

<b>Title</b>	Breaking bad news - malignancy	<b>Version</b>	1.5
<b>Target Audience</b>	FY doctors & student nurses	<b>Run time</b>	10 -15 mins
<b>Authors</b>	Udesh Naidoo, Paul Wilder, Mark Loughrey	<b>Last review</b>	4/7/18
<b>Faculty comments</b>	Actor (to play patient) & additional actor / Nurse (to play relative)	<b>Necessity</b>	ESSENTIAL

## Brief Summary

This scenario involves a teenage girl who attends an outpatient clinic accompanied by her aunt. She has recently had a colonoscopy for review of her inflammatory bowel disease. The candidate doctor is expected to give the patient the bad news of a diagnosis of GI malignancy, at which point she will be very upset and need appropriate reassurance and empathy.

## Educational Rationale

This scenario assesses candidate's ability to communicate, be understanding and generally reassuring, plus have a degree of knowledge regarding treatment options. This scenario is best performed with a single doctor candidate (even at FY1 level) and optionally a single student nurse.

## Learning Objectives: Nurse

- Effective communication with patients and relatives

## Learning Objectives: Doctor

- Effective communication in an emotionally pressured environment
- Breaking bad news to a patient
- Knowledge of treatment options for patients diagnosed with GI malignancy

No	CURRICULUM MAPPING	This scenario
1	Acts professionally	✓
2	Delivers patient-centred care and maintains trust	✓
3	Behaves in accordance with ethical and legal requirements	✓
4	Keeps practice up to date through learning and teaching	✓
5	Demonstrates engagement in career planning	
6	Communicates clearly in a variety of settings	✓
7	Works effectively as a team member	✓
8	Demonstrates leadership skills	✓
9	Recognises, assesses and initiates management of the acutely ill patient	
10	Recognises, assesses and manages patients with long term conditions	✓
11	Obtains history, performs clinical examination, formulates differential diagnosis and management plan	
12	Request relevant investigations and acts upon results	✓
13	Prescribes safely	
14	Performs procedures safely	
15	Is trained and manages cardiac and respiratory arrest	
16	Demonstrates understanding of the principles of health promotion and illness prevention	
17	Manages palliative and end of life care	
18	Recognises and works within limits of personal competence	✓
19	Makes patient safety a priority in clinical practice	
20	Contributes to quality improvement	

# Candidate Briefing: Nurse

Setting      Outpatient clinic

You are in clinic and the consultant is away. The FY doctor will shortly be arriving to see a young female patient.

You know that the patient notes have currently been misplaced and that the doctor will be delivering the results of her histology following her recent biopsy, which confirms a diagnosis of adenocarcinoma of the bowel.

Please go in and stay with the patient whilst she is waiting for the doctor to arrive and then assist them as required.

---

# Candidate Briefing: Doctor

Setting      Outpatient clinic

You are in clinic and your consultant is away. You are about to see a young lady with the results of her colonoscopy.

You will be handed a histology sheet only (the patient notes have been misplaced) to examine before the simulation begins. The patient has a ten year history of inflammatory bowel disease, poor compliance with medication and frequent relapses. Her histology following her recent biopsy confirms a diagnosis of adenocarcinoma of the bowel.

Communicate the findings to the patient and answer any questions she may have.

Your senior registrar is on call, if required, and can be contacted via the grey telephone.

# Technical set-up

Setting	Outpatient clinic		
Simulator	Actor		
Gender	Female	Age	18

## Facilitator Briefing

### Telephone advice

- You will be sitting in the control room for the duration of the scenario
- This is a relatively straightforward communication scenario, so the candidate is unlikely to phone. If they do, it is probably to check on details of possible future treatment.

---

## Relative briefing

For this scenario you will be acting the part of the Lucy Johnson's aunt/uncle, Jill/Jack Peabody. You have accompanied Lucy to an appointment to hear the results of her recent colonoscopy, as her parents are currently on holiday.

React to your niece's emotional behavior (on hearing the bad news) by accusing the doctor of upsetting her.

Let the candidate do the work of trying to calm the two of you down and to explain in a reassuring fashion, using non-medical jargon, what the diagnosis and future options are.

# Patient Briefing

Setting      Outpatient clinic

Name        Lucy Johnson

Age          18

Gender      Female

## What has happened to you?

You are an 18 year old called Lucy Johnson. You have recently lost weight, and experienced abdominal pain and bloody diarrhoea with mucus. Your doctor referred you to hospital where you had a colonoscopy. (Your consultant is Mr P. Fratt). As your parents are currently on a cruise, you are accompanied by your uncle/aunt, Jack/Jill Peabody.

## How you should role-play

The candidate is expected to give the bad news of the diagnosis of GI malignancy, Make sure they explain it to you in non-medical jargon and outline all your future options. You will be shocked at hearing the news (so we can see how the candidate copes with and acts towards you).

Your 'uncle/aunt' is briefed to have a go at the doctor for upsetting you, so the candidate will need to calm both of you down to continue the conversation.

If there is a nurse present before the doctor comes in then ask them questions such as:

- 'Why have I been called back?'
- 'Why am I waiting this is ridiculous...'
- 'How long is the Doctor going to be?'
- 'Do I have to wait?'

The nurse should try to pacify you, maybe divert the conversation and offer a drink

## Your background

### PAST MEDICAL HISTORY

You have had inflammatory bowel disease for all of your teenage years. You keep forgetting to take your medication because you don't see the point of taking it when you already feel well, but you have had frequent relapses of bloody diarrhoea with mucus.

You are asthmatic and have an inhaler.

### SOCIAL HISTORY

You are a Farnborough sixth form student.

