2023

Novice Advanced Practice Nurses and the Delivery of Unsatisfactory Health News

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NURS 694 MSN Capstone

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July 10th, 2023

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SECTION 1: Introduction

Generically, most individuals in society have experienced the delivery of bad news (DBN) in social context on both sides, receiving or giving. From these past life experiences, unhealthy habits develop when delivering unsatisfactory news, like minimizing the situation, using distraction or avoidance, or telling white lies; this results in unwavering guilt by the message conveyer (Harris & Gilligan, 2022).

Medical professionals, primarily doctors, are the first line of healthcare to heal and restore health; however, when the news is negative, bad, or unfavorable for the patient, how that news is delivered can influence the degree of the patient emotional, mental, and psychological trauma (Chesanow, 2016; Corey & Gwyn, 2017). Interestingly, the authors of these studies observed an increase in formal professional communication programs for medical doctors (MD) since this was not part of their academic program. Not surprisingly, the study by Goncalves (2017) underscored the need for therapeutic communication skills to be included at both the undergraduate level and in the training phase in their specialty.

In comparison, the advanced practice nurse (APN) has had the workplace setting, providing the on-the-job experience for learning how to listen, express empathy, learn advocacy, provide clarification, and education regarding medications, treatments, provider conversations, diagnosis, etc., as a registered nurse (RN). Thus, the APN comes into the clinical practice setting with a rich background in therapeutic communication but not necessarily communicating unfavorable news (Wittenberg et al., 2017).

A significant amount of research completed on delivering unsatisfactory health news in clinical practice is based on oncologic settings and lacks the inclusion of APNs (Berkey et al.,

2018; Corey & Gwyn, 2017). Mid-level providers, such as APNs, are not acknowledged as Providers. This was determined due to the common theme of grouping APNs as ancillary staff or "nurses" in research. A knowledge gap was identified: APNs have inadequate practical communication training in DBN as providers. APNs reported this in the oncology and palliative care practices, voicing the need for additional training due to unpreparedness that can result in negative experiences and provider or patient dissatisfaction (Corey & Gwyn, 2017; Wittenberg et al., 2017). To achieve expert communication skills for these front-line providers, most APNs have selected to complete professional supplementary training and study communication frameworks to increase optimal outcomes (Berkey et al., 2018; Corey & Gwyn, 2017).

While it has commonly been only specialty fields of medicine like oncology or hospice-type care as the sources for being the bearer of unsatisfactory health news. This assumption reduces the importance of health news delivered in primary care practice. In reality, determining the level of negative news involved the patient's perception of how the information was provided and not so much the practice setting (Corey & Gwyn, 2017; Rosenzweig, 2017). Furthermore, there needs to be standards or methods of communicating unsatisfactory news in primary care or specialty settings (Harris & Gilligan, 2022).

The effective communication of unfavorable health news from the provider to the patient is not only needed for clarification and understanding but also in terms of litigation. Without disclosing accurate health information, whether good or bad news, providers are obligated to pass on said information in a sensitive yet precise manner (Johnston et al., 2019). Unfortunately, most sources for aiding providers in the DBN have not had the research to verify the improvement in patient satisfaction and thus are not considered evidence-based (Berkey et al., 2018). The quintessential point is that unsatisfactory health news is unrelated to only terminal

illnesses. For example, locally, Hamilton County Reportable Diseases (2021) & Picture of Our Health (2020) show realistic unsatisfactory health news examples for the 2019 report of 44 new cases of HIV, over 3, 000 new cases of sexually transmitted infections, 26 children with newly elevated lead levels, 253 teenage pregnancies, and rises in common health disparities of hypertension, type two diabetes, stroke, heart disease, breast, and prostate cancer, as well as kidney disease. Within the listed real-life diagnoses, determining whether the news is considered "unsatisfactory or bad" lies with the patient, not the deliverer (Berkey et al., 2018; Rosenzweig, 2017).

Problem Overview

Unavoidable situations will arise in daily practice where unfavorable news may be presented. Unfavorable news could include lab or imaging results, lifetime or life-shortening diagnoses, specialists neglecting to give results, patient confusion, or the need for a repetitive explanation from another provider (Chesanow, 2016). Moreover, clinical settings have changed from the provider as an authoritarian to a patient-centered focus with the patient and the provider functioning as a team. Johnston et al. consider the provider's role to guide the patients on the health journey; consequently, the communication of all patients' health is elemental, with unfavorable news being of utmost importance (2019). Ironically, what has not changed is that often, when unfavorable news is delivered, there is an automatic withdrawal by the provider with an unknowing detachment from the patient during the unfavorable conversation (Chesanow, 2016). Hence, there is a reinforcement of communication barriers that are linked to fears such as: being blamed, failing the patient, showing too strong of emotions, and the short window of time available to give news (Berkey et al., 2018; Chesanow, 2016; Harris & Gilligan, 2022). Another complication in today's technology-bound society is the availability of results on patient portals

and the popularity of telehealth. This adds difficulty in connecting to the patient with therapeutic communication, and without proper training, this can make matters more problematic for providers (Burman, 2020).

A startling statistic was that less than 10% of APNs surveyed reported prior preparation for delivering unfavorable news to a patient (Corey & Gwyn, 2017). With all this in consideration, how does a therapeutic communication education program provide the APN with the tools to unfavorable news in a positive way for both the patient and the provider (Harris & Gilligan, 2022; Johnston et al., 2019)?

Definition of Terms

Conceptual terms.

Unsatisfactory health news is regarded as information that can change the view of one's life and how one sees their future (Johnston et al., 2019; Rosenzweig, 2017). Other terms used in practice are unsatisfactory, unfavorable, serious news, bad news, DBN, or life-altering (Berkey et al., 2018; Vandekieft, 2018).

Purpose Statement/PICO Question

This literature review explores the effectiveness of a communication training program that facilitates the APN's delivery of unsatisfactory health news to patients.

How does a communication training program impact the APN's ability to deliver unsatisfactory health news to patients?

Theoretical Framework

A theoretical framework that represents the relationship between the APN and the patient would be the Southern Adventist University School of Nursing (SON) model based on the Adventist Framework for Nursing Education Practice (Jones et al., 2017; Southern Adventist

University [SAU], 2023). As shown in Figure 1., God is denoted as the superior being, with nursing as the foremost factor influenced by and serves by using interconnection to restore health in their patients (SAU, 2023). This type of nursing is considered an "art," which promotes the values of love, hope, service, and trust in the restoration to the image of God (SAU, 2023, p. 5). This model's motto of Christ-centered excellence has three critical components: caring, connecting, and empowering, with distinguished accountability for the individual, family, and community. The theoretical framework is used at the SON to guide future RNs and APNs to exemplify how to practice as Christian-centered providers in their communities (SAU, 2023).

Figure 1.

Adventist/Southern Adventist University Framework for Nursing Education and Practice

SAU SON's theoretical framework encompasses Butts & Rich's four nursing meta-paradigms within the layers of the structure (2018). The nurse is the core of the nursing program's framework that possesses and accentuates the other meta-paradigms under the focus of caring, connecting, and empowering. The nurse is called to this sacred ministry to perform with the competency of bio-psycho-social-cultural-spiritual well-being (SAU, 2023). Nurses are to foster human flourishing while supporting cultural differences and upholding God's laws (SAU, 2023). Competency is a significant feature of the nurse's practice; it is a whole-person science that spans extensive knowledge in the illness-wellness continuum (SAU, 2023).

The Patient is viewed as a temple created in God's image who must be treated with respect and dignity (SAU, 2023). Humans are considered complex individuals with capacities and are made to interact with others and God (SAU, 2023). Community is our world, the physical environment, which must be valued and sustained (SAU, 2023). Community includes the environment wherein we heal and must reflect upon God's laws of beauty and harmony (SAU, 2023). Health must be restored to flourish wholistically on the health/wellness continuum and in God's image (SAU, 2023).

APNs can use this framework to guide their practice to embrace the professional nursing values of Christ-centered excellence. Within the competency domains, APNs must stay informed in practice, building their skillsets with evidence-based knowledge to grow professionally (SAU, 2023). In performing caring, connecting, and empowering behaviors, the APN can encompass the skills necessary to DBN to an individual. APNs can go further by empowering change in the medical discipline to promote educational change at the graduate level and in current facility training to include provider communication on DBN.

SECTION 2: Literature Review

Articles for the literature review were selected based on searches from nursing databases provided by Southern Adventist University for student research via the McKee online library webpage. EBSCO Information Services LLC, 2023 version, was utilized for the bulk of articles for this literature review. Search terms sourced per line of inclusion were bad news/ DBN/ difficult news/ sad news/ delivery, APN/ advanced practice nurse/ nurse practitioner/ FNP, which resulted in 4,130 results in various languages, countries of origin, and years of publication. After narrowing down the results by selecting the English language, PDF full text, peer-reviewed, abstract available, publish date 2017-2023, academic journals, and Geography USA, the results were reduced to 89 articles for review.

Four main concepts were discovered within the articles that pertain to APNs needing more preparation in their formal and professional training to deliver unsatisfactory health news to patients: Formal Training, Professional Education, Interprofessional Training, and Technology in patient-centered communication. These concepts are based on studies to identify the problem of delivering unsatisfactory news in healthcare.

