General description form for teaching tools

Teaching Tool description.	
Title	Teaching Skills in Delivering Difficult News to Patients
For whom? (pregrad, postgrad, residents,…)	Currently used with Third year medical students right before they start clinical rotations. Components could be used with any health professional learners
Goals/ Educational objectives	1. To be able to demonstrate the skills involved in delivering difficult news in an effective manner 2. To be able to describe the types of responses patients and families may have to difficult medical news
Methods (small group, lecture,…)	Experiential small groups with simulated patients preceded by an introductory lecture
Short description	This module provides the materials necessary to facilitate experiential training for medical students and residents in delivering difficult news to patients. Learners are given the opportunity to practice, receive feedback and observe others as they deliver difficult news to simulated patients. During a 1.5 hour session, learners are given the opportunity to 1) give bad news to a simulated patient and 2) observe 4 other students giving bad news via a video camera and monitor. This allows learners to observe and discuss a variety of approaches to giving bad news as well as observe different emotional responses (anger, shock, despair, denial, guilt) to difficult medical news from patients. Cases were written to apply to a general medical learner audience and require minimal in-depth medical knowledge on the learner's part. This allows learners to focus on the communication process without worrying about content. Faculty facilitate discussion around the issues raised by each case and the common communication skills that crosscut all the

	scenarios. Implementation of the module requires recruitment and training of simulated patients and faculty facilitators. An introductory lecture provides general information to students about the skills necessary to effectively perform this task.
Practical Implementation advice	Appropriate training of faculty and SPS necessary, keeping on time schedule so all learners benefit is helpful
Tips for success Pitfalls	Allow at least 1.5 hours for each session but could use more – would be enhanced if learners got to re-rehearse after feedback. Because SPs rotate stations it uses them efficiently
Contact (name and email)	Marcy-rosenbaum@uiowa.edu Two publications describing this can be found on pubmed

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Lab Module: Teaching Skills in Delivering Difficult News to Patients
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This module provides the materials necessary to facilitate experiential training for medical students and residents in delivering difficult news to patients. Learners are given the opportunity to practice, receive feedback and observe others as they deliver difficult news to simulated patients. During a 1.5 hour session, learners are given the opportunity to 1) give bad news to a simulated patient and 2) observe 4 other students giving bad news via a video camera and monitor. This allows learners to observe and discuss a variety of approaches to giving bad news as well as observe different emotional responses (anger, shock, despair, denial, guilt) to difficult medical news from patients. Cases were written to apply to a general medical learner audience and require minimal in-depth medical knowledge on the learner's part. This allows learners to focus on the communication process without worrying about content. Faculty facilitate discussion around the issues raised by each case and the common communication skills that crosscut all the scenarios. Implementation of the module requires recruitment and training of simulated patients and faculty facilitators. An introductory lecture provides general information to students about the skills necessary to effectively perform this task.

Module Contents:

- Powerpoint slides of introductory lecture on delivering difficult news
- Case for interactive introductory lecture
- Outline for bad news small group roleplay sessions
- Guidelines for simulated patients in bad news sessions
- Simulated patient cases
- Teaching points for each case
- Sample simulated patient schedule
- Handout of guidelines for delivering difficult news

Case for Lecture on "Giving Bad News"

Scenario:
Amy Johnson is a forty year old woman that has been admitted with shortness of breath and fatigue. She recently had a viral URI but otherwise has been the picture of health. The chest film, echocardiogram and other tests show evidence of severe congestive heart failure and poor contractility. The short and long of it is that the pt. has a severe cardiomyopathy and needs treatment for the condition. There is no way to tell if this is an acute condition that will respond, or a progressive condition that will be fatal or require transplant.

Student Instructions:
As the physician, you must give the pt. the diagnosis and answer questions. You have no idea of knowing what the future holds. You can guess that over the next few weeks it will become clearer as to the prognosis.

