

# **DEDER GENERAL HOSPITAL**

## **BAD NEWS BREAKING PROTOCOL MONITORING REPORT**

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**JULY,2017EC**

**DEDER, ETHIOPIA**

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# 1. INTRODUCTION

Delivering bad news is one of the most delicate tasks in clinical medicine. Whether informing patients and families of a serious diagnosis, prognosis, or complication, the way information is delivered has a profound impact on emotional well-being, trust in healthcare providers, and treatment acceptance.

Recognizing the need for a compassionate, structured, and consistent approach, Deder General Hospital has implemented a **Bad News Breaking Protocol**. This protocol is designed to ensure that patients receive difficult information with empathy, privacy, and clarity—while also being offered psychological support and clear next steps.

This report presents the findings from a routine monitoring assessment conducted in the **Surgical Ward in July 2017 E.C**. The goal is to measure compliance with the protocol, highlight good practices, and identify areas for improvement.

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## 2. METHODOLOGY

### **Study Area:**

Surgical Ward, Deder General Hospital

### **Study Period:**

July 2017 E.C

### **Study Design:**

Descriptive cross-sectional study using direct observation, interviews with staff and patients, and review of medical records.

### **General Objective:**

To assess the level of adherence to the Bad News Breaking Protocol among surgical ward healthcare staff.

### **Specific Objectives:**

- To evaluate performance against protocol steps.
- To identify factors affecting compliance.
- To recommend measures for improving communication quality.

### **Inclusion Criteria:**

- Patients and family members who received serious or life-changing medical news in July 2017 E.C.

### **Exclusion Criteria:**

- Emergency trauma cases where protocol implementation was not feasible due to urgency.

### **Data Collection Tools:**

- Structured compliance checklist
- Observation sheets
- Short interviews with patients/families
- Review of patient documentation

### **Significance of the Study:**

High-quality communication during bad news delivery reduces emotional harm, increases understanding, improves cooperation, and fosters trust. This report will guide training, resource allocation, and system-level improvements.

## **3. COMPLIANCE DATA**

**Table 1: Bad News Breaking Protocol Compliance**

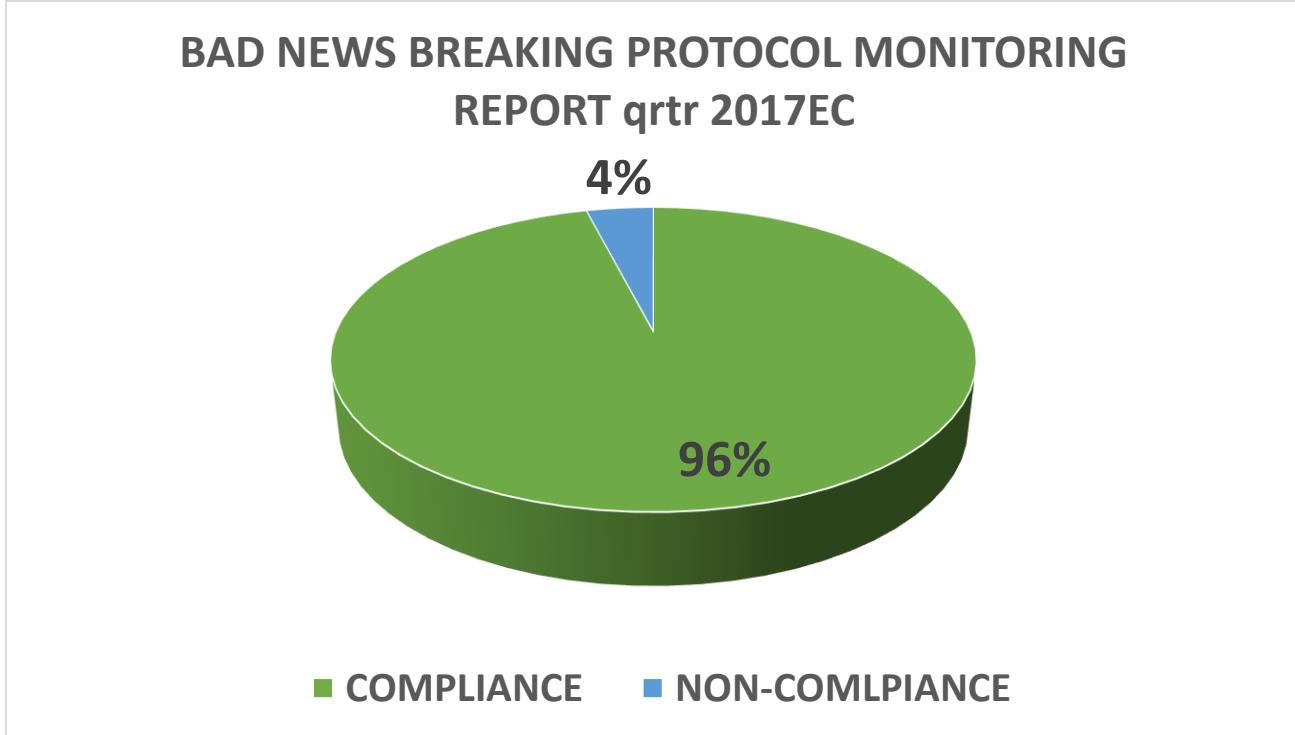
S/N	Criteria	YES	NO
1	Preparation Before Meeting	13	0
2	Appropriate Setting Chosen	8	5
3	Compassionate Introduction	12	1
4	Use of Clear and Simple Language	13	0
5	Sensitive Communication (empathy, tone, eye contact)	13	0
6	Time for Processing Information Given	13	0
7	Patient/Family Questions Encouraged	13	0
8	Offer of Emotional Support (e.g., psychologist, counselor)	13	0
9	Plan for Next Steps Discussed	13	0
10	Documentation in Medical Record	13	0
11	Follow-Up Arranged	13	0

**Overall Performance: 96% Compliance**

**Deviation Points:**

- Use of private setting (5 out of 13 sessions)
- Lack of staff introduction in 1 case

PIECHART: BAD NEWS BREAKING PROTOCOL MONITORING REPORT, 2017EC



## 4. OBSERVATIONS

### Strengths Identified:

- Excellent delivery of information using clear, understandable language.
- Consistent emotional support offered across all observed interactions.
- Full compliance with documentation, follow-up planning, and encouraging patient/family questions.