Presentation of Literature

Formal Training

Initial training in patient communication is preferable to be performed in the institutional setting of the student nurse (Gautier et al., 2022). Wittenberg et al. cataloged communication techniques as one of the six core competencies for the formal training of the undergraduate baccalaureate (BSN) prepared nurse. Within this competency, however, there are no set measurements, goals, and objectives to determine whether the current level of education meets the standards. Prior evidence found details that the lack of confidence in the communication

skillsets of nurses is apparent post-receiving undergraduate education; Wittenberg et al. designates:

> *"Because the importance of nurse communication skills is evident across existing nursing education competencies and the number of nursing students pursuing a baccalaureate nursing (BSN) or advanced nursing degree is the highest it has ever been (American Association of Colleges of Nursing, 2019), it becomes increasingly important to understand the characteristics of communication instruction and similarities and differences across entry-level BSN programs" (2021).*

Importantly, this cross-sectional descriptive study evaluated communication instruction at 88 undergraduate BSN degree programs via a 78-question survey completed by the program or simulation director and, in four cases, both. Despite the use of simulation training in undergraduate nursing program education, Wittenberg et al. found that the learning outcome of communication is in decline due to the experience focusing on the student's skill set versus the communication exercised. The surveys showed negligent communication training in preparing entry-level nurses. Unfortunately, the subjects with the lowest covered content in the BSN educational setting pertained to financials 5.25/10 and the DBN 6.17/10. These results express the author's appeal for additional communication education in the formal setting, especially on DBN (2021).

Nasrabadi et al. also discuss the need for proper communication strategies in the formal setting, contributing to the heightened risk of passing on inaccurate information. Undoubtedly, this can be attributed to barriers like emotional, cultural, or professional factors that, in a setting between patient and professional, can cause the spread of misinformation by the nurse. This qualitative study considers communication as the core of nursing care, especially in difficult situations like the DBN. Study findings show that when the skill was limited, graduate nurses report a lack of knowledge and learned strategies, thus leading to internal fear related to

unfamiliarity in patient reactions to such an emotionally- identified conversation. The solution to this dilemma is that improved communication skills must be developed in formal and organizational settings (2020).

For an interpersonal relationship to be created with the patient, the foundations of trust, empathy, and respect aid in passing challenging contexts (Laranjeira et al., 2021). Several methods can be used to develop these skills in educational settings with sufficient communication training in the DBN. Evidence demonstrates, with the use of role-playing, simulation-based education, and improvisational theater exercises in interpersonal communications with undergraduate BSN as well as the APN student, the goal of preparing them for specialized communication, like delivering unsatisfactory health news (Dawson et al., 2021; Higgins & Nesbit, 2021; Laranjeira et al., 2021).

A standard evidence-based patient-centered protocol of setting, perception, invitation/ information, knowledge, empathy, and summarize/strategize (SPIKES) is taught and used in practice to transmit negative health news to healthcare professionals. Laranjeira et al. asked whether the learning SPIKES protocol and then performing exercises with simulation training of nursing students are well-developed or adequate to achieve competency in therapeutic communication using the SPIKES protocol, collaboration with peers, and debriefing. In the participant-centered learning approach via didactic education and then role-play simulation, findings by participant reports showed improved cognitive, interpersonal, and affective competencies in the complex process of conveying bad news using the evidence-based protocol (2021). In contrast, research by Wittenberg et al. unearthed two main concerns in BSN programs within the use of simulation learning activities as a mainstay in communication education: only using faculty as assessors and team communication as the method. These were considered

unconstructive simulation actions due to neglecting outside input from external parties as an interprofessional collaboration and not allowing independent student examination (2021).

In the setting of graduate nursing and the APN student, Coates determined that more efforts are necessary to prepare the novice provider with the skillset of difficult conversations, not only with the DBN but also with other situations like angry patients, unmotivated patients and other health care team members. While utilizing simulated mock hospital situations, APN students were exposed to real-life scenarios and trained actors to access clinical decision-making skills. After the first attempt, debriefing and feedback were given to the student; a second attempt was made to implore learned structured communication techniques. Wilcoxon signed-rank test identified the impact of the skills course, increasing from 60.0 to 74.0 from pre to postintervention. Results from this study reflected elevated patient-centered care in the capacity of uncovering the patients' agenda, use of empathy, patient engagement, and excelled application of basic communication skills (2021).

To build on APN student simulation experiences, Dawson et al. incorporated the use of a Standardized Patient (SP) into the scenario as an experimental learning activity. This differs from other simulation encounters with SPs by using a trained SP in the feedback and exposure of students' problematic or obturate behaviors toward difficult communication.

The study suggests a change in DBN simulation training, focusing on the process of communication versus behaviors of the student to enhance learning, with an application of the Communication Accommodation Theory by Howard Giles. In particular, this theory emphasizes context-specific linguistic convergence and divergence by including nonverbal behaviors within the constructs of the conversation. Results from utilizing SPs in the evaluation sessions revealed positive and negative emotional reactions by both students and SPs related to the intense subject

matter of DBN. The psychological experience the SP actor endured for the DBN communication simulation was unexpected and led to the acknowledgment of the potential traumatizing risk of participation (2021).

Compared to other APN simulations with similar protocols, in Coates' research, the SPs were removed from the evaluation portion of the student due to the conversation becoming tangential (2021). Dawson et al. support the simulation experience with the SPs (with safety measures in place) from the lack of real-life experience for APN students related to the reduced number of clinical preceptor sites available (2021). Coates identified the limitation of students' access to tangible experiences, thus enhancing the learning opportunities didactically while employing simulation workshops in the formal setting (2021).

Alternative formal education programs studied related to improvisational theater exercises to enhance the family nurse practitioner student's attentiveness and observing skills in patient communication while imploring the competence to respond adequately at the moment (Higgins & Nesbit, 2021). Higgins & Nesbit relate effective communication in the healthcare setting as imperative for patient interaction and interprofessional conversations. An emphasis was placed on the DBN, for this was a situation that students rated unfamiliar with. Improv communication skills training builds confidence in speaking and aids the student provider with their responses in intense conversations. This two-hour workshop with four improv exercises resulted in positive critiques, with over 63% recommending it for other APN students in their formal training. A key component noted to keeping the sessions relevant to health care is having faculty instructors debrief post-exercises, relating the learning to clinical practice. Suggestions were made to implore improved communication skills training into the curricula over several courses for APNs to add laughter and positive experiences to the generally serious learning

environment (2021). By incorporating such programs into the formal educational setting, APN students can be more prepared to have constructive and successful conversations with patients in real-life settings.

Professional Training

Novice APNs, once in clinical practice, may find the need to access more preparation for delivering unsatisfactory health news. This may be obtainable through continued education to further knowledge professionally due to the evidence of the deficiency in formal training (Gautier et al., 2022; Nasrabadi et al., 2020; Wittenberg et al., 2021). With the exposure to delicate or intense patient conversations where the APN was the lead provider, additional training in resilience related to stressful situations like DBN was considered advantageous in the study by Johnson et al. The quantitative study performed a mixed-method evaluation by uni-disciplinary workshops to apply the intervention of resilience training and coaching sessions. The intervention's purpose was to enhance the preparedness of the healthcare provider in stressful situations to reduce the amount of psychological distress and burnout.

The most considerable studied discipline in the study was the APN, midwife. Quantitative data collection indicated higher confidence levels in stressful situations $b=2.43$ to 2.75, improved knowledge $b=1.14$ to 1.46, and self-resilience elevation $b=2.54$ to 2.77. The limitations noted via qualitative analysis were the timing of the intervention in one's career and the limit of training significant skill sets through brief sessions. The timing was a significant point brought up by the research, implying that resilience training should be started and continued at multiple stages, starting at the undergraduate level and continuing throughout one's career. Further research was suggested to evaluate the mandatory requirement of resilience

training versus voluntary and the level of training appropriate for the qualified provider versus the novice student (2020).

In a specific clinical setting, Payongayong et al. researched nephrology APNs and their communications behaviors related to DBN. The evaluation viewed the relationship and the engagement of APNs' knowledge of attitudes and behaviors toward having difficult conversations *n=127*. The theory of planned behavior was used as a guideline for this study's framework, written by Icek Ajzen. As a result, this introduces the concept that an individual's belief in a behavior influences their actions on said behavior. Alternatively, the theory was unsupported by the results *p=.717* with no relation between knowledge and action. Though there was no action relation, the attitude of the APN toward difficult conversations resulted in a positive experience correlating with higher confidence and behavioral control (Cronbach's alpha range *0.72* to *0.78*). Respectively, the results, *p<0.05*, indicate the need for additional communication training in nephrology APNs related to the lack of knowledge among the study participants akin to challenging conversations to build comfort and confidence (2022).

Simulation with lecture was used in research by Bowen et al. with neonatal APNs to determine whether empathy scoring and communication skills improved with difficult conversations. The ability to conduct research in a clinical setting without a gold standard to perform DBN was challenging for this project. Verbal reports from the participant APNs agreed with multiple studies voicing the lack of DBN training in formal venues which was noted as a critical component of APN practice. Pre-testing scores showed that 77% of the participants had to DBN more than thrice yearly. Though a small cohort researched *n=13*, the results proved the hypothesis of improved empathy *p=.015* and expanded use of learned communication skills from lecture *p=.013*. Therefore, the results suggest that empathy could be altered with learned

communication skills. In addition, the study was unique from others in using blinded experts to analyze simulation videos to determine the assessments and empathy scores (2020).

Like Dawson, Higgins & Nesbitt, Kukora et al. similarly disagrees with simulated real-life scenarios. Believing these experiences lack authenticity and emotional complexity. According to the qualitative study, improvisational theater in professional educational platforms was a unique learning opportunity for building communication abilities by shifting one's thought processes and behavior. How this differs from traditional simulation-based learning was the guided scene-work exercises based on Kolb's experimental learning cycle of acting, observing, thinking, and planning. This exercise was incorporated into a pediatric conference as a three-hour workshop; 45 minutes was dedicated to improv, with a following session on identifying and mirroring emotion. Likert scoring at the six-month mark following the interventional workshop with an *n=12* showed that 83% utilized skills learned, and 92% reported applying learned skills in DBN (2020).

