Module: Communication: Breaking Bad News

Learning Objectives

Attitudes	• Reflect on prior good and bad experiences delivering bad news • Value the physician's role in delivering bad news in a compassionate, honest and direct manner. • Respect the patient's autonomy and right to understand the nature of their medical status.
Knowledge	• Understand the physical setting where a discussion of bad • news should be conducted. • Understand who should be involved in a discussion of bad news. • Demonstrate knowledge of the first key steps for delivering bad news. • Demonstrate knowledge of key steps in delivering bad news by telemedicine. • Describe key steps in how to follow-up after a discussion of bad news.
Skills	• Demonstrate how to open a discussion when bad news will be • presented. • Demonstrate the ability to deliver bad news with honesty and compassion. • Demonstrate the ability to assess patient and family understanding and respond to their needs. • Demonstrate the ability to respond appropriately to strong patient emotions (such as sadness, fear, anger) • Demonstrate how to conclude a discussion of bad news. • Demonstrate the ability to deliver bad news via telephone and/or videoconference.

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Teaching Outline

Delivering bad news is an invasive procedure that requires all of the thoughtfulness and skill required to perform a safe operative procedure. Both the delivery of bad news and performance of an operation require an appropriate setting, assistance when indicated, patient permission, skillful execution, ongoing assessment of the impact of the intervention on the recipient, and aftercare.

Creating The Appropriate Context

1. Physical setting: choose a quiet, comfortable room; turn off pager and other personal electronic devices; check personal appearance; have all participants sitting down.

2. Know the basic information about the patient's disease, prognosis, and treatment options.

3. Who should be present?

- Ask the patient whom they want to participate; clarify relationships to the patient. If the patient cannot participate, make sure that the legal decision maker is present.
- Decide if you want others present (i.e. nurse, consultant, chaplain, social worker) and obtain patient and/or family permission. Having consultants present is particularly helpful in ICU patients or those with multisystem injuries or issues. For life threatening bad news, it is recommended that you have a nurse, social worker or chaplain present to assist you and to provide additional emotional support to the patient and family.
- Security may be appropriate, depending upon the size of the group, particularly after a violent event.

4. Obtain a skilled medical interpreter if the patient or family members do not speak English or are hearing impaired.

5. Think through your goals for the meeting as well as possible goals of the patient. What is essential to achieve? What would be nice to achieve?

First Steps

1. Introductions: Patient, family, team members.

2. Determine if the patient and family can understand information: Are there medical, cognitive, or psychological reasons for diminished understanding (such as pain, mental retardation, delirium, dementia, emotional upset).

3. Learn what the patient and family already know; make no assumptions. For example, ask "What is your understanding of your present condition?" or "What have the doctors told you about your condition?" Shape your discussion to the patient's and family's needs.

4. Before presenting bad news, provide a concise (two to four sentences) narrative overview of the patient's hospitalization, diagnostic procedures, and medical status so that everyone has a common source of information. Avoid the use of jargon.

Breaking Bad News:

1. **Speak slowly, deliberately, and clearly**. Provide information in small increments. Check reception of news frequently; closely observe patient and family body language.

2. **Give fair warning.** "I'm afraid I have some bad news for you," then pause for a moment.

3. **Present the bad news in a succinct manner.** Be prepared to repeat information and present additional information in response to patient and family needs.

4. **Sit quietly and listen to the patient.** Allow the patient time to absorb the news. You may wait for the patient to respond, or you may offer support (for example, "I wish I had different news," or "This is very difficult news") but avoid the common mistake of rushing forward and talking because you are anxious.

5. **Anticipate common reactions to bad news:**

- Overwhelming emotion: anger, fear, sadness, crying, isolation, guilt, relief, helplessness, anxiety.
- Numbness, often manifesting as an absence of emotion.
- Denial.
- Collusion: a request to withhold information from patient or family members

6. **Listen carefully and actively. Pick up clues. Recognize, acknowledge, and validate the patient's and family's emotions, reactions, and thoughts**. "This is very difficult news," "This must be very hard." Avoid "I know how you feel," "I understand," or "I know how much you care." You don't know. You can convey the same thing with" This must be hard, I would understand if you felt …."

7. **Give an early opportunity for questions and comments**.

8. **Present information at the patient's and family's pace.** Do not overwhelm with detailed information. The discussion is like peeling an onion. Provide an initial overview, then assess understanding and answer questions. Then provide the next level of detail, assess understanding, and answer questions. Provide additional detail or move back to the overview in response to the patient's and family's needs.

