

TEACHING LEARNERS HOW TO DELIVER BAD NEWS

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Objectives

- Describe structured formats for difficult conversations in the following settings:
 - Delivering serious news
 - Discussions regarding late goals of care
 - Response to patient/family emotion
- Prepare learners to establish learning goals and deliberate practice in the setting of difficult conversations.
- Provide immediate feedback to learners regarding difficult conversations.
 - Encouraging self reflection and assessment
 - Identifying learning opportunities to take forward in future conversations

Why This Is Important

- Breaking bad news is often seen as daunting for clinicians.
- Occurs almost daily in medicine:
 - Feelings of no hope
 - Threats to person's physical or mental well being
 - Risks of upsetting established lifestyles
- Practicing physicians and residents have been shown to lack confidence and skill in performing this task.
 - Lack of formal training in effectively delivering bad news.

Importance Continued

- How bad news is delivered contributes to:
 - Patient's perspective of illness
 - Long term relationship with clinicians
 - Patient and provider satisfaction
- Several authors and studies show that patients have more distressing feelings towards clinicians that they felt delivered news in an inappropriate way.

Models of education for communication skills

- Strategies for structured curriculum
 - Lectures
 - Small group discussions
 - Role playing with peers
 - Standardized patients
 - Teaching in the immediate context of patient care
- Successful curricular models include:
 - Models for effective delivery of bad news
 - Opportunities for learners to discuss relevant issues
 - Opportunities for learners to practice
 - Opportunities for learners to receive feedback

Which Works Best

- ❑ No studies demonstrating superiority of one form of training compared to another.
- ❑ In almost all settings, learners indicated desire for more training and opportunities for practice.
- ❑ Choice of training often depends on resources available.

Adult Learning

- Best facilitated through instruction that is:
 - Interactive
 - Learner centered
 - Relevant to learner practice
 - Allows learner to apply what is being learned in a timely fashion
 - Includes opportunity for feedback and reflection

Structured Conversation in Discussing Serious News

□ GUIDE

1. *Get ready* - info, people, place
2. *Understand* – what the patient already knows
3. *Inform* – starting with a headline
4. *Dignify* – emotion by responding directly
5. *Equip* – the patient for the next step

Get Ready

- Do you have the information you need?
- Are the people needed for the conversation in place?
- Do you have a place with some privacy?
- Prepare yourself and the patient
 - “Let me take a minute to make sure I have what I need...”

Understand

- ❑ When you give serious news, your patient is learning.
- ❑ Start with what they already know.
- ❑ “What have you taken away from the other doctors already?”

Inform

- ❑ Get to the point with a one or two sentence headline.
- ❑ Headlines need to convey fact and meaning.
- ❑ Delivering information at a 5th grade language style is most helpful to start.
- ❑ After the headline, you will likely need to give more information, but first make sure the patient takes in the headline.

Dignify

- Expect the patient's first reaction to be emotion.
 - Emotion happens faster than rational thinking.
 - Involuntary and unstoppable.
- Acknowledge the emotion explicitly.
- “I can see that this is not the news you were hoping for.”
- NURSE statements can be very helpful in this setting.

Equip

- Prepare patient for the next steps.
- Take the perspective that your patient can rise to the challenge.
- Don't dismiss concerns.
 - ~~“Everything will be fine.”~~

NURSE

- Skills used to respond to emotion
- Notice the emotional cue, use the skill, and watch the response.
 - *Name* - “It looks like you are worried/scared/angry.”
 - *Understand* - “I can understand why you are angry.”
 - *Respect* - “You’ve done a great job advocating for ...”
 - *Support* - “I will find answers to your questions.”
 - *Explore* - “Tell me more.”

Structured Conversation in Late Goals of Care

- REMAP
 1. *Reframe* – the big picture
 2. *Expect emotion* – respond with empathy
 3. *Map* – out what's important
 4. *Align* – with patient values
 5. *Plan* – treatments to match values

Reframe

- For the patient/family to discuss new goals they have to understand that the old plan isn't working.
- Ask – Tell – Ask
 - What have you heard?
 - Is it OK if I tell you what I know?
- What's the headline?
 - Say it, then STOP

Expect Emotion

- Respond empathically.
- Emotions mean that you were heard.
 - Differentiate not being understood from an emotional reaction to the news.
- Emotions are often masked as a cognitive question.
- NURSE statements.
- Can they think about the theoretical possibility of it getting worse?
 - Hope for the best. Prepare for the worst.
 - If not, you need to stop and focus on building the relationship.

