EPV1299

Communicating Bad News in Emergency Health Care: Challenges and Best Practices – A Literature Review

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Introduction: Communicating bad news (CBN) in emergency medicine is a crucial and challenging aspect of clinical care. Emergency Health Care (EHC) operates in high-pressure, time-sensitive environments, where life-altering information must be communicated rapidly, leaving little time for careful preparation or consideration. The emotional, ethical, and psychological complexities of CBN in such settings necessitate effective communication strategies to mitigate the distress of patients, families, and healthcare providers. This literature review aimed to examine the key challenges and best practices associated with delivering bad news in emergency medicine.
Objectives: This review aims to synthesize the literature with the main objectives of 1. identifying the challenges faced by emergency medical professionals in delivering bad news and 2. collect the best practices, general guidelines, specific protocols and communication models used in emergency settings.
Methods: A systematic review of the literature was conducted, focusing on peer-reviewed articles published between 2000 and 2023, using the keywords "comunicating bad news," "emergency health care," "communication in emergencies," and "best practices for CBN.". Articles were screened for relevance and rigor, and key findings were synthesized thematically.
Results: The literature highlights several challenges: time constraints in EHC, lack of formal communication training, and emotional toll on both providers and recipients of the news. Emergency physicians often struggle to deliver bad news in a compassionate yet efficient manner, especially in the context of sudden or unexpected death. The best practices identified include the use of structured communication frameworks, such as the SPIKES protocol, which helps guide healthcare providers through the process. Multidisciplinary support, including involving social workers and counselors, was also emphasized as essential to alleviating the burden on both the physician and the patient. Furthermore, studies have revealed that when formal DBN training is implemented during residency, physician confidence and patient satisfaction improve significantly.
Conclusions: The review underscores the complexity of delivering bad news in emergency medicine. Incorporating structured communication protocols and formal training into medical education and emergency department practices is essential for improving patient outcomes and physician well-being. Future research should focus on evaluating the effectiveness of tailored CBN protocols and programs as well as interdisciplinary collaboration.

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EPV1300

Clinicians' Training Needs and Perceptions in Communicating Bad News in Emergency Health Care: A comparative study across rural and urban Health Care Units

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Introduction: Communicating bad news is common in the health care sector, especially in emergency services. The importance of formal training in giving bad news in health care and the differences in the services provided by health care units in urban and rural contexts are well-documented in the literature. However, opportunities for clinicians to develop bad news communication skills provided by the distinct contexts of the health care unit in which they are included have rarely been studied. We assume that the communication of bad news is part of the service provided in emergency departments. Therefore, it can vary across rural and urban health care units.
Objectives: This comparative cross-sectional study aims to test whether the location of the health care unit (rural vs. urban) has a significant impact on the communication of bad news by clinicians in emergency services.
Methods: Data will be collected through an online questionnaire based on the literature in two purposive samples of emergency health care professionals in rural and urban contexts. Qualitative and quantitative methods will be applied to analyze data regarding work features, situational context, experience, perceived knowledge and skills in providing bad news, and training needs and preferences.
Results: Rural health care units serve populations with more health disparities and poorer outcomes than non-rural, and classically have shortage of emergency medicine trained physicians. In urban areas health units have larger and more differentiated teams. The results will be discussed in the light of the literature on discrepancies between rural and urban health care units, describing professional characteristics and experience in delivering bad news of the study participants. We expect to identify specific contextual factors associated with geographic location, institutional settings, and health professionals' training in delivering bad news in emergency medicine.
Conclusions: The results of this study can aid to differentiate bad news communication trainers and health care unit managers in rural and urban areas (a) justifying the implementation of training programs, (b) adapting training programs to the audience, and (c) improving institutional facilities, practices, and policies to support adequate communication of bad news in emergency settings.

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