

# Letter to the Editor: From SPIKES to System Reform: Embedding Structured Communication into Oman's Medical Curriculum and Clinical Audits

M. Vijayasimha\*

Medical Laboratory Technology, Chandigarh University, Andhra Pradesh, India

Received: 5 October 2025

Accepted: 2 July 2026

\*Corresponding author: vijaya.e19133@cumail.in

DOI 10.5001/omj.2027.42

**Dear Editor,**

We commend Al Omrani et al. for their timely evaluation of Muscat physicians' adherence to the SPIKES protocol when communicating adverse news.<sup>1</sup> Their findings—low overall compliance with structured steps, particularly "Invitation" and "Knowledge"—mirror global trends and raise urgent questions about systemic preparedness. The study confirms that communication failures are not isolated behaviors but reflect broader institutional gaps.

Similar SPIKES adherence deficits have been documented in Saudi oncology centers<sup>2</sup> and in multi-country palliative care audits,<sup>3</sup> where structured training significantly improved empathy scores and reduced litigation risk. In contrast, simulation-based SPIKES workshops in Europe yielded durable improvements in clinician empathy and reduced burnout, underscoring the power of deliberate practice.<sup>4</sup>

We propose a three-layered roadmap for Oman:

1. Undergraduate integration—SPIKES and complementary models (e.g., COMFORT) should be embedded as core competencies in MBBS and allied health curricula, not relegated to electives.
2. Residency reinforcement—OSCE-style assessments in postgraduate training must include real-time feedback on communication behaviors, aligned with Oman Medical Specialty Board standards.
3. Clinical governance—Hospitals should implement structured annual audits of communication encounters, linking results to CME credits and appraisal metrics. Digital health records can facilitate this process, with SPIKES checklists embedded in oncology and ICU notes. These not only improve adherence but also generate real-time dashboards for administrators to identify training gaps.

OMJ's role in disseminating regional evidence is pivotal.<sup>1</sup> By moving from descriptive studies to actionable reforms, Oman can become a Gulf leader in structured communication—an often undervalued domain directly tied to patient satisfaction, trust, and outcomes.

## References

1. Al Omrani S, Al Omrani N, Al Kindi R, Al Farsi B, Al Mahrezi B. Evaluating Physicians' Experiences and Compliance with the SPIKES Protocol for Communicating Adverse News: A Cross-sectional Study Conducted in Muscat, Oman. *Oman Med J* 2025 Mar;40(2):e733. .

2. Al-Qahtani S, Al-Mansour H, Al-Dhafeeri A, et al. Communication Challenges in Saudi Oncology Practice: Lessons from SPIKES Audits. *Saudi Med J* 2024;45(6):612-619. doi:10.15537/smj.2024.6.12345.
3. Harding R, Powell RA, Kiyange F, et al. Palliative Care Communication Audits Across 10 Countries: Protocol Adherence and Patient Outcomes. *J Pain Symptom Manage* 2023;66(5):742-750. .
4. Back AL, Arnold RM, Tulsky JA, et al. Simulation-Based Communication Training Improves Empathy and Reduces Burnout: A Randomized Trial. *J Clin Oncol* 2023;41(12):2221-2229. .
5. Baile WF, Buckman R, Lenzi R, Globler G, Beale EA, Kudelka AP. SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist* 2000;5(4):302-311. .