

Dramatization as teaching strategy during medical training on how to communicate bad news to patient

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Abstract

Authors reviewed 15 works of world literature published during the period of 2005 to January 2010 aiming at analyzing the dramatization technique as teaching strategy. As a result, it was found that dramatization, in the context of a workshop type or similar set of activities, is a frequently used strategy in teaching, during medical training, on how to communicate bad news to patient. Dramatization can be carried out both through role playing among colleagues and using simulated or standardized patients. Fourteen of the 15 revised publications utilize or recommended dramatization as a practical part of this skill. Authors conclude that dramatization constitutes, in medical training, adequate strategy to teach bad news communication to patient.

Key words: Study methods of medical subject. Role playing. Communication. Learning. News. Bioethics.

The human being is the most social amongst the gregarious beings, affirmed Aristotle ¹. The gift of word is the main quality that favors our intense socialization. The second is the innate

capacity of distinguishing good from evil, which makes us a correct and ethical being. The third is the competence equally innate to separate the just from unjust, making us honest, upright, integral beings. These three higher qualities together, noted by Aristotle, makes it possible for humans to live in society in a harmonic, ethical, and legal form.

Communication, the start of which is manifested even before birth, improves human socialization. Changes that occur in the maternal limbic system, more specifically in the hippocampus, were detected by image techniques ² and they revealed the precocity of human communication. This process becomes more sophisticated after birth, evolving both to nature and to the people that surround the new being.

Human life constitutes a priceless gift. The possibility of death or serious illness affects profoundly and negatively the life expectancy of people. Moreover, because serious illness are not foreseen in individual plans, they are of harder acceptance and much more complex is the task of the person in charge of providing such information. For this, the moment of receiving bad news is always crucial, once it will radically transform for the worse the future perspective of the individual. Thus, both scientific and humanistic aspects must be known and taken into account by whoever makes this communication.

The form of revealing bad news to patient has undergone more or less significant changes throughout history. In the Old Age, physician's autonomy was prominent. The truth, as a rule, could be omitted unilaterally from patient in certain situations. In this aspect, the text *Decorum* ³, from the *Corpus hipocraticum*, contains interesting records that refer to the care that physicians must have in revealing serious illness to their patients. According to these historical teachings, information of bad news should be supplied by physician with certain liveliness and serenity at the same time as to comfort and encourage the patient. When prognostic was seriously unfavorable then it is recommended to divert the patient's attention to other things. The possibility of abandoning treatment and the desperate search for alternatives outside medical science justified the non-revelation of the truth.

Plato's observations converge in this sense ⁴. The ancient physician sought to explain, to the best of his ability, the disease to patients (non-slave) to convince them of the treatment usefulness. However, it was extremely paternalistic with the slaves, for they were not given complete information on their disease or on the chosen treatment.

During the Medieval and Modern ages no important changes occurred in the form of revealing bad news to patients. However, a very illustrating fact of inadequate communication occurred in the 17th Century. Dr. Alexander Knips Macoppe, a 29 years old physician, wrote an unsolicited letter to a 60 years old sick colleague, Dr. Charles Patin, to inform him on the diagnosis of his serious illness, as well as to describe the details of the unpleasant symptoms that preceded the end of his life ⁵. The patient felt bad for receiving the unexpected letter, which only versed about the scientific aspects of the disease, completely neglecting the humanistic dimension. The diagnosis of aorta polyps was confirmed by necropsy.

The recent evolution of bioethics contributed to dislocate decision power from the physician to the patient. Now, patient's informed consent is a fundamental condition for the conduction of medical procedures. This new ethics converged for the revelation of truth to be a routine

practice and the non-revelation an exception ⁶. Therefore, the importance of human skills in the medical formation is growing.

The lack of training and fear make up the main reasons for problems in the communication of bad news ⁷. Such finding can be partially explicated by the lesser emphasis conferred on ethics and bioethics education in the past, subjects which usually regard this issue, as well as the elementary aspects of the physician-patient relationship in the Brazilian schools of Medicine. In this sense, the National Education Council corrected, in part, this deficiency by issuing Resolution CNE/CES 4/2001 ⁸, which sets forth competences and skills necessary to the future physician. Verbal and non-verbal communication along with the mastering of information techniques are some of the requirements present in the legal provision.

