Report of Project

Learning Together: A collaborative education programme to prepare and support health professionals involved in 'breaking bad news'.

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ACKNOWLEDGEMENTS
We would like to firstly acknowledge the grant support given by the Foundation of Nursing Studies, which enabled us to undertake this project. We also extend our thanks to Sue Power and Spanner Workshop for their contribution, who through their skills as actors, did much to convey realistic and challenging situations which did much to convey the relevance of the programme. Finally, our thanks are given to the participants who recognised the importance of being able to break bad news effectively and sensitively, and who also stimulated the facilitators with regards our own learning.
ABSTRACT

Breaking bad news is a difficult and unenviable task (Faulkner et al. 1990, Von Block 1996, Kendrick 1998). It is suggested that it can be an experience that can be long remembered by both the recipients and breakers of bad news (Finlay and Dallimore 1991, Fallowfield 1993). To break bad news effectively requires careful planning and sensitivity; however, health professionals seldom receive specific training in undertaking this difficult task (Buckman 1984, Dent et al. 1990, Walker 1996). There has however been an increasing awareness and interest in developing training programmes for teaching health professionals in breaking bad news with increasing reports of specific training programmes (Baile et al. 1997, Baile et al. 1999, Blok et al. 1999, Morton et al. 2000). However, to date these reports have largely focused upon the training needs of medical staff in breaking bad news. While medical staff have a uniquely important role in breaking bad news it is evident that a range of other health professionals can be equally involved in breaking such news. Accordingly, these other professionals need training to ensure sensitive and effective news disclosure. Therefore this report presents an evaluation of a collaborative training workshop initiative designed to meet the needs of different health professionals working in similar clinical settings in breaking bad news. Forty Five participants from a large paediatric hospital trust attended one of five workshop set up for staff working in Accident and Emergency, Intensive Care, Medical, Surgical and Community settings. The workshops used an experiential design to provide an opportunity for participants to reflect upon breaking bad news issues and also included engagement with actors to act out realistic bad news scenarios. Debriefing, using a positive learner centred model of feedback, provided the main platform for promoting learning. Evaluative responses by the participants would suggest that the model of training reported is a beneficial way in preparing health professionals for breaking bad news and fostering a sensitive and therapeutic encounter.

Key Words: Breaking bad news, Training and Education, Collaboration, Experiential Design
INTRODUCTION

This report presents an evaluation of a collaborative training programme to prepare health professionals for breaking bad news. The report will identify the context and key issues influencing the need for the development of the training programme. Evaluation findings will be presented to relate the effectiveness of the programme with a conclusion being made which indicates that the programme evaluated merits consideration as an approach for teaching breaking bad news skills.

BACKGROUND

Breaking bad news is perhaps one of the most difficult tasks faced by health professionals. Health professionals working in some clinical settings such as Intensive Care, Oncology and Accident and emergency care can frequently be involved in breaking bad news, and can be a source of considerable anxiety (Klein 1993, Morton et al 2000). Recipients of bad news can often remember where, when and how bad news was communicated (Woolley et al 1989, Finlay and Dallimore 1991, Fallowfield 1993, Koopmeiners et al 1997). It has been suggested that ineffective or insensitive news disclosure can have long term adverse impact upon recipients (Fallowfield 1993), remaining a potential bitter focus of distress. Moreover, it has been advised that poor news disclosure can be a major factor in provoking litigious compliant.

Given the potential impact of breaking bad news it is important that health professionals are given the education and training to develop the skills to break bad news effectively. However, despite recommendations, it is still evident that few health professionals receive any formal preparation in breaking such news (Buckman 1984, Dent 1990, Buckman 1992, Walker et al 1996).

