



Essential Communication Skills

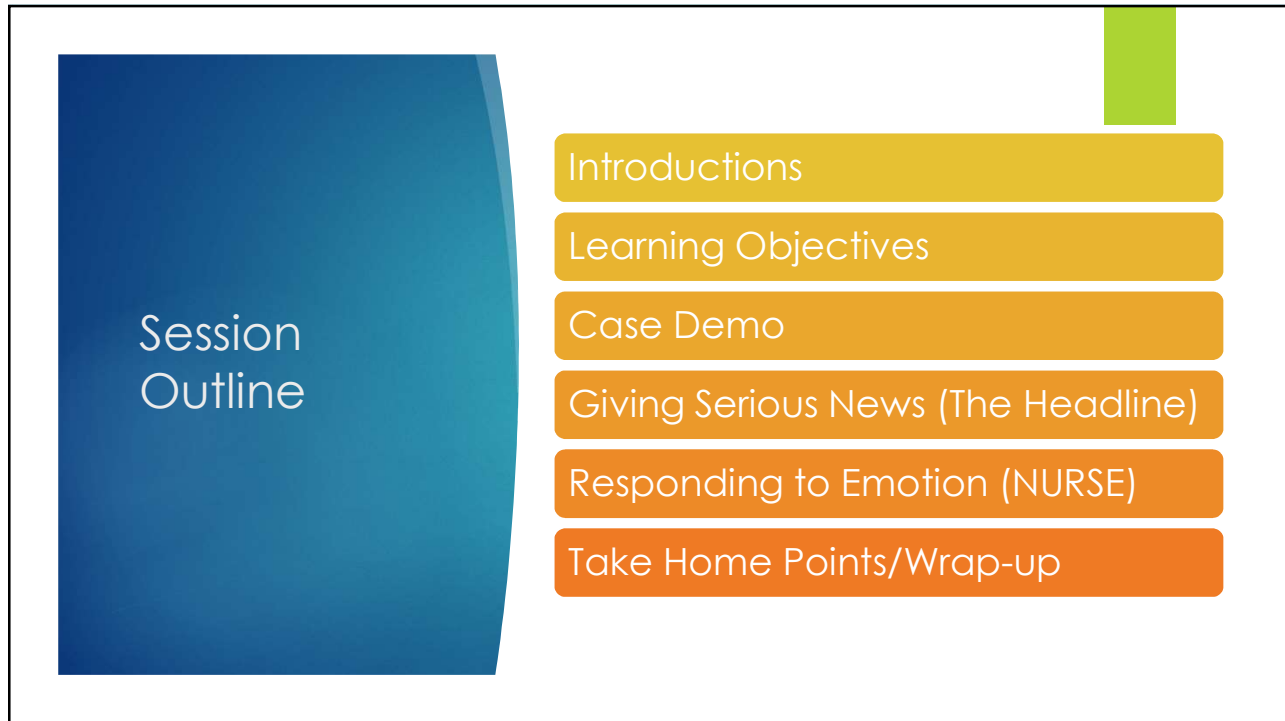
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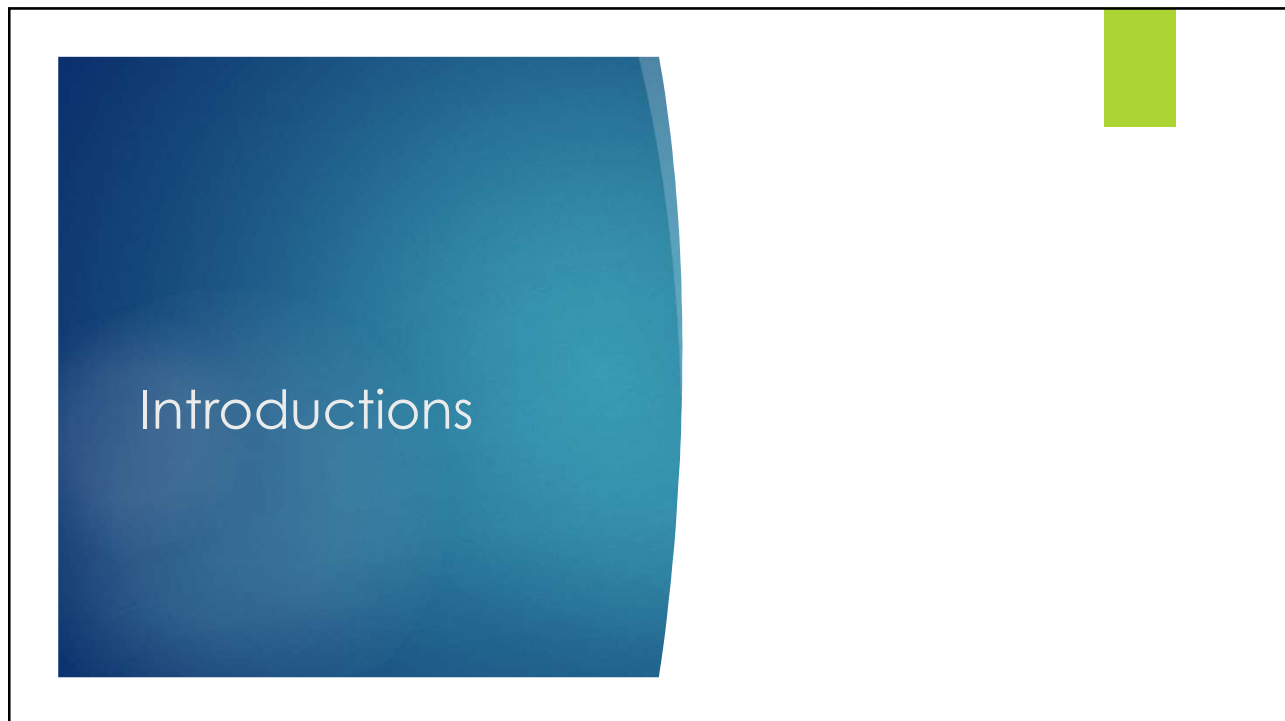
Session Outline