The art of communicating bad news, obviously, requires learning. Literature presents various strategies, within which dramatization stands out, however there is few material on the most recommended ones for medical training. This is the main goal of this work: to analyze the dramatization technique as adequate strategy for practical teaching of bad news communication. The hypothesis considers dramatization as most appropriate tactic for the practical teaching of this skill to Med students, as suggested by literature.

Definition of terms

The works referred herein contain the terms dramatization, role player, simulated patients and standardized patients. Other terms also appear, such as workshop and bad news – the definitions of which follow.

Dramatization

It is a theatrical representation revolving on a topic, theme, etc. It can contain the explanation of ideas, concepts, arguments and be a particular way of case study, given that dramatization of a problem or situation for students is equivalent to presenting them a human relations case ⁹. The following definition refers to the development of student skills offered by dramatization technique: from an educational viewpoint, dramatization can be defined as a method to develop skills through the performance of activities in situations that simulate real life. It is possible to simulate, for instance, a job interview, a police interrogation, a product sale, an exhibition, a speech on contraceptive method etc ¹⁰.

Role player

Role player is the situation in which the student, teacher, or instructor *performs a role as one of the characters of the medical situation: physician, patient, family member, accompanying person, or member of the professional team etc., for teaching and training purposes ¹¹.*

Simulated patients

Simulated patients are people trained to play the role of patients for teaching assessment purposes¹¹.

Standardizes patients

They are normal people or *real patients* adequately prepared to act in clinical cases. Because they perform standardized roles, they can also participate in the assessment of students and doctors in training ¹¹.

Workshop

It is the *gathering of a small number of people with common interests, aiming at studying and working for the knowledge or specializing in a topic, under direction from an expert. It makes possible to do something better by means of the application of a concept and techniques previously acquired*⁹.

Bad news

Those that *modify radically and negatively the Idea that the patient has about their future are bad news*¹².

The role-playing strategy can occur in various forms. Commonly, it starts with the choice of the interviews theme and attribution to the team of students. Next, there is break for students to research the chosen topic in order to theoretically support it and create an adequate script. During the presentation of the characters, they are characterized duly in accordance to their roles. Stage sound and lighting effects also make up part of the planning. Teacher and other students comprise the audience. At last, a circle discussion can be held with the participation of the whole group ¹³.

Role-playing amongst colleagues is a strategy superior to theoretical presentations. However, the activity needs to be prepared adequately in order to be efficient. Joyner and Young ¹⁴ make twelve recommendations to ensure the success of the play, which can be summarized as: good preparation, choose challenging cases, involve students in the making thereof, give feedback on the activity, stimulate reflection, and maintain sense of humor.

Another mode of dramatization consists in training standardized or simulated patients. In this case, the strategy is not limited by the purpose of bad new communication to patients, and so it can be extended to the general formation of the Medical student in other matters throughout the course ¹⁵.

The workshop on bad news communication to the patient starts with a speech on the topic, continues with a demonstration of the interview conducted by the instructor, proceeds with students and simulated patients' interviews and ends with a big group discussion ¹⁶. A very consolidated way as interview script is one that plays the Spikes protocol video ¹⁷. The Epec script (Education for Physicians on End-Life-Care) from the American Health Association can also be utilized ⁷. From a practical standpoint, when role-playing is introduced with standardized patients, in small groups or individually, practice becomes more realistic ¹⁸.

The authors that role-play simulated patients can be any person, former patients, or persons related to the university and duly trained. Interesting innovation suggested by some authors

of the works reviewed here in ¹⁹ consists in the introduction of cancer survivors to act as simulated patients.

Method

The set of strategies described by Lea das Gracias Camargas Anastasiou and Leonir Pessate Alves ⁹ was chosen to situate dramatization in the context of higher learning. Next, articles on strategies of bad news communication to the patients were analyzed. The ones chosen regarded education of undergraduate medical school students. In order to study the current strategy trend, articles from the period 2005 - January 2010 were contemplated.

The terms added for research purposes were *malas noticias* (Spanish), *bad news*, and *breaking bad news*. The latter are widely used in some English-speaking countries and the number of articles in which they are found is enormous, being necessary to refine the research by adding the term *students* and thus directing it specifically to strategies that refer to medical students education.

