

APPENDICES

Appendix 1. Needs assessment survey

PART 1: BASIC INFORMATION

Please circle one.

1. Gender
 - a. Male
 - b. Female

2. Level of training
 - a. Resident
 - b. Fellow
 - c. Faculty

PART 1: NEEDS ASSESSMENT

Circle all that apply. You may circle more than one answer choice.

1. What training method would interest you most / seems most likely effective?
 - a. Lecture
 - b. Role play / standardized patients
 - c. Video
 - d. Patient Panel
 - e. Within the context of routine clinical care alone (no formal training)

2. When should ophthalmologists receive training in breaking bad news?
 - a. Within the context of routine clinical care
 - b. Medical school / prior to residency
 - c. Residency
 - d. Fellowship
 - e. CME workshops

3. Would you welcome formal training in breaking bad news as a future Grand Rounds?
 - a. yes
 - b. no

Needs assessment survey distributed to ophthalmology residents, fellows, and faculty at The Ohio State University.

Appendix 2. SPIKES Checklist for Standardized Patients

Setting

- The resident introduced himself / herself.
- The resident acknowledged significant others in the room.
- The resident opened with a general question about my overall health.

Perception

- The resident assessed my perception of the situation.
- The resident asked about previous information I may have received.

Invitation

- The resident asked permission to proceed with the diagnosis.
- The resident asked how much I would like to know about my diagnosis.

Knowledge

- The resident gave me information in small pieces, using simple terminology.
- The resident used simple terminology that I could understand.
- The resident allowed time for silence after delivering bad news.

Emotion

- The resident asked about my concerns, fears, or worries.
- The resident attempted to identify my emotional reaction.
- The resident responded empathetically to my emotions.

Summary

- The resident described possible treatment options and alternatives.
- The resident assessed my understanding of the plan.
- The resident effectively summarized the encounter.
- The resident provided contact information for further discussion.

Overall

- The resident appeared comfortable.
 - The resident made me feel comfortable.
 - The resident overall did an excellent job.
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Checklist distributed to residents prior to standardized patient encounters as part of the formal training program.

Appendix 3. Standardized Patient Cases

1. Your patient is a premature infant who was delivered at 25 weeks gestation. You have been making ROP rounds every 2 weeks since 30 weeks adjusted age. At 36 weeks, you notice that the ridge has neovascularization and fibrovascular fronds. The peripheral vessels have increased arborization and centrally there is plus disease. The child now has “high-risk prethreshold disease,” and the potential for RD and permanent vision loss is high. The child will need laser photocoagulation to reduce the risk of RD. Even with laser, this child must still be watched very carefully as treated eyes still have about a significant risk of progression to macular folds / RD.

Please recommend to the parents that this child undergo surgery (laser photocoagulation under general anesthesia) within the next 48 hrs.

2. Your next patient is a 56 year old female, who presents with decreased vision in the right eye for 1 month. She has a history of breast cancer diagnosed 6 years ago, which was successfully treated and noted to be in remission at her 5 year follow-up. She was referred from her optometrist for a hyperopic shift and decreased BCVA. Today vision is 20/40 OD and 20/20 OS. On exam you notice an amelanotic infiltrative choroidal mass in the superior macula with overlying RPE changes in a “leopard spot” pattern and SRF near the fovea. OCT shows choroidal mass superiorly with SRF at the fovea. IVFA confirms choroidal mass. A-scan showed moderate to high internal reflectivity. B-scan showed a 3 mm thick echogenic choroidal mass with ill-defined borders.

Please communicate to this patient that you found a mass in the back of her right eye which likely represents metastasis given her history of breast cancer.

3. Your patient as a 67 year old male who presents as an ED follow-up, where he was found to have NVG likely secondary to a chronic RD. A mass was found on B-scan in the ED. Pressure responded well to drops and diamox, and she was sent home late last night with plans to follow-up this morning for IOP check and further work-up. On repeat exam this morning, you personally confirm NLP vision OD. You note a large intraocular mass in close proximity to the optic nerve. B-scan which shows a large globular, dome-mushroom shaped homogenous choroidal mass filling the globe. The A-scan shows medium reflectivity.

Please communicate with the patient and his wife that you believe he has a malignant tumor of the choroid, (most likely melanoma). Please consider enucleation, given the massive tumor that has caused a blind, painful eye.

Scenarios distributed to residents prior to each standardized patient encounter as part of the formal training program. ROP = retinopathy of prematurity, RD = retinal detachment, BCVA = best corrected visual acuity, OD = right eye, OS = left eye, RPE = retinal pigmented epithelium, SRF = subretinal fluid, OCT = optical coherence tomography, IVFA = Intravenous fluorescein angiography, A-scan = one-dimensional ultrasound, B-scan = two-dimensional ultrasound, ED = emergency department, IOP = intraocular pressure, NLP = no light perception vision

Appendix 4. Resident confidence survey

Please create your own anonymous study code. We will use the code to match your surveys. Please select something that will not reveal your identity. We suggest the following: numerical day of your birth + first 3 letters of street where you grew up: _____

PGY Level (circle one): PGY 2 / PGY 3 / PGY 4

Please estimate your confidence level with respect to different aspects of the bad news encounter on a scale from 1 (lowest) to 5 (highest).

Plan ahead for a patient encounter in which you deliver bad news	1	2	3	4	5
Open the conversation in a manner that places the patient and family at ease	1	2	3	4	5
Estimate the patient and family's baseline understanding	1	2	3	4	5
Provide information in small pieces, avoiding medical terminology	1	2	3	4	5
Allow for moments of silence	1	2	3	4	5
Verify patient and family understanding	1	2	3	4	5
Recognize emotions expressed by the patient and family	1	2	3	4	5
Respond empathetically to emotions	1	2	3	4	5
Discuss possible treatment options and alternatives	1	2	3	4	5
Set realistic expectations without destroying hope	1	2	3	4	5
Summarize the encounter with contact information and other resources for support	1	2	3	4	5

Confidence survey distributed to ophthalmology residents before and after formal training in breaking bad news.