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TRAINING PHYSICIANS TO DELIVER BAD NEWS USING PEER ROLE PLAY COMPARED TO STANDARDIZED PATIENTS

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- Good communication skills are important for physicians.
- Breaking bad news is one of the most challenging situations.
- The effective methods of teaching communication skills should take the form of practical approaches such as using PRP or SP.

Peer-role play (PRP)	Standardized patient (SP)
<p>Pro</p> <ul style="list-style-type: none">• Low-cost• Easy to practice• Understand patient perspectives	<p>Pro</p> <ul style="list-style-type: none">• Standardized approach• Realistic performance
<p>Con</p> <ul style="list-style-type: none">• Need careful planning• Need realistic roles	<p>Con</p> <ul style="list-style-type: none">• Expensive• Takes time for SP to understand the role



- There is a lack of studies comparing the effectiveness of using SP and PRP for training breaking bad news.
- Using of SP and PRP were comparable in the training communication skills to medical students and health professionals. (Papadakis, 1997, Mounsey 2006, Lane 2008)
- Using PRP led to a significantly higher performance than SP for teaching communication skills in undergraduates. (Bosse, 2012)
- There is still a gap of the best method to teach breaking bad news (BBN).



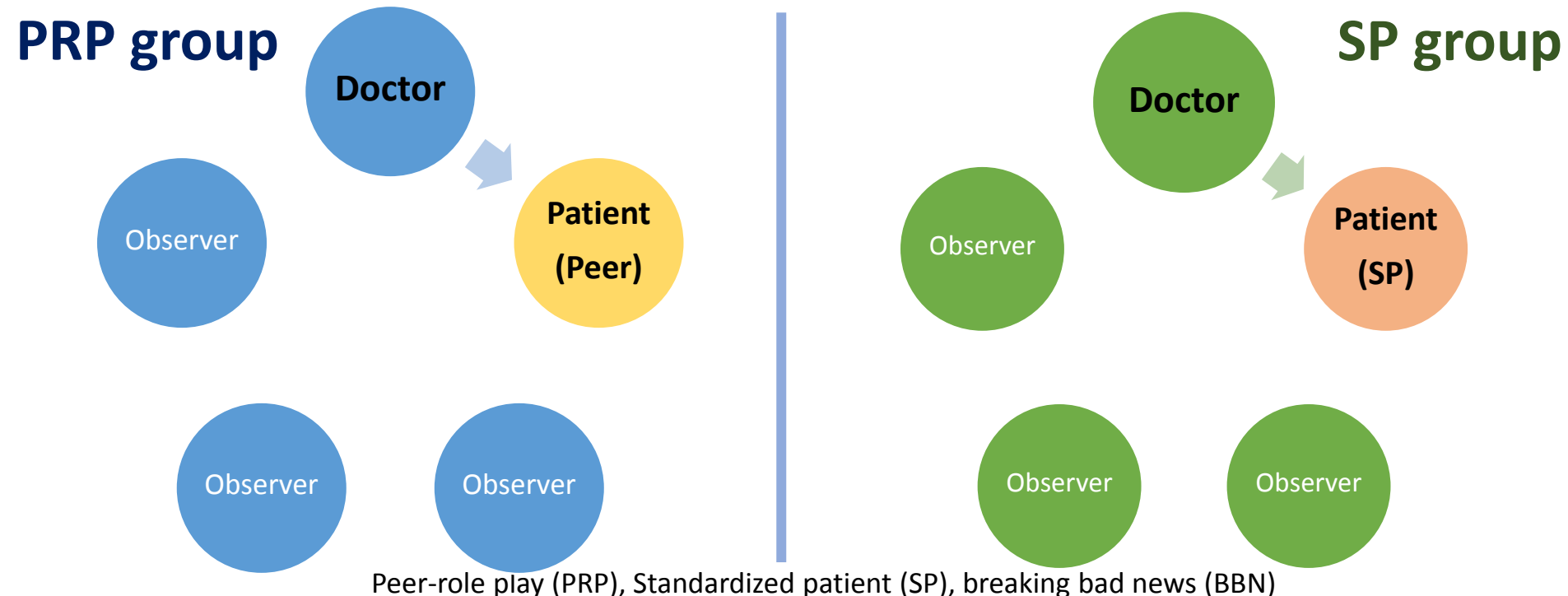
- To study the effect of training physicians to deliver bad news using PRP compared to SP on communication skills performance of participants.
- To study the participant perspective on satisfaction and perceived effect of communication training with PRP and SP.



