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
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?
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.

– "The CT scan shows the cancer has spread to the liver."
– "The tests show you have diabetes."
– "Your father has had a heart attack."

• Give your sentence a period.
Using Headlines

Headline

Data

Data

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.

<table>
<thead>
<tr>
<th>Word (or derivative)</th>
<th>N (%) of 25 conferences</th>
<th>N (%) of 44 instances</th>
<th># co-occurrence with &quot;want&quot;</th>
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<tbody>
<tr>
<td>Want</td>
<td>19 (76%)</td>
<td>33 (75%)</td>
<td>n/a</td>
</tr>
<tr>
<td>wish</td>
<td>13 (53%)</td>
<td>13 (29%)</td>
<td>7 out of 13</td>
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<tr>
<td>goal</td>
<td>2 (8%)</td>
<td>2 (5%)</td>
<td>2 out of 2</td>
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<tr>
<td>behalf</td>
<td>2 (8%)</td>
<td>2 (5%)</td>
<td>1 out of 2</td>
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<td>like</td>
<td>3 (12%)</td>
<td>3 (7%)</td>
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<tr>
<td>respect</td>
<td>2 (8%)</td>
<td>2 (5%)</td>
<td>2 out of 2</td>
</tr>
<tr>
<td>feelings</td>
<td>2 (8%)</td>
<td>2 (5%)</td>
<td>1 out of 2</td>
</tr>
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Schwarze, Campbell et al Am J Crit Care Med 2015