

Foundations of Emergency Medicine

Foundations III: Guided Small Group Experience

Unit: Clinical Skills

Session 26: “Patient Centered Communication and Breaking Bad News”

❖ Agenda and Learning Objectives

- Case Begins – Introduction to delivery serious news (20 min)
 - Be able to describe what is challenging about delivering serious news
 - Describe a strategy to deliver serious news to patients and/or their families
 - Be able to provide examples of empathic statements
- Case Continues – Practice of death notification (10 min)
 - Describe helpful phrases when discussing serious illness and prognosis
 - Be able to self-reflect on personal performance in delivering serious news
 - Describe important features when disclosing death
- Case Concludes (10 min)
 - Review Session Teaching Points of SPIKES and NURSE

❖ Note To Facilitators:

This is primarily a large group discussion and doesn't require any other materials. There is a significant component of practice so breaking the group into pairs will help facilitate practice. While prepping for this session, it will be helpful to familiarize yourself with the resources

❖ Case Begins – Introduction to the delivery of serious news (30 min)

- *63 y male, with stage III non-small cell lung cancer, HTN and CAD. Presents from work via EMS. Pt developed CP, SOB and collapsed and a co-worker called 911. He required intubation in by EMS due to altered LOC and increasing O2 requirements. On arrival to ED he is intubated and sedated, HR 110. BP 110/68. RR 26. Temp 98.6 ECG shows right heart strain. You suspect PE. The wife arrives and is placed in the patient room, the patient has already gone to Radiology for a stat CTA of chest. The wife calmly asks “Where is my husband, how is he?”*

❖ Discussion Questions with Teaching Points

- **What is so difficult about delivering serious news in the ED? What about this particular case might be difficult?**
 - Highlight unique features of the environment in that ED make this more challenging.
 - Time constraints
 - Physical space constraints

- Lack of established patient-physician relationship
 - Uncertainty of prognosis/diagnosis
- Have learners share how the age of the patient might change the difficulty
- **What is the SPIKES protocol for delivering serious news?**
 - SETTING
 - PERCEPTION
 - INVITATION/PREFERENCES FOR RECEIVING INFORMATION
 - KNOWLEDGE
 - EMOTION/EMPATHY
 - SUMMARIZE/Strategy
- **Setting: How can you optimize the setting for speaking with the patient's wife?**
 - Ensure you have time to speak to her without interruption
 - Is there anyone else who should also participate in this discussion from the perspective of the patient's next of kin
 - What/Who should you have in place to support the patient or family after you disclose serious news?
 - Think about nursing, social workers, spiritual support people in addition to other support people
 - Skype in another friend or family member if they are unable to be physically present
- **Perception: Assess the wife's understanding of what happened.**

Note to facilitators: Role play how the residents would respond to the wife's question.

 - Have learners suggest what they might say.
 - Do they ask open-ended questions or do they start by informing her of what has happened so far?
- **How would you disclose the serious news?**
 - Have the learners practice exactly what they might say.
 - Listen to hear if any of the learners use a warning shot → discuss why a warning shot is important.
 - It is best to share information in small digestible chunks → use plenty of pauses
- **What worries them most when they need to share serious or difficult news?**
 - Lead a discussion of what experiences people have

- **After the wife is updated, she abruptly exclaims, "How is this possible? I just spoke with him an hour ago and he was fine?!" Why is it important to respond to and deal with emotion?**
 - Ask the learners if they think the wife's question represents an emotional or cognitive question?
 - When one is emotional it is difficult to process cognitive data.
 - The role of the clinician is to provide patients and families with information about their medical situation that allows them to make decisions that align with their goals and values.
 - When receiving surprising or serious news, it is natural for the recipient to experience strong emotion.
 - The goal is not to prevent a patient/family from having those emotions but to provide a safe/supportive environment that allows emotions to be expressed in a way that meets the patient's/family's needs;
 - The goal is to not to worsen the experience for the patient/family by ignoring or delegitimizing their responses, or confusing them with medical information when they are not ready to hear it.
 - Learners should recognize that most patients/families find clinicians' expressions of empathy tremendously supportive and these are associated with their satisfaction.