Consistent time pressures are evident for the medical professional. Finding opportunities for continuing education that are focused and not extensively time-consuming was the goal of Freytag et al.'s research. To discern different methods, video-based coaching in communication skills with actual patients was introduced as the studied intervention. In two primary care Veteran Affairs clinics in Texas, medical providers (including APNs) *n=23* progressed through a live video-based educational intervention led by coaches with real-time observations, concluding in feedback sessions with said video recordings to discuss and use for self-reflection. Trained communication coaches were introduced via live feed for observation and follow-up. The follow-up sessions were based on Kluger et al.'s Feedback Intervention Theory (FIT), which increases awareness of behavior to ensure change, akin to viewing sports reels as athletes. The

largest takeback from this study was the intervention working around the providers' schedule and the timeliness of turnaround. The provider could complete patient appointments and receive feedback within a workday using rapid analysis. Multiple providers elected to perform the intervention three or four times to improve patient communication. The acceptability of this video-based intervention was measured quantitatively using the Likert scale; mean scores ranged from *6.4* to *6.8* out of *7*, which suggests high practicality and tolerability (2022).

Interprofessional Training

In managing patients, multiple providers are often involved with the care that co-manages from different specialties. In Tennessee, APNs are overseen by MD providers; while the APN mostly manages the patient's care, the MD is considered a supervisor and can be consulted. Collaboration and co-leading within an individual's medical care is a common practice, which leads to October et al.'s study of communication training as an inter-specialty workshop. In the case of multiple providers, it was noted as essential in communication and DBN for all information to be unified across specialties. The study gathered providers in a two-day communication workshop focusing on family conferences with a didactic presentation, skills demonstration, and skills practice to promote and research this. DBN was considered one of the most critical communication lessons, so it was incorporated on day one to build on this skill the following day. Results suggested that in learning communication skills, when providers do this together, they are more likely to communicate in the same context when delivering information to patients, hence a unified message. Self-reports of confidence levels increased by 55% for DBN, 43% for family conferences, and 61% for obtaining family preferences ($p<0.05$ for all) (2019).

Not only did October et al. support interprofessional workshops, but also Stephens et al.'s quantitative and qualitative study regarding patient communication. Evidence supported the need for such training, for the author noted this as the largest source of patient complaints. A single five-hour workshop on the DBN, featuring a lecture and SP role-playing simulation with feedback, was completed by medical professionals from various levels *n=20*. Eight weeks post, the subjects completed a non-linked survey of integrating learning into practice. Of the 20 participants, 20% had completed additional training in DBN post-graduate school, and of those, 100% believed that the education contributed positively to their ability to communicate with patients successfully. Though future research was indicated to study the efficacy of interprofessional communication workshops, the authors also agreed that video recordings of patient interactions, similar to the study by Freytag et al., would be of benefit (2021).

In Bowman, Slusser & Allen's collaborative intervention, the randomized control study elected to form a 12-person interdisciplinary work group that developed the collaborative practice model (CPM) via an in-depth review of the literature to perform at their hospital for six months. CPM incorporated the SPIKES protocol, similar to Laranjeira et al., for all staff members to receive the best practices on DBN. The practice model aimed to incorporate all parties involved in patient care of the need for DBN, such that all parties are prepared to support the patient. As a result, CPM brought on themes of inclusion and support, giving ancillary staff feelings of being valued and aware of meaningful communication. With CPM used 85% of the time, the pre and post-intervention surveys with MDs and APNs showed a *p value* greater than 0.*1*. With such satisfactory results, the facility trialed the CPM intervention and continued to use it as standard practice in DBN (2018).

Papadakos et al. multidisciplinary training program's goal proceeded past the end of the training program. They extended to the goal of deepening the commitment of the participants to seek additional education. This aspect was partly due to the perspective that one training program would not conclude mastery of DBN communication skills. The theory of self-regulation by Bandura was used for the extension of training. Self-regulation learning takes more time, effort, and motivation; thus, why it is an active form of learning. The three-phase course started with an interactive online module, then video recordings of real patient experiences with DBN, with the final portion as a written discussion forum with prompted questions along with other participants. Once completed, an SP simulation experience on real-life scenarios, in person, with mixed multi-professional groups. It was concluded that training in this manner promotes working together with a common goal of improving multidisciplinary care, reducing miscommunication and errors. The final study results related to self-perceived competency and self-efficacy show an average increase of 25 points out of the 40 participants with a *p value* greater than 0*.001* (2021).

Technology in Patient-Centered Communication

Regarding technology, there are patient platforms that give access to sensitive medical information, like unsatisfactory health news, without consideration of the patient's psychological experience. Medical information online or test results were formally given via the medical professional, but within today's consumer health technology, there is no design or limit to accessible information. Hulter et al. studied the patient's choice concerning obtaining online results before communicating with the ordering provider with a mixed-method experimental design. With over 4,000 participants, the quantitative analysis showed that the choice of over 90% of the patients selected to receive health results online in the shortest amount of time

possible. As revealed by verbal reports, the portals allow transparency, immediate access, processing time, preparation, and the ability to further knowledge before the conversation with the provider. For the small amount of *n=4* that was selected to wait for results, the qualitative results indicated it related to the fear of DBN and low health literacy (HL) (2023).

In addition to Hulter, Choe et al. researched thematic data to identify ways to make such a design. At the same time, this research reviews patient-provider communication literature about the DBN to develop strategies to imply empathy in health information technologies. Interviews were performed based on research guidelines on DBN, and qualitative analysis was used to examine 23 participants. With cross-case analysis, findings supported the theory that bad news was "context-dependent" and that patients gathering health information from various sources can lead to anxiety, stress, and misinterpretation, thus increasing providers' burden. In summation, four hypotheses were uncovered using patient preferences to modify the delivery, encouraging interface use and sharing, managing stress related to the accessibility of data, and forecasting for the following action. These hypotheses were presented for altering the technological design of health information interfaces to align closer with human clinical guidelines (2019).

In the case of Zhang et al.'s study, the evaluation of the design of online technology and how patient health information should be patient-centered was piloted with eight participants. The authors detail that prior research suggests that online access to medical results can improve provider-patient relationships. However, the literature also suggests that HL marks a limitation though the participants in the piloted program study self-scored *4.1* out of *5* on average, five being high literacy. Evaluation of the participant's post-program usage in a semi-structured interview with qualitative analysis resulted in three areas for improvement: confusion in results, request for more information, and user-friendly technology (2021).

During the COVID-19 pandemic, telehealth became increasingly used and popular among patients with convenience. Berta et al. noted how training in telehealth was not incorporated into the lesson plans of APN students, particularly when DBN. A mixed-method analysis with 33 APN students was performed with pre/ postintervention questionnaires and simulation sessions with SP. Training sessions included the SPIKES protocol for DBN, and simulations were performed via virtual simulation. Cronbach's alpha resulted in *0.88,* indicating internal consistency. Student participants agreed on the relevance of the content to future practice and the importance of the critical content of DBN. The self-rated measures were compared to a repeated-measure *t-test* showing preparedness as *3.55* to *5.24 SD=1.30*, satisfaction and self-confidence mean of *4.45 SD=0.41*. However, despite these positive results, it was suggested that future research should be conducted without reliance and self-rated results (2022).

Summary of Literature

The literature showed evidence of the lack of formal communication training in undergraduate nursing and APN graduate programs. Many articles detailed how a lack of training could lead to dishonesty or passing inaccurate information, and all related this to being uncomfortable with difficult conversations. Therefore, recommendations were to add communication training skills into established programs for increased knowledge of the novice nurse and APN. The methods presented by various studies were simulation labs with and without SP, improvisational classes, didactic lectures, and role-playing.

On the other hand, in the professional setting, the APN reports being unprepared in the field, and the need to improve communication skills in the DBN was researched. As a lead provider, the novice APN needs excellent communication skills to relay results and promote patient health and well-being. Researchers studied various ways for the professional APN to

receive such training as resilience courses, communication exercises to build confidence, simulation labs with lectures, improvisational theatre, and video-based coaching.

APNs can lead as providers while working in teams with other medical professionals in most facilities. For professional training that includes the "team," interprofessional workshops were researched for collaborative efforts in DBN communication. As a result, studies were implemented on communication improvements with inter-specialty workshops, lectures with simulation and SP, CPM with SPIKES protocol, and the incorporation of real-life scenarios in simulations.

Researchers explored the current complication of technology and communication of DBN to study ways to improve online communication. Methods suggested were to alter the results online to include empathy, low HL, and increased allowances for patient preferences. Technology and communication were also the central themes, with research from an undergraduate nursing school desiring to stay ahead of the curve with DBN instruction via telehealth.

SECTION 3: Discussion and Synthesis

Completing the multifaceted task of delivering negative health news in a therapeutic and individualized fashion can, in turn, be rewarding to the professional and decrease the patient's distress (Ferraz Goncalves, 2017). Many studies researched initiated communication training for DBN at the undergraduate level before the nurse, yielding years of practice to develop communication skills to move on to the role of APN. This method aids in addressing the problem earlier in a nurse's professional career. Opposing sides to getting an early start would be the lack of experience a novice nurse would have versus an APN who has prior on-the-job patient communication experience.

