Simulation Objectives

By the end of this curriculum, participants will successfully demonstrate the following using a standardized patient or actor with early pregnancy loss:

1. Delivery of bad news using empathetic communication skills
2. Discuss incidence and causes of early pregnancy loss
3. Discuss the advantages and disadvantages for 3 options in the management of early pregnancy loss using shared decision-making
4. Assess the patient’s emotional support system
Introduction

• Early pregnancy loss (EPL), occurs in about 1 in 5 pregnancies. Because it is often a very emotional experience for patients, it may be a difficult encounter for new providers who are learning about the doctor-patient relationship.

• In order to provide education and practice in these counseling skills, a curriculum for providers has been established.

• The curriculum of delivering bad news has been extensively studied in medical specialties such as oncology. The S-P-I-K-E-S (Setting, Perception, Invitation, Knowledge, Empathy, Strategy) protocol was designed by Buckman to aid healthcare providers in the delivery of bad news (1).

• The acronym spells out the approach: setting privacy, perception of the patient, invitation to deliver news, knowledge delivered in plain language, empathy by waiting and acknowledging the emotional response, strategy and summary.
Introduction

• The use of a role-playing curriculum based on this six-step strategy has been studied in small group teaching sessions for the diagnosis of cancer.

• EPL counseling involves many of the communication skills established in the S-P-I-K-E-S protocol. Physicians are often faced with brief patient visits that must encompass both delivery of the bad news of a miscarriage as well a discussion of the management of a miscarriage.

• These management options include medical therapy, surgical therapy and expectant management. Patients differ in their preferences based on a variety of personal priorities including the amount of bleeding and cramping, the need for anesthesia, job and childcare demands, side-effects, and future pregnancies.

• The discussion of these preferences involves a shared-decision making model for the physician and patient. Wallace et al examined the use of this approach and found that patients had higher levels of satisfaction when treated according to their preferences (2).
• The curriculum includes education, demonstration, and role-playing exercises with feedback in order to obtain competency in counseling patients with early pregnancy loss.

• Objective structured clinical examinations (OSCEs) using standardized patients (SPs, actors) with detailed score checklists may be used to assess the effectiveness of this curriculum in achieving competency.

• Pre and post-surveys based on confidence levels are also available.

• The curriculum research study was published in the Green Journal (3).
Time Breakdown

• Room preparation and setup: 10 minutes
• Pre-brief and didactic (large group): 20 minutes
• Simulation and Feedback: 20 minutes per learner (this done in small groups of learner, patient and faculty or student debriefer)
• Debrief (large group): 20 minutes
Cost Breakdown

• Standardized Patient: $20-$25 per hour
• Participant Role-Playing: none
Materials List

• EPL Didactic/Powerpoint Presentation
• EPL Door Note
• EPL SP Script
• EPL Score Sheet
• EPL Scoring Rubric
• SP Empathy Rating Scale
Case Summary

• 28 year old female G1P0 at 11 weeks gestation seen today at clinic for ultrasound results. She has been having some vaginal spotting. No pain or medical problems. She is unaware of the results of the ultrasound and is hoping that everything is alright with the pregnancy as it is very much wanted.

• The learner is tasked with empathetic delivery of the news that the pregnancy has failed. When asked, the learner is to offer 3 options for management and use shared decision-making to help the patient decide.
Didactic Presentation

• Provided to entire group (slides 14–21)
Early Pregnancy Loss

• **Incidence:** 1 in 5 pregnancies

• **Causes:** 50% are due to chromosomal abnormalities, rest are infection, endocrine, environment, immunologic, uterine

• **Symptoms:** vaginal bleeding, passing clots and tissue, pelvic cramping

• **Terms:** spontaneous abortion, threatened abortion, incomplete abortion, inevitable abortion, complete abortion, missed abortion, therapeutic abortion

• **Differential:** ectopic pregnancy, cervical erosion

• **Diagnosis:** BHCG, pelvic exam and sonogram

• **Complications:** infection
Management of Early Pregnancy Loss

3 Options

1. **Expectant management**: blood, clots and tissue will pass spontaneously in 2-4 weeks, risks are for unexpected heavy bleeding, pain, incomplete passage of products, infection

2. **Surgical management**: vacuum aspiration, dilatation and curettage, requires sedation/anesthesia, risks are reaction to anesthesia, perforation, infection