- **What are some strategies that can be used to deal with emotion? Has anyone heard of the NURSE mnemonic to help patients and families work through emotional responses?**
 - Allow for silence immediately after the serious news is given. This provides time for the recipient of the news to process and await their cue that they are ready for the next steps.
 - The mnemonic NURSE represents strategies for dealing with emotions, here are some examples
 - **NAME:** I can see that this comes as a great shock. (they are observing and naming the emotion, shock)
 - **UNDERSTANDING:** I can only imagine how difficult this news must be to hear
 - **RESPECT:** You have done an amazing job dealing with your illness
 - **SUPPORT:** I or someone from our team will be here to help you through this
 - **EXPLORE:** Tell me more...
 - If the patient or family member makes a statement and it is unclear what the emotion is being expressed. For instance: "This is all my fault". We might assume the emotion is guilt, but it can also be anger, perhaps they are referring to the fact that they did not follow their instincts and now they have anger or regret. When we need more information we explore. If we don't see any emotion it is important to allow silence to give them time

to process. If we still are uncertain we can use ‘I wonder statements’: “I am wondering what thoughts are going through your mind now?”

- Have the learners share how they might respond to the wife’s question “how is this possible, I just spoke with him an hour ago?!”
- **After helping the wife deal with her emotions, how would you proceed if you have more data to share?**
 - After dealing with emotion, if more data needs to be shared the learner should check for permission to proceed. Eg. “Would it be helpful (or ok) if we discuss more details of x? By checking in and asking for permission to continue speaking we are giving control of the flow of information to the recipient.
 - Helpful phrases in this kind of situation that convey accurate information in a compassionate way include statements that begin with:
 - I am worried....that...
 - I wish.....I had better news to share with you
 - I am sorry....I can only imagine how difficult this must be to hear
 - If the prognosis is uncertain but the pt is critically ill, a helpful statement like “ he is sick enough that he could die” will help demonstrate the gravity of the situation, yet it is not a statement of prediction.
- ❖ **Case Continues – Practice of Delivering Difficult News (10 min)**
 - *The patient returns from CT and the wife is at his bedside now. You receive results of the CT which reveals a large saddle embolus. This is shared with the wife using the skills previously discussed. You initiate treatment for PE and arrange for his admission to the ICU. Vital signs seem to stabilize but while waiting for transfer, he has a PEA arrest. His wife screams out for help as the monitors begin to alarm. She is escorted out of the room by one of the nurses because she is so upset and disruptive. Despite a prolonged aggressive resuscitation effort, you were unable to achieve ROSC and the code is called.*
- ❖ **Discussion Questions with Teaching Points**
 - **What emotions are you feeling as the provider who is about to deliver news of a death? Are there other resources you can/should mobilize to support her?**
 - Arranging for some other support for the wife while in the ED will allow the provider to excuse themselves once the information is shared and plans are made.
 - Knowing what resources you have available 24/7 is critical.
 - Remember to assign someone to update family members while you run the code (especially if prolonged)
 - **You enter the room and his wife implores you “Please tell me he is going to be ok!”**
 - Ask the learners to share how they would respond.

- Learners should know to use a warning shot and follow with sharing that the patient has died, is dead. They should not use euphemisms.
 - Once the news is delivered, again expect emotion and respond with silence and or an empathic statement followed by silence. Allow the recipient time to process and gather themselves.
- **What other questions might the wife have after she processes the news? What resources do you have available at your institution?**
 - The wife may have questions about if she can see the body, how to contact a funeral home etc → know the answers to these questions (or who to refer her to)
 - Make sure you identify someone who can stay with the wife and continue to offer support and meet her continued needs
- **Summary/Strategize: What are some examples of how you might summarize the current clinical situation for the wife?**
 - Learners should suggest statements of how they might summarize the current clinical situation and what the next steps will be.
 - When the serious news involves disclosure of a death, it is important to provide opportunity for follow up if questions arise days or even weeks later.
- ❖ **Case Concludes and Teaching Points (10 min)**
 - *In a crisis, what patients and families lack is control. Delivering Serious News is a skill that is performed often in the ED. Doing so in a way that allows the recipient to have some control over the flow of information so it comes at a rate that they may process is critical to their understanding.*
- ❖ **Case Teaching Points Summary**
 - SPIKES is a protocol that provides a framework to deliver serious news. It includes 5 steps
 - Setting: who else should be present,
 - Perception: what does the recipient already know?
 - Invitation/Information finding out what they want to know and how much detail they prefer to hear.
 - Knowledge: deliver news in small digestible chunks, utilize their language and avoid jargon, checking for understanding, before proceeding.
 - Empathy: respond to emotion using NURSE statements
 - Summarize/Strategize: help the recipient to prepare for what comes next.
 - Helpful phrases to use when discussing serious illness
 - I wish
 - I wonder
 - Tell me more

- I am sorry
- The NURSE mnemonic can help you support patients and families when they are dealing with emotional responses
 - **NAME:** I can see that this comes as a great shock
 - **UNDERSTANDING:** I can only imagine how difficult this news must be to hear
 - **RESPECT:** You have done an amazing job dealing with your illness
 - **SUPPORT:** I or someone from our team will be here to help you through this
 - **EXPLORE:** Tell me more...

