



FACILITATOR GUIDE:

Giving Bad News DocCom Module 33

Check-in: (5 min)

Ask questions like: “What’s happening in your lives?”; “What do we have to do to clear the air so we can begin the session?”; “Do you have any major stressors?”

Self-assessment:

Ask residents to mark pre-session conviction and confidence scales. (handout)

Session Goal Setting:

Inform your group members of the following goals:

- Describe the effects (on patients and on clinicians) of clinicians’ empathic responses to strong emotions, as well as, the effects of ignoring strong emotions.
- Identify likely origins of strong emotions.
- Describe how clear personal boundaries promote clinical effectiveness and professional growth.
- Demonstrate ability to respond empathically to strong emotions.
- Describe situations that may require referral or medication as adjunctive responses to strong emotions.

Personalized Goal Setting:

Ask what specific skills from the Behavior Checklist each resident wants to improve for him/herself. (Write these on the board or easel.)

Engaging Learner Interest/Discussion: (10-15 min)

- Inquire about residents’ prior experience: Ask residents to describe a time when they gave (or observed giving) bad news well. “What skills helped it go well?”; “Have they observed or been involved when it has not gone well?”
- Module review: Ask what they found most useful in the module, either about the conceptual framework or the specific communication skills presented.
- Personal experience: If there is time and you have a vivid example from your clinical experience, share that story.

Personal Reflection: (A useful exercise, if you have time)

Ask residents to jot down answers to these questions. If you have a large group, they can discuss their answers in groups of 2-3 for 15 minutes and then share their contributions and insights with the larger group.

Otherwise, you can conduct a group discussion.

- How do you feel when you need to tell someone bad news?
- What have been your reactions or your family’s reactions when you have heard bad news in the past?
- What might the bearer of bad news do to help you hear it and absorb it?
- What makes the communication of bad news go well? What makes it go poorly? From whose standpoint are you answering this question?
- When delivering bad news, how can you take care of yourself while attending to the needs of your patients and their families?
- What are your fears about illness and death? How might these fears affect your communication of bad news?



Skills Development: (25 min)

Show **VIDEO: M 33, You Have Cancer**. While watching the video and using the BCL, each learner should identify at least five skills demonstrated by the clinician in the video.

- **Debrief Video Exercise:** “What skills were demonstrated that would be easy for learners to adopt?”; “Which skills would be more difficult?”
- **Role Play:** Ask residents to pair up (or do role play in front of the group). Quickly develop a scenario, find a cue line and do a 3-5 minute role play, with a focus on skills in the Behavior Checklist. Provide positive feedback/suggestions. Repeat as time allows. You might consider the following points for scenario development:
 - Around this topic, what would be the issues for you?
 - Can we use a scenario you have faced in the past or the sort of thing you often have to do?
 - What do we need to know to make the scenario real for you?
 - Establish sufficient detail so participants can get into role.
 - What are your learning objectives for this scenario?
 - What would you like to get feedback on?
 - Consult the Behavior Checklist.
 - Remember, interviewer can ask for time out any time and may change roles any time. Another approach to role play is to play the patient yourself and ask a resident to be the doctor in the scenario above. The resident can ask for time outs, if necessary, and ask colleagues for help. You might interrupt the role play at the two minute mark to tell the resident how you are feeling as the patient and to suggest fruitful next steps.
- **Debrief: (5 min)** Allow 5 minutes at the end of this segment to have a general discussion about what worked, what were the barriers, etc.

Conclusion/Next Steps: (5 min)

Ask residents to complete the handout items, provide assignment for next session and collect handouts. The handout items are:

- Conviction and confidence post-session scales
- A skill they plan to practice in the coming week in their clinical work
- What else they learned in the session today
- What you might do to improve a future session (feedback)

Next Session Assignment:

Read **DocCom Module 34: Communicating with Patients Near the End of Life**. Complete the MCQs and respond to one of the questions in Discussion Question 2.



BEHAVIOR CHECKLIST

Verbal Behaviors

- Ask what the patient and family already know and what they expect.
- Ask before telling.
- Use a “warning shot,” such as, “I do not have good news.”
- Use simple, straight-forward language.
- Give the patient and family time to respond to each piece of information.
- Acknowledge, legitimize and explore strong emotion before reassuring or moving on.
- Describe a range of time when communicating prognosis; allow for exceptions.
- Because patient and families don’t hear much after the initial diagnosis, repeat key data during both the initial conversation and follow ups.
- Establish a concrete plan for immediate next steps.
- Assure the patient and family that you will make certain they are not abandoned.

Non-verbal behaviors

- Find a private space and uninterrupted time.
- Sit down, shake hands and check in with patient and family.
- Listen carefully to the verbal responses and observe carefully the nonverbal responses.
- Allow silence.
- Have tissues handy.



LEARNER HANDOUT:

Giving Bad News DocCom Module 33

Rationale:

Breaking bad news is a frequent task in clinical practice. It can be challenging and emotionally difficult for the clinician as well as the patient. Patients remember the breaking bad news conversation for the rest of their lives and there is evidence that the conversation affects patient's mental health and coping for many months afterwards. There is much research that demonstrates that clinicians often break bad news badly. There is fair agreement among experts on the essentials of bad news delivery. By learning and following the essential steps you can communicate bad news effectively and compassionately.

Learning Goals:

At the completion of this session you will be able to:

- Describe the six-step protocol for delivering bad news.
- Name 4 ways of responding to the feelings of a patient receiving bad news and give an example of each.
- Name 4 common barriers or pitfalls in delivering bad news.
- Demonstrate the ability to deliver bad news using the six-step protocol.

Key Principles:

- "Bad" news is defined by the person receiving the news.
- Communicating bad news is a core clinical skill and the quality of your bad news communication has a powerful impact on every other aspect of your clinical relationships.
- The quality of bad news delivery is strongly affected both by clinicians' feelings (especially by negative feelings) and by their competence in responding with empathy to their patient's reactions.

A Six Step Protocol:

- Preparation and planning
- What does the patient want to know?
- How much does the patient want to know?
- Sharing the information
- Responding to emotions
- Planning and follow-up



Pre-session: Conviction and Confidence:

How **convinced** are you that it is important to use the six step protocol in giving bad news? (*0 = not at all; 10 = totally*)

0 1 2 3 4 5 6 7 8 9 10

How **confident** are you that you can give bad news in an organized and compassionate way that is helpful to your patient? (*0 = not at all; 10 = totally*)

0 1 2 3 4 5 6 7 8 9 10



Post-session: Conviction and Confidence:

How **convinced** are you that it is important to use the six step protocol in giving bad news? (*0 = not at all; 10 = totally*) 0 1 2 3 4 5 6 7 8 9 10

How **confident** are you that you can give bad news in an organized and compassionate way that is helpful to your patient? (*0 = not at all; 10 = totally*)

0 1 2 3 4 5 6 7 8 9 10

What are two or three main points that you learned in the session today?

What skill do you plan to practice in your clinical work in the coming week?