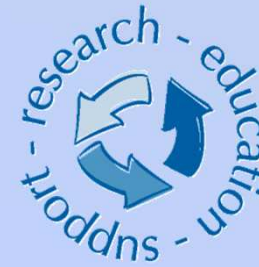


16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Mark Roche

Brighton and Sussex University Hospitals NHS Trust

26-27 June 2014- City Hall, Cardiff

Breaking Bad news – The HIV experience

Mark Roche & Michelle Croston



Background

- Most of the existing research has been carried out in other fields
- Traditionally those who break bad news have always been medics
- Breaking bad news is considered a process that includes interactions that take place before, during and after the moment bad news is broken



The term "breaking bad news" is mostly associated with the moment when negative medical information has been shared with a patient or relative. However it can also be seen as a process of interactions that take place before, during and after bad news has been broken .



Standards for psychological support for adults living with HIV 2012

Advance communication skills training should be available for those who frequently have to break significant news including HIV test results , explain complex formulations or discuss distressing issues

Psychological support should be an integral part of the role of every health and social care practitioner working with PLWH.
Many will require training in communication skills , breaking bad news , and recognising or screening for psychological distress

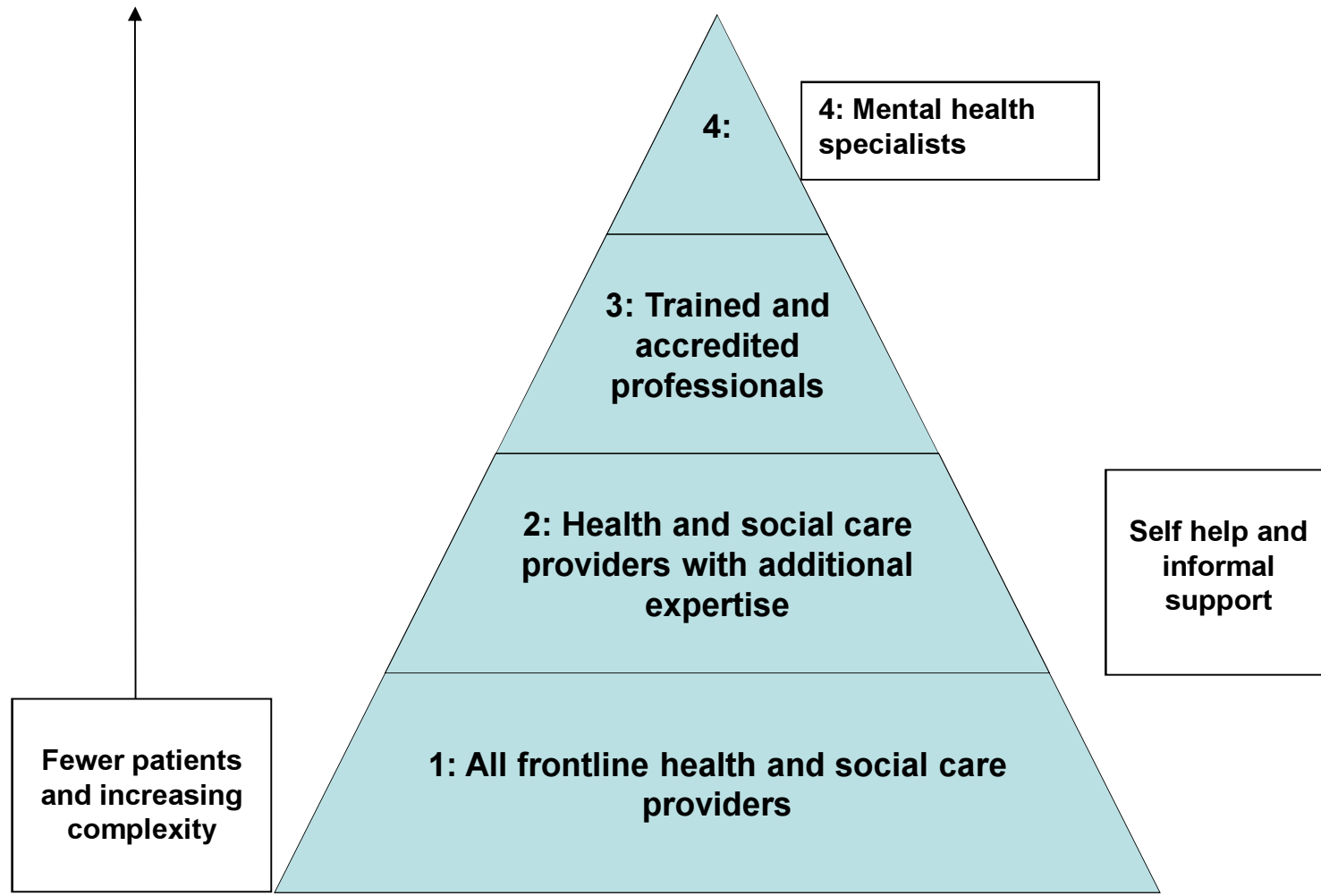


British Psychological Society (BPS), British HIV Association (BHIVA) and
Medical Foundation for AIDS & Sexual Health (MedFASH) [joint publication].
Standards for psychological support for adults living with HIV (2011).

Available at: www.bhiva.org/StandardsForPsychologicalSupport.aspx (accessed February 2012)



STEPPED CARE MODEL



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Aim of the project

- To evaluate self perceived knowledge , perceptions and skills of healthcare professionals (HCP) who work in the field of HIV in relation to breaking bad news
- To inform the development of educational material and resources to support HCP in their role in relation to this aspects of care
- To identify further areas of research



Practical issues

- **Ethical approval**