However, increasing awareness of the communication issues involved in breaking bad news has led to renewed interest in the development of specific education initiatives to prepare practitioners in breaking bad news (Cushing et al 1995, Garg et al 1997, Baile et al 1997, Baile et al 1999, Blok et al 1999, Morton et al 2000). While some of these initiatives offer training for a range of health professionals (Blok et al 1999), most initiatives have been primarily focused at training medical staff. While evidently medical staff have a unique role in breaking bad news the whole process can involve a whole range of other professionals and certainly involves, in most circumstances at least, the involvement and support of nurses. Increasingly nurses working in specialist roles can take on a lead role in disclosing bad news. New roles such as Nurse Consultants, Nurse Clinicians will include an ability to diagnose and communicate this diagnosis to patients and relatives. Any diagnosis might in the perceptions of the recipients be considered 'bad news' and therefore will require thoughtful disclosure.
Consequently, it is important that nurses and other health professionals involved in breaking bad news receive preparation to enable them to break the news in a confident, sensitive and effective way. Yet there are few reports in the literature of any specific programmes to train non-medical staff in breaking bad news. We therefore report an evaluation of an education programme, developed within a paediatric setting, aimed at supporting all professionals in breaking bad news.

**AIMS OF THE PROJECT**

The aim of this project was to evaluate a teaching programme, which prepared nurses and their medical colleagues for breaking bad news. A joint teaching programme was proposed to help participants appreciate their respective collaborative roles when disclosing bad news, and consider how their roles might impact upon the effectiveness of the therapeutic encounter.

The specific aims of the programme were

- to provide a supportive learning environment for health professionals to explore the challenges of breaking bad news
- to share principles of good practice with professionals involved in breaking bad news
- to provide realistic patient related scenarios for participants to demonstrate and reflect upon effectiveness of communication skills

It was also the intention to explore with participants how they might utilise strategies to maintain a mutually supportive approach for the professionals involved.

**DEVELOPING THE PROGRAMME**

A one-day education programme was developed. An experiential workshop design was predominantly used to provide a flexible framework for considering issues related to breaking bad news. Given the nature of the programme we set a maximum of 10 participants per programme, with an aim that there would be a balanced mix of medical and nursing participants.

The programme consisted of two parts. In the first part (morning programme) the participants were encouraged to consider and reflect upon their own personal and professional experiences in breaking and receiving bad news. Drawing upon these experiences the participants were supported to develop their own framework and guidelines for breaking bad news. This was an important component of the programme as it largely confirmed that the
participants were in fact aware of guidelines for good practice. This encouraged the participants in recognising that they had prior and valuable knowledge, which could be used in difficult situations. In addition it proved helpful in assisting the participants to discuss and focus on strategies that they considered would be most effective in breaking bad news. The second part of the programme (afternoon programme) was focused around testing out a realistic breaking bad news scenario. In this scenario some of the workshop participants were involved in a role-play, with the recipients roles being acted out by actors. Following the presentation of the scenario the facilitators supported all the participants to critically, yet positively debrief, using a learner centred model of feedback. Appendix 1 shows the programme outline.

**FACILITATORS**

Three facilitators formed a partnership for delivery of this programme, drawn from nursing, medical and counselling backgrounds. All of the facilitators have a specific interest in breaking bad news, with two of the facilitators (Ryan 1995, Farrell 1999) having made a contribution to the literature on this aspect of practice. As a result of this shared interest the facilitators considered ways in which we could best share and build upon this interest, eventually leading to the development of the programme. Each of the facilitators took responsibility for leading particular aspects of the workshop programme. All three facilitators were involved in each of the workshops except in one workshop, when one facilitator withdrew, given that only 5 participants attended that particular workshop and there were concerns about the balance between learner and facilitator numbers.

**LEARNING ENVIRONMENT.**

Each of the workshops was held in dedicated teaching rooms with the ability to alter the room layout to suit the requirements for the effective delivery of the workshop. A range of light refreshments was provided throughout the workshops to facilitate a sense of community and thus promote safe and supportive group interaction.