As stated, the expertise of APNs in effective communication within the DBN lacked formal training and was allocated as a skill to be learned while in practice (Coates, 2021; Corey & Gwyn, 2017). Educational institutions ensure the competency of APNs graduates in examining, interpreting, diagnosing, healing, or curing, but not how to render the DBN in a therapeutic manner that focuses on being constructive while compassionate (Chesanow, 2016). Additional research is needed to determine whether standardization of communication competency at the formal level is of necessity.

APNs are positioned to deliver news with the goal of the patient retaining information, sensing the provider's empathy, and permitting a partnership to optimize patient care (Harris & Gilligan, 2022; Johnston et al., 2019). Papadakos et al. (2021) noted that too much empathy suggests wear on healthcare providers and contributes to burnout. Both Papadakos (2021) and Johnson et al. (2019) Suggest using resilience training to reduce the effects of empathy with the DBN. Though there are no set standard protocols to accomplish the task of the DBN, the APN

must acknowledge patient-centered communication, where each individual is unique, and there can be evolution within the circumstances (Laranjeira et al., 2021).

Implications for Advanced Nursing Practice

The APN who follows the path of trust, honesty, respect, and responsibility by continually improving their nursing skills reflects the SAU's SON theory of Christ-centered excellence. By focusing on improvement to aid others with exceptional communication skills, especially in times of DBN, the APN is encompassing the aspects of SAU nursing theory. After reading this review of literature, a novice APN, should understand how much their words mean to patients. An APN can improve confidence in complex patient interactions with supplementary learning and efforts to improve my and my colleague's DBN communication skills.

Recommendations for Future Research

In the research to explore the effectiveness of communication training programs, evidence substantiates that novice APNs will need additional communication training to perform complex conversations skillfully. The researched courses to increase communication with patients and co-workers were all feasible options. The professional will need to make personal efforts to improve their competence by attending courses to promote confidence in communication. Alternatively, the professional can search conferences, request communication continuing education with APN chapters, facility employed, or at alma mater. With the accessibility of online resources and video conferences, online database searching for programs is an easy step to reaching this achievement. For online communication and the research procured, more work is still needed to develop user-friendly interfaces in patient portals. With that, it is still the APNs role to discuss difficult conversations with the patient and be prepared for the information patients can access.

Conclusion

As evidenced by the literature research, improvement in the DBN with providers, especially novice APNs, is advised. For this reason, novice APNs need to take the lead and improve their communication skillsets for the DBN. Research shows that most DBN patients remember the practitioner's behavior (Wittenberg, 2017). DBN is a complex discussion that can negatively affect providers and patients (Johnston et al., 2019). Professional training involving several different learning methods discussed enhanced the medical professional's knowledge based on the DBN. As evidenced by the research from simulation with and without SP, real-life scenarios, resilience training, CPM, improvisation interaction building, live-feed video, to inter-collaborative Muli professional workshops, many methods are being researched and presented for APNs to further their communication skill sets. Technology is a nuance in healthcare; staying ahead of the patient by being the "superuser" can help prepare for the wave of online-based communication.

SECTION 4: References and Appendices

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Appendix A: Matrix

Reference	Research Question	Method	Comparisons	Outcomes/ Findings	Level of Evidence & Quality Grade
Berta, M., Burt, L., Carlucci, M., & Corbridge, S. (2022). Breaking Bad News via Telehealth: Simulation Training for Nurse Practitioner Students. Journal of Nursing Education, 61(9), 528+. https://link-gale-com.ezproxy.southern.edu/apps/doc/A718244480/AONE?u=tel_a_sau&sid=bookmark-AONE&xid=71225b96	**Research Question** **Purpose**: The coronavirus disease 2019 (COVID-19) pandemic demonstrated educators must consider students' future practice will involve patient communication via telehealth, including breaking bad news. **Objective:** **Hypothesis:**	**Method:** This mixed-methods analysis was conducted at two universities. Questionnaires were analyzed before and after a simulation training session with standardized patients to determine students' perceptions, learning satisfaction, confidence, and self-rated preparedness for delivering bad news via telehealth. **Population:** nurse practitioner (NP) students **Sample:** n=33	**Comparisons:** Quantitative descriptive and comparative analyses were performed using STATA software, version 14.6. Qualitative data were analyzed. Qualitative descriptive analysis leverages the informational contents of the data iteratively to guide analysis. First-cycle coding took the form of open coding with elements of process coding, followed by second-cycle pattern coding.	**Outcomes/ Findings:** Students' self-rated levels of preparedness for delivering bad news were higher after participating in the simulation. Students found the teaching methods to be effective, enjoyable, motivating, and suitable to individual learning styles. Two themes emerged that described students' perceptions of the experience: valuable simulation processes and multifaceted learning applicable to future NP practice. Breaking bad news via virtual platforms is new and challenging. Findings suggest this simulation experience provided a valuable tool for augmenting didactic training for NP students.	**Level of Evidence:** III **Quality Grade:** B **Limitations:** small number of participants. reliance on self-rated measures rather than objective performance measures. Although the data demonstrated a strong improvement in learning measures, the simulation training was not compared to a control or didactic-only group. **Conflict of Interest:** Leah Burt discloses employment as a Clinical Assistant Professor at University of Illinois Chicago where this research was conducted. The remaining authors have disclosed no potential conflicts of interest, financial or otherwise.
Bowman, P. N., Slusser, K., & Allen, D. (2018). Collaborative Practice Model: Improving the Delivery of Bad News. *Clinical Journal of Oncology Nursing*, *22*(1), 23–27. https://doi-org.ezproxy.southern.edu/10.1188/18.CJON.23-27	**Research Question** **Purpose:** Nursing work culture surveys have indicated poor nurse–physician communication. Subsequent staff meetings have identified that a lack of communication occurred during DBN. **Objective:** Optimization of bad news delivery by exploring staff perceptions, daily routines, and best practices.	**Method:** A baseline interdisciplinary survey focusing on daily patterns of practice and perceived barriers to optimal delivery of bad news was performed In addition, a 12-member interdisciplinary work group was created. During a one-day retreat, members of the work group discussed best practices, reviewed baseline survey responses to address barriers and define bad news events, and	**Comparisons:** pre-/post intervention Surveys: physicians and Midlevel providers. $p < 0.1$, reflecting the change in pre-/Post intervention scores. Include RN refers to inclusion of RN in bad news event, and notify RN refers to Notification of RN for planning bad news event. Scores ranged from 0 (strongly disagree) to 5 (strongly agree).	**Outcomes/ Findings:** This study provides a unique contribution to the literature by describing the development and implementation of a model to improve the delivery of bad news using evidence-based practices. The CPM, now the standard of care, continues to be used in all clinical situations for the delivery of bad news.	**Level of Evidence:** I **Quality Grade:** A **Limitations:** None provided. barriers were learning that nurses felt unprepared to adequately support patients going through the crises that bad news events can evoke. **Conflict of Interest:** None provided

		identified workflow routines to develop the CPM intervention. **Patients**: Oncology unit-hospital **Population:** Sixty-two team members responsible for providing immediate care and support for unit patients participated in the surveys and in the implementation of the CPM intervention. **Sample:** (60 team members responded). 12 person interdisciplinary team. N= 15 pre/post survey			
Bowen, R., Lally, K. M., Pingitore, F. R., Tucker, R., McGowan, E. C., & Lechner, B. E. (2020). A simulation based difficult conversations intervention for neonatal intensive care unit nurse practitioners: A randomized controlled trial. *PloS ONE, 15*(3), e0229895. https://doi-org.ezproxy.southern.edu/10.1371/journal.pone.0229895	**Research Question** **Purpose:** Neonatal nurse practitioners are often the front line providers in discussing unexpected news with parents. This study seeks to evaluate whether a simulation based Difficult Conversations Workshop for neonatal nurse practitioners leads to improved skills in conducting difficult conversations. **Hypothesis:** The intervention would improve communication skills.	**Method:** Randomized control study of a simulation-based difficult conversations workshop for neonatal NPs in a regional level IV neonatal intensive care unit. Simple randomization was performed with a randomization allocation of 1:1. Randomization was performed at the beginning of the workshop. Both groups participated in a three-hour workshop. **Population:** Neonatal NP in community hospitals **Sample:** 13/31 interviewed showed for the study.	**Comparisons:** A simulated test conversation was performed after the workshop by the intervention group and before the workshop by the control group. Two independent blinded content experts scored each conversation using a quantitative communication skills performance checklist and by assigning an empathy score. Standard statistical analysis was performed	**Outcomes/ Findings:** Randomization occurred as follows: n = 5 to the intervention group, n = 7 to the control group. All participants were analyzed in each group. Participation in the simulation based Difficult Conversations Workshop increases participants' empathy score ($p = 0.015$) and the use of communication skills ($p = 0.013$) in a simulated clinical encounter. Our study demonstrates that a lecture and simulation-based Difficult Conversations Workshop for neonatal nurse practitioners improves objective communication skills and empathy in conducting difficult conversations.	**Level of Evidence:** II **Quality Grade:** B **Limitations:** individual participants were not tested using both a preand a post-intervention scenario, given that the increased time commitment necessary for that experimental model was not possible due to participants' clinical staffing requirements. communication skill result and the empathy score result may not be independent variables. only 13/31 NPs took part in this workshop. **Conflict of Interest**: The authors have declared that no competing interests exist.