Full ethical approval was sort but not required. Project was registered with the NMGH R&D department (13RECNA29)

- **Methodology**

Online survey sent to NHIVNA , BHIVA and BASSH members

- **Data collection**

Anonymous via a 15 question survey

- **Funding**

Self funding and good will



Demographics

Occupation	Number of participants
Doctor	103
Nurse	58
Sexual Health Advisor	8
Allied healthcare professionals including pharmacists and psychologist	9



Participants Occupation

Place of work	Number of participants
Genitourinary medicine	63% n=109
Specialist HIV outpatients department	55% (n=95)
Specialist HIV inpatient care	25% (n=44)
Community	12% (n=21)
Infectious diseases unit	10% (n=17)
Midwifery/obstetrics	2% (n=3)
Paediatric	1% (n=2)
Other including palliative care , university , pharmacy and research	1% (n=2)



Findings (1)

The following situations were identified as breaking bad news

Giving a HIV diagnosis	90%
Diagnosing a co-morbidity	82%
Diagnosis of an opportunistic infection	81%
Telling a patient they have a detectable viral load	52%



Findings (2)

Skills helpful when breaking bad news

Having time to spend with a patient	99%
Using simple language	92%
The environment where BBN is delivered	87%
Having a clear plan of action	84%
Avoiding medical terminology	76%



Training, knowledge and perceptions

- The vast majority of respondents felt confident giving bad news: 88%
- However despite 62% of respondents stating that they had received training in BBN – 80% could not name the model of training used.

Qualitative Data from the Survey

1. Personal Characteristics & BBN
2. Impact of giving bad news on HCP- on going support
3. Being patient centred – empaththic professional
4. Role modelling – experiences of BBN

Personal Characteristics & BBN

- ‘I think this is not something that can be taught per se, but is a thing that you can learn with experience.’
- ‘Anything can be perceived as bad news by a patient and it is important for clinicians to be sensitive’
- ‘delivering bad news is never easy but if you have a good relationship with the person and they trust you this can make a difference to how they take the news.’