**TARGETED APPROACH**

Five workshops were held and targeted for staff working in a diverse range of clinical areas including Accident and Emergency, Paediatric intensive care, medicine, Surgery and Community. Each workshop was open to participants working in similar areas thus only participants working in AED could attend the AED workshop etc. It was considered that this targeted approach would enhance group cohesion by ensuring the relevance of the chosen scenario, draw upon commonality of shared experiences and build upon their existing working
relations. In addition, it was envisaged that the participants could share their collective experiences from the workshop with other colleagues working in the same area, furthering the dissemination of good practice.

Contact was made with a lead medical and nursing staff member in each of the chosen clinical areas to raise their awareness about the aims of the workshops and to use their role as 'opinion leaders' to recruit staff to attend the workshops. Using such an approach reinforced a sense of ownership and enabled local clinical staff to identify and encourage appropriate staff to attend the workshops. The project lead maintained regular contact with the opinion leaders monitoring uptake of the places available on the workshop. Individual posters were designed with details of the workshops and sent to the local opinion leaders for distribution within their clinical areas (Appendix 2).

The programme received accreditation for CME points from the local co-ordinator of the Royal College of Paediatrics and Child Health. Certificates of Attendance for inclusion in Personal Portfolios were developed for award to non-medical participants.

**DEVELOPING THE SCENARIOS**

Each of the scenarios used in the workshops were developed with staff from the specific clinical areas to ensure that the scenario's developed reflected situations likely to be faced in that particular clinical context.

In each of the workshops several of the participants were involved interacting with the actor, disclosing some type of bad news. Participants were given a brief scenario outline identifying the name of the recipients, the type of news to be given and any relevant details considered important to the particular clinical context. The actor was given a separate briefing with additional details considered important to ensure realism. The actors were not 'scripted' to act the scenario in a particular way but to respond in a dynamic manner to the interaction of the participants. This meant that each scenario used in the workshops yielded different reactions and perspectives that were equally challenging for both participants and workshop facilitators.

The disclosure of news presented in the scenarios usually involved informing the recipients of the death of a child. However, the scenario used in one workshop, which included only nursing participants, focused on disclosing a serious medication error to the recipient, with the actor playing the role of a nurse. In several of the scenarios there were added aspects which further enhanced the challenge of the scenario, for example initiating the contact with a telephone call, involving more than one recipient. Figure 1 gives an example of one of the scenarios used.
In each workshop participants were invited to role-play the scenario to gain a ‘safe’ experience in breaking bad news. Usually in each workshop there were at least two participants involved in disclosing the news, usually comprising one of the medical and nursing participants. However, in some other scenarios, for example the scenario presented in the workshop for staff working in the Accident and Emergency setting four participants were involved, including non qualified health care staff. Such participation reflected typical work relations and processes in that particular setting.

Each scenario was played out for approximately 10 minutes. On completion of the scenario all participants, facilitators and the actors were involved in the feedback process reviewing in considerable detail the effectiveness of interactions. During the feedback process the actor remained ‘in role’ and shared their 'feelings' with the participants from the client’s perspective about the way in which the interview was handled. Following feedback, participants were given a further opportunity to try out new strategies with the actors, which emerged from the feedback discussion.

PROFILE OF PARTICIPANTS ATTENDING THE WORKSHOPS
Forty-five health professionals attended the workshops. Table 1 identifies the role of the participants attending. Participants were self-selecting, indicating their wish to attend the workshop either to the local co-ordinator or the Project Lead. Staff from all grades where able to request attendance although in one clinical area (medical) it was felt that senior nursing staff, who were considered to be more likely to be involved in breaking bad news, should be the first staff to attend.