Choe E, Duarte M, Suh H, Pratt W, Kientz J. (2019). Communicating Bad News: Insights for the Design of Consumer Health Technologies. *JMIR Hum Factors*, *6*(2):e8885. URL: https://humanfactors.jmir.org/2019/2/e8885 doi:10.2196/humanfactors.8885	**Research Question** **Purpose:** The primary goal of this research is to understand the design requirements for and investigate specific strategies for improving consumer-facing health technologies to communicate health news to patients in a way that is more empathetic and in line with best practices from clinical work in this space. The development of these requirements and strategies requires an empirical understanding of experiences of patients, clinicians, and patient family members. **Objective:** The aim of this study was to uncover insights for the design of health information technologies that potentially communicate bad news about health such as the result of a diagnosis, increased risk for a chronic or terminal disease, or overall declining health. **Hypothesis:** health information systems that potentially communicate bad health news need to deliver the news while considering the emotional needs for patients and that such needs have been largely unfulfilled in the design of current health information systems.	**Method:** On the basis of a review of established guidelines for clinicians on communicating bad news, we developed an interview guide and conducted interviews with patients, patients' family members, and clinicians on their experience of delivering and receiving the diagnosis of a serious disease. We then analyzed the data using a thematic analysis to identify overall themes from a perspective of identifying ways to translate these strategies to technology design. **Population:** 8 clinicians, 1 medical student, 1 social worker, 9 patients, and 4 patients' family members **Sample:** 23 participants	**Comparisons:** qualitative results combining an analysis of the clinical guidelines for sharing bad health news with patients and interviews on clinicians' specific strategies to communicate bad news and the emotional and informational support that patients and their family members seek. Specific strategies clinicians use included preparing for the patients' visit, anticipating patients' feelings, building a partnership of trust with patients, acknowledging patients' physical and emotional discomfort, setting up a scene where patients can process the information, helping patients build resilience and giving hope, matching the level of information to the patient's level of understanding, communicating face-to-face, if possible, and using nonverbal means. Patient and family member experiences included internal turmoil and emotional distress when receiving bad news and emotional and informational support that patients and family members seek.	**Outcomes/ Findings:** The results from this study identify specific strategies for health information technologies to better promote empathic communication when they communicate concerning health news. Cross-case analysis of the transcripts using a thematic analysis approach. We distill the findings from our study into design hypotheses for ways technologies may be able to help people better cope with the possibility of receiving bad health news, including tailoring the delivery of information to the patients' individual preferences, supporting interfaces for sharing patients' context, mitigating emotional stress from self-monitoring data, and identifying clear, actionable steps patients can take next.	**Level of Evidence:** II **Quality Grade:** A/B **Limitations:** studies focusing on the communication of bad news are typically based on retrospective recall. limited literature reflecting the perspectives among clinicians, patients, and family members, we chose to include all 3 participant groups in this study. In addition, as empathic communication is universal across different conditions in health care, we expected that a diverse sample would give us insights into the variety of ways it manifests. **Conflict of Interest:** JAK's spouse is the cofounder of Senosis Health, a startup company in the area of health technologies for diagnosis, monitoring, and treatment, which was acquired by Google in 2017. The remaining authors declare no conflicts of interest.

Coates. (2021). The Effectiveness of a Simulation Program to Enhance Readiness to Engage in Difficult Conversations in Clinical Practice. *Dimensions of Critical Care Nursing, 40*(5), 275–279. https://doi.org/10.1097/DCC.0000000000000489	**Research Question** **Purpose:** Acute care nurse practitioners (ACNPs) often have difficult, emotionally charged conversations in clinical practice. These can include discussions about end-of-life care, delivering a terminal diagnosis, and diffusing frustrated patients, among others. Difficult conversations may produce anxiety for ACNPs who often lack confidence and experience in these unique situations. Acute care nurse practitioner (NP) students who recently graduated may not be fully prepared to have these types of conversations upon graduation. **Hypothesis:** How can novice NPs become better prepared to have difficult conversations in clinical practice? Would adding a simulation-based communication workshop into the NP curriculum increase confidence and preparedness upon entry into clinical practice?	**Method:** pilot study was conducted. The purpose of this pilot study was 2-fold: first, to determine if NPs felt prepared to have difficult conversations upon entry into clinical practice; second, to discover what types of difficult conversations practicing NPs were having. **Population:** Interviews were conducted at a national NP conference. Eighteen interviews were conducted over 4 days. Participants were selected utilizing convenience and snowball sampling. The sample included males and females older than 18 years who were board certified ACNPs and/or adult-gerontology acute care NPs and were currently practicing in an acute care setting. Nurse practitioner students and NP graduates who have not transitioned into practice were excluded.	**Comparisons:** To evaluate the effectiveness teaching communication through simulation, the Patient-Provider Relationship Questionnaire (PPRQ) was utilized. The PPRQ is a 16-question Likert-type scale tool designed to measure how health care personnel self-evaluate patient-centered care (PCC) into practice in their day-to-day encounters with patients.17 Each item was scored on a range of 1 to 5.	**Outcomes/ Findings:** Eighteen interviews were conducted over 3 days. Ninety-four percent (n = 17) of ACNPs felt unprepared to have difficult conversations upon Fraduation from their ACNP program. All participants felt formal education regarding difficult conversations would have been beneficial during their ACNP training. The information gleaned from this pilot study was used in 2 ways. First, it established the need for communication skills training as part of an ACNP program. Second, specific types of scenarios identified in these interviews were used to help create the scenarios that would later be used in the standardized patient (SP) simulation. Results showed that teaching communication to ACNP students through simulation is effective. Incorporating teaching workshops into ACNP curriculums may help to produce ACNP graduates who are better prepared to have effective, productive, meaningful conversations with patients and families in clinical settings. This will yield more effective patient-provider relationships and cultivate better experiences for patients.	**Level of Evidence:** I **Quality Grade:** A **Limitations:** not introduced into different points of a curriculum or at an earlier point in the program. Impact of the simulation over time, would the workshop have transient or sustaining effects on students' practice. **Conflict of Interest:** The author has disclosed that she has no significant relationship with, or financial interest in, any commercial companies pertaining to this article.
Dawson, R. M., Lawrence, K., Gibbs, S., Davis, V., Mele, C., & Murillo, C. (2021). "I felt the connection": A qualitative exploration of standardized patients' experiences in a delivering bad news scenario. *Clinical Simulation in*	**Research Question** **Objective:** Standardized patient experiences in stressful simulation scenarios. **Hypothesis:** SPs would have more positive perceptions of interactions with APN students who had participated in the online modules and in-person workshop and employed the skills in the scenario.	**Method:** Qualitative, secondary data analysis from a primary, mixed-method study **Population:** University students in Southeastern U.S **Sample**: n= 7, n=11	**Comparisons** primary study examined the feasibility of an innovative linguistic instructional approach to teach communication processes to advanced practice nursing (APN) students. theory-based, secondary qualitative data analysis was to explore the experiences	**Outcomes/ Findings:** Emergent themes included: "Those kinds of things are important": The incorporation of personal experiences enhances communication accommodation experiential learning; "She was trying to buffer the bad news": How SPs recognize and address problematic divergent behaviors; and "The emotions come up": Interactions with excellent communication accommodation	**Level of Evidence:** I **Quality Grade:** C **Limitations:** single single site study with a small sample size the majority of participants were white non hispanic. **Conflict of Interest:** none noted

Nursing, *55*, 52-58. https://doi.org/10.1016/j.ecns.2021.04.012			and perceptions of SPs as interactants in a DBN experiential learning experience for advanced practice nursing (APN) students. We wanted to examine how SPs experienced, facilitated, and responded to APN students' communication behaviors.	behaviors can lead to SP emotional and physical distress. Standardized patient expertise enhances scenario realism and communication skills evaluation. To minimize distress, simulation educators should tailor safety measures specifically for the individual standardized patient and the scenario. No # provided	
Freytag, J., Chu, J., Hysong, S. J., Street, R. L., Markham, C. M., Giordano, T. P., Westbrook, R. A., Njue-Marendes, S., Johnson, S R., & Dang, B. N. (2022). Acceptability and feasibility of video-based coaching to enhance clinicians' communication skills with patients. *BMC Medical Education*, *22*(1), NA. https://link-gale-com.ezproxy.southern.edu/apps/doc/A693687325/AONE?u=tel_a_sau&sid=bookmark-AONE&xid=5c54ec11	**Research Question** **Purpose:** We propose a program that includes real-time observation and video-based coaching to teach clinician communication skills. In this study, we assess the acceptability and feasibility of the program using clinician interviews and surveys. **Objective:** To present a feasible task-oriented way to teach clinicians specific and concrete communication skills. **Hypothesis:** A critical need exists to develop new ways of teaching communication skills that are effective and mindful of clinician time pressures.	**Method:** The video-based coaching intervention targets five patient-centered communication behaviors. The video-based coaching intervention targets five patient-centered communication behaviors. It uses trained communication coaches and live feed technology to provide coaching that is brief (less than 15 min), timely (same day) and theory-informed. Two coaches were trained to set up webcams and observe live video feeds of clinician visits in rooms nearby. **Population:** Providers in two primary care practices **Sample:** n= 23	**Comparisons:** The survey included questions on quality and delivery of feedback, and credibility of the coaches. We also interviewed clinicians following the intervention. We used rapid analysis to identify themes within the interviews.	**Outcomes/ Findings:** Video-based coaching can help clinicians learn new communication skills in a way that is clinician-centered, brief and timely. Our study demonstrates that real-time coaching using live feed and video technology is an acceptable and feasible way of teaching communication skills. We show that training non-clinician coaches to conduct real-time video coaching sessions with clinicians is feasible and provide guidance for future implementation of this approach. Survey measures showed high feasibility and acceptability ratings from clinicians, with mean item scores ranging from 6.4 to 6.8 out of 7 points. Qualitative analysis revealed that clinicians found that 1) coaches were credible and supportive, 2) feedback was useful, 3) video-clips allowed for self-reflection, 4) getting feedback on the same day was useful, and 5) use of real patients preferred over standardized patients.	**Level of Evidence:** II **Quality Grade:** A/B **Limitations:** None listed **Conflict of Interest:** None listed