The following databases were used: Scopus ²⁰, Science Direct Online ²¹, Google academic ²², Pubmed ²³, Portal Capes ²⁴, and Virtual Health Library (BVS) ²⁵ which contains the Lilacs, Ibecs, Medline, Cochrane Library and SciELO bases. Finally, a descriptive and retrospective study was conducted in the chosen works, aiming to identify the strategy most used and inferably the most appropriate for the teaching bad new communication to patients during undergraduate medical studying.

Finally, a descriptive and retrospective study was carried out in selected works, aiming at both identifying most used strategy and to infer the most recommendable to teach bad news communication to patient during medical graduation.

Results

Within the literature consulted for this work, 15 works were selected: 13 original ones and two reviews. All of them contemplate the teaching of bad news communication skills during medical undergraduate course. As a result thereof, 14 out of 15 works reviewed were found to utilize or recommend dramatization, including the two reviews. Only one paper produced nationally ²⁶ fails to list dramatization as strategy for teaching bad news communication, even though its objective was the exploration of cinema for this type of learning, and not the discussion of the best method.

Dramatization does not appear in the consulted works as single strategy, even though it is regarded as the most important practical part within the set of teaching activities. Next, the strategies utilized by the works consulted for this project will be described.

Jucá-Jucá *et al* ²⁷ describe training with third semesters medicine students, which starts with the practicing of dramatization in groups of three. The themes approached are leukemia, HIV-AIDS, amputation of a member, and fetal loss. At the end, the observer makes remarks

on the students' performance and the whole group interaction. A total number of 24 students participated in the study and positively assessed the strategy.

According to Bowyer *et al*²⁸, a very useful form of dramatization for medicine students can be harnessed by diving them into four groups: a) group without previous preparation; b) group that watched a speech on the topic; c) group that watched a video on the topic; d) group that watched a speech and video. The video contains the steps of the Spikes protocol, which guides the form of bad news communication to the patient. Initially, students take part in simulated frustrated resuscitation of a patient, after which the mission is to communicate the news to the wife. The students themselves positively assessed their participation in dramatizations with simulated patients (standardized) when they received theoretical fundamentals beforehand, especially through video projection. A total number of 553 third year students took part in the study and the majority positively assessed the experience.

For Vaga *et al*²⁹, the use of simulated patients created a protected environment that allows for student mistake and the opportunity to learn with their own hardships and errors. Dramatization with simulated patients occurs in four phases: 1st) a student simulates and the other observes; 2nd) roles are switched; 3rd) assessment of the activity by actor, teacher, and students; 4th) general evaluation of teacher and students. A problem to the strategy is the cost of simulated patients, which must be capacitated and renewed continuously. Students from the first and second year took part in the study. The authors consider the method as a powerful instrument to develop competence.

An innovation introduced by Baer *et al*¹⁹ is that he suggests the recruitment of cancer survivor patients in an institution to play the role of simulated patients. The first module starts with an activity in a big group and speech on communication of bad news (breaking bad news). Next, the Spikes protocol video is played, and, lastly, a discussion of the topic is promoted amongst the students. Complementarily, the material on role-playing is distributed, role-playing which will happen soon (one or two weeks). All meetings are recorded on video. To wrap up the activity, all stakeholders take part in a discussion panel. Authors stress the positive effectiveness of this method, which they regard innovative for using real patients - cancer survivors. A total of 553 students from the second year participated in the research during the period 2002-2005. The patients provided important feedback to students, who evaluated positively the experiment.

Dramatization according to Perosa and Ranzani³⁰ constitute opportunity for the student to build capacity in terms of providing information, principally when receiving feedback from a group on their own performance. A number of 53 physicians supplied information on the learning of how to break bad news in their undergraduate course. All participants consider important this activity. Authors evaluate that such previous training reduces student and doctor stress in the context of breaking bad news.

Strategy adopted by Supiot and Bonnaud-Antignac³¹ consists in providing medical students a two-hour course on bad news communication to patients, lectured by a physician and a psychologist during oncology internship. Next, a video containing the stages of information to be provided following Spikes protocol is projected¹⁷. Then, as a practical approach, the students take part in an interview with simulated patients. Finally, feedback from teachers is given.

