

In an 8-station-OSCE, one station focused on communication skills, particularly on breaking bad news about breast cancer. The students had had a course on breaking bad news and had practiced similar situations with standardised patients. The overall level of the students' OSCE performance was fairly good and they were able to implement most of their prior teaching and learning. However, the results of the station offer further challenges and some new emphases for teaching how to break bad news.

Task sheet

You work as a GP at a health centre. The patient is Salme Huotari, aged 55. She has discovered a small lump in her right breast. Your substitute has sent her to a mammography and a needle biopsy. She has come to hear the diagnosis and the test results. In the mammography, there was a 2 cm carcinoma suspect change. The needle biopsy result was strongly suggestive of malignancy. You should tell the diagnosis (strong suspicion of breast cancer) and the test results to the patient, and then tell her that you will refer her to a surgeon and that she will be operated soon. The surgeon will tell her the final diagnosis, the choice of surgery type (lumpectomy or mastectomy) and further treatment (possible adjuvant hormonal therapy, chemotherapy, and/or radiotherapy). You have 10 minutes for this consultation.

Teaching and assessing the way of breaking bad news

Background: The aim of this study was to enhance the way of teaching and learning how to break bad news by analysing assessment data from a communication skills station in an OSCE. At the University of Helsinki the 4th year students have a course on breaking bad news. There, guidelines for delivering bad news are given, the students practice them with standardised patients and receive constructive feedback on their performance. The 5th year students have to pass an 8-station OSCE, in which one station focuses on communication skills. In year 2006 the station was about breaking bad news about breast cancer.

In the OSCE-station the students met a 55-year-old woman (see the task sheet). She had a strong family history in breast cancer which was not expressed in the task sheet and which the patient did not tell unless she was asked. The patient's grandmother had died of breast cancer and her aunt had had a mastectomy. The patient's reaction to hearing the bad news was instructed to be very emotional. The SP wept and expressed fear and anguish. Thus, the student's task was not only to break bad news but also to respond to the patient's fears and emotions and take into account the patient's perspective to the news.

Results: The overall level of the students' performance was fairly good. The mean value of the checklist was 14/20, and only five out of 116 failed (see results). The students were very good at delivering information about the tests and the diagnosis. Nearly all of them told the test results and the diagnosis in an understandable way (98%), and all the students explained the treatment plan. However, they broke the bad news in a very straightforward manner. Few students gave a warning before telling the bad news (24%), and only two third (66%) of them checked how the patient had understood the news. The patient's emotions were mostly well-met in a general level. Most of the students gave room to her feelings (88%) and asked about her fears and emotions (81%). The patient's perspective to the news and the background of her fears was not often fully recognised. The family history, a significant background of her fears, was too rarely discovered (40%). The support from the family and friends was inquired by most of the students. They asked about her situation in life (82%) and about the support from significant others (82%). The patient's anxiety about sharing the news with her family or friends was, however, not fully recognised. Very few offered any other safety net, such as the breast cancer patients' support groups (19%). Nevertheless, most students made efforts to offer support from the health centre between the consultation in question and the surgery (84%). An important observation was that an essential part of the closure of a consultation, a good summary, was made by only two third of the students (69%), even though it has been emphasised throughout the communication skills training. Furthermore, a significant finding was that less than half of the students asked the patient's consent to the treatment plan (41%).

Checklist results

1. Greets the patient at the beginning of the consultation	100,0 %
2. Gives a warning that bad news are coming before telling the news	24,1 %
3. Tells the test results and the diagnosis in an understandable way	98,3 %
4. Checks how the patient has understood the bad news (strong suspicion of breast cancer)	65,5 %
5. Gives the patient an opportunity to ask questions and to discuss her concerns	87,9 %
6. Gives room to the patient's feelings and silence	87,9 %
7. Asks, whether there has been breast cancer in the patient's family	39,7 %
8. Asks about the patient's fears and emotions	81,0 %
9. Is able to discuss the patient's self-accusation for not going to mammography screening	68,1 %
10. Asks about the patient's present situation in life	81,9 %
11. Asks, whether the patient gets support from her significant others	81,0 %
12. Tells the patient about peer support groups	19,0 %
13. Tells the treatment plan clearly: surgeon's consultation, operation, final diagnosis and treatment plan accordingly	100,0%
14. Tells about the treatment options in a understandable way: lumpectomy or mastectomy, adjuvant hormonal therapy, chemotherapy, radiotherapy	81,9 %
15. Asks the patient's consent to the treatment plan	41,4 %
16. Offers support before going to the surgeon's consultation (a possibility for a new appointment, a telephone-call, discussion with a nurse etc.)	83,6 %
17. Asks about the need for a sick leave	42,2 %
18. Makes sure that the patient is emotionally fit to leave the consultation	50,9 %
19. Makes a clear summary at the end of the consultation	69,0 %
20. Says goodbye to the patient	99,1 %

N=116

Minimum: 8

Maximum: 18

Mean value 14,03

Standard deviation 2,10

5 out of 116 failed (for failure less than 50% of the checklist was not marked <10)

Conclusions: Communication skills station in an OSCE at the end of the curriculum offered relevant information about how the students were able to implement their prior teaching and learning the way of breaking bad news. The students were good at delivering information about the test results and the diagnosis. The patient's perspective to the news was only partially shared and taken into account. The major challenges for the future courses are: (1) learning to give a warning before delivering the bad news and (2) learning to ask the patient's consent to the treatment plan.

Take-home-messages: When the students' specific communication skills are assessed in a summative assessment, such as in an OSCE, detailed analysis of these assessment data should be actively used in the further development the future teaching and learning.