

Breaking Bad News – Perceptions of Pediatric Residents

The present study evaluated the perceptions and practice of 92 final year pediatric residents with regard to breaking bad news. Only 16% of residents had received any training in communication skills. Majority (65%) of the residents were not comfortable while breaking bad news.

Keywords: *Communication skills, Survey, Training*

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Communication skills training has not been formally included in the postgraduate curriculum, even though the MCI has recognized its importance in undergraduate medical education [1]. Resident doctors generally have poor communication skills although they face daily challenges dealing with angry or dissatisfied relatives [2]. Breaking bad news is a key determinant of psychological well-being, especially when dealing with chronic illnesses [3]. There has been some progress with the introduction of the ATCOM module, but the reliance on ‘role models’ and the ‘hidden curriculum’ have been the norm [4,5].

The aim of the present study was to assess the perceptions and practice of final year pediatric residents with regard to breaking bad news. Participants were administered a structured questionnaire after checking for content validity, on their perceptions and practice with special reference to breaking bad news based on the SPIKES protocol [6].

There were 92 final year participating residents (48 boys); 49 (54%) were from Kerala, 16 (18%) from Karnataka, 14 (15%) from Tamil Nadu, 2 (2%) from Chandigarh and 1 (1%) each from West Bengal, Andhra Pradesh and Odisha. Pediatric residents from government medical colleges and private medical colleges constituted 30 (33%) and 22 (24%), respectively. There were 38 (42%) residents from private teaching institutions and 1(1%) from government teaching hospitals. They included 18 (20%) DCH students, 47 (51%) DNB students and 27 (29%) MD students.

Only 15 (16%) residents had received any training in communication skills. Only 32 (35%) residents were comfortable while breaking bad news (**Table I**).

TABLE I AFFIRMATIVE RESPONSE TO QUESTIONS ON BREAKING BAD NEWS BY THE RESIDENTS (N=92)

Question	No. (%)
Are you comfortable in breaking bad news to parents?	32 (35)
Do you try to ensure privacy in breaking the bad news?	83 (90)
Do you introduce yourself first?	60 (65)
Do you give information in small fractions rather than all at once?	53 (58)
Do you check how much the parents already know before you start?	57 (62)
Do you check parent’s understanding periodically?	59 (64)
Do you encourage to voice the concern of parents?	66 (72)
Do you tolerate periods of silence during the interview?	60 (65)
Do you look for non-verbal cues during the interview?	56 (61)
Do you respond to the parent’s feelings during the interview?	77 (84)
Do you summarize before ending the interview?	52 (57)

Breaking bad news to parents, who often are not prepared for it, alters their perceptions of the future of their children suddenly and often irrevocably, with well described consequences for the recipients as well as the doctors [3]. The present study emphasizes that a huge lacuna exists in training of pediatric residents, who generally have no exposure to any formal training in communication skills [2].

Almost two-thirds reported feeling uncomfortable while breaking bad news, and were not familiar with the structure and components of the complex procedure. In a previous study we have found that the communication skills of pediatric residents need improvement [7]. Ascertaining the prior level of understanding of the parents, giving the unpleasant news in small fractions’ and periodic checking for comprehension are essential steps to be followed in the process of breaking bad news [6].

There are reports that communication skills can be improved with short training workshops [8]. Research has shown that communication skills, generally do not improve after residency [9]. Our findings support the need for incorporation of structured communication skills training with emphasis on difficult issues like breaking bad news, in the Postgraduate curriculum.

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Undernutrition Amongst Under-five Children Belonging to High Income Group Communities in India

According to RSOC (2013-2014) data, high prevalence of stunting (26.7%) and wasting (13.0%) exists amongst under-five children belonging to highest wealth index communities. India possibly cannot achieve the 2025 Global nutrition targets for reducing the rate of stunting and wasting amongst Under-five children, unless efforts are also directed towards this group.

Keywords: National Family Health Survey, Global Nutrition targets, Stunting, Wasting, Undernutrition

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The World Health Assembly in the year 2012, adopted the 2025 Global nutrition targets, to which India is a signatory. These targets are aimed to achieve: (i) 40% reduction in the number of U5 who are stunted (target I) *i.e.* from the present level of 38.7% [1] to 23%; and (ii) reduction and maintenance in childhood wasting to less than 5% (target VI) from the present level of 15.1% [1] by 2025. In order to achieve these targets, the Government of India is strengthening the nutrition and health interventions directed towards low income group communities. This is due to the common belief that undernutrition is a result of the cumulative effects of inadequate food intake, lack of safe drinking water, poor sanitation and hygiene practices,

low parental education status, poor infant and young child feeding (IYCF) practices, monetary constraints and other related detrimental factors present in the poor households [2,3]. Since these common etiological factors of undernutrition are possibly missing in the highest wealth index (HWI) communities, the rate of undernutrition is expected to be low.

We conducted a secondary analysis of National Family Health survey-3 (NFHS-3) (2005-2006) [4] and Rapid Survey of Children (RSOC) (2013-2014) [1] data to assess the prevalence of stunting and wasting amongst Under-five children belonging to the HWI families. Socioeconomic status as defined by highest and lowest wealth index was compared with the prevalence of stunting and wasting as defined by Z score below -2SD score amongst under-five children. We further assessed the trend in reduction of stunting and wasting over a decade (2005-2014).

We found high prevalence of stunting (27%) and wasting (13%) amongst the HWI families as per RSOC. No reduction in the prevalence of stunting and wasting was seen amongst under-five children belonging to HWI families during the decade of 2005-2014 (**Table I**).

Inadequate IYCF practices, being an important determinant of stunting and underweight amongst under-five children, may have resulted in high undernutrition amongst HWI families. According to RSOC, only 62% mothers belonging to HWI families practiced exclusive breastfeeding for 6 months. Complementary foods were provided to only 62.1% children aged 6-8 months, and