Objectives:
1. Describe effective communication strategies.
2. Discuss communication protocols and mnemonics that can serve as a stepwise framework for approaching difficult conversations.
3. List positive outcomes that can be achieved through empathy and mattering while balancing realism and hope.

What is Communication?

- 2-way process
- Verbal & non-verbal components
- Complex
- Influenced by the emotions & thoughts of the health care professional, the patient/family
- Essential for high quality, effective & safe practice of evidence-based health care
- Building block for creating therapeutic relationships with patients & their families

(Rajashree, 2011)

Therapeutic Communication Should:
- Ease suffering
- Provide education & reassurance
- Promote understanding
- Be continuous & ongoing
- Advocate for
- Improve communication between the interprofessional team & the patient/family
- Instill hope

Basic Communication Essentials
• Courtesy
• Respect
• Introductions
• Uniqueness of all individuals
  – Gender
  – Age
  – Race/Ethnicity
  – Religion/Spirituality
• Flexible & adaptable
• Admitting don’t have all the answers!

• Honesty & integrity
• Therapeutic
• Holistic
• Voice tone & quality
• Person-centered
• Interactional process
• Strength versus deficit model
• Listening component
  – Active, silence, repetition, reiteration, reflection, nodding, smiling, “hmmm”
• Requires preparation!

• Incorporation of ethical principles
  – Respect for autonomy
  – Nonmaleficence
  – Beneficence
  – Justice
• Confidentiality is an expectation
• Give broad range time frames
• Empowerment
• Emotional attunement
• Acknowledgement of “others” needs
• Self-awareness is key!

• Be a good person
• Treat others as you would want to be treated (respect)
• Be fair
• Be the best you can be in these situations
• Simply do the right thing (Browning, 2010)

Universal Human Standards
or
Common-Sense Ethics

Factors
Potentially Impacting
Communication

• Physical symptoms
• Emotions
• Fear
• Financial constraints
• Family dynamics
• Uncertainty
• Time constraints
• Lack of experience or practice
• Lack of self awareness
• Health issues:
  – Depression
  – Anxiety
  – Substance abuse
  – Dementia
  – Delirium
  – Hearing loss
  – Vision loss
  – Pain

• Lack of awareness related to:
  – Self *
  – Gender
  – Age
  – Culture
  – Education
  – Literacy
  – Social & economic status
  – Religion/spirituality
  – Feelings, emotions, values, beliefs

• Not understanding the persons role
• Not recognizing the importance of the “family” within the persons life
• Giving a narrow, predicted time frame for what might happen & when
• Omnipotence (Latin “all knowing”)
• Making assumptions about the impact of the news or the persons understanding, priorities or readiness to hear difficult news (Edwards, 2010)

• Giving inappropriate reassurance or false hope
• Hurrying the conversation
  – Looking at watch
  – Appearing distracted
  – Looking at cell phone or pager messages
• Sharing difficult or bad news with others before sharing with the individual
  – Agreeing to withhold important information from the individual, based on family wishes

• What is a Difficult Conversation?
Difficult Conversations are NOT just about terminal illness, death & dying!

Listening

Silence

Communication Strategies

Acknowledging

Containment

• Introduce yourself & your role
  – Shake hands
• Ask for identification & role of family members/friends (write it down)
• Give complete information
• Be objective
• Reframe, educate & normalize
• Interprofessional approach
• Always include the person when appropriate
• Know something about the person!

Acknowledgement

Introduction

Duration

Explanation

Thank you

• Unique to every person
• Related to personal:
  – Values
  – Feelings
  – Beliefs
• Depends on the relationship & history with the individual rather than the content
• Level of emotional investment
• Perception of how the conversation will go

• Transitions
• Conditions
• Emotions
• Values
• Beliefs
• Wants versus Needs (preferences)
• Goals (wishes)
• Relationships
• Professional
• Work your schedule around the availability of family members
• Be prepared
  – Review the medical record & other appropriate information before the meeting
• No interruptions
  – Cell phone off; have someone cover pages; quiet room away from traffic & noise
• Rehearse mentally
• Prepare emotionally & spiritually

• Consider where & how YOU sit
  – Close to
  – Eye level
  – No barriers between
• Give a warning
  – Ease in to the topic but don’t dawdle!
• Open-ended questions
• Address issues as they surface
• Encourage exploration of feelings & emotions
• Be open & non-judgmental

• Do not talk over or around the individual
  – Best to speak in another room
  – Hearing last sense to decrease
• Help the family to acknowledge their loss & its personal magnitude
• Offer a non-judgmental presence & acceptance
• Lay terminology
• Avoid the words death & dying, end of life, etc. at the beginning of the relationship

• Encourage family members to be specific – ask for examples
• Affirm the importance of each person’s contribution
• In the beginning – don’t offer advice or interpretations (even if asked)
• Go slowly!
• Schedule a follow-up meeting
• Take time for yourself!