3. **Medical management**: mifepristone, misoprostol, methotrexate
Medical Management of Early Pregnancy Loss

- **Mifepristone regimen**: mifepristone (RU 486, acts as antiprogesterone) 200mg po then misoprostol (prostaglandin analogue) 800 ug vaginally, contraindicated for allergy to prostaglandins, severe liver, renal, respiratory, coagulopathy, uncontrolled seizure diseases

- **Methotrexate**: blocks DNA synthesis, 50mg/m2 IM or 50mg po, side-effects include nausea, vomiting, diarrhea, gastric distress, dizziness (usually used for ectopic pregnancy)

Risk of incomplete passage of products that may still require surgical management
Delivering the News of Early Pregnancy Loss

S-P-I-K-E-S: Breaking bad news

Setting: private, attentive, active listening
Perception: find out patient’s knowledge
Invitation: preparation for bad news
Knowledge: deliver the news in clear language
Empathy: acknowledge emotion, validate
Strategy and summary: next steps
Shared Decision-Making Model

Discussion with Patient about their treatment priorities:

• Natural method
• Wants to get it over with
• Least painful
• Shortest time
• Avoid hospital
• Less bleeding
• Fear of seeing “baby parts”
• Wants to avoid side-effects
• Logistics (work time off, childcare, etc)
• Risks for complications
Emotional Ramifications of Early Pregnancy Loss

Be ready to answer questions such as:

• Did I do something wrong?
• What caused this to happen?
• What will happen to me next?
• Will I ever be able to have a baby?
• What if this happens again?
• How soon can I try again?
• How long is the recovery?
• What happens if I feel distraught/depressed?
• Who can I call for help?
Emotional Support

• Prepare the patient for the emotional rollercoaster of pregnancy loss and the grief reaction
• Assess the patient’s support system
• Screen for risk factors for depression and peripartum psychosis
• Provide contact information for emergency assistance
• Schedule follow-up within next few days
Resources for Support

- ACOG patient information pamphlet
- March of Dimes
- MISS: miscarriage support groups nationally and locally

Books:
- Holding On To Hope, Nancy Guthrie
- Waiting with Gabriel: A Story of Cherishing a Baby's Life, Amy Kuebelbeck
- Empty Cradle, Broken Heart: Surviving the Death of Your Baby, Deborah L. Davis
- Fly Away Home: For Bereaved Parents who Turned Away from Aggressive Medical Intervention for Their Critically Ill Child, Deborah L. Davis
- Stillbirth, Yet Still Born, Deborah L. Davis
- Losing Malcolm, Carol Henderson
- Experiencing Grief, H. Norman Wright
Pre-Brief

• List objectives of the simulation program
• Do a fiction contract (we know this is not real, but please buy-in for maximum learning)
• Go over rules of simulation (safe learning environment, we expect mistakes to be made here, no recording with personal devices, Vegas rules what happens here stays here)
• Orient participants to roles (interviewer, patient, observer)
• Orient participants to room/checklists/video equipment
Door Notes

Patient Information
Name: Maria Lewis
Setting: Clinical exam room

Case History
28 yo female G₁P₀ at 11 weeks gestation for prenatal visit to discuss sonogram report. At previous first prenatal visit, pregnancy was desired, uncomplicated, no significant medical or surgical history.

Meds are prenatal vitamins, no allergies.

Sonogram report: intrauterine pregnancy is nonviable, no adnexal masses, impression: missed abortion.

Your patient’s vital signs are: BP 122/76 HR 70 RR 18 Temp 96.2 F

Participant Instructions
• Deliver the news of the miscarriage using SPIKES model
• Assess the patient’s safety in terms of bleeding, pain, emotional state
• Counsel the patient about what to expect with miscarriage
• Discuss the options for management
• Use shared-decision making with patient for determining next steps
• Discuss resources and follow-up

Time Limit: 15 Minutes
Patient Script: Maria Lewis

Scenario: sitting in a patient exam room

You are a 28 year old woman who is pregnant for the first time. This is a desired pregnancy. Your last menstrual period was 11 weeks ago. You took a home pregnancy test 2 weeks ago and went to your family doctor to confirm that you are pregnant. You and your husband are very happy about the prospect of having a baby. You are healthy and have had no medical problems or surgeries in the past. You have been taking prenatal vitamins for the past year. You have no allergies. You do not smoke or use drugs. Your blood type is A positive. You were adopted and have no family history of medical problems. Your job is an elementary school teacher.

