Breaking Bad News: Supporting the Needs of Caregivers

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ABSTRACT

Informing caregivers of their child’s hearing loss can often be an audiologist’s most difficult task, and this skill requires extensive training and experience. Traditionally, Au.D. graduate programs have placed little emphasis on counseling and breaking bad news, but recent changes in KASA requirements have encouraged more education on this topic (1,5,7). To determine the ideal protocol for breaking bad news, a review of literature was performed. Themes in the literature included empathy and active listening. The purposes of this study were to determine the ideal protocol for breaking bad news and to determine the current level of education provided to students in Au.D. programs.

REFERENCE


INTRODUCTION

The introduction of Universal Newborn Hearing Screening has led to a drastic increase in the number of children identified with hearing loss at birth (1-3). In order to facilitate early intervention and effective communication, audiologists must inform caregivers of their child’s hearing loss in an empathetic and caring manner. However, recent research reveals that several audiologists are dissatisfied with the way their audiologist informed them of the news. Graduate programs have historically placed little emphasis on emotional support and counseling (4,5,7). It is estimated that this has improved due to new requirements, but most graduate students still desire more training on breaking bad news (4,5,7). The purposes of this study were to determine the ideal protocol for breaking bad news and to determine the current level of education provided to students in Au.D. programs.

SURVEY METHODS

To determine the level of training current audiology students are receiving in counseling and breaking bad news, surveys were sent out to all accredited audiology graduate programs in the United States. Survey questions were focused on quantifying the amount of required and optional education provided and describing the methods of instruction.

SURVEY RESULTS

Of the 74 surveys sent out, 38 were received and 35 were completed. Results reveal that 100% of responding graduate programs teach students about breaking bad news. Two individuals reported additional optional training (approximately 7-10 hours). Several participants listed more than one class in their descriptions.

REFERENCES

J. Omtvedt, L. Holte, and E. Walker

CONCLUSIONS

Breaking bad news is difficult and requires appropriate education. Strategies for breaking bad news include active listening and empathy. Most audiology graduate programs are providing teaching students about breaking bad news and counseling at length. However, improvements can still be made in the variety of training methods provided.

TIPS FOR BREAKING BAD NEWS

1. Ensure the environment is private and free of distractions.
2. Allow ample time for the appointment.
3. Preface the bad news by informing them of the nature of the news (i.e., “This may be difficult for you to hear.”).
4. Assess the caregiver’s reaction to the news and respond with empathy.
5. Ask questions to assess the caregiver’s understanding. Facilitate discussion and allow the caregiver to lead the discussion.
6. Pause frequently for caregiver input.
7. Display empathy for the caregiver by assessing his/her emotions, determining the cause of the emotion, and validating the reactions to the news (i.e., “I understand why you would feel this way.”).
8. At the end of the appointment, provide the caregiver with a brief summary of the information and give the caregiver “take home” materials (i.e., written materials, DVDs, contact information, online references, etc.).
9. Schedule a follow-up appointment for approximately one week after the initial diagnosis, but provide the caregiver with a broad time frame for follow-up.
10. Although early intervention is important, the caregiver must have time to accept the diagnosis.
11. At the follow-up appointment, repeat the important information as caregivers may have been distracted with grief at the initial appointment.

Method of Instruction

- Didactic Instruction/Discussion
- Simulated Patients
- Role Playing
- Clinical Practicum Rotations
- Case Presentations
- Parent Panel

Survey participants were asked to describe methods of instruction. Several mentioned a combination of methods.

DISCUSSION

100% of Au.D. programs who responded to the survey are teaching graduate students about breaking bad news and counseling caregivers. This shows a substantial improvement from 1997 data, revealing that only 18% of students received this type of education. Most programs are providing 7+ hours of instruction, and most of the education is provided through lectures and class discussion. Further emphasis could be placed on interactive training, such as simulated patients. Recent research reveals that simulated patients is strongly influential for audiology students, and students desire more instruction with this method (4,5). Future directions of research may observe student perspectives on specific training methods.

CONCLUSIONS

Breaking bad news is difficult and requires appropriate education. Strategies for breaking bad news include active listening and empathy. Most audiology graduate programs are providing teaching students about breaking bad news and counseling at length. However, improvements can still be made in the variety of training methods provided.

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