Higgins, K., & Nesbitt, C. (2021). Improvisation Theater Exercises: A Novel Approach to Teach Communication Skills. *Journal of Nursing Education*, *60*(2), 116+. https://link.gale.com/apps/doc/A676111245/GPS?u=tel_main&sid=bookmark-GPS&xid=194522e3	**Research Question Objective:** This article describes an innovative improvisation workshop presented to FNP students to improve their communication skills. **Hypothesis:** The workshop was well received by the students, and evaluations reflected that students anticipated using the skills in professional practice and personal communications.	**Method:** two-hour workshop for improv with 4 exercises. FNP students participated in an improv workshop designed to improve communication skills through experiential learning. The workshop was taught by instructors from a local professional theater group. In addition to teaching classes for the community, this organization provides corporate improv workshops to local, regional, and national businesses and organizations to promote team building. **Population:** FNP students **Sample:** n=58	**Comparisons:** the students were asked to comment on what they felt they took away from the workshop. students were asked if they felt this kind of training was beneficial for improving communication with patients.	**Outcomes/ Findings:** The workshop was well received by the students, and evaluations reflected that students anticipated using the skills in professional practice and personal communications. No # stats just % of responses	**Level of Evidence:** III **Quality Grade:** B/C **Limitations:** none listed **Conflict of Interest:** none listed
Hulter, P., Langendoen, W., Pluut, B., Schoonman, G. G., Luijten, R., van Wetten, F., Ahaus, K., & Weggelaar-Jansen, A. M. (2023). Patients' choices regarding online access to laboratory, radiology and pathology test results on a hospital patient portal. *PLoS ONE*, *18*(2), e0280768. https://link.gale.com/apps/doc/A735720862/GPS?u=tel_main&sid=bookmark-GPS&xid=8996b5e3	**Research Question:** When do patients want their test results to be disclosed on the patient portal and what are the reasons for these choices? **Purpose:** no insight into actual patients' preferences to the release of test results. **Objective**: patients to register their choices on a hospital patient portal. **Hypothesis:**	**Method:** mixed methods sequential explanatory design that included 1) patient choices on preferred time delay to test result disclosure on the patient portal for different medical specialties (N = 4592) and 2) semi-structured interviews with patients who changed their mind on their initial choice (N = 7). **Population:** patient- real **Sample:** 4592 patient through portal of a Dutch teaching hospital as a convenience sample	**Comparisons:** quantitative study of data from a patient portal that included information on when patients wanted to receive their test results. The second part consisted of a qualitative study including seven semi-structured interviews of patients who changed their choices through the patient portal.	**Outcomes/ Findings:** Our study indicates that most patients prefer transparency in health-related information and want their test results to be disclosed as soon as possible.	**Level of Evidence:** II **Quality Grade:** B **Limitations:** qualitative analyses involved a small sample (N = 7, response rate 16%), and more participants are needed to gain more insights into patient preferences. We only interviewed participants who changed their initial preferences (7/ 43 of in total 4592 participants) to gain more insight into why their preferences changed. Only evaluated patient perspectives and not those of the health care professionals. **Conflict of Interest:** The authors have declared that no competing interests exist.

Johnson, J., Simms-Ellis, R., Janes, G., Mills, T., Budworth, L., Atkinson, L., & Harrison, R. (2020). Can we prepare healthcare professionals and students for involvement in stressful healthcare events? A mixed-methods evaluation of a resilience training intervention. *BMC Health Services Research*, *20*(1), 1094. https://doi-org.ezproxy.southern.edu/10.1186/s12913-020-05948-2	**Research Question Hypothesis:** Learning to support healthcare providers (HCP) with burnout and occupational stress by resilience training workshop/one-on-one coaching sessions to address intrinsic challenges in both student and experienced HCPs. Students lack the relatability to real life negative patient interactions. More experienced professionals lack the psychological training which leads to such burnout. Secondary aim- Burnout and stress are linked with the delivery of poorer quality, less safe patient care across healthcare settings. **Purpose**: The study used an uncontrolled before-after design which evaluated a resilience training intervention which aimed to enhance participants' preparedness for involvement in subsequent stressful workplace events like delivering bad news.	**Method:** Mixed method design, Quantitative, **Population:** HCPs and students; 66 participants; Retained 62 (93.9%) at T2, 47 (71.2%) at T3, and 33 (50%) at T4. No age differences. Uni-disciplinary participants 9 intervention workshops;	**Comparisons:** Evaluation with uncontrolled before and after design with four-six week post baseline. Data collection points: T1- Baseline T2- After the workshop T3- After the coaching session T4- four-six weeks post baseline Quantitative outcome measures: Confidence in coping with adverse events (confidence) Knowledge assessment (knowledge) Resilience. At T4, qualitative interviews were also conducted with a subset of participants exploring participant experiences and perceptions of the intervention.	**Outcomes/ Findings:** Compared with baseline, Confidence was significantly higher post-intervention: T2 (unadj. $\beta = 2.43$, 95% CI 2.08–2.79, $d = 1.55$, $p < .001$), T3 (unadj. $\beta = 2.81$, 95% CI 2.42–3.21, $d = 1.71$, $p < .001$) and T4 (unadj. $\beta = 2.75$, 95% CI 2.31–3.19, $d = 1.52$, $p < .001$). Knowledge increased significantly post-intervention (T2 unadj. $\beta = 1.14$, 95% CI 0.82–1.46, $d = 0.86$, $p < .001$). Compared with baseline, resilience was also higher post-intervention (T3 unadj. $\beta = 2.77$, 95% CI 1.82–3.73, $d = 0.90$, $p < .001$ and T4 unadj. $\beta = 2.54$, 95% CI 1.45–3.62, $d = 0.65$, $p < .001$). The qualitative findings identified four themes. The first addressed the 'tension between mandatory and voluntary delivery', suggesting that resilience is a mandatory skillset, but it may not be effective to make the training a mandatory requirement. The second, the 'importance of experience and reference points for learning', suggested the intervention was more appropriate for qualified staff than students. The third suggested participants valued the 'peer learning and engagement' they gained in the interactive group workshop. The fourth, 'opportunities to tailor learning', suggested the coaching session was an opportunity to personalize the workshop material. The current study suggests that a resilience intervention which is focused specifically on the intrinsic challenges of healthcare work, and which is tailored to the stressors that different disciplines will encounter is acceptable to participants. It also	**Level of Evidence:** I **Quality Grade:** A, B **Limitations:** uncontrolled design which meant that findings cannot be interpreted as evidence of effectiveness. Furthermore, two of the measures were designed for the purposes of the study as no suitable validated questionnaires were available. It was also limited by a lack of fidelity measurement: we did not monitor the coaching phone calls for fidelity to the model and suggest that in future, evaluations of this intervention should do this. Lastly, a large degree of drop-out meant that post-intervention between timepoint comparisons had low power, meaning any subtle longitudinal effects could not be detected. **Conflict of Interest:** Harrison is a member of the journal's board.

				provides preliminary evidence that it may be effective for enhancing confidence in coping with adverse events, relevant knowledge and more general resilience in these groups.	
Kukora, S. K., Batell, B., Umoren, R., Gray, M. M., Ravi, N., Thompson, C., & Zikmund-Fisher, B. J. (2020). Hilariously Bad News: Medical Improv as a Novel Approach to Teach Communication Skills for Bad News Disclosure. *Academic Pediatrics*, *20*(6), 879–881. https://doi-org.ezproxy.southern.edu/10.1016/j.acap.2020.05.003	**Objective**: A targeted, improv-based exercise was developed as a novel skills training approach to bad news disclosure for medical professionals and trainees, focusing on specific characteristics that influence these conversations, including nature of the bad news, implications, personal responsibility, and status differences. **Hypothesis:** Knowledge-based protocols and task-specific communication training can address the basic structure of bad news encounters, particularly for medical trainees. Additionally, simulated patient encounters in traditional medical education curricula often lack the complexity, motional nuance, and authenticity of real life.	**Method:** Bad News exercise, which took 45 minutes of the 3-hour workshop time, preceded by an additional exercise on identifying and mirroring emotion, then followed by exercises on navigating status differences and eliciting values. Qualitative study with Likert scoring. **Population:** diverse medical professionals and attendees of a large academic pediatric conference. **Sample:** n=28	**Comparisons:** Participants were anonymously surveyed at the start of the session, immediately following the session, and electronically 6 months after the workshop. Survey questions included 5- or 7-point Likert-scale yes and no, and free response formats that queried participant demographics, goals for the workshop, and self-perception of skill acquisition (surveys included in online supplement). Compared to traditional knowledge-based training, which uses mnemonics, our improv exercise allows for experiential learning and exploration of variations in both situation and style. Compared to task-specific practice, such as simulated patient encounters, our exercise focuses learners' attention on common features of all bad news situations, supporting insight development and learners' ability to generalize to a range of medical situations.	**Outcomes/ Findings:** reports that the improv techniques could help them improve their bedside manner, connect emotionally with patients, give bad news, respond at the moment, and become a better communicator and listener. All participants reported that they would recommend the workshop to others. In a 6-month follow-up survey (n = 12), 83% had utilized skills they had learned and 92% reported that the medical improv workshop improved the quality of their giving bad news interactions.	**Level of Evidence:** II **Quality Grade:** B **Limitations:** None noted; Further research into this novel methodology is warranted. **Conflict of Interest:** None noted
Laranjeira, C., Afonso, C., & Ana, I. Q. (2021). Communicating bad news: Using role-play to teach nursing	**Research Question** **Purpose:** simulation-based learning experience to teach communication skills to	**Population:** nursing students focusing on a palliative care emphasis palliative care patients and their family members.	**Comparisons:** students were prepared to meet the patients' bodily and biological needs versus spiritual and psychosocial needs.	**Outcomes:** students noted that they felt positive about their experience and performance, indicating that the simulation had promoted the development of cognitive,	**Level of Evidence:** III **Quality Grade:** B

