIKES

A popular framework supported by the Royal College of Surgeons in a video series is the SPIKES consultation structure. It is designed for clinical practice but lends itself well to use in postgraduate exams. Baile et al (2000) showed that it is highly applicable to delivering bad news to patients with cancer. Importantly, the headings covered in the SPIKES acronym often appear in marking schemes for OSCEs, which highlights its relevance to examination success. SPIKES stands for Setting, Perception, Invitation, Knowledge, Emotions and Strategy.

General tips for all OSCE stations

In each OSCE, the basics of hand hygiene, personal protective equipment, introductions and confirming patient details must not be overlooked. Candidates must ensure that they have clearly stated their name and role. When speaking to a relative of an adult, ensure that permission has been sought from the patient before starting, and seek confirmation of their relationship to the patient. Begin the consultation by signposting what the objective of the consultation is and ensure that everyone present is happy to proceed. Employ active listening communications skills, avoid interrupting the patient, use good eye contact and maintain an open posture facing the patient.

Breaking bad news: SPIKES

Setting

Choose an appropriate location and involve the appropriate people. In the OSCE setting it is likely that the room you are in is highly appropriate. If the patient agrees, ensure that relatives are given the opportunity to join the consultation. If possible, always suggest that the nurse specialist is present during the consultation. The nurse specialist will be an important point of contact for the patient and provide ongoing support and information after the doctor departs the discussion.

Perception

Begin the consultation with an open question, for example by asking if the patient knows why they are seeing you today. You should assess what the patient is expecting, and what they are concerned about. If you are tasked with breaking bad news, first give them time to explain in their own words what has happened until now. This will allow you to ensure that they understand the investigations they have had and assess their overall understanding of the situation. It also allows you to identify and correct any misconceptions they may have before breaking bad news.

If you are explaining a complication or delay in treatment, ensure that the patient knows what the investigation or treatment was intended to do. A sincere apology to the patient is immediately necessary, it shows respect for the patient and their experience. When explaining a complication or delay there are often marks awarded for apologising clearly and early in the consultation. This is emphasised in the exam script when actors are often asked to become more and more irate if a mistake has happened and they have not been fully apologised to – even if it is not the candidate themselves who is at fault.

Invitation

Consent for the sharing of information is a core aspect of responsible care. In the OSCE exam, candidates may be asked to deliver a diagnosis to the patient. Starting by asking the patient if they would like to hear their results may seem unnecessary. However, this question is included, as there are some patients who may want to delay receiving knowledge of their

Key points

- Introduce yourself and your role clearly, and ensure the patient has privacy. Offer to include family members and/or nurse specialists if the patient wishes.
- Assess what the patient understands up until this time and if they know why they are attending a consultation.
- Ensure the patient would like to receive the information from you.
- News should be broken after a warning shot has been given, in small chunks with regular understanding checks.
- Acknowledge the patient's feelings and sympathise with them. Be patient, listen attentively and respond appropriately. Avoid rushing this stage, and do not give any information that you are not completely sure of.
- Support the patient while explaining the future plan, check that they understand what you have told them and explain that they will have a follow-up appointment.

condition, or wait until a family member is present. In the context of OSCEs the patient usually replies affirmatively, and the consultation can move swiftly on.

Knowledge

In this part of the scenario, the doctor must disclose the relevant information to the patient in a sensitive manner. A 'warning shot' should be used to let the patient know the results or outcome of the treatment are likely not what they had hoped. It is very important not to use medical jargon and to allow the consultation to move at a pace the patient is comfortable with. Use simple language to deliver key pieces of information in small chunks.

If the patient is seriously unwell this should be stated clearly and simply. Do not use euphemisms and be very honest with the patient regarding how ill they are. The patient needs to understand the reality of their condition so they can face it with dignity and make informed decisions. It is vital to allow pauses and check if the patient understands each piece of information, repeating key points as necessary. Actors will be given key questions to ask; leaving a pause after stating the diagnosis allows the actor to bring up these topics and ensures that you score extra marks.

Emotions

In both clinical practice and OSCE scenarios, it is essential to allow the patient to express their emotions, and these should be met with sympathy and understanding. In examination stations candidates can be time pressured, but it is essential to take time to show compassion and ensure that the patient feels supported.

Tate (2005) suggested the ICE (ideas, concerns, and expectations) framework to explore the patient's:

- Ideas: what do they know about the condition or treatment?
- Concerns: what worries do they have?
- Expectations: what would they like to happen next?

Ideas, concerns and expectations are key words that often have specific marks attached. In all stages of the consultation, avoid giving false reassurance or giving any information you are not sure of. This will cause unnecessary distress to the patient if incorrect. It is better practice to acknowledge that you do not have all the answers but will refer or escalate the case so their questions can be answered.

Strategy and summary

When closing the consultation, the patient should have a clear understanding of the next steps. Candidates must establish that patients have understood the main information that has been delivered and that they are happy with the plan for the next consultation, scan or treatment. Endeavour to respond to patients' non-verbal cues and ensure that they feel comfortable to ask questions. If possible, give them contact details for the team or nurse

Curriculum checklist

This article addresses the following requirements from the general internal medicine curriculum:

- Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
- Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment
- Managing end of life and applying palliative care skills.

specialist. This will allow the patient to access ongoing support but also allow family members who are not present to have their questions answered. Always mention patient information leaflets and, if appropriate, online resources the patient can access.

Close

Close the consultation appropriately by thanking the patient. Make sure that you wash your hands after seeing each patient.

Conclusions

Breaking bad news can be a challenging, emotionally intense OSCE scenario. It is important to demonstrate excellent communication skills throughout and actively show empathy for the patient. Stations can be complex, combining medical and surgical knowledge, familiarity with the standard procedure for breaking bad news, but also versatility in new and challenging scenarios. Successful candidates will demonstrate competence in all these areas and will show consistent empathy and clear communication skills. Junior doctors should aim to partake in these discussions but must also practice sample stations to ensure success in OSCE scenarios.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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