### Deviations Observed:

- 38% (5/13) of interactions occurred in non-private areas due to space constraints.
- One instance where the staff member failed to introduce themselves.

## **Challenges Noted:**

- Shortage of private consultation spaces.
  - High patient volume leading to time pressure.
  - Emotional strain on healthcare workers during sensitive discussions.
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## **5. DISCUSSION (Detailed)**

The findings of this monitoring exercise indicate a strong and commendable adherence (96%) to the Bad News Breaking Protocol within the surgical ward. Healthcare providers consistently demonstrated excellent communication skills, such as empathy, clear and jargon-free explanations, and active listening. These are essential competencies in patient-centered care, particularly in high-stakes conversations involving serious medical conditions or outcomes.

A significant achievement in this assessment was the universal implementation of key emotional and psychological support elements, including:

- Providing time for emotional processing.
- Offering emotional support through referral mechanisms.
- Encouraging patient/family engagement through questions.

However, two critical deviations were noted:

### **1. Inappropriate Setting (5/13 non-compliant):**

In nearly 38% of reviewed cases, the setting for breaking bad news was suboptimal—occurring in semi-public areas such as multi-patient wards or hallway spaces. This undermines patient privacy and can exacerbate the emotional burden of receiving distressing information. Patients and families may feel exposed or disrespected, even if the communication itself is compassionate.

### **2. Incomplete Introduction (1/13 non-compliant):**

In one case, the provider delivering the bad news did not introduce themselves appropriately. While this may seem minor, failing to introduce oneself diminishes the professionalism of the interaction and potentially erodes the patient's trust in the healthcare team.

These deviations may reflect systemic issues such as:

- Insufficient private consultation spaces in the ward.
- High caseloads causing staff to rush or omit protocol steps.
- Emotional fatigue or insufficient training in difficult communication.

It is also worth highlighting that despite the lack of a private setting in some instances, the delivery was still largely effective—underscoring the dedication and adaptability of the surgical

team. Nonetheless, consistent adherence to all aspects of the protocol is essential for ensuring dignity and trust in every case.

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## 6. RECOMMENDATIONS (Detailed)

Based on the findings, the following strategic recommendations are proposed:

### . Infrastructure Improvements:

- Establish a **Dedicated Counseling Room** in the surgical ward or nearby, specifically reserved for breaking bad news and conducting sensitive family meetings. This should be quiet, private, and equipped with seating and basic amenities.

### . Reinforce Protocol with Staff:

- Conduct **targeted refresher training** for all staff involved in bad news delivery, emphasizing the importance of introductions, environment, tone, and emotional support.
- Share examples of best practices and lessons from this monitoring to encourage peer learning.

### . Pre-Delivery Checklist Implementation:

- Introduce a simple **pre-delivery checklist** for staff to review before initiating difficult conversations. This should include steps like securing a private space, preparing emotionally, reviewing case facts, and confirming support services are available.

### . Emotional Support for Staff:

- Provide **emotional resilience training** and access to peer support for healthcare workers who frequently deal with emotionally taxing scenarios. This supports better delivery and prevents burnout.

### . Accountability and Follow-up:

- Assign a **quality assurance focal person** to monitor the adherence to this protocol monthly and report compliance trends for improvement tracking.

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## 7. ACTION PLAN

<b>Area Needing Improvement</b>	<b>Proposed Action</b>	<b>Responsible Person(s)</b>	<b>Timeline</b>
Inadequate Private Setting	Assigning and Utilizing private room for family consultations	Quality team, Surgical Ward Head	Immediately
Staff Not Always Introducing Themselves	Integrate formal self-introduction training into in-service communication workshops	HRD and Clinical Training Coordinator	Immediately
Inconsistent Protocol Reinforcement	Develop and implement a checklist for bad news delivery	Quality Improvement Officer	Immediately
Lack of Emotional Support Structure	Establish informal peer support groups and monthly reflection sessions	Medical Director, HR Team	Immediately
Ongoing Monitoring	Monthly audits and short interviews with patients/families post-news delivery	Monitoring & Evaluation Officer	Ongoing

## 8. TEAM FEEDBACK

### Positive Feedback:

- The protocol is clear and improves staff confidence in handling sensitive conversations.
- Referrals to counselors and social workers were seen as very effective.

### Suggestions for Improvement:

- Increase availability of confidential spaces.
- Include more role-play exercises during communication workshops.

## 9. CONCLUSION

The July 2017 E.C. monitoring of the **Bad News Breaking Protocol** in Deder General Hospital's Surgical Ward shows a high level of compliance with ethical and clinical communication standards. Staff are well-equipped, compassionate, and committed to maintaining the dignity and well-being of patients and families.

However, attention must be given to environmental and training-related factors that impact full adherence. Implementing the outlined action plan will further strengthen the protocol's impact and serve as a model for other departments.



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