students. *SAGE Open Nursing, 7*, 23779608211044589. https://doi.org/10.1177/23779608211044589	nursing students for palliative patients and family members. **Objective**: a pilot role-play simulation conducted in a Portuguese undergraduate nursing program with senior students during an EOL simulation. **Hypothesis:** a student centered learning approach can promote responsibility and success in achieving the expected learning outcomes	The majority of students were female #22 between 18 to 25 years of age. **Sample**: 4th year students on their 7th semester, 30 total. Participation was mandatory and students had to have no previous experience with role play simulation. This took place during three separate theoretical practical classes, 10 students each class, no additional compensation, consent was collected.	Representing physical and mental health care can be disconnected and underlines the need for an integrated approach to communication. The pedagogical approach had three main learning objectives: (a) improve student ability to break bad news and build their confidence in that ability, (b) increase use of empathic communication (understanding the patient's perception) to decrease uncertainty and patient anxiety; and (c) help students reflect on the experience.	interpersonal and affective competencies. **Findings:** descriptions of teamwork represent a pivotal experience for many students. Collaboration with peers during simulation provided insight into what teamwork should entail. Acceptance that one may not always be able to provide the best answer to a patient's needs because it is singular and intense experience for the nurse and the patient but proper development of communication skills will provide best support to said patient. Effective feedback was important for the learning, which can occur in contrasting personal perceptions of performance as well as other student performances. No # provided	**Limitations:** small sample size and participants were selected by convenient sampling, results may not be generalized to real life clinical scenarios since in simulation, role-playing versus other methods was not compared **Conflict of Interest:** The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.
Nasrabadi, A. N., Joolaee, S., Navab, E., Esmaeili, M., & Shali, M. (2020). White lie during patient care: A qualitative study of nurses' perspectives. *BMC Medical Ethics, 21*(1), 86. https://doi-org.ezproxy.southern.edu/10.1186/s12910-020-00528-9	**Research Question** **Purpose:** This study aimed to explore the nurses' experience of white lies during patient care. Most studies have been conducted with the aim of examining the attitude of target groups towards telling the truth in a form of quantitative or literature review. Yet, no study has been found in Iran to use qualitative methods to examine the experiences and perspectives of care providers in Iranian cultural context.	**Method:** This qualitative descriptive study was conducted from June to December 2018 using a conventional content analysis approach. Qualitative content analysis is a suitable method when the purpose of a study is to extract the content of a text, as it facilitates the identification and categorization of the information without changing its meaning. **Population:** Data were collected by the first author (of this paper) through in-depth individual semi-structured interviews.	Comparisons: Data were classified and analyzed by content analysis approach. Data were analyzed through five-step conventional content analysis method proposed by Graneheim and Lundman. First step, each interview was transcribed word by word. In the second step, the interview transcript reviewed several times to obtain a sense of the whole. In the third step, each interview transcript was considered as the unit of analysis, then meaning units were identified and coded. The first author analyzed the total data, while the second	**Outcomes/ Findings:** In data analysis, 314 codes were generated which further categorized into four following main categories and 11 subcategories. The mail categories were the crisis of hope, bad news, cultural diversity, and nurses limited professional competence. Nurses' communication with patients should be based on mutual respect, trust and adequate cultural knowledge, and also nurses should provide precise information to patients, so that they can make accurate decisions regarding their health care. Communication was the main factor that influenced information rendering.	**Level of Evidence:** Qualitative level II **Quality Grade:** A/B **Limitations:** Limited number of hospitals. This only addressed the nurses perspective and experience, consider the patient's response in continued studies. **Conflict of Interest:** The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

		Relevant field notes were written before and after interviews by the interviewer and during following interviews for clarification. Interviews were held at participants' preferred time and place and lasted between 30 and 60 min. Data collection continued until reaching data saturation after the sixteenth interviews. Two more interviews were also conducted to ensure the data saturation. Interviews were digitally recorded with voice recorder (Sony- ICD-UX560F) and transcribed verbatim by the corresponding author. **Participants:** were 12 female and six male nurses with the mean age of 37 ± 4.2 years old and the mean work experience of 13 ± 4.6 years.	one analyzed half of the textual data. Two authors then compared the codes, and revised minor disagreements after discussion. In the fourth step, codes grouped into subcategories according to their conceptual similarities and differences.	A wide range of patient-oriented, nurse-related, and organizational factors may require nurses to tell a white lie during patient care. Nurses need to develop their communication skills and experiences to establish effective communication with patients and their families to provide them with accurate nformation. Communication needs to be established based on adequate patients' cultural knowledge and organization supportive actions.	
October, T. W., Dizon, Z. B., Hamilton, M. F., Madrigal, V. N., & Arnold, R. M. (2019). Communication training for inter-specialty clinicians. The Clinical Teacher, 16(3), 242–247. https://doi-org.ezproxy.southern.edu/10.1111/tct.12927	**Research Question** **Purpose:** a communication training workshop that crosses disciplines and co-trains clinicians in one setting to create a culture of delivering a unified message. Describe an ICU-focused communication skills workshop to teach physicians and NPs the core communication skills needed to co-lead family-centered conferences. **Objective:** 2-day communication skills training	**Method:** This faculty member-directed workshop was modelled on the C3 course.6,7 We made three adaptations for the inclusion of faculty members from multiple subspecialties and NPs **Population:** paediatric ICU faculty members (n = 10, excluding the authors TWO and VNM), NPs (n = 4), and subspecialists in neurology and pulmonology (n = 3) who regularly co-manage patients in our ICU.	**Comparisons:** Learners completed pre- and post-workshop surveys designed to assess their self-reported learning goals. The surveys used 5-point Likert scales and included two open-ended questions requesting feedback on improving the course. Learners were also asked to evaluate the time commitment needed for the course. Our primary outcome was the learner's assessment of skill development. Our primary	**Outcomes/ Findings:** Fifteen clinicians, including eight critical care faculty members (80% of eligible participants), three subspecialty faculty members (100% of eligible participants) and four nurse-practitioners (100% of eligible participants), participated. Learners' self-reported confidence improved in all communication metrics assessed. From pre- to postworkshop, confidence increased from 39% to 94% for 'giving bad news' ($p < 0.05$), from 50% to 83% for 'conducting a family conference' ($p < 0.05$), and from 39% to 100% for 'eliciting a	**Level of Evidence:** II **Quality Grade:** B **Limitations:** (1) this program was trialed at a single institution; (2) we enrolled a small number of learners to maximize the small-group experiential learning; (3) other clinical team members, such as nurses and social workers, did not participate, and (4) we did not evaluate the impact of the course on health care behaviors or outcomes. **Conflict of Interest:** RMA receives payment as a faculty member

	workshop for pediatric clinicians, faculty members and nurse-practitioners (NPs) based on a critical care communication (C3) course.6,7 Our modifications were targeted towards tailoring the experience to pediatric clinicians and addressing some perceived educational barriers.	**Sample:** n= 15	data analysis used descriptive statistics. Paired Student's t-tests were used to compare pre- and post-workshop survey responses.	family's values/ preferences ($p < 0.05$). Every learner rated the workshop as important to their clinical practice and 100% would strongly recommend it to others. All reported the time commitment was not burdensome and 74% would choose this 2-day format over shorter formats.	facilitator and is on the board of Vital Talk. All other authors report no conflicts of interest.
Papadakos, C. T., Stringer, T., Papadakos, J., Croke, J., Embleton, A., Gillan, C., Miller, K., Weiss, A., Wentlandt, K., & Giuliani, M. (2021). Effectiveness of a Multiprofessional, Online and Simulation-Based Difficult Conversations Training Program on Self-Perceived Competence of Oncology Healthcare Provider Trainees. Journal of Cancer Education : The Official Journal of the American Association for Cancer Education, 36(5), 1030–1038. https://doi-org.ezproxy.southern.edu/10.1007/s13187-020-01729-x	**Research Question Purpose**: Multiprofessional, online, and simulation-based communication skills training for HCP trainees can lead to significant changes in motivational beliefs, which are essential to promoting self-regulated learning. **Objective:** Since communication skills mastery is highly unlikely to occur at the termination of a single training program, the goal of the program was to stimulate participants' motivational beliefs about difficult conversations communication skills in order to deepen their commitment to learning and mastery.	**Method:** A blended multiprofessional communications program was developed including online theoretical learning and reflective practice in addition to in-person simulation with standardized patient actors. **Population:** Sixty-four HCP trainees participated in the needs assessment and were from 20 diverse professions and disciplines. **Sample:** n= 40/64	**Comparisons**: Blinded functionally continuous scale to quantify the association between self-perceived competence and program completion. This approach allows for rigorous statistical analysis, and the authors recommend this method for evaluating similar training programs.	**Outcomes/ Findings:** participants' self-perceived competence in dealing with difficult conversations significantly increased by an average of 25 points ($p < 0.001$) on a rating scale of 1–100 ($n = 40$). Participants' intent to use techniques did not change significantly and remained high with an overall average of 89 points. After the course, participants rated their confidence in mastering techniques learned at an average score of 71 points.	**Level of Evidence:** I **Quality Grade:** A **Limitations:** Using faculty members to portray patients could be a limitation of the design of the study due to the faculty members not being trained as professional actors. **Conflict of Interest:** none listed
Payongayong, J. V., Thomas-Hawkins, C., Jarrin, O. F., Barberio, J., & Hain, D. J. (2022). Effects of End-of-Life Communication Knowledge, Attitudes, and Perceived Behavioral Control on	**Hypothesis:** that EOL communication knowledge would be directly associated with APNs' EOL communication behaviors, but this hypothesis was not supported	**Method:** Cross-sectional, correlational, survey design, IRB review board before data collection. **Patients:** ESKD, CKD, nephrology patients	**Comparisons:** use of the theory of planned behavior. Relating the relationship among communication knowledge attitudes about end of life communication, and confidence of end of life communication engagement associated with the actual	**Outcomes/ Findings:** APNs with higher levels of EOL communication knowledge but also negative EOL communication attitudes and/or low perceived behavioral control had lower levels of engagement in EOL communication practice behaviors. These findings	**Level of Evidence:** I **Quality Grade:** A **Limitations:** small sample size (during pandemic), email invites were prone to spam folders, different scopes of practice per states result in lack of knowledge for some APNs,

