

Breaking Bad News: A Toolkit for Difficult Conversations

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Learning Objectives

- Describe barriers to communicating difficult prognostic information to patients
- Identify 3 elements of a “breaking bad news” conversation
- Describe 2 strategies for communicating bad news in a clinical encounter

Outline

- Reflection on Challenges
- Communication Framework
- High-yield Strategies
- Practice Example
- Discussion

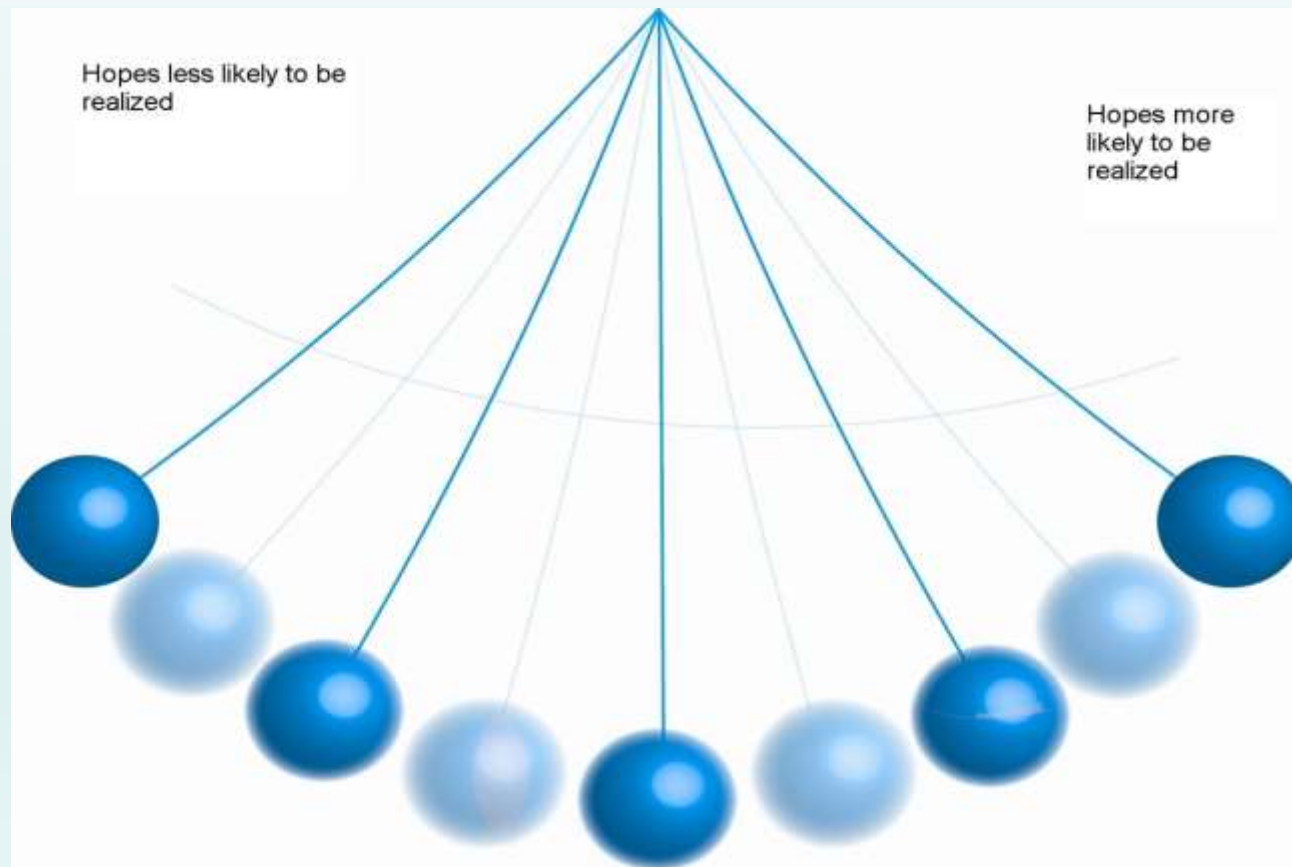
Reflection

Think back to the last time you had to give a patient bad news.



- What were you feeling at the time?
- What made it most challenging?

Integrating difficult news is often a dynamic process



Three steps to give structure to the conversation

- Set Up
- Disclosure: Ask-Tell-Ask
 - Respond to Emotion:
 - » Compassionate silence
 - » NURSE

Strategy #1

- Disclosure: **Ask-Tell-Ask**
 - **ASK** permission: *Would it be OK if we talked about what your test results showed?*
 - **TELL**: *I'm afraid I have some difficult news. The ultrasound showed an empty gestational sac, which means the pregnancy is not viable.*
 - **ASK** for understanding: *Do you have questions about what this means for you both moving forward? Would it be OK to talk a bit about the next steps and other options we can consider?*

Demo Case



Demonstration #1 : Ask-Tell-Ask

- Julie Morrison, age 35
- 8wks, 3 days pregnant, + bHCG
- 4th IVF cycle (previous 3 resulted in pregnancies that terminated between 7-9 wks)
- Ultrasound shows empty gestational sac
- Julie & husband David here for visit

Debrief Demo

- How did the structure of Ask-Tell-Ask feel?
- Did that seem plausible?
- What seemed unrealistic?