Today you have come to the obstetrician’s office for an ultrasound report. You had some spotting yesterday and your family physician ordered the ultrasound. The spotting has been a small amount of brownish discharge not enough to soak a pad. You have no pain. You have been told that a bit of spotting can be normal in pregnancy but you are still a bit worried and would like to know the result of the ultrasound. The ultrasound tech did not show you the images or tell you anything other than to follow-up with your doctor.

When the learner tells you about the ultrasound and the loss of your baby, respond with sadness and appropriate grief. You may be tearful. You feel upset about the loss and wonder if it was your fault. You do recall having several alcoholic drinks at a party two months ago before you knew you were pregnant. You also wonder if having intercourse caused the miscarriage. You feel that maybe there is something you did to cause the miscarriage or that you have a problem. Your husband is away on a business trip and you do not want to call him now. You have a girlfriend you can call if you need to talk to someone else.

When the learner explains the options for treatment of the miscarriage, you want to wait and discuss it with your husband when he returns in 2 days. You are worried about what will happen next. How much will you bleed or be in pain? How long will it take for the miscarriage to be over? Will you ever be able to have a baby? Do you need to have an operation?
<table>
<thead>
<tr>
<th>If learner asks…</th>
<th>Then you answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you want to know the results of the report</td>
<td>Yes</td>
</tr>
<tr>
<td>How much are you bleeding</td>
<td>Brownish spotting, not enough to soak a pad</td>
</tr>
<tr>
<td>Do you have abdominal or pelvic pain</td>
<td>None</td>
</tr>
<tr>
<td>Did you have intercourse recently</td>
<td>Two days ago</td>
</tr>
<tr>
<td>What is your blood type</td>
<td>A+</td>
</tr>
<tr>
<td>Do you have any medical problems</td>
<td>None</td>
</tr>
<tr>
<td>Have you had surgery</td>
<td>No</td>
</tr>
<tr>
<td>Do you have a history of mental disorders</td>
<td>No</td>
</tr>
<tr>
<td>Do you want to have an operation (D&amp;C)</td>
<td>Not sure, need to think it over</td>
</tr>
<tr>
<td>Do you want to let the miscarriage happen naturally</td>
<td>Not sure, afraid of heavy bleeding and pain</td>
</tr>
<tr>
<td>Do you want to take a medication that will cause the</td>
<td>Not sure, is this the abortion pill? Afraid of side-effects</td>
</tr>
<tr>
<td>miscarriage to happen sooner</td>
<td></td>
</tr>
<tr>
<td>Are you feeling suicidal</td>
<td>No, just very sad</td>
</tr>
<tr>
<td>Do you have someone to talk to or take care of you</td>
<td>Yes, girlfriend until husband returns</td>
</tr>
<tr>
<td>for the next few days</td>
<td></td>
</tr>
<tr>
<td>What do you want to do next</td>
<td>Think it over and read about the options</td>
</tr>
</tbody>
</table>
Performance Checklist

Case: First Pregnancy Loss, Missed Abortion

<table>
<thead>
<tr>
<th>Student Tasks</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduces self to patient (name and role)</td>
<td>2</td>
</tr>
<tr>
<td>2. Establishes a rapport with patient and addresses setting</td>
<td>1</td>
</tr>
<tr>
<td>3. Determines degree of vaginal bleeding</td>
<td>0</td>
</tr>
<tr>
<td>4. Asks about pelvic pain</td>
<td></td>
</tr>
<tr>
<td>5. Asks about blood type</td>
<td></td>
</tr>
<tr>
<td>6. Prepares patient for bad news</td>
<td></td>
</tr>
<tr>
<td>7. Delivers bad news using simple language</td>
<td></td>
</tr>
<tr>
<td>8. Allows silence for patient to absorb news</td>
<td></td>
</tr>
<tr>
<td>9. Acknowledges patient’s emotion</td>
<td></td>
</tr>
<tr>
<td>10. Follows-up with open-ended questions and active listening</td>
<td></td>
</tr>
<tr>
<td>11. Reassures patient regarding common occurrence and causes of miscarriage</td>
<td></td>
</tr>
<tr>
<td>12. Counsels patient about pros/cons of expectant management</td>
<td></td>
</tr>
<tr>
<td>13. Counsels patient about pros/cons of medical therapy</td>
<td></td>
</tr>
<tr>
<td>14. Counsels patient about pros/cons of surgical therapy</td>
<td></td>
</tr>
<tr>
<td>15. Demonstrates shared decision-making model with patient</td>
<td></td>
</tr>
<tr>
<td>16. Discusses medical complications of miscarriage</td>
<td></td>
</tr>
<tr>
<td>17. Discusses emotional ramifications of miscarriage</td>
<td></td>
</tr>
<tr>
<td>18. Assesses patient’s support system and safety</td>
<td></td>
</tr>
<tr>
<td>19. Discusses resources for further help</td>
<td></td>
</tr>
<tr>
<td>20. Discusses follow-up plan</td>
<td></td>
</tr>
</tbody>
</table>