Pt. Instructions and Questions:

- Am I going to die?
- How long before I know what is going to happen?
- Why me?
- Can't you do something?
- Can you help me to breath better?
- Will I suffer?
- Shock and concern about the future

Stop point:
Review Spikes Protocol
What worked, what didn't.
What did it feel like for pt. for physician
What did people notice about the scenario
Did physician know what they were going to say

Scenario Continuation- Scene 2:
It is weeks later. Medical mgt. has failed and the heart failure has worsened and persisted. The pt. has been admitted for IV inotropes and inpatient mgt. of symptoms and a further work up. The attending physician has just been in and has done one of the worst jobs of communication that you could imagine. He/she was rude, callous and arrogant. After the attending leaves you are left with a tearful and very upset pt.

Pt. Instructions and Questions:

- Why did he/she treat me that way?
- How long do I have?
- All I can do is pray?
- I am so angry that he did this?

Stop Point:

- As a student how do you deal with questions you don't have the answer for?
- How do you handle the huge emotions expressed?
- What do you do when your attending does something like this?
- How did it feel to the participants?
- Where does the SPIKE protocol fit within this scenario?

Scene 3:
After a megaworkup and a worsening of the condition the patient it becomes clear that medical mgt. has failed and that do to a rare blood type it is unlikely that a donor will be found in the time. There is little more to do at this point. You have to give this news to the patient.
Pt. Instructions and Questions?

- Are you sure?
- Should I get another opinion?
- I am afraid?
- How long do I have?
- What is it going to be like to die?
- Sadness to the max and tears

Stop Point:

What did it feel like?
How do you handle unanswerable questions?
Second opinions?
Do you take all hope away?

Scene 4:
The pt. has requested a meeting and want to go home and let go of the idea of transplant or further treatment. Your goal is to introduce the idea of hospice as an alternative and define the goals of care
Pt. Instructions and Questions:

- I don't want pity?
- Isn't that where people go to die?
- I don't want to be a burden?
- I don't want to suffer?

Stop Point:
How did this feel?

OUTLINE FOR BAD NEWS TELLING SESSIONS

0:00 - 0:05 Outline session goals - to implement/practice what they have learned and get more comfortable with the task.
Benefit from practicing and watching others. Video camera only allows us to view, does not record
Ask students if they have given or received difficult news and what that was like (optional depending on time).
Hand out scenarios – ask each student to read scenario aloud to group before proceeding with their task.
0:05-0:20 Scenario: - rescue/stop when gets repetitive or uncomfortable
Back in room with other students and "patient" use following sequence:

- Ask student how they felt it went, and what they were not comfortable with or wish they would have done differently or would especially like feedback about
- Ask patient to feedback directly addressing the learners concerns from the patient perspective
- Ask other students to provide feedback especially for suggestions on other ways to approach some of these uncomfortable issues.

0:20-0:35 Scenario II: repeat same sequence as above - see schedule for scenario
0:35-0:50 Scenario III
0:50-2:05 Scenario IV
2:05-2:20 Scenario V
2:20-2:27 Wrap-up: Discuss how to handle bad news telling tasks as M3s, how to ask clinical supervisors to demonstrate and observe. Encourage students to give feedback when requested.

General Guidelines for Simulated Patients in Bad News Telling scenarios

Along with the specific instructions provided in the attached scripts, there are several general guidelines all "patients" should keep in mind.

1. **Approach the role play as if this is a real visit to a physician you have not previously seen.**

Your specific script identifies your relationship to this student/physician. Although these are 2nd year students, they will be portraying practicing physicians for the purpose of the current scenarios.

2. **Follow the script in terms of questions you ask.** We have intentionally developed these cases so that students would only have to have minimal medical knowledge to act out these scenarios. This way students can focus on their communication techniques rather than getting bogged down in the content of the interaction. For this reason, please keep to a minimum the amount of medical information you ask students for. Your script should outline specifically the types of questions you will be expected to ask.

3. **Follow the script in terms of your emotional response.** One of the main issues we are trying to demonstrate is that different people will have different emotional reactions and different communication needs. Please follow closely the emotion response that your script outlines for you.