How do you know that you're ready to move forward?

- Emotion level decreases
- Ask permission
- Allow the patient/family to ask what comes next
- Understand this may not happen in a single day/encounter.

Moving Forward

- ❑ Mapping: Understanding patient values
- ❑ Aligning: Reflecting understanding of goals
- ❑ Planning: Propose a plan that fits those goals

Using Skills in Educational Practice

- Transition of thought from authority to guide.
- Three phases of learning:
 - Deliberate practice
 - Assessment
 - Continual practice

Deliberate Practice

- Commitment to focus/practice of a specific skill set.
 - Drill down to a single focus/skill.
- Requires pre-meditation and planning prior to patient encounter.
 - “What are you worried about with this meeting?”
 - “Are there any tools you could use to mediate that concern?”

Deliberate Practice

- Learners will require assistance in establishing a *learning goal* based on previously learned skills.
 - “I just want them to understand.” => HEADLINE
 - “I’m afraid they’re going to get mad.” => NURSE
 - “I don’t think they’re really getting it.” => ASK-TELL-ASK
- Allows them to focus on where they may feel they need more practice.
 - “I want to focus on my headline.”
 - “I want to help them map out values.”

Deliberate Practice

- Acknowledge the anxiety.
 - “If you need help, look over at me and I may chime in.”

Assessment

- Time of action feedback is most effective.
 - Make time for feedback immediately after encounter.
- Personal reappraisal is better than external feedback.
 - “What went well?”
 - Encourage further deliberate thought on the direct action of the learner that lead to the response.
 - “And what exactly did you say that allowed them to understand their condition?”
 - “How exactly did they respond when you said...?”
 - There’s always something positive to say!

Assessment

- Be prepared with specific feedback.
 - Take notes or write down important phrases used by the learner.
 - “I really liked how you said...”
- Don’t be afraid to incorporate other members of the team who may have been involved.
 - “What did you see Dr. X do well?”
 - Encourage specific feedback – “What did they say exactly?”
 - Allows positive reinforcement of positive behaviors and statements from the entire team.

Assessment

□ Outcome

- “How exactly did the patient respond?”
 - Don’t be afraid to help them out if they cannot remember immediately. – “I noticed...”

□ Action

- “What did you do/say that made the patient respond that way?”

□ Crystallize

- “Exactly! So when you acknowledged the emotion, the patient became sad and reflective and was able to discuss next steps.”

Continual Practice

- Commit to skills for future practice.
- Establish a *learning opportunity*, using that opportunity to build a *take home point*.
 - “Looking back is there anything you wish you had done differently?
 - “What might you have said when the patient said ‘I don’t accept this.’/started to cry?”
- Take home point – allows them to specifically commit a learned skill to future practice.

Continual Practice

- The final learning opportunity and take home point do not need to match the initial learning goal.
- Letting go of your agenda to focus on what learner is able to absorb.
 - Simple, singular statements.
 - You don't have to achieve perfection on the first discussion.
- Any take home point should be an opportunity for growth rather than a criticism.

Possible Barriers

- The learner misses the mark.
 - Acknowledge - Pivot - Return
- The learner can't identify a learning opportunity.
 - Look - Point - Describe (show the data)
- The learner can't identify a take home point.
 - Brainstorming - Individual or group
- Lack of learner buy-in.
 - Directed focus towards positive behaviors that bear repeating.
 - Ignore the skepticism.

Possible Barriers

- Learner's emotional response
 - Acknowledge the difficult of some interactions.
 - Point towards positive points of interaction.
- Run away encounter
 - "May I chime in?"
 - "May I add something here?"
 - Permission rather than interruption.
 - Allows learner to maintain control.
 - Maintains learner authority in front of patient.
 - Doesn't excuse the final assessment piece.
 - It's OK to allow a little struggle to assess learner response.

References

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