EVALUATION
Following the workshop the participants were requested to complete an evaluation questionnaire. The evaluation questionnaire, which combined open and closed questions, sought the participant’s feedback about the relevance and effectiveness of the programme. Evaluation forms were completed and returned. In addition each of the three facilitators offered their reflections about the effectiveness and their involvement in the programme. Atlas. Ti, a qualitative data analysis software package was used for the ‘content analysis’ of the participant's responses to the open questions given on the evaluation questionnaire.
KEY FINDINGS
The majority of participants (77%) had received no specific prior training in breaking bad news. The medical participants formed the biggest group (40%) of participants who had received prior training usually in respect of bereavement training. Only 15% of nurse participants indicated that they had received prior training.

All participants (100%) rated the importance of this type of training as very important. The majority of participants (88%) indicated that they would strongly recommend the programme to other colleagues, while 12% indicated they would recommend the programme to others.

As part of their evaluation and within the context of the guidelines explored within the workshop participants were asked to rate their effectiveness of their skills in breaking bad news. The majority of participants (82%) considered that they were effective in breaking bad news while 15% considered that they were very effective. Two participants (3%) considered that they were very effective. Overall the medical participants rated their level of effectiveness in breaking bad news slightly higher than nurses (see table 2).

The participants responses to open questions were typed into a word processing package with all responses grouped according to the clinical workshop. All responses where then given a descriptive code where the response of the participants indicated some similar factors, behaviours or learning triggered as a result of participating in the workshop. Initial analysis generated 37 different codes. To facilitate management and interpretation of the data each of the codes where grouped into one of 7 themes which reflected common patterns, evident and supported in the participants responses. Table 3 identifies the themes formed, category label and the component code elements forming part of each category.

DEVELOPMENT OF PRACTICE
Participants attending the workshop indicated that they expected attending the workshop would positively influence their own practice. Attendance at the workshop promoted the participants increased self-awareness in several areas particularly about individual roles, factors that can influence effective news disclosure and the impact of being involved in breaking bad news. For example one participant noted how she had learned how her

‘Position as a receptionist can make the calming effort, and all who come into contact with relatives/ parents/patients/ are involved in ‘breaking bad news’ and to realise it is the receptionist who is usually first point of contact’.

(Receptionist: AED)
Another participant stated that

‘Important lessons for me were there is no right way of breaking bad news. What is acceptable for one may not be to another’.

(Doctor 1: Community)

Several participants reflected that they had increased awareness of key skills to enable successful news disclosure including being

‘More aware of body language / touching more aware of wording’

(Nurse 1:Surgery)

While another noted the importance of reflection when he wrote

‘Reinforce consciously positive aspects of how to do ‘breaking the news’ such as position voice etc. and try to think whether I do it well’.

(Doctor 1:ITU)

A common expression by some participants reflected an increased sense of personal confidence in being able to break bad news. This perception was related to a sense of affirmation that they already had the skills to break news in a sensitive way as reflected in the following comment

‘Conclusion at the end that the skills are within us already but there are certain things to remember e.g. good communication skills along with a genuine concern for other peoples views’

(Doctor 1:Community)

A nurse participant also agreed that her confidence had increased and that this had a positive impact upon her ability to practice

‘Very much so - more inclined to believe that I have the skills to do so effectively’

(Nurse 1: Medical)

THE IMPORTANCE OF SHARING AND FEEDBACK

There was a considerable agreement that one of the most beneficial aspects of the workshops was the importance of feedback. Participants expressed how in practice they had
little time or opportunity to share their thoughts and feelings about being involved in difficult situation such as breaking bad news. Accordingly, the opportunity to share experiences was attractive and seen as a particular important feature of the workshop as indicated in the following comment

‘I found the small group works. Sharing experiences (was) extremely helpful, as I do not have much experience. I felt I learnt a lot from my colleagues about being in a situation where I would have to break bad news’.

(Nurse 1:AED)

Participants valued demonstration of positive debriefing techniques and how this debriefing provided insights into the effectiveness of given skills. One participant commented

‘Detailed evaluation of role-play very helpful – reinforcing good points and actually explaining why people were particularly effective’.