4. **In expressing emotions, if the student responds with empathy become increasingly less upset. Conversely, if they do not respond with empathy you should become more upset (unless otherwise noted in your script).** One of the student's tasks is to respond to your expressions of emotions in such a way that they demonstrate they are listening and are concerned. If they show this concern make sure that you have slowly "calmed down' by the end of the interview – as you would if a physician expressed concern and support in this situation. However, if they do not acknowledge your emotions or quickly disregard them, you would have no reason to calm down since you have not been reassured.

5. **Provide constructive feedback.** After the role-play has concluded, students will debrief with the facilitator and with you (as time allows). Please follow the facilitator's lead on when you should contribute to the discussion. The feedback you provide should be from the perspective of the patient in terms of how the student's approach made you feel. Please adhere to the following guidelines in giving feedback:

- Feedback should be focused on specific behaviors (e.g. "the way you said that made me feel like you cared about what I was going through") rather than general judgments (e.g. "you were condescending or you were good").
- Feedback should identify of behaviors that could benefit from change and suggestions for how it might be done differently and include positive encouragement for behaviors that should be repeated. Comments should try to address whatever issues the students raise when they are first asked how they felt about the encounter. For example, if they say they were uncomfortable with silence or did not

know what to say, the simulated patient can discuss the impact of silence or what they said on the patient and their emotions.

- Because these students are in early stages of their training, and also because this role play is in front of their peers, they may be especially nervous and sensitive to your comments. Please keep this in mind in your feedback.

6. **Make sure you are in the appropriate clinic room at the appropriate time marked on your schedule.** On the daily patient schedule, the three times you are expected to roleplay during each 1.5 hour session should be marked. We need your help in making sure that each of these roleplays start on time by being in the designated room on time.

7. Please bring something to read as there will be long breaks in between your role play sessions.

8. If you have any questions or problems fulfilling your role, please contact Dr. Marcy Rosenbaum, 335-8612

Cases for Bad News Telling Module:
Each case includes instructions given to the student and a simulated patient case.

Cases include:

1) **Sudden Infant Death syndrome**
2) **Mother wants hospice**
3) **Recurrent Hodgkin's Lymphoma**
4) **New lung cancer**
5) **STI**

Case 1

Student Instructions: Emergent Case- Sudden Infant Death

SIDS case:
You are the emergency room physician who was on call at the time of the arrival of this unresponsive 3-month old baby brought in by the paramedics. The baby, Mark Spencer, was found by the grandmother who was babysitting while the baby's parents were not at home. After a 45-minute code you are not able to obtain a pulse or blood pressure and have called the code. One of Mark's parents has arrived and you need to inform him/her of the death of the child (you have not told the grandmother). It appears that this is a case of Sudden Infant Death Syndrome. You have no suspicion of child abuse.

Patient Script: Emergent Case- Sudden Infant Death

You are the parent of a 3 month boy named Mark. Your baby has been happy and healthy and growing and playful. Your mother (the child's grandmother) was babysitting tonight while you were out. She put the baby to bed and came in a few hours later and found her unresponsive, cold and blue. She called 911 and did CPR. The paramedics arrived and took your baby in the ambulance. You have just arrived at the hospital where the physician tells you that after trying to resuscitate your baby for 45 minutes and doing everything medically possible, your baby died.

Your initial reaction is disbelief and shock. As the reality of this sinks in you become more distraught.

Listed below are specific statements and questions you will ask the doctor:
Immediately upon hearing this news you will act confused and surprised and let out a gasp or a "no!"
You will continue by asking questions- some that the doctor probably cannot answer. For example:

- "Why?"
- "He was fine when my mother put him to bed, what happened?"
- "What am I going to do now?"
- "Is there anything I or my mother could have done?"
- "Can I see him/her?"
- "How do I go on?"
- "How do I tell his/her mother/father?"
- "Did you do everything?"

In the course of these questions it would be appropriate to cry or be visibly upset. If the student doctor is empathetic and tries to console you, it is fine to be consoled and stop crying or get less intense.