Total Score (max 40):
- High Competent = 36-40
- Competent = 25-35
- Non-Competent < 25

Signature of Examiner:       
Grade:
## Scoring Rubric

<table>
<thead>
<tr>
<th>Case: Missed Abortion</th>
<th>High Competent = 2</th>
<th>Competent = 1</th>
<th>NonCompetent = 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduces self to patient (name and role)</td>
<td>Introduces self to patient and explains his/her role</td>
<td>Introduces self to patient but does not explain his/her role</td>
<td>Does not introduce self to patient</td>
</tr>
<tr>
<td>2. Establishes a rapport with patient and addresses setting</td>
<td>Effectively connects with patient and ensures that setting is comfortable and private</td>
<td>Connects with patient but does not address setting</td>
<td>Not able to establish effective rapport with patient</td>
</tr>
<tr>
<td>3. Determines degree of vaginal bleeding</td>
<td>Asks about vaginal bleeding and determines degree based on soaking of pads per hour</td>
<td>Asks about vaginal bleeding but does not determine degree</td>
<td>Does not ask about vaginal bleeding</td>
</tr>
<tr>
<td>4. Asks about pelvic pain</td>
<td>Asks about pelvic pain and determines severity</td>
<td>Asks about pelvic pain</td>
<td>Does not ask about pelvic pain</td>
</tr>
<tr>
<td>5. Asks about blood type</td>
<td>Determines blood type and Rh factor</td>
<td>Determines blood type, does not ask about Rh</td>
<td>Does not ask about blood type</td>
</tr>
<tr>
<td>6. Prepares patient for bad news</td>
<td>Sensitively prepares patient for bad news by asking permission</td>
<td>Allows silence for patient to absorb news</td>
<td>Delivers news without allowing silence</td>
</tr>
<tr>
<td>7. Allows silence for patient to absorb news</td>
<td>Waits 10 seconds after delivery of bad news</td>
<td>Delivers news with a pause but rushes to fill silence</td>
<td>Delivers news and does not allow silence</td>
</tr>
<tr>
<td>8. Acknowledges patient’s emotion</td>
<td>Reacts to patient’s emotional response by acknowledging emotion or inquiring about how they feel</td>
<td>Reacts to patient’s emotion but does not affirm</td>
<td>Do not acknowledge patient’s emotion</td>
</tr>
<tr>
<td>9. Follows-up with open-ended questions and active listening</td>
<td>Asks open-ended questions and effectively listens to patient’s concerns with follow-up statements</td>
<td>Asks open-ended questions but does not follow-up with patient’s concerns</td>
<td>Does not demonstrate active listening</td>
</tr>
<tr>
<td>10. Reassures patient regarding common occurrence and causes of miscarriage</td>
<td>Effectively communicates with patient the causes of miscarriage, statistical frequency and addresses any patient concerns about self-blame</td>
<td>Communicates causes of miscarriage but does not address any patient concerns about self-blame</td>
<td>Does not discuss causes or frequency of miscarriage</td>
</tr>
<tr>
<td>11. Counsels patient about pros/cons of expectant management</td>
<td>Thoroughly discusses pros/cons of expectant management including heavy bleeding, pain, incomplete passage, infection</td>
<td>Briefly discusses pros/cons of expectant management</td>
<td>Does not discuss expectant management</td>
</tr>
<tr>
<td>12. Counsels patient about pros/cons of medical therapy</td>
<td>Thoroughly discusses pros/cons of medical therapy including side-effects and screens for contraindications</td>
<td>Briefly discusses pros/cons of medical therapy but does not screen for contraindications</td>
<td>Does not discuss medical therapy</td>
</tr>
<tr>
<td>13. Counsels patient about pros/cons of surgical therapy</td>
<td>Thoroughly discusses pros/cons of surgical therapy including anesthesia, perforation, infection and screens for risks</td>
<td>Briefly discusses pros/cons of surgical therapy but does not screen for risks</td>
<td>Does not discuss surgical therapy</td>
</tr>
<tr>
<td>14. Demonstrates shared decision-making model with patient</td>
<td>Addresses all of patient’s priorities, lifestyle, occupation, desires and effectively shares in decision-making process</td>
<td>Assists patient in decision-making but does not inquire or address patient’s priorities</td>
<td>Does not share in decision-making, acts paternalistic or leaves it up to patient entirely</td>
</tr>
<tr>
<td>15. Discusses medical complications of miscarriage</td>
<td>Sensitively discusses complications of miscarriage including blood loss, infection, nutrient loss, impact on future pregnancies</td>
<td>Lists 1-2 complications of miscarriage</td>
<td>Does not discuss medical complications of miscarriage</td>
</tr>
<tr>
<td>16. Discusses emotional ramifications of miscarriage</td>
<td>Sensitively discusses emotional aspects of miscarriage and explains stages of grief reaction</td>
<td>Briefly discusses possible emotional reaction to miscarriage</td>
<td>Does not discuss emotional ramifications of miscarriage</td>
</tr>
<tr>
<td>17. Assesses patient’s support system and safety</td>
<td>Inquires about patient’s support system, addresses patient’s safety based on emotional reaction</td>
<td>Inquires about patient’s support system but does not assess safety</td>
<td>Does not assess patient’s support system</td>
</tr>
<tr>
<td>18. Discusses resources for further help</td>
<td>Lists resources for more information including local support groups, websites, books, ACOG pamphlets</td>
<td>Briefly lists 1-2 resources for further support</td>
<td>Does not discuss further support</td>
</tr>
<tr>
<td>19. Discusses follow-up plan</td>
<td>Plans follow-up visit and provides patient with indications to call prior to next visit</td>
<td>Plans follow-up visit but does not address need to call sooner</td>
<td>Does not plan follow-up visit</td>
</tr>
</tbody>
</table>