(Doctor 1:AED)

While another noted that a main benefit of the workshop had been

‘The aspect of examining the role-play being critical and positive and teasing out communication techniques and positive statements made’.

(Doctor 2:Community)

One of the ITU participants indicated how the feedback approach used in the workshop

‘Highlighted so many points that I just do without thinking, (it) gave me a lot of things to think about. Very informative’.

(Nurse 1:ITU)

Another participant captured the benefit of positive feedback when she stated

‘I have had feedback for the first time on things I do right, this will-improve my confidence in future incidents.’

(Nurse 2: Surgery)

Many of the participants commented on the benefit of the actor being involved in giving feedback, noting that this feedback had an impact, which the participants seldom got the
opportunity to receive. One of comments exemplifying this response was made by one of the 
participants attending the workshop for surgical staff when she simply stated

‘Feedback from the parent was excellent’.

(Nurse 3: Surgery)

Several participants noted the importance of incorporating positive feedback techniques as 
part of offering support to colleagues involved in breaking bad news. One participant 
observed how she learned

‘To take time out when necessary to give or receive positive learner centred feedback’. 

(Nurse 3: ITU)

And another noted that it was important to ‘inform Ward Managers of the importance of 
debriefing’ (Nurse 10:Medical) to ensure that a supportive approach was ensured for staff 
involved in breaking bad news.

TEAM WORK

Data analysis revealed how participants reaffirmed or gained new insights into understanding 
the role and contribution of team members in breaking bad news. This insight provided clarity 
about the purpose and value of certain roles, and challenged participants to reflect upon the 
difficulties faced by those undertaking the unenviable task of breaking bad news. Within the 
context of team working one participant stated how the workshop had

‘Provided (a) invaluable insight into the role of the teamwork in AED; it showed us strengths we didn't know we processed’

(Doctor 1:AED)

With regard to individual roles the same participant shared the following comments

‘It is also impressed upon me the importance of the passive role, the nurse doing it felt negative but not to the observers, she was the co-ordinator of the whole scenario’.

(Doctor 1: AED)

While another gained an insight and understanding into the challenges faced by her medical colleagues when she wrote

‘It was very interesting to hear things from doctors and the problems they face ' breaking the bad news’.
One of the senior medical staff attending one of the workshops noted how

‘The workshop has helped me to understand the role played by the nurse comforting relatives and how important verbal and non verbal communication are’.

(Doctor 1: Surgical)

The necessity of a team approach in training for breaking bad news was stressed given that several participants would be involved in real situations. One participant stated

‘Having doctors and nurses together at a workshop is important. We work together and on the whole 'breaking the bad news' together so it is important that we understand each other’s role in the process’.

(Nurse 3:Surgical)

This perception of effective team working was supported by the facilitators whose comments included

‘Doing it in teams allowed the participants to support each other and contextualize the learning much better.... reflects the team nature of communication'

(Facilitator 1)

‘Learning outcomes exceeded, especially the appreciation of the collaborative roles - the different disciplines in the workshop seemed to appreciate each others role/input into the situation.

(Facilitator 2)

**FACTORS INFLUENCING LEARNING**

Participants were able to clearly identify and articulate both the positive and negative features, which affected their learning as a result of attending the workshop. There was common agreement that one of the most positive elements of the workshop was the scenario, which provided a ‘realistic’ opportunity to explore the specific challenges of breaking bad news in a safe and supportive way.

One participant noted that

‘The role-play! (Was beneficial) Being able to take part in breaking bad news situation for assessing how well (or poorly) you feel you may be able to do it and having others view and giving their opinion on that situation is invaluable…’
Several of the participants commented on the realism of the scenario as indicated by the following comments

‘The …role-play involving the grandmother…was exceptionally realistic, to the point that it did not appear to be acting’.

while one of the participants attending the surgical workshop declared

‘The role-play was very effective as it was very realistic and made you realise the effective way to break bad news’.