Case 2

Student Instructions: Mother Wants Hospice

Amy Johnson is a 47 y.o. year old woman with glioblastoma. Following a biopsy, Amy received standard chemotherapy and radiation therapy. In spite of this, the tumor had not receded significantly and the symptoms returned. She agreed to undergo an additional and more aggressive chemotherapeutic regimen which was very difficult for her. This was not effective and the tumor increased in size. She has been offered an experimental therapy which has only a small chance of success and she has declined because of the many potential side effects that could significantly impact her quality of life without guaranteed benefit. .Amy understands the prognosis and has requested that you enroll her in hospice because her life expectancy is less than 2 months. She is very comfortable with the decision to use hospice services and decline other treatments.

Her son James has made an appointment to speak with you about Amy's condition after receiving a phone message from Amy that she is ill and in the hospital.. Amy's son has flown in from Texas and does not know any of the details of Amy's diagnosis, prognosis or decision to enter hospice. Amy has asked you to discuss her case with her son before he sees her.

Patient Script: Mother Wants Hospice

You will meet with the "doctor" in their office. Be prepared to chitchat a little regarding your trip from Texas, your occupation, family, etc. if the "doctor" pursues this. The doctor will most likely start out the encounter by either trying to explain your mother's condition and prognosis or by asking you what you understand about your mother's condition. You don't know anything about what is going on with her except you received phone messages that you needed to come to Iowa and that she is ill.

As the doctor tells you about your mother's condition, if they don't explain it is cancer, ask them to clarify what it is and what it means. When the condiiton is clear, your response is completely centered on your situation. You say, "that's just great" annoyed and express that the timing of this could be no worse, you have tons going on since you work in the movie industry and have shoots scheduled for the next two months.

You have two primary issues to deal with. The first is your concern that your mother is being convinced to "give up" and the second is your own guilt that you are not sure what to do for her and if you have the time in your life to deal with this.

Begin by pushing your concerns about your mom giving up on life. She was really healthy not too long ago and relatively young, it doesn't seem right that she has given up hope and is not trying to fight this thing through the experimental therapy. When your father was dying of cancer he fought til the very end and wanted every possible technology and treatment tried to save her, in fact he died while an experimental chemotherapy. You don't understand why your mother is not reacting this way? She has so much to live for. You are surprised that the doctors are saying nothing else can be done and feel obligated to make sure they and your mom know what they are deciding.

Once you have dealt with making sure there is nothing else that can be done in the form of a "cure", you will spend the rest of the time with the doctor asking what you should do for your mother and expressing concerns being able to deal with her dying . You not sure if you can or want to be around for the last months of your mother's life.

You feel an incredible amount of guilt and fear in relation to these concerns. Your agenda in this meeting is to have the doctor help you identify strategies for dealing with your feelings and your mother's needs.

You have a wife in Texas and a job that does not allow you substantial sick leave time. You are your mother's only living relative. Your father died 5 years ago of cancer. He and your mother divorced when you were 5 and you lived with your father til you were 17, occasionally spending summers with your Mom. Consequently you and your mother are not that close or comfortable with each other.

Listed below are specific statements and questions you will ask the doctor:
Concerns about Amy and the doctors giving up?
How can you give up on her so easily?
She still young and should have a lot of life ahead of her?
How can she give up?
Isn't there anything else that can be done?

Acknowledgement of doctors efforts and questioning the prognosis
I know you've done a good job and I want to thank you for this.
Are you absolutely sure there's nothing else you can do?

Concerns about how you should approach the situation
I don't know what to do?
I don't know what to say to her?
I don't know how to deal with this.
I watched my father die, it was horrible and I didn't handle it well. I just don't know if I can go through that with my mother.
I feel uncomfortable when I'm here but I don't want to leave because I know she's dying. I'm her only living relative. What should I do?
When the doctor brings up Hospice, say your mother is not ready to give up yet. Also note that your mother-in-law went with hospice and died in less than a week - you don't want that to happen to your mother.
Basically, you don't really understand what hospice is and when its appropriate to use so it's the students job to translate this information for you.
Note: The encounter with the doctor will last approximately 5-7 minutes. Pursue questioning along the lines indicated above, ad libbing where necessary.