9. **Be flexible and responsive**. Allow the patient's and family's concerns and needs to mold the discussion.

10. **Be mindful** of your own feelings, thoughts, and reactions. Do not allow your reactions to derail you, offer false reassurance, overtalk, or commit other communication errors.

11. **Ask,** "How can I help?"

12. **Assess thoughts of self-harm**. Based on how the patient and family members react, ask questions to assess the risk of self-harm and suicide.

13. **Agree on a follow-up plan**. For example, "I will return later today; write down any questions you have." And make sure that this meets the patient's needs. Involve other team members in the follow-up plan.

Document The Conference in The Medical Record:

Who was present? What information was discussed? What actions need to be taken now? What follow-up is planned? Use of a template is very helpful for those not able to be present.

Assessing Your Own Feelings and Needs:

1.Guilt ("This is my fault. I missed the early symptoms. I'm supposed to help, not make things worse…")

2.Anger ("I wouldn't be in this situation if she had come for regular checkups…")

3.Fear ("They are going to blame me for this. This same thing could happen to me…")

4.Sadness ("How could this happen to this person?")

Speaking with a friend or colleague, and/or taking the time for self-reflection, can be very helpful in managing these feelings.

Giving Bad News by Telemedicine:

Telephone and Video Tips:

1. Avoid when possible; consider home or office visit. If you expect an important test result, schedule an office visit in advance to review results.

2. Make sure that you have time to talk.

3. Clarify with whom you are speaking and the person's relationship to the patient, and where they are- that is, in what state.

4. Introduce yourself and your role in the patient's care.

5. Verify that the person can talk now.

6. Give fair warning: "I am afraid I have some bad news…"

7. In some cases, you may want to offer to meet with the person at the hospital or in the office to present and discuss the bad news.

8. In closing, offer to contact others, such as family members, clergy, or neighbors.

Specific Video Tips:

1. Technical setup: be sure that the equipment (audio, microphone, camera) is working in advance.

2. Orient camera at eye-level or slightly above.

3. Look into the camera to give the illusion of making eye contact.

4. Try to orient the application window so that it is centered and close to the camera and video within your field of view

5. Explain the setting that you are in, who is present and who is listening

6. Ask the patient/family to describe their setting and whether they have privacy and the time to talk

7. Ask who they want present, either in person or via electronic device

8. When asking questions, use names so that people know who you are speaking to

9. Minimize distractions: your environment should be quiet (a "do not disturb" sign for your door is helpful), electronic equipment/notifications silenced or diverted

10. If technical glitches are problematic at the start, consider converting to telephone.

11. Inform the patient that you are sitting down and that you have time to listen; be reassuring and "human" with words, since you cannot touch the patient.

12. Audio transmission is delayed with both telephone and videoconferencing. Pause after each question to allow for questions and to avoid the appearance of being in a rush.

13. Avoid long sentences: it will minimize the need to repeat statements. Avoid looking off camera (such as either taking notes or looking up data):it can make one look distracted or disinterested.

14. Explicit assessment of understanding is essential: summarize and tell/re-tell. "I'm going to ask you frequently if you understand and ask you to summarize back to me the information we have covered…. You can ask me to repeat or explain differently at any time.."

15. Although different than in-person, empathy can be expressed and emotions should be acknowledged.

16. Emotions must be inferred from voice changes if on the telephone; on video, facial expressions and body language are key.

17. Identify, explore, and validate the emotion; resolution may take longer than when in person.

18. Acknowledging the difficulty of the task and the medium can be helpful.

19. Ask the patient to record information that would normally be provided in person, such as phone numbers and follow-up dates.

20. Provide handouts and summaries via email or secure electronic transfer.

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Pre/Post Test

Questions

1. **Describe the first three steps in breaking bad news:**
   a. _____
   b. _____
   c. _____

2. **Describe the words to use when giving a "warning shot" before giving bad news:**
   "_____"

3. **Before giving bad news over the telephone, what two issues must be clarified between yourself and the person with whom you are speaking?**
   a. _____
   b. _____

4. **Describe four common patient reactions to receiving bad news:**
   a. _____
   b. _____
   c. _____
   d. _____

Answers

(1) Determine what the patient knows, give a warning shot, give the bad news. (2) "I'm afraid I have some bad news." (3) Each person needs to explain their relationship to the patient (doctor and other person). (4) Anger, guilt, grief, denial.

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Teaching Outline with Slide Deck

Teaching Workshop with Role-Playing Exercise:

1. Ask students to generate one or more case examples of actual clinical situations in which they had to break bad news to a patient.