It was noteworthy that several of the participants commented that, given the realism and the power of the learning evident within the workshop, it would have been useful to have included several scenarios to reflect a common range of bad news situations. Table 4 identifies the type of scenarios the participants would like to see included in future workshops.

Participants commented on the value of having workshop facilitators from different backgrounds and how the small group composition facilitated a comfortable, safe yet stimulating environment. While participants had been apprehensive about the inclusion of role-play, all participants ultimately found this to be very helpful. Furthermore, it was noted that given the sensitive way in which the facilitators led the session that some participants thought it would have been beneficial to have video-recorded the role-play to further enhance feedback processes.

In their identification of negative learning aspects most comments offered concerned environmental factors such as the comfort of the learning environment and the time spent on some issues within the workshops. Several participants commented that although they could appreciate the value of detailed feedback that this could sometimes be too lengthy and repetitive as indicated in the following comments

‘Although I appreciate the need for feed-back following the scenario, I found the length of time exhausting’.
While another participant

‘Thought evaluation of the role-play was tedious. It went over similar points several times. Could have been done in a shorter amount of time’  

(Nurse 3:ITU)

RECOMMENDATIONS

Several participants recommended that attendance at the workshop become a mandatory element in the training of health care professionals, with the need to prioritise training for those health professionals most likely and frequently to be involved in disclosure of bad news. Several of the medical participants recommended that

‘It needs rolling out to trainees – it now forms part of their exit exam’.

(Doctor 1:Surgical)

and a doctor attending the Community Workshop stated

‘It should be part of Update (Trust’s Continuing Education Programme) and compulsory for most hands on medical staff’.

(Doctor 2: Community)

Nurse participants were also clear in their recommendations. For example one of the ITU participants advised that attendance

‘Should be made statutory – all staff on PICU or relevant units should have to attend yearly. It’s a vital part of our job that needs to be carried out with the best possible skills’.

(Nurse 3:ITU)

Another nurse participant considered that the programme

‘Should be mandatory training for (all) the multi-disciplinary team’

(Nurse 5:AED)

Feedback from the facilitators also confirmed the need to establish this type of education as a core training issue.
IMPLICATIONS FOR PRACTICE

This project generates several implications, which are relevance for health care education and practice.

Firstly the design and format of the workshop programme has been seen to be effective in terms of facilitating active learning and consequently enabling achievement of learning needs. There is evidence in the literature that such an approach is highly valued. We therefore suggest that those involved in the educational preparation and training of health care professionals should consider this type of approach to facilitate acquisition of the requisite communication skills to enable effective communication in highly sensitive situations.

This project used a targeted approach to ensure uptake of education and relevance of the programme to local needs. While this proved highly valuable undoubtedly there can be considerable difficulty for clinical areas to release staff to enable attendance. Careful and considerable planning was needed to facilitate attendance for staff attending from the AED and IT setting given that 10 participants attending from one area represented a considerable staff compliment. Participants may themselves need to show some flexibility to enable attendance; i.e. attending on scheduled days off to lessen the immediate organisational burden upon the clinical area. Providing the programme at a regional area level, for health care professionals working in similar environments, might be another option to ensure the benefits of the targeted approach are maintained but to lessen workforce pressures on individual organisations by enabling staggered attendance.

A particular strength of this programme was the multi-collaborative approach as evidenced by the participation of facilitators from a diverse range of backgrounds and profession. This reflected meaningful collaboration and provided positive role modelling for the participants in recognising the contribution of others to achieve a successful outcome. We would recommend that at least 2 from facilitators from different backgrounds be involved in the delivery of the programme.