Case 3

Student instructions: AML recurrence

Jamie Smith was diagnosed with Acute Myeloid Leukemia (AML) three years ago. The patient was treated with induction chemotherapy, but failed to go into remission with the first chemotherapy. Further chemotherapy was more successful and the patient subsequently underwent an allogeneic stem cell transplant one year ago. Recovery from the transplant was very difficult and the patient was in the hospital for over a month. However, the first bone marrow biopsies after transplant showed remission. Last week Jamie underwent another bone marrow biopsy because of slightly low blood counts and presents to your office to discuss the results. Jamie lives 4 hours from where he received his oncology care and normally sees your partner for primary care. Your partner is out of town and you are meeting the patient for the first time.

Unfortunately the most recent bone marrow biopsy shows recurrence of leukemia. Currently the patient does not have any symptoms, but does have mild neutropenia and thrombocytopenia. After discussion with the patient's oncologist, you learn that there are no other standard or experimental curative options available and that the goals of care should be palliative, focusing on symptom control. The average life expectancy is less than 4 months. You know from the patient's chart that the patient has chosen to be very aggressive in the treatment of this disease and you are quite sure that the patient will want additional therapy.

Jamie is coming to your office to discuss the results of the recent bone marrow biopsy.

Patient script: AML

- You have come to get your recent biopsy results but are generally calm at first because you are feeling so well and expect the news to be good.
- You respond to the news of disease progression with disbelief. This is the first time that you have heard that there are no other therapies available and you don't believe it.

Types of statements/questions you will make include:

- But I feel really good, I'm running 3 miles a day, what do you mean there is nothing more that can be done? I'm only 19 (or 25), I've got plenty of life left"
- What about having another bone marrow transplant?

- At some point you should raise the possibility of pursuing alternative therapies e.g. "I've read on the internet about shark cartilage or some chinese herbal treatments, what do you know about those? If the student doctor questions their validity say, "How do you know they don't work - have they been tested?".

- You will meet any talk about palliative care or hospice with resistance e.g. "I feel great!".
- If the student doctor suggests you need to speak directly to the oncologist you should respond, "It sounds like he has already written me off".
- If the student doctor suggests you seek a second opinion, you will respond positively to this idea saying "maybe I should go to Mayo" or asking the doctor to help you arrange to get a second pinion.

In summary you are going to be completely resistant to the idea that there is nothing more that can be done and the student doctor will not be able to dissuade you from this opinion. However, if they recommend some acceptable solutions e.g. second opinion, you will become less adamant and opinionated.

Case 4

Student instructions: Lung Cancer

Pat Walker is a patient who has come to the clinic today to learn the results of last week's needle biopsy of a lung mass. The results show adenocarcinoma. Your job is to inform the patient of the biopsy results. The prognosis and treatment will depend upon the stage of the patient's disease which is unknown at this time. Staging will require a CT scan of the chest, abdomen and pelvis to determine if the patient is a surgical candidate. From the chest x-ray it appears to be localized disease which is potentially curable with surgery. However, you cannot be sure of the stage until further studies are done.

History of present illness: Two weeks ago the patient presented to the clinic complaining of a cough of one month duration. A work-up included a chest x-ray which was found to be abnormal and the patient was referred for a CT guided needle biopsy. The patient has no risk factors for lung cancer and has had no significant medical problems in their lifetime.

Patient Script: Lung Cancer

The Patient

Pat Walker is a patient who has come to the clinic today to learn the results of last week's needle biopsy of a lung mass. The results show adenocarcinoma.