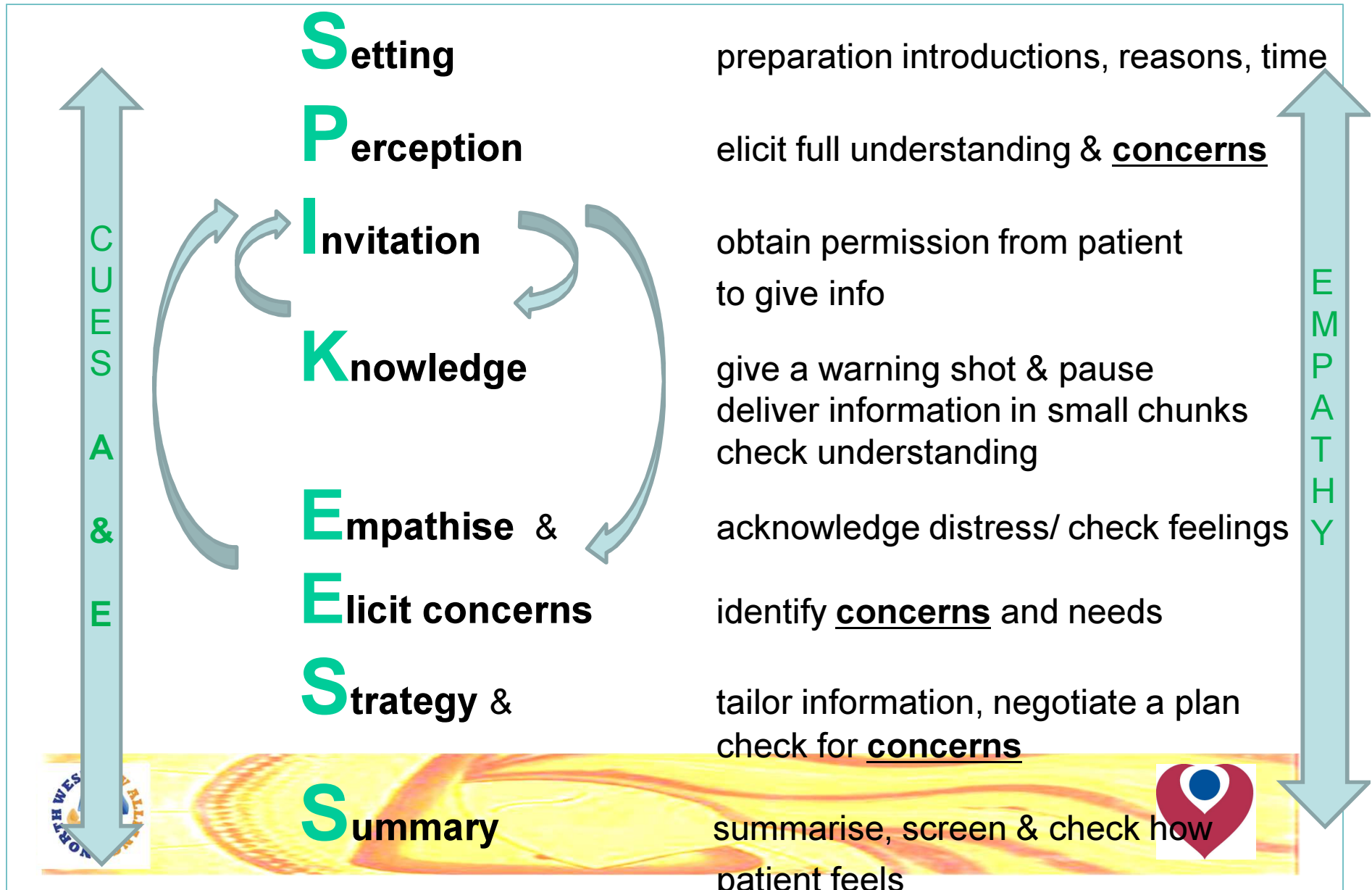
Role Modelling – experiences of BBN

- ‘Learned from seeing other people doing it badly
- ‘Personal experiences of being the recipient of bad news. Also observing good practice of someone delivering.’
- ‘seeing other people giving bad news – many do it all well, but often done badly and have tried to learn what works well.’

Impact on practice

1. Psychological support should be an integral part of the role of all HCP's
2. Many HCP's will need training and there is a need for robust resources
3. No agreement as to what form these resources should other than they should be patient focused

SPIKES 'plus' model



Conclusion

1. Aspects of BBN in HIV care are unique when compared to research undertaken in other disease areas
2. Any resources developed need to reflect this uniqueness.
3. Need for further research in this area.

Thank you

- Manchester Metropolitan University for guidance with the research design.
- BHIVA, BASHH and NHIVNA for their continued support and patience
- BSUH & NMGH HIV – Support Team