- Context : Chulabhorn Hospital focus on cancer care
- Scope of the study : Breaking bad news in cancer
- Conceptual framework : Experiential learning theory
- Randomized pretest-posttest control group study
- The one-day BBN training program at Chulabhorn Hospital, compared teaching BBN with PRP and SP
- Participants : Physicians at Chulabhorn Hospital
- Approval : Ethic committee (Siriraj Hospital and Chulabhorn Hospital)



- Interactive lecture of BBN in full group (45 minutes)
- Small-group practice of BBN with SP or PRP (120 minutes)
- Two training cases (20 minutes for each case)
- Each group discussed how doctors delivered bad news and how could be improved.





Data collection

- Demographical data
- VDO-record SP encounters of delivering bad news
 - 1 Pretest
 - 2 Posttests within 2 weeks after training
 - 10 minutes per case
- The participant perspective on the training

Data analysis

- Mean and SD
- Compare mean of pretest & posttest score
 - **paired-samples t-test**
- Compare mean of changed score PRP vs SP
 - **independent-samples t-test**
- $p = 0.05$



- **Gap-Kalamazoo Communication Skills Assessment Form (GKCSAF)**
- 9 core competencies
- 5-point scale
- Total score=45
- Cronbach's alpha 0.844
- Intra-Class Correlation 0.830
- Permission from Prof. Aaron Calhoun
- **The questionnaire for the participant perspective**
- 5-point scale
- Satisfaction on the training
- Worthwhile time spent in the training
- Usefulness of the training
- Applicability for future BBN