History of present illness (Background)

- Approximately one month ago the patient developed a cough.
- The patient came to the clinic 2 weeks ago and the student doctor confirmed the abnormal finding on the chest x-ray and scheduled a biopsy.
- Pat was referred to radiologists to perform a CT guided needle biopsy.
- On Pat's previous visits, neither the student doctor nor the surgeon went into any detail with Pat regarding cancer information, treatment options, or how he/she would like to receive information about the biopsy results.

Medical History

- No family history of lung cancer.
- No risk factors for lung cancer
- No significant medical problems
- Never smoked

Psychosocial History

- Pat is an elementary school teacher. His/her partner is Jo and is a contractor.

- He/she is lower middle class, fairly well educated, and is fully insured through his/her work.
- He/ she is fairly health conscious. He/she watches what she eats and walks 2-3 miles 3-4 times a week.

Response to diagnosis (Primary Script)

- No one has accompanied Pat to the doctor's today.
- Prior to receiving the diagnosis Pat is cordial but eager and slightly nervous about hearing the biopsy results.
- Pat does not know very much about lung cancer, but believes that cancer in general is often terminal. Pat has never been close to anyone with lung cancer but has heard of friend's relatives dying of it.
- If the student doctor takes awhile to get to the point of giving the biopsy results, Pat will respond to other questions in a somewhat distracted manner.
- If the Student Doctor delivers the results without using the word "cancer" , Pat respond by repeating the words used by the Student "positive?", "tumor?" or just indicating through facial expression that he/she doesn't really understand.
- After receiving the diagnosis, Pat appears slightly stunned, breathing may grow a bit heavier, he/she will look bewildered and look at the floor, his/her legs, etc. Pat is trying to get a grip.
- One of the first questions Pat will ask - either independently or if student asks "are there any questions" - is "**are you sure**?"
- Pat will say " **I don't understand, I've never even had a cigarette, no one in my family smokes"** these are "why me" type of questions.
- Pat will also ask earnestly, "**Am I going to die**"?
- In response to more prompts from the student, Pat can say "**I don't know what to ask".**
- Pat knew that this was a possible outcome but is now just stunned by the news. If the student starts to offer a lot of information about treatment decisions, etc. Pat should be clearly distracted and not able to concentrate on the information. Pat may even respond to questions with, "**Excuse me**" or "**what did you say**".
- Pat's response to the Student will depend on the amount he/she feels the student is paying attention to and supporting him/her. If the student is obviously compassionate and showing support and caring, Pat will become increasingly calm and responsive after the initial shock. However, if the Student is flippant, talks incessantly or obviously insensitive, Pat's distress will not decrease.
- If asked, Pat would like to make an appointment for later after having time to let this sink in.
- If asked, Pat does have people to talk to about this e.g. family, friends, etc.
- If asked, Pat is okay to make it home on his/her own which is what he/she plans to do when leaving the clinic.
- If asked, he/she is not having suicidal thoughts or thinking about hurting him/herself.

Case 5

Student instructions: STI case

Mr. Taylor is in the clinic to learn the results of the lab work you ordered 2 days ago. On that date, he came to your office complaining of burning with urination, a greenish-yellow penile discharge with a two day history. He thinks he may have some kind of bladder infection. During your physical, you did a urinalysis, a wet prep, Gram's stain, and

cultures. From the clinical exam you suspected gonorrhea and the results of the laboratory results confirm the diagnosis. Your task is to inform Mr. Taylor of his diagnosis. His treatment regimen will be a single dose of antibiotics in clinic today (Ceftriaxone 250mg and Azithromycin 1 gm PO). Be prepared to respond to his questions and concerns. Mr. Taylor has been married for 12 years, has two children ages 8 and 6, and works as a real estate agent.

