



Breaking Bad News and Responding to Emotion

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Objective 1

- Preparing for important visits (e.g. bad news, decision making, first encounters)
 - How to handle the first 60 seconds
 - Opening questions and statements
 - How to handle the final 60 seconds
 - Closing questions and statements

Objective 2

- Breaking Bad News
 - Discuss & Practice Tools for any difficult conversation: SPIKES and NURSE
 - Increase awareness: “bad news” is subjective
 - Learn to enhance your understanding of the patient perspective so you may meet them there
 - Learn how to use headlines
 - Practice responding to emotion (or, avoiding the cognitive trap)

Objective 3

- Learning to analyze **what they said** and formulate a differential diagnosis of **what they meant**
- Critically assessing your options for how to respond to test your hypotheses about what they meant

Objective 4

- Inviting yourself into prognostic discussions with
“Would you like to talk about what that means?”

BEFOREHAND

Step #1: Awareness

Recognize when you are giving bad news or when a situation is stressful for your or patient & family.

How will this (has this) affect(ed) their lives?

BEFOREHAND

Step #2: Agenda & Expectation Setting

- It will be difficult
 - we cannot fix grief, loss, etc.
- What is your goal of this conversation? What are your expectations?
 - Is it around giving information or perspective? Or is it around changing someone's mind?

I want to understand them and help them have all the information and know options.

Goal = curiosity & sharing perspectives

BEFOREHAND

Step #3

- Be prepared
 - Do you need any other data or opinions?
 - Do you need other people there?
 - Medical
 - Stakeholders [PCP, oncologist]
 - Family/Friend
 - Plan your headline

What does all this information mean (in ONE sentence)?

BEFOREHAND

Step #4

- The first 60 seconds
- How are you going to enter and open?
 - Consider your emotional energy
 - Consider your words, volume, pace, tone
 - Consider body language



**S
P
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K
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S**



A photograph of a theater or cinema interior. The seats are arranged in rows. Most seats are a muted blue color. One seat in the foreground, slightly to the left of the center, is a vibrant red color, making it stand out. The background is dark, suggesting a theater setting. The text "Setting the Scene" is overlaid in the upper right quadrant.

Setting the
Scene

Scene: basics

- Your name and role and relationship
 - “My name is Dr. Toby Campbell, the attending oncologist. Dr. Johnson asked...”
- Greeting to everyone in the room
- Sit, whenever possible

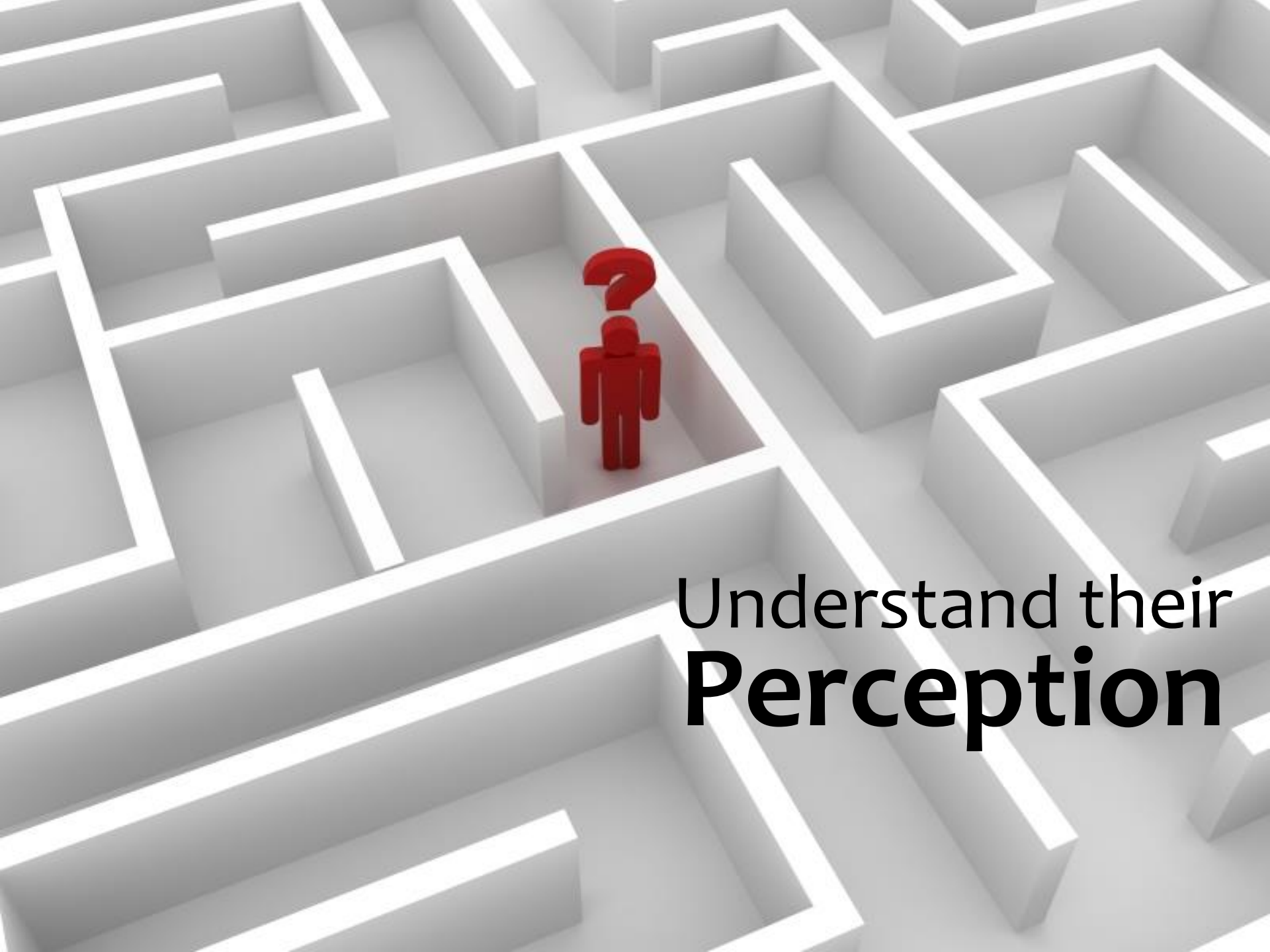
- Make a connection first, the computer comes later.