Authors conclude that role-playing combined with didactic instruction is useful to teach medical students on how to reveal cancer diagnosis to patients. A total number of 40 students from the fourth year participated in the study.

In Turini *et al*³², communication teaching to medicine students was studied and the following strategies were pinpointed: interviews, observation, group discussions, dramatizations, movies, patient testimonials, round-tables, and conferences. In this study, authors remark specifically dramatization of role-playing as methodology adequate for learning about breaking bad news to patients, as well as the adherence to treatment. The main qualities of this strategy are the identification of eventual hindrances to student communication and development of attitudes suited for each of the different situations in which bad news must be given. Authors also recommend other two strategies: projection of video containing communicating of bad news to patient by health team and patient testimonials on having received bad news. Students from the first to fourth year participated in the study. Even though there is still no consistent assessment on it, some of its goals were achieved, say the authors.

According to the bibliographical review by Victorino *et al*³³, simulations with interview video recording, workshop preparation including interview with simulated patient and oversight by mental health professional are three strategies that favor the development of student skills. In total, 16 articles was reviewed. Authors assess that role playing can help the student in communicating bad news.

According to Tapajos²⁶, cinematic art and the study of communicational theory are used also in the development of communication skills of the medical student. The author proposes that the teaching uses two scenes from the movie "*Life Goes On*", in which communication of bad news to a patient occurs. After the projection, there should be discussion in a big group. To conclude, students can suggest changes in characters' lines, improving communication.

According to Garcia Diaz³⁴, intensive courses with two or three days duration, in which theory and dramatization are included. These courses, through video recording of interviews with simulated actors, are considered practical and efficient strategy in learning bad news communication, for they allow training in the most diverse situations of professional routine, like communicating to the family the news of death of a patient or the non-adoption of extraordinary measures. The spikes protocol is used in an adapted form as interview script. Dramatization makes viable for constructive criticism regarding activity and discussion of alternatives for the dialogue. The author adverts that a simple observation of more experienced colleagues is not as efficient as this practice in the learning of bad news communication to the patient. The article is of conceptual nature.

In the strategy prescribed by Arnold and Koczvara³⁵, dramatization occurs in interviews with simulated patients in the context of a workshop. This formulation permits that the practical activity be interrupted and repeated when necessary, facilitating the development of bad news communication skills by students. Authors consider that the development of this skills do not constitute an easy task. The article is of conceptual nature.

The strategy of Schildmann and collaborators ³⁶ is based on development of multi-professional activities in which medical and nursing students participate, oriented by a multi-professional health team. Training with simulated patients and feedback occur during the optional eight-hour course, in which strategies on bad news communication and group discussions are presented. Each participant trains legal competences of their profession. This multi-professional activity was assessed positively by students of both courses, through questionnaire applied the beginning and end of the course. The study counted with 47 participants: 23 medical students and 24 nursing students, who, generally, evaluated the method positively.

Wakefield, Cocksedge and Boggis ³⁷ develop the strategy of dramatization with simulated patients. Medicine and Nursing students take part in the activity. The strategy starts with a course and previous assessment utilizing a Likert questionnaire and goes on to the actual activity of bad new communication with simulated patients, next, a discussion and final assessment is carried out. The study comprised students from all semesters of both courses and counted with 33 participants: 11 medical students and 22 nursing students, who, generally, evaluated the method positively.

One Deveugele plus colaborators ³⁸ the teaching of communication can be distributed throughout the entire undergraduate course, favoring the consolidation of the learning process. The strategy employs role-playing amongst colleagues and simulated patients. Interviews are recorded and the videos stored and used for future teaching activities by the university. The analysis of the videos occurs in small groups of four and five adults, with the presence of the instructor. Authors have evaluated this strategy positively.

A review of 23 articles done by Claire Lane and Stephen Rolnick ³⁹ evaluated the different approaches on breaking bad news to patients. Learning success is highest when accompanied by interactive activities. Authors conclude that using simulated patients is not superior to role-playing performed amongst colleagues during training of bad news communication.