2. Review and discuss the **Breaking Bad News** teaching outline/slide deck using the cases described by participants for illustration.

3. Ask students to form pairs or triads (patient/physician/observer).

4. Select one of the three role-playing exercises (see "Role-Playing Cases")

- Students should spend five to seven minutes role-playing.
- Encourage students who role-play the family member or patient to adopt one of the various potential emotional reactions to receiving bad news: angry, hysterical, or showing profound sadness or disbelief.
- Following the role-playing session, have the "patient" or "family member" complete the evaluation form and discuss it with their "physician" partner.

5. Depending upon time, students can change roles and/or use the second or third case.

6. Debrief the student experience: What worked well? What did not? What was hard? What was easy?

7. Faculty may want to demonstrate their own technique at delivering bad news at the start or at the conclusion of the student role playing. Encourage students to write down tips and phrases that they find particularly helpful during the exercise.

Role-Playing Cases

Case 1: Death in the emergency department (motor vehicle crash) in a previously healthy person

Case 2: New diagnosis of sigmoid colon cancer found during elective sigmoid resection for diverticular disease.

Case 3: Acute liver failure/postop MI/aspiration pneumonia after elective hepatic resection for cancer.

Case 1:

Purpose of Case: Giving Bad News

Training level: Medical students, postgraduate trainees, or faculty.

Simulated patient name: Mr./Mrs. Jones

Event: Motor vehicle collision.

Setting: Quiet room for family meetings in Emergency Department

Time Allotted: Seven minutes.

Family member profile: Your spouse, Mr./Mrs. Jones, is a 54-year-old high school teacher with no past medical history. He/she was involved in a motor vehicle collision on the way to work this morning, and you received a call from the hospital social worker that your spouse had been involved in a crash. You have been waiting in the waiting room, and you have not met the physician. You saw a nurse who said, "Your spouse is having some problems; the doctor will be out to talk with you soon."

Social History: You have three children, ages 25, 22 and 17. Your parents are deceased; you have no siblings. You work as a car salesperson.

Setting: You are alone in a quiet waiting room, located in the Emergency Room.

Task: Your partner, in the role of the Emergency Department Surgical Provider, will break the news to you. Some questions and comments that you may want to pose (or any that you think are appropriate to the situation) include the following:

How can this be? He/she was fine this morning! We are going on vacation next week!

He/she has never been sick a day in his/her life!

What should I tell the children?

Information for the Physician:

Medical History: You are on duty early one morning when a healthy 54-year-old is brought in after a motor vehicle collision. The patient's pulse was lost on arrival to the emergency department. You confirm that no vital signs are present, and you pronounce the patient dead. The nurse tells you that the spouse is in the waiting room and does not know about the cardiac arrest.

Setting: The patient's spouse in sitting alone in a waiting room in the emergency room.

Task: You are the emergency department surgical provider and must tell the husband/wife that his/her spouse has died.

Case 2:

Purpose of Case: Giving Unexpected Bad News

Training level: Medical students, postgraduate trainees, or faculty.

Simulated patient name: Mr./Mrs. Hubbard

Event: Unexpected findings of perforated sigmoid adenocarcinoma during elective laparoscopic sigmoid resection in an otherwise healthy 38-year-old laborer.

Setting: Quiet room for family meetings in Surgery Waiting Area.

Time Allotted: Seven minutes.

Family Member Profile: Your spouse, Mr./ Mrs.Hubbard, an otherwise healthy 38-year-old laborer, just underwent elective laparoscopic sigmoid resection for what was thought to be complicated diverticular disease. No preoperative colonoscopy was performed because your spouse "was pretty sure I had one like 3 years ago." The operation was supposed to take 3 hours, but the surgeon has not been out to see you yet and it has been 4 ½ hours.

Social History: You have been married for 2 years and have no children. You work as a bookkeeper at a local store.

Setting: You are alone in a quiet room, located in the Surgery Waiting Area.

Task: Your partner, in the role of the attending surgeon, will break the news to you. Some questions and comments that you may want to pose (or any that you think are appropriate to the situation) include the following:

How can this be? He/she is only 38! Isn't colon cancer for old people?

There is no history of cancer in his family!

He's so healthy! He eats well, exercises, doesn't smoke or drink! Why did this happen to him?

Why wasn't this discovered before the operation? Why didn't you insist on a colonoscopy?

