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Breaking Bad news – The HIV experience

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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.
STEPPED CARE MODEL

1: All frontline health and social care providers

2: Health and social care providers with additional expertise

3: Trained and accredited professionals

4: Mental health specialists

Fewer patients and increasing complexity

Self help and informal support

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).
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

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>103</td>
</tr>
<tr>
<td>Nurse</td>
<td>58</td>
</tr>
<tr>
<td>Sexual Health Advisor</td>
<td>8</td>
</tr>
<tr>
<td>Allied healthcare professionals including</td>
<td>9</td>
</tr>
<tr>
<td>pharmacists and psychologist</td>
<td></td>
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</tbody>
</table>
## Participants Occupation

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

The following situations were identified as breaking bad news

<table>
<thead>
<tr>
<th>Situation</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Giving a HIV diagnosis</td>
<td>90%</td>
</tr>
<tr>
<td>Diagnosing a co-morbidity</td>
<td>82%</td>
</tr>
<tr>
<td>Diagnosis of an opportunistic infection</td>
<td>81%</td>
</tr>
<tr>
<td>Telling a patient they have a detectable viral load</td>
<td>52%</td>
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</tbody>
</table>
# Findings (2)

## Skills helpful when breaking bad news

<table>
<thead>
<tr>
<th>Skill</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having time to spend with a patient</td>
<td>99%</td>
</tr>
<tr>
<td>Using simple language</td>
<td>92%</td>
</tr>
<tr>
<td>The environment where BBN is delivered</td>
<td>87%</td>
</tr>
<tr>
<td>Having a clear plan of action</td>
<td>84%</td>
</tr>
<tr>
<td>Avoiding medical terminology</td>
<td>76%</td>
</tr>
</tbody>
</table>
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 – empathic 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

**Setting** preparation introductions, reasons, time

**Perception** elicit full understanding & concerns

**Invitation** obtain permission from patient to give info

**Knowledge** give a warning shot & pause deliver information in small chunks check understanding

**Empathise &** acknowledge distress/ check feelings

**Elicit concerns** identify concerns and needs

**Strategy &** tailor information, negotiate a plan check for concerns

**Summary** summarise, screen & check how patient feels
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