Besides these 15 articles described earlier, the authors also accessed the *abstract* of other four international works, available in the Scopus and Google databases. Dramatization is listed as one of the teaching strategies in all of these works, which were carried out in countries like Germany and Turkey. Authors utilized the following modes of dramatization: role-playing amongst colleagues shows in one article ⁴⁰, simulated patients in two articles ^{41,42}, and standardized patients in another article ⁴³. These works confirm the general trend of employing dramatization as fundamental strategy for practical teaching of communication of bad news to the patient during medical undergraduate course.

Discussion

Communication of bad news to patients can occur either adequately or inadequately, with very distinct results. In the first case, it aids understanding and acceptance regarding the unfavorable situation that presents itself; in the second, it may generate confusion, suffering, and resent⁴⁴. Revelation of a tough truth, when done with sensibility and skill, lowers considerably the negative impact of information. The less adverse psychological aspect

certainly goes to favor patient recovery, when it is possible. In medical practice it is common to find patients who received bad news in such an awful way they have never forgotten that unfortunate moment.

Learning the art of bad news revelation to patients starts at the undergraduate level. The medical teacher skill must go beyond expositive classes. Amongst other factors, it is necessary to demonstrate initiative to create, organize, and cheer learning scenarios. Students are invited to participate in activities in small groups, in pairs, or even individually, and the teacher must grant them opportunity to speak ⁴⁵.

In this student involvement with learning is where the dramatization activity must go It can be done between the students or with simulated or standardized patients, or even former cancer patients. The topic is contemplated and discussed previously from a theoretical point of view. Video projection showing steps to be followed during interview contribute to the learning of the ability of communicating. Some situations more or less dramatic within medical practice are chosen to be represented. Creativity by the students may enrich significantly the presentation.

According to Anastasiou and Alves ⁹, university teaching processes compose 20 strategies amassed in Table 1. Their use depends on the goals to be achieved and the topics to be discussed. The expositive class can be the starting point for the use of other teaching processes. The consideration of a specific topic, such as the revelation of bad news to patient, certainly requires the practical complementation with more adequate strategies.

Table 1. Strategies for professor work at university

Expositive classes	Dramatization
Text study	Seminar
Portfolio	Case study
Brainstorming	Court simulation
Mind mapping	Symposium
Directed study	Panel
Discussion list	Forum
Problem solving	Workshop

Phillips 66	Study of means
Verbalization and observation group	Teaching with research

Source:: Anastasiou LGC, Alves LP. Process of teaching at university: presuppositions for strategies of class work. Table adapted by authors.

According to Neves ⁴⁶, the six most utilized strategies for the teaching of medical ethics and bioethics to medical students are: case discussion, seminars, simulated judgment, movies, group discussion, and dramatization. Teaching focused on expositive and theoretical classes does not provide students with effective opportunities to learn, says the author. Dramatization, thus, is a university education strategy and one of the six recommended for ethics and bioethics education, which usually includes bad news communication.

The use of dramatization is reported in 14 of the 15 reviewed works and the assessment, when carried out, always showed positive responses. The results allow for interpreting that the trend of bad news communication training for medical student occurs by means of dramatization with simulated patients, preceded by the presentation of a seminar and/or video and successful discussion, feedback from instructors, and assessment by participants. This activity fits the description of workshop, in which dramatization is the essential practical activity.

In Anastasiou and Alves ⁹, they present a list of strategies, but only some completely adapt to the learning of bad news communication to patients. The expositive class remains the central theoretical approach to obtainment of knowledge fundamental for most matters. However, from a strictly practical viewpoint, the dramatization represents the possibility of simulating a real life experience, which in turn provides medical students training applicable directly to their professional life. Secondly, other strategies also can be used. In short, the following strategies were found in the literature: utilization of movies, observation of interviews, oversight by mental health professional, discussion in group, patient testimonials, roundtables and conferences.

Recently, communication of bad news was incorporated to medicine curriculum. The number of physicians that declare having receive information in this respect in growing. However, this method is not sufficient to develop the art of bad news revelation. Dramatization constitutes an opportunity for student to develop more efficiently their own capacity of informing with sensibility and effectiveness ³⁰.