Patient response:

The patient knows very little about STD's and when hearing the diagnosis responds:

- **"What exactly is gonorrhea?" "How do you get it?"**
- If the student says only through sex his response is "**Haven't I heard of other ways to get it like from toilets, or hot tubs? There's a hot tub at the gym."**
- He is still in disbelief that this could only be sexually transmitted and asks again **"Are you sure?"**
- When he says something like **"Well I told you I only have sex with my wife..."** and the light bulb begins to go off in his head that he got it from his wife.
- He tries to push this thought from his mind by asking more questions for information. For example:
  "Is this a common disease?" "Could my wife have gotten it at the Health Club?" "I don't understand what you're saying." " How long do you think I've had this?" "How long do you think she's had this - could she have gotten before our marriage?" "Are there any long term effects?"
- Finally he gets very angry with his wife and shouts such things as:
  "That bitch. How could she do this to me?" "Why did she do this to me? We've got a great marriage…" "It's probably that intern in her office."What am I going to tell my kids? That their mother is unfaithful?"
  "I'll never sleep with her, again. In fact, I'll divorce her! How could she do this to me?" "Oh god, what am I going to do? What should I do?"
- He will ask what happens from here. **"How will you treat this?"**
- He also wants to know what to do about his wife.

"What about my wife? Shouldn't she get treated?"
"Will you call her and tell her? I can't talk to her."
"What if she doesn't get treatment?"

"Towards the end of the session if the student has not provided HIV counseling Mr. Taylor may start asking about the potential that he could have other STDs.

- Mr. Taylor's response will depend on the how calming and supportive the student's response is. If the student is empathetic and makes helpful suggestions, then he will become increasingly calm. If the student takes his side and indicates that his wife is a jerk, then he will get angry at the physician for talking about his wife that way.

Some Teaching Points for Bad News Cases

SIDS case:

- Everything that is said will be vividly remembered - don't do something, just stand there
- Want to know what happened but not details
- What can you do for them - using other support resources
- Realizing that not everyone can be calmed down
- Encouraging parents to see and hold dead child

Lung Cancer case:

- Shock response - avoid giving too much information
- How do you answer "am I going to die"
- How do you explain risk factors
- Importance of reading body language
- Social support and suicide screening

STI case teaching points

- Bad news isn't only about cancer
- Don’t assume people know and understand their condition
- How to be direct with medical information
- How to deal with patient denial and patient anger
- When to refer to professional counseling
- Cannot always achieve closure

AML case

- How to talk about palliative care
- Using language that emphasizes continued care
- Dealing with abandonment issues
- Dealing with patients similar in age
- Responding to questions about alternative medicine

Mom wants hospice case:

- Family members don't always have the same agenda or get along
- Help family members understand patient’s needs and their own limitations
- Dispelling myths about Hospice
- Expressing empathy to someone you don’t agree with or necessarily like
- Helping family members find the support they need

Sample schedule for bad news sessions

Bad news roles for Actors

Actor	Primary Role	Secondary Role
Sheila	Hospice case	Lung cancer
Kristin	SIDS case	Hodgkin's case
Nick	Hodgkin's case	Hospice case
Jean	Lung Cancer	SIDS grandma

Daily patient schedule: Bad news telling sessions 2005

Note: Based on faculty portraying the STD case

1:00-2:25

TIME	GROUP A	GROUP B	GROUP C
1:00	Intro discussion	Intro discussion	Intro discussion
1:05	STD/ Jeff L	STD/ Ann (Marcy)	STD/Ray
1:20	Lung Cancer/ Jean	SIDS case/ Kristin	Hodgkins/ Nick
1:35	Hospice case/ Sheila	Lung Cancer/ Jean	SIDS case/ Jeff
1:50	Hodgkins/ Nick	Hospice case/ Sheila	Lung Cancer/ Jean
2:05	SIDS case/ Kristin	Hodgkins/ Nick	Hospice case/ Sheila
2:20	Discussion	Discussion	Discussion

2:30 - 3:55

2:30	Intro discussion	Intro discussion	Intro discussion
2:35	STD/ Jeff L	STD/ Ann (Marcy)	STD/Ray
2:50	Lung Cancer/ Jean	SIDS case/ Kristin	Hodgkins/ Nick
3:05	Hospice case/ Sheila	Lung Cancer/ Jean	SIDS case/ Jeff
3:20	Hodgkins/ Nick	Hospice case/ Sheila	Lung Cancer/ Jean
3:35	SIDS case/ Kristin	Hodgkins/ Nick	Hospice case/ Sheila
3:50	Discussion	Discussion	Discussion

