

Preparing Nurse Practitioner Students to Deliver Bad News

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Introduction

- Delivering bad news to a patient, family member, or loved one can be one of the most difficult and uncomfortable situations a provider encounters.
- Most graduate nursing programs provide limited education regarding the practice of delivering bad news to patients, family members, or loved ones in crisis situations.
- Literature supports that healthcare students feel uncomfortable and unprepared to deliver bad news.

Purpose

To enhance acute care nurse practitioner students comfort in delivering difficult news to patients and their families.

Methods

- 7 Pediatric & 11 Adult Acute Care Nurse Practitioner Students completed the simulation
- A total of 7 sets of paired data returned and analyzed
- Preparation included a short video and PowerPoint on how to approach difficult conversations
- Simulation activity utilized Standardized Patients (SP)
- Students completed 2 scenarios followed by a large group debrief
- Students/SP encounters were recorded for students to view and self-evaluate after completion of the scenarios.
- Computer based 12 question survey for students to self report confidence level
- Completed survey pre simulation and post simulation at 1 week and 2 months

I feel confident in my ability to.....	Pre	Post (1 wk)	Post (2 mo)
break bad news in general	3.43	4.14*	4.29**
create a supportive environment	3.71	4.29*	4.57**
reduce or eliminate signs that I am nervous or anxious	3.71	3.86	4.57**
use language that is nontechnical and easily understood	3.86	4.43	4.29
adjust the rate and amount of information I provide	3.14	4.14*	3.86**
listen to patient and/or family concerns	4.57	4.86	4.71
empathize with a patient and/or family	4.29	4.57	4.29
avoid portraying more hope or optimism that I believe exists	3.00	3.86 *	3.86**
summarize information in a way that is easy to understand	4.00	4.43	4.29
anticipate possible responses by patients and/or families	2.71	3.57*	4.00**
deal with difficult emotions from patients and/or families	3.71	4.14	4.00
close the conversation in an appropriate way	3.29	4.14*	4.57**

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

* Indicates statistically significant from T1 to T2 with a p value < 0.05

** Indicates statistically significant change from T1 to T3 with a p < 0.05

Scenarios

- Terminal Diagnosis
- Brain Death/End of Life
- Medical Error
- Trauma

Results

- Students reported increased confidence from baseline to 1 week post simulation in all 12 questions with a statistically significant improvement in confidence in 6 of the questions.
- Students maintained a statistically significant increase in confidence from baseline to 2 months post simulation in all 6 of the questions that had significant change at 1 week.
- There was a decrease in confidence between 1 week post simulation and 2 months in 5 questions but none were lower than the baseline confidence level

Conclusions

- Students are uncomfortable engaging in conversations that are perceived as difficult.
- It is imperative that the curriculum for health profession students provide practice and training regarding how to engage in these conversations.
- The simulation setting provides a safe environment for students to practice the skill of delivering difficult news and increase their confidence.
- The use of standardized patients allows for authentic interaction and real time feedback.

Limitations

- Small sample size limits generalizability
- On-line survey created low response rates
- On-line survey method reduced participant oversight and contributed to inconsistent paired data sets

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- Standardized patients