There are many manners of communicating bad news to patients, one of which deserves special mention: the American Spikes protocol ¹⁷. Buckman, who carried out 15 studies analyzed in the literature and reviewed in this work, idealized it. The others do not clearly state the protocol employed. Spikes is a guide that was initially prepared for cancer patients, but it can be applied to other situations. Even though there are other subdivisions, the protocol can be synthesized in six fundamental steps, which form the word Spikes: *S-Setting*: preparing the interview; *P – Perception*: evaluating patient perception; *I – Invitation*: obtaining invitation or permission from patient; *K – knowledge*: students providing knowledge; *S – Strategy and Summary* – explaining the strategy and summarizing it.

A series of practical situations, in which it is necessary to communicate bad news, can be dramatized, as demonstrated by the following examples, compiled from emblematic suggestions from different authors^{28, 31, 34, 47, 48},

1. AIDS diagnosis of patient or partner;
2. diagnosis of prostate cancer;
3. diagnosis of lung or breast cancer;
4. diagnosis of multiple sclerosis in young patient;
5. diagnosis of myeloid leukemia;
6. lymphoma that does not respond to treatment;
7. metastasis;
8. sudden death of husband;
9. need for amputation or other radical surgery;
10. fetal loss;
11. non-adoption of extraordinary measures;
12. patient's brother sudden death from heart attack;
13. presence of suspicious cervical nodule.

Other special situations relative to the doctor-patient or doctor-family relation can be represented also, for instance, the conversation with a family that does not wish to communicate the diagnosis with the patient.

Information to patients in deontological and bioethical documents

The duty to inform patients is found in ethics and bioethics documents. Three of them are discussed next, for they deal directly with the research focus.

The Brazilian Code of Medical Ethics (CEM) prohibits physicians, in its article 34, *of not informing patients on diagnosis, prognosis, treatment risks, and goals, except when direct communication might harm him. In this case, communication is made to their legal representatives.* There is no provision regarding how to provide such information; however, it can be drawn clearly from the text that the intention of communication is to avoid harm to patient.

More specifically on education, resolution by the World Medical Association on Genetics and Medicine, dated 2005, recommends that the physician to receive adequate formation on genetic matters, principally in terms of pre-symptomatic diagnosis. In this aspect, it is highlighted that the medical student and physicians in general are thought daily on how to deal with practical and emotional consequences deriving from the genetic exams results. The importance of this information to the patient's life perspective justifies the doctor acquiring skills sufficient to provide such communication in the most appropriate possible way.

The Declaration on the Rights of the Patient of the AMA from 2005 contemplates three topics related to breaking bad news to patients: provide information congruent to patient's culture; patient's right to not be informed; possibility of providing the information to a third party, chosen by the patient. The negative side of receiving information about their conditions and

the right to choose who will receive the information in replacement thereof are issues pertaining to patient autonomy. Only the physician with a humanist profile can identify each different situation that presents itself in circumstances that relates to breaking bad news to patients.

The humanist physician and breaking bad news

Sensibility in communication of bad news is an issue of humanism concern. The humanization of medicine consists in recognizing the dignity of the human person by all who have a hand in the care process. Health humanization consists in the access to health services and in the valuing of individuals.

To achieve humanistic formation of physicians, it is necessary to have such field inserted in medical schools curricula. The humanist doctor is characterized by his formation directed towards the wellbeing and respect for human dignity, surpassing, mandatorily, the merely technical aspects of medicine.

Learning the communication of bad news is not intuitive and its complexity requires that future physician to develop specific skills. It can be harder for older physicians to communicate for lack of formation or previous information. The younger ones, but not all, have some additional skills for having been exposed to this type of education in high school. Thus, most physicians – either old or young – can or need to improve their skill of communicating bad news to patients. To avoid shortage of this skill in future physician generations, the issue must be included in the teaching program of undergraduate courses.

Dramatization in the context of teaching strategies

Dramatization was presented as a strategy for teaching how to break bad news in 14 of works reviewed herein. An issue to be considered is if dramatization is superior to non-intervention or other teaching methods. The broad preference for the dramatization method clears this doubt. Such answer can also be found directly in the review study carried out by Lane and Rollnick³⁹, which, at first, could not establish any distinction between role-playing amongst colleagues and with simulated patients. This conclusion is interesting due to the costs involved in simulated patients' inclusion in this kind of medical training. Even though it is not consensual, some authors also refer to some works demonstrating that dramatization is a strategy superior to conventional methods (theoretical approaches) as it is to non-intervention (no teaching).