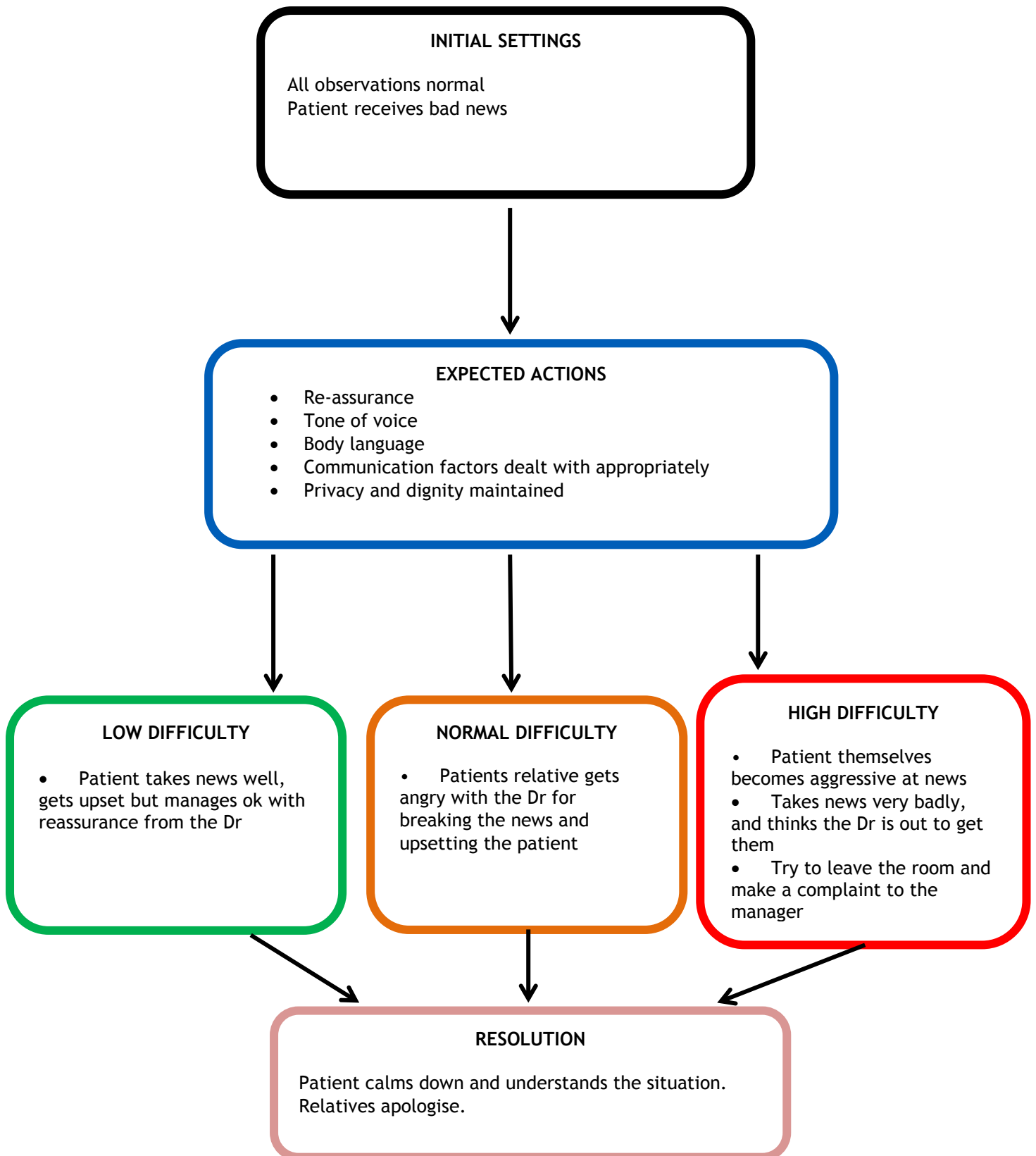
### REGULAR MEDICATION

Ventolin inhaler

Mesalazine 400mg x 3 tds

Allergies: House dust and pollen

# Scenario flowchart



# References

- Local Breaking Bad News guidelines

# Clinical props

## Endoscopy report

Hospital Number: 789987      NHS No. [REDACTED]      Verification: Unverified  
Name: JOHNSON, LUCY, MISS  
Sex: F      Age: 18      DoB: [REDACTED]      Fasting: Y      Urgent: N      On-Call: N  
Source: Endoscopy FP      Clinician: Mr P. Fratt  
A HISTOLOGY  
tA -----  
tA -----  
pA Histology Report      #000098765432123456#

### SPECIMEN(s)

1cm large bowel specimen

### CLINICAL DETAILS

Young female patient with inflammatory bowel disease presenting with altered bowel habit

### MACROSCOPY

A prominent firm lymph node was identified. Transverse slicing showed circumferential pale tumour within the large bowel specimen measuring 6,3 mm in length. This infiltrated through the full thickness of the wall with extension into wall of the colon.

CETS/mc

### MICROSCOPY

The sections of the tumour described macroscopically in the large bowel specimen confirm the presence of a moderately differentiated adenocarcinoma with a predominantly cribriform pattern of growth.

This tumour has infiltrated the full thickness of the muscularis propria with infiltration of subserosal connective tissue. No invasion of intramural or extramural lymphatic spaces is seen and no extramural venous invasion is identified.

### CONCLUSION

1cm Large bowel specimen - MODERATELY DIFFERENTIATED ADENOCARCINOMA OF the COLON: DUKES STAGE B: pT4, N0, Mx, R0.

Reported by Dr A Jones, Consultant Histopathologist.