**Title: Factors constraining residents in breaking bad news at MTRH/MUSOM, Eldoret Kenya**

Physician-patient communication should lead to collaboration for success in medical consultation and management. Breaking bad news (BBN) to patients is one of the most common and often difficult responsibilities in the practice of medicine especially in oncology setting. Knowing factors that constraint residents in achieving this goal of good outcome especially in cancer diagnosis is of great educational importance.

Breaking bad news in an abrupt and insensitive manner can be devastating for both the patient and his or her family. The latter is associated with poor treatment outcomes.

The study sort to identify factors that constraints residents while performing this important task in the African context and to assess the effectiveness of training intervention using SPIKES protocol.

A quantitative research, quasi experimental approach, was utilized where a questionnaires were used to collect the data. A purposeful sample of 80 physicians who are residents and provide treatment for patients with life threatening diseases in MTRH were selected for the study. The physicians were randomly assigned into two groups; experimental and control groups. Both groups filled a questionnaire then the experimental group were trained on delivering bad news to patients diagnosed with cancer. T-tests and one-way ANOVA tests were used to test hypothesis. P-values of <0.05 is set as significant for all tests.

A total of 80 residents from all departments with post graduate student in the school of medicine were recruited. There were more men than women male 44 (55%) and female 36 (45%). All the participants had worked below five years after graduation. Residents reported constraining factors affecting them in performing BBN tasks, among them were skills related, workplace related and personal factors. Residents in this study are confronted with this difficult communication early in their careers as seen in the findings where 100% of the residents break bad news to patients more than 5 times in a month. Among the skills, the most problematic or totally gruelling was how to be honest and not take away hope (20)25% and dealing with patient’s emotions (29)36.3%. Lack of skills to deal with patient’s emotions and being honest and not taking away hope.

The perception of constraints did not change significantly after training when group A and B were compared and as seen in the current study, training in form a workshop, is not sufficient in difficult communication like breaking bad news. The findings in this study suggest that residents’ role in patient care may not be very clearly defined especially in breaking bad news tasks. Time was not found to be a constraint in this study though in other studies involving oncologists, time was found to be a constraint.

Ethical Approval was sought and obtained from IREC, MTRH/Moi University.