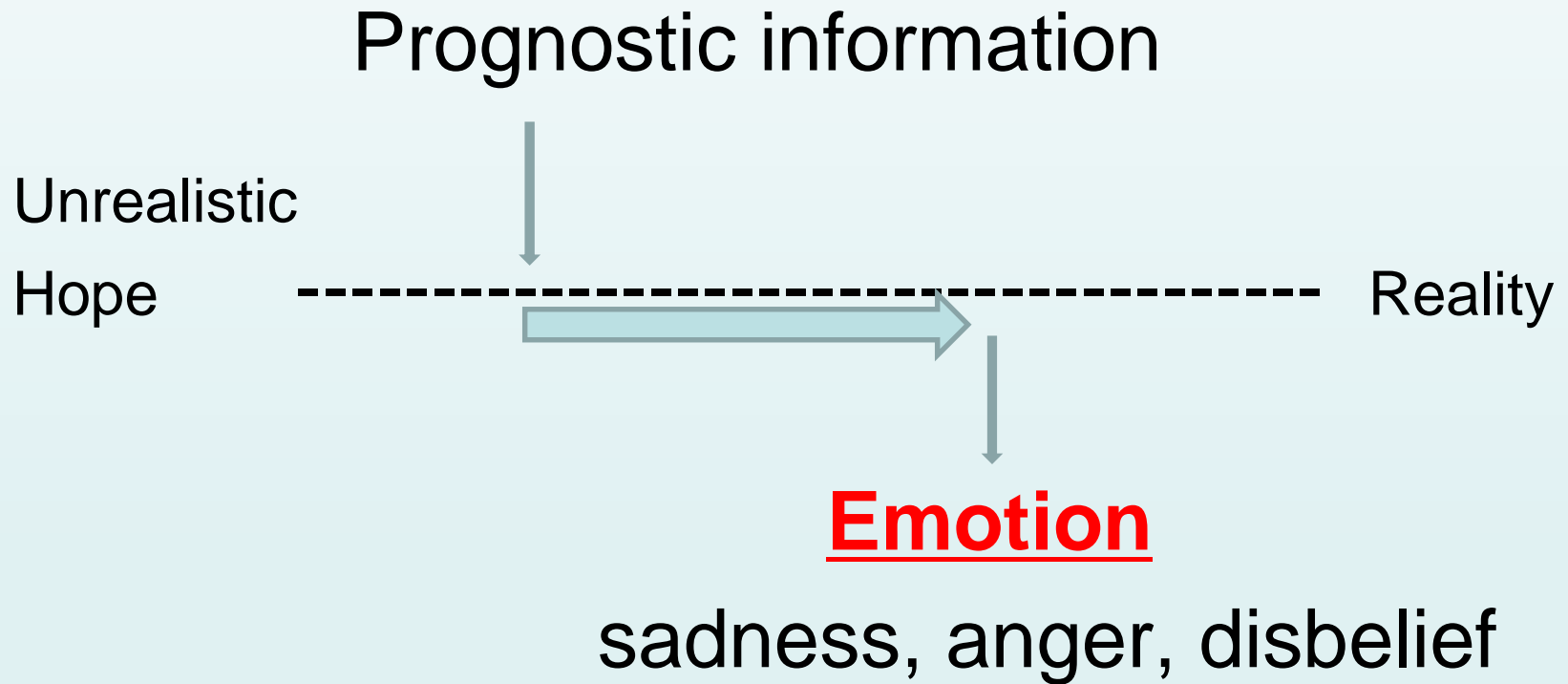
Debrief Demo

- How did the structure of Ask-Tell-Ask feel?
- Did that seem plausible?
- What seemed unrealistic?

Intensity of **EMOTION**



Prognostic information precipitates emotion



Strategy #2

- Set Up
 - Disclosure: Ask-Tell-Ask
 - Respond to Emotion:
 - » Therapeutic silence
 - » NURSE



NURSE mnemonic

- **N**ame: “It seems like you are concerned...”
- **U**nderstand: “I can only imagine...”
- **R**espect: “I am so impressed by...”
- **S**upport: “I’ll be with you through all of this”
- **E**xplore: “Tell me more...”



NURSE statements for articulating empathy

	Example	Notes
Naming	"It sounds like you are frustrated"	In general, turn down the intensity a notch when you name the emotion
Understanding	"This helps me understand what you are thinking"	Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don't)
Respecting	"I can see you have really been trying to follow our instructions"	Remember that praise also fits in here eg "I think you have done a great job with this"
Supporting	"I will do my best to make sure you have what you need"	Making this kind of commitment is a powerful statement
Exploring	"Could you say more about what you mean when you say that..."	Asking a focused question prevents this from seeming too obvious

Three fundamental skills

	Example	Notes
Tell me more	"Tell me more about..."	Use when you are not sure what someone is talking about (rather than jump to an assumption).
Ask-tell-ask	"What do you think about..." "Here's what the tests show" "Does that make sense...?"	Related to Assess-Knowledge-Respond in SPIKES. Think of this as one unit of information transfer
"I wish" statements	"I wish I could say that the chemo always works"	Enables you to align with the patient while acknowledging the reality of the situation





Demo #2: Julie (revisited)

- Julie Morrison, age 35
- 8wks, 3 days pregnant, + bHCG
- 4th IVF cycle (previous 3 resulted in pregnancies that terminated between 7-9 wks)
- Ultrasound shows empty gestational sac
- Julie & husband David here for visit



Debrief & Discussion

- What did you notice in demo #2?
- How did the NURSE statements add to or change the feel of the conversation?
- What would you change?

These skills can be learned

Additional Useful Communication phrases:

- *Hope/Worry*
- “*I wish*” statements – to align while acknowledging the reality of situation
- “*Tell me more about...*” – instead of assuming

Final Summary

- Describe barriers to communicating difficult prognostic information to patients
- Identify 3 elements of a “breaking bad news” conversation
 - Set Up
 - Disclosure
 - Response to Emotion
- Describe 3 strategies for communicating “bad news” in a clinical encounter
 - Ask-Tell-Ask (for disclosing the news)
 - Silence
 - NURSE (for responding to emotion in the room)

Thank you!

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