Warm Ups

- Yes, Lets
- Professor Know It All (5 volunteers)

Opening Practice

- 15 volunteers: 5 patients and 10 clinicians
 - Let's get in the room! What would your opening be?



Understand their
Perception

Perception

- Where are we and where are we going?
 - First: Understand
 - Second: Guide
- Test the Hypothesis:
 - This patient understands their illness accurately.

Perception

- Disclaimer followed by a open-ended question
 - “I want to make sure we are on the same page. Can you tell me your understanding about why I asked you to get the CT scan?”
- Hopes and Goals ; Agendas
 - “Are there things you want to make sure we discuss today?”
 - “What other questions do you have?”

Perception Question: Practice

- 15 volunteers: 5 patients and 10 clinicians
 - What would YOUR perception question be?

A photograph of a middle-aged man with a shaved head, wearing a blue and white plaid shirt, driving a car. He is holding a black mobile phone to his ear with his left hand. The car's interior, including the steering wheel and dashboard, is visible. The background outside the window is a blurred green landscape, suggesting the car is in motion. The text "Get an Invitation" is overlaid in the upper right corner.

Get an
Invitation

Invitation

- “Is now an okay time to talk?”
- “Would you like to talk about what this means?”

Warning Shot



Warning Shots

- “It’s not the news we were hoping for.”
 - “we didn’t find an answer for your symptoms.”
 - “there are some abnormal labs I need to investigate further.”
- “I have bad news.”

Share Your
Knowledge



- Just the facts, simple and straightforward and brief.

