

## **Providing Patient-centered Care: An Interprofessional Approach to Breaking Bad News in a Simulated Acute Care Setting**

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### **Introduction**

Breaking bad news (BBN) can have an enduring impact on patients, families, and caregivers. Evidence suggests physicians and nurses feel inadequately prepared in BBN, especially in emotional contexts. Research has shown that practitioners with poorer performance when BBN experience distress, higher rates of burnout, and fatigue. Training related to BBN is limited in health education. Optimal delivery of bad news can improve patients', families', and caregivers' satisfaction. It may improve health-related outcomes in those receiving the bad news. An interprofessional education (IPE) approach provides an opportunity for students to collaboratively learn about each other's roles to effectively BBN while keeping the patient/family at the center of care.

Aim:

1. Provide a safe environment for learners to collaborate using the SPIKES framework
2. Apply CIHC competencies.
3. Develop cognitive competencies that are required in BBN to patients and families.
4. Show whether students develop and understand the IP competencies required for BBN in a collaborative team.

### **Methods**

ED residents and senior nursing students were paired and placed in teams of four. Each pair had the opportunity to interact with standardised patients (SP) in three different scenarios; a terminal diagnosis, a drowning, and a suicide victim discharged hours earlier. Cases were scripted and trained SPs were used; the interactions were held in clinic rooms and videotaped. The workshop included pre- and post-interactive reflective briefings plus an evaluation of interprofessional learning using the ICCAS survey. The SP post-session debrief provided a reflective review to the students prior to large group debriefing by IP facilitators.

### **Results**

32 IP learners were involved. Students reported a shift in understanding the IP competencies, though this appears to have been greater in nursing students. Learners indicated they felt better prepared to interact effectively with the patient, and other members of their team as a result of role clarification and preparation.

### **Conclusion**

A flipped classroom strategy using the SPIKES model and a framework of IP competencies in combination with an experiential IP simulation session resulted in more confidence among learners in understanding each other's roles in BBN. Communication styles, preparing a strategy and knowledge gaps in dealing with areas of discomfort were deemed important.