Considerable efforts were made to promote attendance by medical staff given their unique role in breaking bad news. However, despite attempts to involve medical staff in the organisation of the workshops, attendance was not as high as anticipated and reflects a continuing need to promote the value of this type of learning activity to every day practice. In comparison requests for attendance by nursing staff working in some areas, most particularly AED and ITU exceeded the number of places available. It is evident from the evaluation comments offered by the medical participants that the programme was an effective and helpful means of promoting communication skills for the particularly difficult task of breaking bad news and should become part of an on-going continuing education programme. Perhaps
more individual dissemination strategies, such as posting individual invitations for participation might have been more effective in raising the awareness of the programme with medical staff. Clearly, educationalists will need to carefully analyse local factors that might hinder and prevent attendance by medical staff and develop proactive strategies to overcome any reticence to attend. Moreover, while this programme was primarily aimed at participants involved in the breaking of bad news it is evident that other staff can have an important contribution in news disclosure and supporting those who receive such news. Therefore, targeting this type of programme and including other professional groups and front-line staff such as receptionists and portering staff might be beneficial.

While recommendations were made by both the participants and facilitators to make this type of educational activity a mandatory training requirement there could be tensions, which might erode the intention for such a recommendation. To maximise learning from this type of programme requires the ability of the attendee’s to actively participate and reflect upon personal experiences, some of which can be painful to share. Crucial for expression of such reflections is the need for a supportive and learning environment. Making attendance mandatory, rather than encouraging attendance through personal motivation, might provoke adverse feelings in some participants. This might limit their ability to meaningfully engage with others in the group with potential adverse consequences for individual and group learning. Therefore, while it is recommended that this type of activity should be a significant and regular feature of training programmes caution is required before making it a mandatory attendance.

This programme used a relatively simple end of programme method of evaluation. While this has yielded some helpful data the authors recognise the benefits of a pre and post evaluation design to ascertain the effectiveness of the training intervention. Pre-attendance skills analysis checklists can be sent to participants when they register for the training event, with a follow up self-analysis on completion of the programme.

CONCLUSION
This paper has reported an evaluation of training workshop designed to support health professionals in breaking bad news. The workshops were delivered using an experiential approach and in collaboration by facilitators from differing clinical backgrounds. Findings presented in this report have indicated the benefits of these workshops with participants particularly noting increased awareness about breaking bad news issues and the identification of strategies useful to promote effective clinical practice.

There is a need to expand training opportunities for health professionals involved in breaking bad news to ensure that they develop the knowledge and acquire the skills to enable a
sensitive and therapeutic response. The evaluation of participants attending the workshops would suggest that the design, the innovative and the collaborative approach evident in this programme, has considerable merit and relevance as a model for training health professionals in breaking bad news.
PROJECT OUTCOMES

Several important outcomes have already been achieved by this project. These include

Requests for Information.
As a result of awareness about the project there have been several requests for information about the project from a range of health professionals including Macmillan Nurse Specialist, Nursing Students, Children’s Hospices.

Conference presentations.
Two conference presentations disseminating the findings of the project have already been given. A concurrent presentation was given at the University of Salford and Bolton Hospitals ‘Getting the Evidence into Practice Conference in November 2000, with this presentation attracting one of the largest numbers of delegates for a concurrent session.

A presentation was given at the Association of Childrens Hospice Annual Doctors and Head of Care Conference at the Reebok Stadium in Bolton in November 2000. This presentation has led to one hospice requesting that the workshop be delivered to their staff as part of their Education and Training programme

A conference abstract for a concurrent session at an International Conference Organised by the Royal College of Nursing has been accepted for presentation in July 2001.

A poster display has been made as part of the Royal Liverpool Childrens NHS Trust ‘Best in Trust’ presentations in December 2000.

Submitted Papers
A short article has been written for and published by Cascade, which is the newsletter of the consumer group Action for Sick Children. This article gave an outline of the project and the work completed to date. The editor of the newsletter has since made a further request for another article following completion of the project.

An article is currently being prepared for submission to the Journal of Advanced Nursing.

Report Submission
This final report will be presented to senior management staff at the Royal Liverpool Childrens Hospital to have the training accepted as part of the Trust’s Educational and Training portfolio.
REFERENCES