❖ **Facilitator Background Information**

Emergency Physicians are trained to be highly skilled clinicians treating a myriad of emergencies. Procedural skills are honed through intentional practice. Physicians often refer to protocols as they perform procedures. ECG interpretation, minor suturing, RSI, cricothyrotomy are just a few of the many procedures that an emergency physician learns in training and use in their career. They are often taught and learned in a stepwise fashion. Initially, the learner may have to use a checklist and/or review the procedure each time it is performed. With repeated experience procedures that once required an intentional review of the individual steps, can become a skill that is almost second nature. Communication skills can be learned and adopted in much the same way.

When we talk about communication skills training it can feel like a soft skill or something that is somehow optional. Some hold onto this myth that some people are just good at this and some aren't and that you just have to accept that. The fact that we have phrases like "they have a good bedside manner", implies that when a physician can communicate well it is an added bonus, rather than something that should be expected. Medicine has become highly technical, sophisticated, specialized and unfortunately, highly siloed. We are practicing medicine in an era of shared-decision making. There is no end to the supply of medical information that patients and families use to inform their decisions. Effective communication can facilitate that decision making. Serious news that is shared in a concise, compassionate, empathic and accurate way helps the physician establish trust and rapport and thus lay the foundation for further goal discussions that are grounded in a clearer understanding of illness trajectory and prognosis.

At the core of good communication skills is the ability to respond to emotion in an authentic way. We don't want to sound like the customer service agent from the cable company apologizing for the poor download speeds. In order to be authentic, clinicians need to be present. They need to be aware of their own emotional state when entering into a discussion where serious news is disclosed. Perhaps the case involves a medical error or the clinical scenario reminds them of their uncle who died last month from a similar illness. They need to check themselves to make sure that they have the capacity to deliver the information and the empathic capital to deal with the emotions that will likely follow.

A more detailed yet succinct summary of the SPIKES protocol can be found in the manuscript by Baile et al: SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist* 2000;5:302-311

Additionally, www.vitaltalk.org is a very good resource for further guidance and maps for communication in healthcare. Learners may find their videos and other resources to be very useful in advancing their communication skills

❖ **References:**

- **Author:** Dr. Joanne Kuntz
- **Editors:** Dr. Natasha Wheaton

Breaking Bad News Map: "SPIKES"

Step	Overview	What you do
1	Setting	Find a quiet location, private if possible Invite the important people to be present Have tissues available Have enough chairs Turn off the ringer on your phone/pager
2	Perception - what the patient knows already	"Tell me what you understand about your illness." "What have the other doctors told you about your illness?" Look for knowledge and emotional information while the patient responds
3	Invitation – information sharing preferences	"Would it be okay for me to discuss the results of your tests with you now?" "How do you prefer to discuss medical information in your family?" "Some people prefer a global picture of what is happening and others like all the details, what do you prefer?"
4	Knowledge – give the information	Give a warning... "I have something serious we need to discuss" Avoid medical jargon. Say it simply and stop. (e.g. "Your cancer has spread to your liver. It is getting worse despite our treatments.")
5	Empathy – respond to emotion	Wait quietly for the patient. "I know this is not what you expected to hear today." "This is very difficult news."
6	Summary – discuss next steps and follow up plan	"We've talked about a lot of things today, can you please tell me what you understand." "Let's set up a follow-up appointment."

NURSE statements for articulating empathy

	Example	Notes
Naming	"It sounds like you are frustrated"	In general, turn down the intensity a notch when you name the emotion
Understanding	"This helps me understand what you are thinking"	Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don't)
Respecting	"I can see you have really been trying to follow our instructions"	Remember that praise also fits in here eg "I think you have done a great job with this"
Supporting	"I will do my best to make sure you have what you need"	Making this kind of commitment is a powerful statement
Exploring	"Could you say more about what you mean when you say that..."	Asking a focused question prevents this from seeming too obvious

Three fundamental skills

	Example	Notes
Tell me more	"Tell me more about..."	Use when you are not sure what someone is talking about (rather than jump to an assumption).
Ask-tell-ask	"What do you think about..." "Here's what the tests show" "Does that make sense...?"	Related to Assess-Knowledge-Respond in SPIKES. Think of this as one unit of information transfer
"I wish" statements	"I wish I could say that the chemo always works"	Enables you to align with the patient while acknowledging the reality of the situation