End-of-Life Communication Behaviors Among Nephrology Nurse Practitioners. *Nephrology Nursing Journal, 49*(3), 213–225. https://doi.org/10.37526/1526-744X.2022.49.3.213	This evaluation viewed the relationship and the engagement of the APNs' knowledge of attitudes and behaviors toward having difficult conversations. **Purpose:** to examine the effects of end of life communication knowledge, attitude about professional responsibility for end of life communication, attitude about meeting patient and family end of life communication needs, and perceived behavioral control over end of life communication on nephrology APN reports of their engagement and end of life communication.	**Population:** Nephrology APNs. Masters or doctorally prepared APN in inpatient and outpatient dialysis units or ambulatory care practices.	engagement of end of life discussions.	suggest that EOL communication knowledge overlaps with EOL communication attitudes and perceived behavioral control, and their combined effects explain, in part, the level of nephrology APN's engagement in EOL communication with their patients. Thus, interventions to improve APNs' EOL communication with patients should focus on improving EOL communication knowledge, attitudes, and perceived behavioral control. Our study findings point to the need for targeted strategies to increase APNs' knowledge about EOL communication, foster their positive attitudes about this behavior, and increase APNs' comfort and confidence in engaging in EOL discussions with their patients.	unknown APN state location to determine state regulations, social desirability and self-reporting inherent (but not verified), data collection from APN who declined to respond may differ from the responses collected via email, cross-sectional study is limited in capturing data from target population- so causality of variables could not be determined.
Stephens, E., William, L., Lim, L.-L., Allen, J., Zappa, B., Newnham, E., & Vivekananda, K. (2021). Complex conversations in a healthcare setting: experiences from an interprofessional workshop on clinician-patient communication skills. BMC Medical Education, 21(1), 343. https://doi-org.ezproxy.southern.edu/10.1186/s12909-021-02785-7	**Research Question**: despite the increasing interprofessional focus within modern medicine, there have been few studies looking at interprofessional communication workshops. **Purpose:** focus on identification and utilization of particular skills and the context of this in our focus group responses provides evidence towards communication practice modifications. **Objective:** how an interprofessional communication skills workshop affected the communication skills of clinicians, and how the interprofessional nature affected their experiences.	**Method:** A qualitative study was conducted to assess how an interprofessional communication skills workshop affected the communication skills of clinicians at a tertiary health service. Pre- and post-workshop surveys were undertaken by participants, followed by focus group interviews eight-weeks post workshop. **Population:** Providers and mid-level providers **Sample:** n= 20	**Comparisons:** Descriptive analysis was undertaken of the pre- and post-workshop surveys. Qualitative analysis was undertaken using a multidisciplinary team. Two arms of qualitative research were able to be carried out. Deductive analysis was obtained through responses to questions in the surveys. Inductive analysis was completed through the use of the focus group sessions. Using Lundman & Graneheim's steps for qualitative content analysis of transcripts, meaning units were identified, labelled, and condensed	**Outcomes/ Findings:** Clinicians were able to incorporate learnt communication skills into their daily practice. This was associated with an improvement in confidence of clinicians in having complex discussions, in addition to a reduction in the burden of having complex discussions. Participants responded positively to the interdisciplinary format, reporting benefits from the learning experience that translated into daily practice. Clinicians' communication skills in conducting complex clinician-patient conversations can be improved by participation in interprofessional communication skills workshops. We identified that the interprofessional aspect of the workshops not only improved interprofessional understanding and relationships, but also developed increased self-	**Level of Evidence:** II **Quality Grade:** A/B **Limitations:** study assessed the subjective experience of changes in participant's communication skills and confidence, assessment of competency remains elusive and is not within the scope of this study, limited number of participants provides further challenges in analysing behavioural change, Qualitative could lead to bias, voluntary participants, participant comprehension of 'goals of care', 'end of life care' and 'resuscitation' workshop discussions. It was identified by workshop facilitators that there was a large variability in the understanding of 'goals of care'

				awareness during complex discussions, and reduced the sense of burden felt by clinicians. No # just % given	**Conflict of Interest:** The authors declare that they have no competing interests.
Wittenberg, E., Goldsmith, J. V., Prince-Paul, M., & Beltran, E. (2021). Communication and Competencies Across Undergraduate BSN Programs and Curricula. *Journal of Nursing Education*, *60*(11), 618+. https://link.gale.com/apps/doc/A681133402/GPS?u=tel_main&sid=bookmark-GPS&xid=21fc07a2	**Research Question** **Objective/ Purpose:** An investigation was conducted to assess for and describe health communication instruction in entry-level baccalaureate (BSN) programs. **Hypothesis:** Although communication is emphasized in undergraduate nursing education competencies, communication instruction, or the teaching and assessment of health communication skills, has long been plagued by inconsistent use of theoretical frameworks and a lack of outcome measures.	**Method**: This cross-sectional descriptive study examined entry-level baccalaureate degree nursing programs in the United States. A three-step process was used: (1) online survey of directors of BSN programs, (2) online survey of simulation directors, and (3) analysis of course titles and descriptions. **Sample:** 961 baccalaureate degree programs	**Comparisons:** Health communication instruction between current approaches to communication instruction and curriculum content in baccalaureate educational programs in the U.S.	**Outcomes/ Findings:** Communication instruction remains primarily knowledge-based rather than skills-based. The findings of this study confirm there is ambiguity in defining the scope of communication instruction across curricula, as well as radical differences in the inclusion of communication in course descriptions and content. Conclusion: There is a need for clear definition of the scope of health communication skill development across BSN programs for communication behaviors to be measured and competency to be determined. A knowledge-building approach to communication instruction does not align with new plans for competency-based nursing education.	**Level of Evidence:** III **Quality Grade:** A/ B **Limitations:** low response rate on survey data collection, participating facilities were mainly small liberal arts colleges, no way to know the depth of the simulation instruction given, **Conflict of Interest:** The authors have disclosed no potential conflicts of interest, financial or otherwise.
Zhang, Z., Kmoth, L., Luo, X., & He, Z. (2021). User-Centered System Design for Communicating Clinical Laboratory Test Results: Design and Evaluation Study. *JMIR human factors*, *8*(4), e26017. https://doi.org/10.2196/26017	**Research Question:** (1) How to design patient-facing interfaces or tools to improve comprehension of laboratory test results for lay patients with average health literacy? (2) What system features are deemed useful (or not useful)? (3) What kinds of concerns or barriers do patients have regarding such patient-facing applications? **Objective:** The aim of this study is to explore design considerations for supporting	**Method:** a user-centered, multicomponent design research consisting of user studies, an iterative prototype design, and pilot user evaluations, to explore design concepts and considerations that are useful for supporting patients in not only viewing but also interpreting and acting upon laboratory test results.	**Comparisons:** The audio recordings of the evaluations were transcribed verbatim, and the transcripts were imported into NVivo for qualitative analysis. Two researchers followed an iterative, inductive coding method to analyze the transcripts and met regularly to discuss and refine codes until no new codes emerged. In the second round of analysis, coded data were grouped under themes using affinity diagrams. Themes	**Outcomes/ Findings:** The user study results informed the iterative design of a system prototype, which had several interactive features: using graphical representations and clear takeaway messages to convey the concerning nature of the results; enabling users to annotate laboratory test reports; clarifying medical jargon using nontechnical verbiage and allowing users to interact with the medical terms (eg, saving, favoriting, or sorting); and providing pertinent and reliable information to help patients comprehend test results within their medical context. The results of a pilot	**Level of Evidence:** III **Quality Grade:** B **Limitations:** only conducted an initial evaluation study with a small sample size (n=8). our focus was mainly on the responses of the patients to each design feature or concept with respect to whether or not the design or system feature was useful. **Conflict of Interest:** none declared

	patient-centered communication and comprehension of laboratory test results, as well as discussions between patients and healthcare providers. **Purpose:** to discuss design implications for supporting patient-centered communication of laboratory test results and how to make technology support informative, trustworthy, and empathetic.	**Population:** patients who has experience in using patient portals **Sample:** survey= 203 interviews online= 13 Prototype: n=8	and subthemes were discussed iteratively among the researchers until a consensus was reached.	user evaluation with 8 patients showed that the new patient-facing system was perceived as useful in not only presenting laboratory test results to patients in a meaningful way but also facilitating in situ patient-provider interactions.	