fear

Next steps

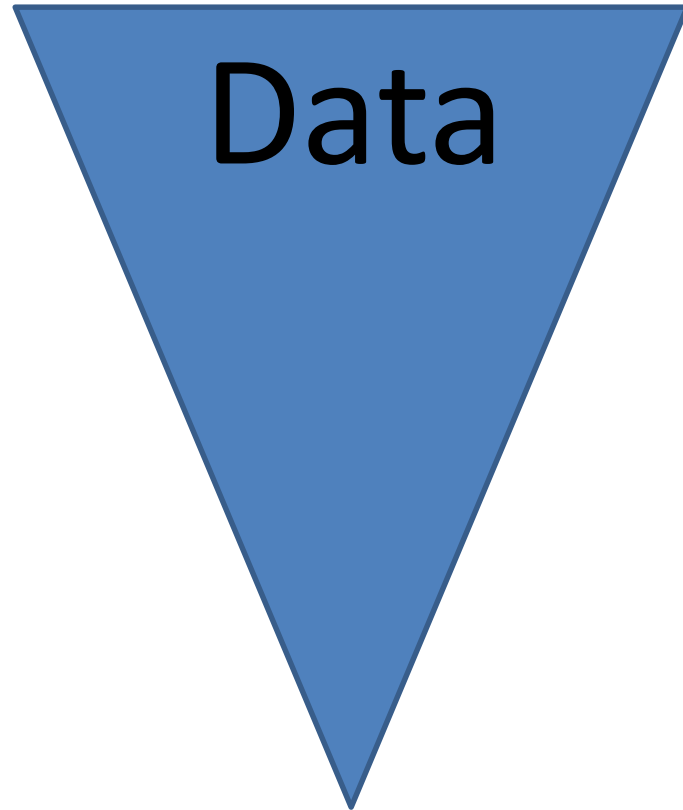
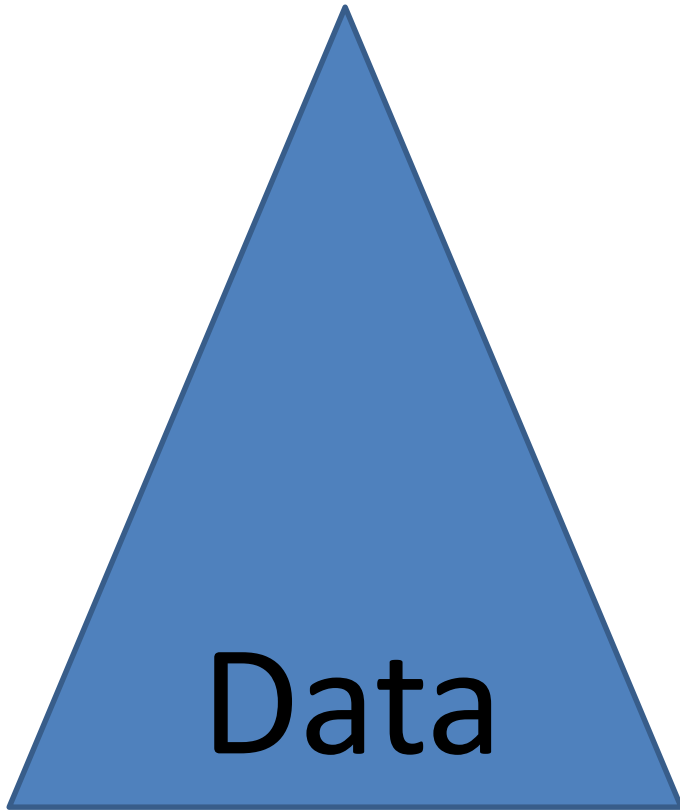
treatment

meaning



Using Headlines

Headline



Assessment

News Delivery Practice

- 15 volunteers: 5 patients and 10 clinicians
 - Warning Shots
 - News

Empathic Statements

- **NURSE**
 - Naming
 - Understanding
 - Respecting/Praising
 - Supporting
 - Exploring
- **I Wish Statements**



Empathic Statements

- Name: “I can see...”
- Understanding: “I imagine you must feel...”
- Praise: “You’ve done all we asked.”
- Support: “I want to help”
- Explore: “Tell me more about...”
- “I wish there were something else...”

Responding to Emotion Practice

- Everybody up!
 - The Empathy Project
 - Kimberly Kopecky and Jasmine Hudnall
 - <https://www.thegamecrafter.com/games/the-empathy-project>
- What they Said | What they Meant

Summarize

Strategize



Would you like to talk about
what this means?

Prognosis Practice

15 volunteers

Closing

“Want” leads to disarticulated goals

In 25 (35%) of family conferences, doctors asked about preferences/values.

Want is by far the most common and all the others routinely co-occur with want.

Word (or derivative)	N (%) of 25 conferences	N (%) of 44 instances	# co-occurrence with "want"
Want	19 (76%)	33 (75%)	n/a
wish	13 (53%)	13 (29%)	7 out of 13
goal	2 (8%)	2 (5%)	2 out of 2
behalf	2 (8%)	2 (5%)	1 out of 2
like	3 (12%)	3 (7%)	1 out of 3
respect	2 (8%)	2 (5%)	2 out of 2
feelings	2 (8%)	2 (5%)	1 out of 2