

## SCENARIO

Breaking Bad News

## LEARNING OBJECTIVES

Demonstrate ability to break bad news in a caring compassionate effective manner  
Use of a structured framework to guide consultation

Pre Reading: StratOG Module: Communication Skills

## EQUIPMENT LIST

Quiet room  
Tissues

## PERSONNEL

MINIMUM: 1

ROLES:

Patient

Partner

## FACULTY

MINIMUM: 1

Facilitator

## TIME REQUIRMENTS

15mins

## INFORMATION TO CANDIDATE

### PATIENT DETAILS

Name: Vera Jones  
Age: 29

Phx: Nil  
Allergies: Nil

### SCENARIO BACKGROUND

Location: Labour Ward

Situation:

You are the ST3 on labour ward. You are reviewing Mrs Vera Jones. She is 37 weeks into her first pregnancy. She has attended with her husband today thinking her membranes have ruptured. She was seen in clinic last week after her midwife though she was measuring large for dates and is booked for an USS this afternoon. She has otherwise been low risk in this pregnancy. She gives a history of a sudden gush of fluid this morning and some irregular tightenings. She has not noticed a change in her baby's movements but hasn't paid much attention this morning. The midwife has asked you to review Vera as she is unable to auscultate the fetal heart. You have explained this to the patient and her husband and performed an USS. Unfortunately there is no FH present. This is confirmed by the labour ward consultant.

Task:

Please inform Vera and her husband of you findings and answer their questions.

### RCOG CURRICULUM MAPPING

Module 1: Clinical Skills  
Breaking Bad News Session  
Module 8: Antenatal Care  
Care of the woman diagnosed with stillbirth

## INFORMATION FOR ROLEPLAYERS

### BACKGROUND

You and your husband have attended the Labour Ward because you think your waters have broken about 0600hrs and you are starting to have some irregular contractions.

This is your first pregnancy and you have been well with no problems. You went to the midwife last week and she thought you were measuring bigger than your dates so she sent you to antenatal clinic. The doctor saw you and mentioned something about the possibility of too much fluid around the baby and that you needed a scan. You are booked to have the scan this afternoon as it was the next available due to bank holidays.

You had felt baby moving normally yesterday but aren't sure about your movements this morning you think you have been distracted with the tigtenings. When you arrived and the midwife has assessed you she has mentioned that she can't find your baby's heartbeat. You're not really sure what that means and think she has gone to get another machine as this one isn't working. When she returns with the doctor and an USS machine you begin to feel a little more concerned.

The Doctor then tells you both that s/he can't find your baby's heartbeat.

### RESPONSES TO QUESTIONS

You both are very confused, shocked and disbelieving – you say 'But I could feel the baby moving'

You become very upset and silent for a few moments.

You then get slightly angry asking the doctor if this wouldn't have happened if you'd had an earlier scan- after the explanation you then remain tearful/sad.

You ask the doctor:

What happened now?

Do I have to give birth to my baby?

Can I go home?

## INFORMATION TO FACILITATOR

### SCENARIO DIRECTION

Introduction

**Preparation: (describes)**

Has midwife present

Quiet environment without disruption (beeps etc)

Water/tissues/leaflets

**Communication:**

Checks patient's understanding

Warning Shot

Allows time for denial

Uses clear language avoiding jargon

Repetition of information

Empathetic and responsive to non verbal cues

Answers questions honestly

Addresses concerns

Summary of plan and follow up

Offers support /leaflet

Offers chance to return to discuss again

**SCENARIO DEBRIEF****TOPICS TO DISCUSS**

Communication Skills  
Demonstration of Empathy  
Ability to demonstrate active listening  
Use of non-verbal communication  
Approaches to diffusing anger  
Structure to breaking bad news consultation

**REFERENCES**

References: Kaye P. *Breaking Bad News (pocket book) A 10-step approach*.  
EPL publications: Northampton; 1996.