An additional aspect to be thought of when proposing dramatization practice, more specifically role-playing with simulated actors, is the stress caused to student. No contraindication was found for this activity in the reviewed works. In this sense, the study of Jucá-Jucá and collaborators²¹ only calls attention to student's emotional aspect, which must be taken into account on case to case basis by teacher during strategy development.

With reference to other strategies, the method that uses patient testimonial, cited by Turini et al³², is not as efficient as the practical activity of dramatizing. As Victorino *et al*³³ noted about mental health professionals participation, the strategy encounters some normal obstacles

such as the lack of human resources. The observation made by more experienced colleagues and patients' testimonials also constitute less efficient strategies and with more practical difficulties, due to the increase in student number³⁴. Therefore, dramatization amongst colleague takes on relevant practical importance for it is an activity that comes at almost no cost, given the employment of human resources from the faculty or alumni body. The use of simulated patients, a growing trend, implies the need to invest in human resources. An interesting experience found in one of the review works is the harnessing of former cancer patients as simulated patients¹⁹. The help from a philanthropic institution in choosing former patients can make this activity viable.

Conclusion

The bibliographic review allowed for concluding that during undergraduate medical studies, the dramatization in the context of a workshop is usual strategy used for practical teaching on how to break bad news to patients. Fourteen of 15 works reviewed herein employed or recommended this technique. The workshop used to apply such strategy, with some variation, comprises the following activities: theoretical presentation, video projection with interview steps from the Spikes or similar protocol, dramatization, discussion in small or big groups, and filling out assessment questionnaire. The dramatization practice usually used is consistent of role-playing, carried out in simulated interview amongst colleagues or with simulated or standardized patients, as well as with former cancer patients.

Teaching strategies on how to break bad news less commented by the literature are as follows: movie strips projections, observation by experienced professionals, oversight by mental health professional, patients' testimonials, discussion in group and the traditional roundtables and conferences. The purely theoretical approach is considered to be of little efficiency as a strategy for this purpose. In conclusion, as we can infer from the literature revised, dramatization is an effective tool in the strategy of communication of bad news to patients.

Resumo

A dramatização como estratégia de ensino da comunicação de más notícias ao paciente durante a graduação médica

Os autores revisaram 15 trabalhos da literatura mundial publicados entre 2005 e janeiro de 2010 com o objetivo de analisar a técnica de dramatização como estratégia de ensino. Como resultado, encontrou-se que a dramatização, no contexto de um conjunto de atividades do tipo oficina, laboratório (*workshop*) ou similar, é uma estratégia frequentemente utilizada para o ensino da comunicação de más notícias ao paciente durante a graduação médica. A dramatização tanto pode ser realizada mediante o desempenho de papéis (*role playing*) entre colegas como pela utilização de pacientes simulados ou padronizados. Catorze dos 15 trabalhos revisados utilizam ou recomendam a dramatização como parte prática do treinamento desta habilidade. Os autores concluem que a dramatização constitui estratégia adequada para o ensino da comunicação de más notícias ao paciente durante a graduação médica.

Palavras-chave: Métodos de estudo de matéria médica. Desempenho de papéis. Comunicação. Aprendizagem. Notícias. Bioética.

Resumen

La dramatización como estrategia de la enseñanza de la comunicación de malas noticias al paciente durante el curso de Medicina

Los autores revisaron 15 trabajos de la literatura mundial publicados durante el período de 2005 a enero de 2010 con el objetivo de analizar la técnica de dramatización como estrategia de enseñanza. Como resultado se encontró que la dramatización, en el contexto del sistema de actividades del tipo *workshop* o similar, es una estrategia frecuentemente utilizada en la enseñanza de la comunicación de malas noticias al paciente durante el curso de Medicina. La dramatización tanto puede ser llevada a cabo a través de *role playing* entre compañeros como de la utilización de pacientes simulados o estandarizados. Catorce de los 15 trabajos revisados utilizan o recomiendan la dramatización como parte práctica del entrenamiento de esta habilidad. Los autores concluyen que la dramatización constituye una estrategia adecuada para la enseñanza de comunicación de malas noticias al paciente durante el curso de Medicina.

Palabras-clave: Métodos de estudio de materia médica. Desempeño de papel. Comunicación. Aprendizaje. Noticias. Bioética.

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