Session Outline

- Introductions
- Learning Objectives
- Case Demo
- Giving Serious News (The Headline)
- Responding to Emotion (NURSE)
- Take Home Points/Wrap-up

This slide features a blue gradient background on the left with the text "Session Outline". To the right, a vertical list of six topics is presented in rounded rectangular boxes with a color gradient from yellow to orange. A small green vertical bar is located in the top right corner of the slide frame.



Introductions

This slide features a blue gradient background on the left with the text "Introductions". A small green vertical bar is located in the top right corner of the slide frame.

Faculty facilitators: Thank you!

- ▶ Lawrenceville:
 - ▶ Lindsay Blazin, MD
 - ▶ Paul Fadakar, MD
 - ▶ Melinda Hamilton, MD
 - ▶ Dianna Ploof, EdD
- ▶ Oakland:
 - ▶ Deborah Moss, MD
 - ▶ Evelyn Reis, MD
 - ▶ Kate Watson, DO

Learning Objectives

- ▶ Identify two techniques for delivering serious news in a concise fashion and responding to emotion
- ▶ Apply these techniques to patient scenarios in a small group setting



Case Demo



Case Demo

You just took over as attending on your inpatient service and overnight the father (John Parks) of one of your patients shoved the mother (Susie Parks) and was escorted out by hospital police. The mother was holding the patient (6-month-old Neveah Parks) at the time and although she didn't drop Neveah, your resident team ordered a skeletal survey. The patient has evidence of old posterior rib fractures, concerning for physical abuse.

Case Demo

- ▶ **Dr. Choi's task:** Tell the mother about the fractures, that CYF will be notified, and respond to her emotion. She is here alone.
- ▶ **Your task:** Take good notes, pay attention to key phrases/words

Giving Serious
News:
The Headline

Giving the News: The Headline

- ▶ **Giving serious news is hard**
- ▶ Parents/families don't think we do it very well
- ▶ Recipients of serious news hear less than half of what is said
- ▶ Physicians express discomfort having these conversations
- ▶ **We can get better at it with training and practice**

Contro et al. 2002
Kuttner 2007
McCabe et al. 2007

Why is this so hard to do?



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Why is this so hard to do?

- ▶ Hard to know exactly what words to say
- ▶ Fear of taking away a patient or family member's hope
- ▶ Lack of formal education/training
- ▶ These are often emotion-laden conversations especially in pediatrics
- ▶ Prognostication can be challenging
- ▶ Time!!!

Giving Serious News: **Ask-Tell-Ask**

- ▶ **Ask:**
 - ▶ “What have the doctors been saying about....?”
 - ▶ “What do you already know about what is happening...?”
 - ▶ “Is now a good time to discuss....?”
 - ▶ “What do you want to know about....?”