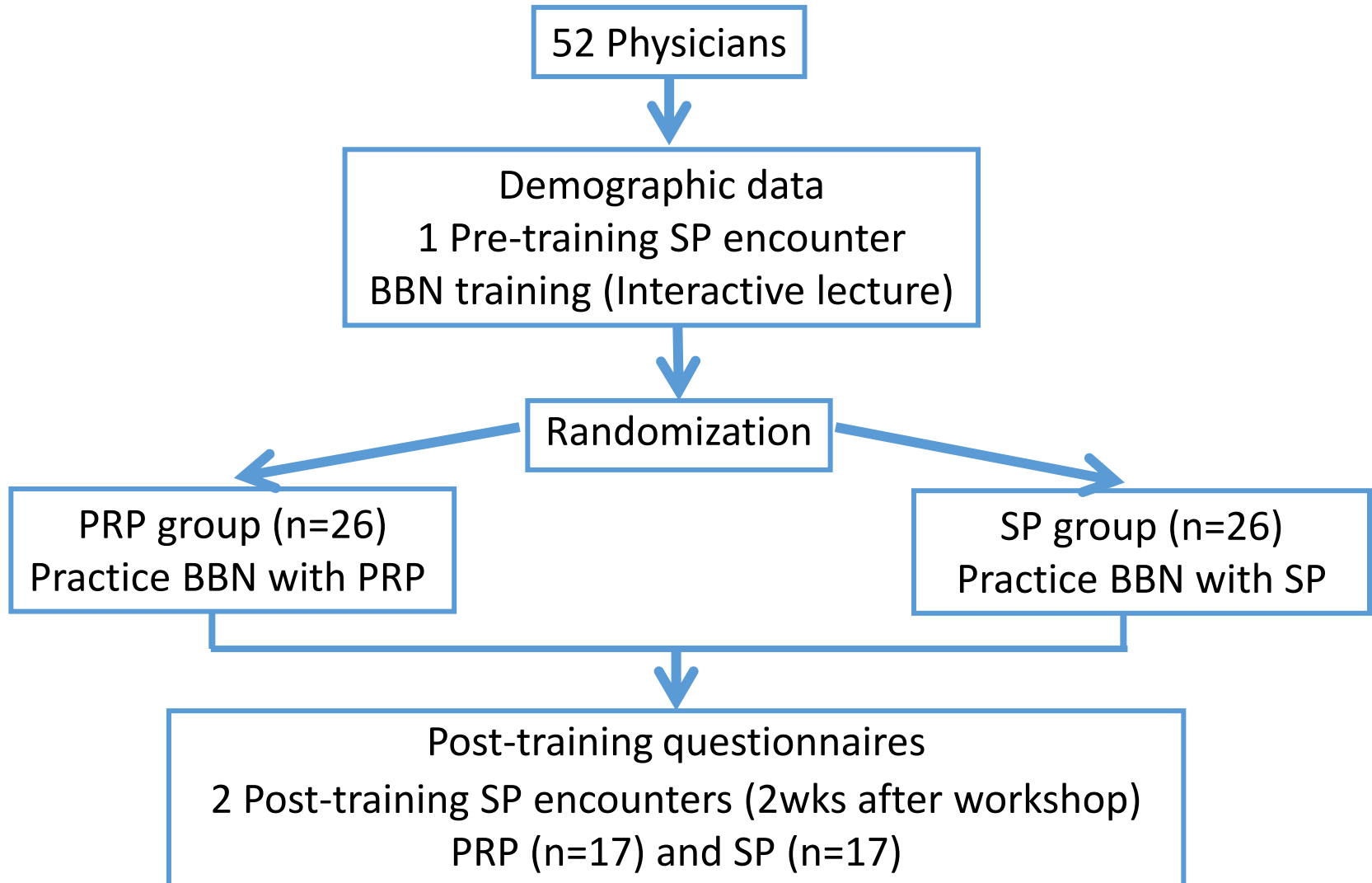




Table 1. Participant characteristics

Characteristics	PRP (n=17)	SP (n=17)	P value
Gender (n)			
Male	6	9	
Female	11	8	.30
Age group (y)			
25-30	8	5	
31-40	9	10	
>40	0	2	.25
Working experience (n)			
Internship	5	5	
Medical staffs	12	12	
Pretest score (Mean \pm SD)	27.4 \pm 1.99	29.2 \pm 2.36	.022

PRP=peer role play, SP=standardized patient, $P < .05$ = Significance



Table 2. The scores of overall participants (n=34)

Total score=45

Score	Mean \pm SD	P value
Pretest score	28.3 \pm 2.34	
Posttest score	36.2 \pm 2.35	<.001

The average increased score was 7.90 ($SD = 2.90$), $d = 3.37$



Table 3. The score of the PRP group and the SP group.

Score	PRP (Mean \pm SD)	SP (Mean \pm SD)	P value
Pretest score	27.4 \pm 1.99	29.2 \pm 2.36	.022
Posttest score	35.7 \pm 1.75	36.7 \pm 2.78	.208
Changed scores	8.28 \pm 2.17	7.51 \pm 3.52	.445



Table 4. The participant perspective on the training

Domain	PRP (Mean \pm SD)	SP (Mean \pm SD)	P value
Satisfaction	4.70 \pm 0.48	4.33 \pm 0.52	.174
Worthwhileness	5.00 \pm 0.00	4.67 \pm 0.52	.175
Usefulness	4.90 \pm 0.32	4.67 \pm 0.52	.349
Applicability	5.00 \pm 0.00	4.67 \pm 0.52	.175

PRP=peer role play, SP=standardized patient, $P < .05$ = Significance



- The physicians practiced using either PRP or SP, could yield a significant improvement in BBN skills.
- There was no statistically significant difference between the use of PRP and SP in the BBN training workshop.
 - **concurred with the findings from** previous studies (Papadakis, 1997, Mounsey 2006, Lane 2008)
- Both teaching methods seemed comparable for the BBN skill training and were very well accepted with highly perceived effectiveness.
 - **not consistent with the findings from** Bosse, 2010
 - medical students rated higher satisfaction in the SP than PRP (SP provided professional feedback to students)



- Thesis advisors : Assoc. Prof. Cherdsak Iramaneerat, M.D., Ph.D. and Assoc. Prof. Supot Pongprasobchai, M.D.
- Master degree scholarship from Chulabhorn Hospital
- Permission for using GKCSAF from Prof. Aaron Calhoun
- All experts who provided their suggestions for the research instrument and all documents needed for the workshop session.