4:00 - 5:25

4:00	Intro discussion	Intro discussion	Intro discussion
4:05	STD/ Jeff L	STD/ Ann (Marcy)	STD/Ray
4:20	Lung Cancer/ Jean	SIDS case/ Kristin	Hodgkins/ Nick
4:35	Hospice case/ Sheila	Lung Cancer/ Jean	SIDS case/ Jeff
4:50	Hodgkins/ Nick	Hospice case/ Sheila	Lung Cancer/ Jean
5:05	SIDS case/ Kristin	Hodgkins/ Nick	Hospice case/ Sheila
5:20	Discussion	Discussion	Discussion

SHARING DIFFICULT MEDICAL NEWS WITH PATIENTS

ADVANCED PREPARATION FOR SHARING BAD NEWS

- Make advance agreements with patient of how, when and with whom to share bad medical news.
- Allow yourself to grieve first
- Know the patient e.g. previous responses to stress, strengths, social support, etc.

SPIKES PROTOCOL: Not to be perceived as a linear process

SETTING: Get the setting right

- Put patient at ease
- Create privacy
- Sit down or at patient eye level
- Check to see if patient is accompanied

PATIENT'S PERCEPTION

- Review and assess patient's knowledge about the purpose of previous and current visit.
- Ask patient what they expect and suspect about current problem

INVITATION FOR INFORMATION

- Find out what and how much patient wants to know (offer choice more than once)
- Signpost what you are going to talk about next

KNOWLEDGE: Giving medical information

- Use language and vocabulary appropriate to patient - avoid medical terminology where possible
- Chunk and Check: Give information in small chunks and check patient understanding after each chunk
- Follow patient cues on immediate need for information - some will be too emotional to absorb much - consider audio taping the consult.
- Respond appropriately to patient's questions about prognosis, options, accuracy of biopsy, etc.
- Identify frequently asked questions by patients in similar situations

EXPLORE EMOTIONS AND EMPATHIZE

- Assess patient's emotional and cognitive response to diagnosis
- Convey empathy for patient's emotional response -
  Acknowledgement, legitimization, respect, partnership, support, sensitive silence
- Maintain hope and assure your continued support

STRATEGY AND SUMMARY

- Outline options and give patient choice about what will happen immediately e.g. more info now or make another appointment
- Indicate that treatment/management options exist and will be discussed when the patient is ready
- Assess patient's initial understanding of diagnosis
- Assess patient's understanding of what will happen next
- Assess patient's available social support - does he/she have someone close to talk to - refer to support groups or counseling personnel if desired.
- Assess patients present emotional state
- Summarize
- Provide means for patient to contact you with further questions

MISTAKES TO AVOID

- Thinking that because its bad news it does not matter how you act when you tell someone
- Ignoring or not acknowledging patient's emotional response
- Talking, instead of listening or waiting, while the patient adjusts to the information
- Trying to give too much information before patient is ready to hear it. (cite: Buckman 1992)

Some Resources for Communicating Bad News

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Vanderkieft, G.K. (2001) Breaking bad news. American Family Physician 2001;64:1975-8.

Walsh RA. Girgis A. Sanson-Fisher RW.
Breaking bad news. 2: What evidence is available to guide clinicians?. Behavioral Medicine. 24(2):61-72, 1998

Electronic Resources

Communicating bad news
EndLink Resource for End of Life Care Education, Northwestern University.
http://www.endoflife.northwestern.edu/eolc_communicating_bad_news.cfm

Buckman, R., Korsch, B, Baile, W..
Breaking Bad News section in A Practical Guide to Communication Skills in Clinical Practice on CD Rom. Medical Audio Visual Communications, Inc.(Contains good video vignettes of bad news telling situations.) Can be ordered through www.mavc.com

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