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★ Giving Serious News: Ask-Tell-Ask ★

► **Tell**

- Warning shot
- Headlines are succinct descriptions of the big picture
- Give the headline then STOP!
- Avoid jargon
- If there is a lot of news to discuss, give in small pieces

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Tell: More about the headline



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Tell: Example #1

Rebecca is a 6 week old former FT infant who presented to the PICU with altered mental status and on further evaluation was found to be a victim of NAT. She is currently intubated and makes no spontaneous respiratory effort on the ventilator. Her neurologic exam reveals no evidence of purposeful movements and she is currently off of all sedation. Her brain imaging reveals significant injury consistent with hypoxic ischemic encephalopathy.

Tell: The Headline

Rebecca has unfortunately suffered a significant brain injury to the thinking/feeling part of her brain. We are **worried** that she will not be able to talk, walk, eat, or breathe on her own.

Tell: Example #2

Marcus is a 7 year old boy with a history of diffuse intrinsic pontine glioma which has progressed despite multiple rounds of therapy. He is currently admitted to the oncology service after he developed new neurologic deficits at home and unfortunately his repeat MRI now shows further progression of his disease.

Tell: The Headline

Unfortunately, Marcus' scan shows his tumor is growing. His cancer is getting worse despite the treatment.

Giving Serious News: Ask-Tell-Ask

- ▶ Ask
 - ▶ Clarify the patient's/family member's understanding
 - ▶ "Sometimes as doctors we don't explain things very well and I was wondering if you could tell me how you might tell your family members about what is going on so I make sure I explained it correctly."
 - ▶ Invite questions: "What questions do you have?"

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Giving Serious
News:
Small Group
Practice

Small Group Practice: Ground Rules



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no wrong answers

www.steemit.com



www.getbridge.com



www.psychologytoday.com

Responding to Emotion

Responding to Emotion

- ▶ After giving serious news, what is the typical patient/family response?
 - ▶ Fear
 - ▶ Anger
 - ▶ Sadness
 - ▶ Others?



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Responding to Emotion

- ▶ After giving serious news, what is the typical provider response?
- ▶ **Remember when they give you emotion, that means they heard the news....**
- ▶ Take a deep breath
- ▶ Stop talking!
- ▶ Respond to the emotion



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Responding to Emotion: NURSE



- ▶ **Naming**
 - ▶ "I can see this was really surprising news".
 - ▶ "It sounds like you are frustrated".
- ▶ **Understanding**
 - ▶ "I can't imagine how hard this must be for you."
- ▶ **Respecting**
 - ▶ "I can see how hard you have been advocating for your son."
- ▶ **Supporting**
 - ▶ "Our team is here to help you with this."
- ▶ **Exploring**
 - ▶ "Tell me more...."

Responding to
Emotion:
Small Group
Practice

Take Home Points/Wrap-up

Take Home Points/Wrap-up

- ▶ When giving serious news, remember the reframe and ASK-TELL-ASK
 - ▶ **ASK:** For permission to talk about the news and what they understand so far
 - ▶ **TELL:** Give the headline and give news in small chunks
 - ▶ **ASK:** Encourage questions and ask for clarification
- ▶ After giving serious news, **STOP TALKING!!!!**
- ▶ Remember your NURSE statements to help you respond to emotion

References

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- ▶ www.vitaltalk.org

Closing Thoughts



AIDET

A	Acknowledge	Greet the patient by name. Make eye contact, smile and acknowledge family or friends in the room.	<i>Good morning, Mrs. Smith.</i>
I	Introduce	Introduce yourself with your name, skill set, professional certification, and experience.	<i>I'm Dr. Williams and I'll be providing care for you today. I specialize in pain management, which I understand is the reason for your visit today.</i>
D	Duration	Give an accurate time expectation for tests and identify next steps. When this is not possible give a time in which you will update the patient on progress.	<i>I'm going to take about 5 minutes to review your medical history with you and discuss your symptoms. The entire visit should only take about 30 minutes.</i>
E	Explanation	Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you.	<i>Can you tell me more about the accident you had last year that is the cause for your chronic pain? Next we will... What questions do you have for me?</i>
T	Thank You	Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient.	<i>Thank you so much for your thoroughness in providing details today. With this treatment plan, I feel you will find a great deal of relief. Do you have any other questions for me or is there anything I can do for you before you leave?</i>

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