Information for the Physician:

Medical History: This healthy 38-year-old laborer was referred to you with several episodes of left lower quadrant pain and an inflammatory mass around the sigmoid colon, which seemed to improve on follow-up imaging. He told you that he had a previous colonoscopy about 3 years prior due to some hemorrhoidal bleeding and that it was "normal," so this was not repeated before his surgery. During the operation, you discover that this is in fact a locally advanced and

perforated adenocarcinoma at the recto-sigmoid junction, confirmed on frozen section. To get negative margins, you resect the upper third of the rectum. You are concerned about performing an anastomosis, so you create a descending colostomy and Hartmann pouch.

Setting: The patient's spouse in sitting alone in a quiet room off of the Surgery Waiting Area.

Task: You are the attending surgeon and must tell the husband/wife that his/her spouse has colon perforated rectosigmoid cancer and an unexpected colostomy.

Case 3:

Purpose of Case: Giving Bad News via telemedicine.

Training level: Medical students, postgraduate trainees, or faculty.

Simulated patient name: Mr./ Mrs.Kim

Event: Postoperative acute liver failure due to postoperative myocardial infarction and aspiration pneumonia after elective hepatic resection for cancer.

Setting: The physician is in their office at the hospital; the patient's spouse is at home, 5 hours away.

Time Allotted: Seven minutes.

Family member profile: Your spouse, Mr./Mrs. Kim, is a 78-year-old with liver cancer who undergoes elective right hepatectomy. Due to family issues, you were not able to stay near the hospital during the postoperative period. As such, you are at home in a rural area, 5 hours from the hospital.

Social History: You have been married for 52 years and have 3 children, all of whom live close by. Your spouse has always been extremely active: they managed a large vegetable farm which is now being run by your children, and, after retirement at 75, stayed very active in helping on the farm.

Setting: You are home in a rural area, 5 hours away from the tertiary care hospital.

Task: Your partner, in the role of the Surgical Attending, will break the news to you. Some questions and comments that you may want to pose (or any that you think are appropriate to the situation) include the following:

I thought you said the operation was a success? What happened?

Is he/she going to die?

How could he/she have heart problems? He/she is so healthy?

Information for the Physician:

Medical History: This otherwise healthy 78-year-old undergoes elective right hepatectomy for cancer. The initial postop course is uneventful, but the evening of postop day #2, the patient develops severe, crushing, substernal chest pain and is diagnosed with an acute myocardial infarction with associated hypotension. They are taken to the cath lab for PCI which is successful, but during the procedure the patient vomits and aspirates, necessitating endotracheal intubation and ICU transfer. Despite full supportive measures, over the next 8 hours the patient develops worsening liver failure, and survival seems very unlikely.

Setting: You are alone in your office at a tertiary care medical center.

Task: You are the Attending Surgeon, and must tell the patient's wife, who is at home 5 hours away, that their spouse had an acute myocardial infarction, has aspirated and is now intubated, and has significant liver failure for which survival is unlikely.

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Giving Bad News Learner Assessment Form

Content Checklist: Make an "X" if the resident did this without prompting, mark with "✓" if the resident did this only after prompting and leave blank if this was not done.

_____ Greets the patient/family member and introduces self

_____ Explains the purpose of the meeting

_____ Asks the patient his or her understanding of the issue

_____ Gives advance warning of bad news

_____ Describes the bad news in plain language; no jargon

_____ Allows the patient to digest the information; uses silence

_____ Offers an opportunity for the family member to ask questions

_____ Responds to questions using plain language; no jargon

_____ Offers a plan for next steps to follow meeting

Communication Skills—Please check one box per question using the following rankings:

3 = Excellent

2 = Good

1 = Marginally Satisfactory, and

0 = Unsatisfactory (poorly done or not done at all)

	3	2	1	0
Assures comfort and privacy				
Assumes a comfortable interpersonal communication distance				
Maintains an open posture				
Reflects patient's emotions				
Displays empathy through words, expression, or touch that is appropriate to situation				
Reflects patient's thoughts and concerns				

Please provide your overall assessment.

_____ Competent to perform independently

_____ Needs close supervision

_____ Needs basic instruction

Do you believe the physician was able to present bad news with compassion in a manner as to do no harm? ☐ Yes or ☐ No

If you believe additional training is needed, please indicate what problems need to be addressed (check all that apply):

☐ Basic communication skills (eye contact, rate of speech, excessive use of jargon, personal space)

☐ Professional attitude (sullen; not empathetic; angry; giggles; or other, please describe in the space below)

_____

_____

☐ Other

NOTES

_____

_____

_____

Podcast

Video with discussion prompts