**Total Score (max 40):**
- High Competent = 36-40
- Competent = 25-35
- Non-Competent < 25
SP Empathy Rating

Please answer based on your session with the provider.

This provider was sensitive to my feelings.

☐ Strongly Agree  ☐ Agree  ☐ No Opinion  ☐ Disagree  ☐ Strongly Disagree

This provider seemed to understand my situation/concerns.

☐ Strongly Agree  ☐ Agree  ☐ No Opinion  ☐ Disagree  ☐ Strongly Disagree

I felt at ease with this provider.

☐ Strongly Agree  ☐ Agree  ☐ No Opinion  ☐ Disagree  ☐ Strongly Disagree

Comments:
Group Debrief

• How did this simulation of a difficult conversation feel?
• Were there any questions you did not know how to answer?
• Share any empathetic lines that worked well
• Share what did not work well and things to avoid saying
• How did you handle the reaction to bad news when the patient was quiet, in shock, crying, angry, disbelieving, etc?
• What are some things a provider can say to show empathy, for example, “I’m so sorry for your loss”?
• What are some physical ways a provider can show empathy, for example sitting closer, getting tissue box, touch arm, etc?
• Thank you for participating and please apply this program to other cases of delivering bad news
Learner Confidence Survey
Pre/Post

Please rate your confidence level in providing patient counseling on early pregnancy loss for each of the following questions:

How confident do you feel in your skills at delivering the bad news?
□ Very confident □ Somewhat confident □ No opinion □ Somewhat not confident
□ Very much not confident

How confident do you feel in assessing the patient’s safety?
□ Very confident □ Somewhat confident □ No opinion □ Somewhat not confident
□ Very much not confident

How confident do you feel in counseling about options for treatment?
□ Very confident □ Somewhat confident □ No opinion □ Somewhat not confident
□ Very much not confident
References