• Total focus on “the other”
• Person-centered
• Brings humanism to the conversation
• Listening component
• Motivation
• Accurate understanding of the individual’s feelings
• Effective communication of that understanding back to the individual

Empathic Communication
Empathic Statement Examples:
- “I can see how upsetting this is to you”
- “I can tell you weren’t expecting to hear this”
- “I know this is not good news for you”
- “I’m sorry to have to tell you this”
- “This is very difficult for me also”
- “I was also hoping for a better result”

Four C’s
- Caring
- Curious
- Concerned
- Confused

Concept of Humanism:
- View individuals holistically & as unique
- Address the person by name
- Touch
- Presence
- Utilize medications with compassion
- Provide optimum autonomy
- Give dignity & respect
- Show compassion & sensitivity

MATTERING
- Involves feeling:
  - Important
  - Attached
  - Missed
  - Interesting
  - Depended upon
- Refers to our belief, right or wrong, that we matter to someone else
  - Motivating

MNEMONICS & ACRONYMS

SPIKES
6 Basic Steps For Breaking Bad News

Buckman, 1984
• S: Setting or getting Started  
  – Location  
  – Privacy  
  – Quiet  
  – Minimize distractions  
  – Involve selected individuals  
  – Sit down & get comfortable  
  – Eye level  
  – Body language  
  – Listen  
  – Set time limits

• P: Perception  
  – Before you tell – ask  
    • Listen to response  
      – Note language, vocabulary, emotions  
      – Use in your response  
    • Look for clues  
      – Patient/family perception of situation, condition & seriousness  
      – Correct misinformation  
      – Tailor the information to what the individual understands

• I: Invitation & Information  
  – Allow the individual to determine ahead of time who they want present during the conversation  
    • Ask “who should be present?”  
  – Permission from individual to give them information or to decline receiving it  
    • To share information  
    • Support or resources

– Develop/plan the agenda for the meeting ahead of time:  
  • Diagnosis  
  • Treatment  
  • Prognosis  
  • Support or coping  
  – Give the information in small chunks  
    • Stop between each “chunk” to see whether the individual understands or has any questions

– Translate medical terms in to lay terms that are easily understood  
– If the person does not speak English, use a translator in the room  
– Ensures that communication is accurate & that questions/concerns have been addressed  
– HIPAA  
  • Information must be given directly to the patient unless they have expressly given written permission for information news to be given to friends/family

• K: Knowledge  
  – Provide facts after aligning  
  – Fire a warning shot 1st  
  – Use the same language the individual uses  
  – Use lay terminology  
  – Give information in small bytes  
  – Clarify understanding  
  – Tailor the rate of information sharing  
  – Acknowledge/respond to emotions & reactions
– Reinforce & clarify the information frequently
  • Repeat important points
  • Diagrams, written material
– Check your communication level
  • Adult-to-adult
  • Giving individual permission/signals to ask questions
– Listen for the agenda
– Blend your agenda with the reactions

• E: Empathize & Explore
  – Acknowledge emotions as they arise
  – Empathic Response:
    1. Listen for & identify the emotion (or mixture of emotions)
    2. Identify the cause or source of the emotion
    3. Show the individual that you have made the connection between the above 2 points

• S: Strategize & Summarize
  – Ensure understanding
  – Check frequently to make sure everyone is on the “same page”
  – Give opportunity for questions, discussion, voicing concerns
  – Indicate what can & cannot be done (or fixed) to help the situation
    • Acknowledge feelings & emotions about the “undoable” or “unfixable”

– Validate
  • Identify & acknowledge
  • Express your perception of the individual’s emotions
– Legitimate
  • Acceptable or recognized as genuine
– Normalize
  • Emotions & feelings are part of the human experience
  • Therapeutic to share & be open

– Leave with clear plan
– Prepare for the worst & expect the best
  • Coping mechanisms
  • Strengths
  • Sources of support
– MUTUALITY
– Next steps
  • Next conversation date
– Roles
  • Who will do what to prepare (achievable & measurable short-term goals)

The ABCDE
Mnemonic for Breaking Bad News
Vandekieft, 2001; Rabow & McPhee, 1999
• **Advance Preparation**
  – Mentally rehearse
  – Identify words or phrases to use or to avoid
  – Practice the conversation
  – Assess patient understanding

• **Build a therapeutic environment/relationship**
  – Find a quiet place
  – Use open body language
  – Address all patient fears

• **Communicate well**
  – Be direct
  – Frank but compassionate
  – Avoid euphemisms & medical jargon
  – Allow for silence & tears
  – Ensure patient understanding

• **Deal with patient & family reactions**
  – Be empathetic
  – Do not argue with or criticize colleagues or other members of the health care team

• **Encourage & validate emotions**
  – Reflect back emotions
  – Ensure accurate interpretation of the news
  – Offer realistic hope according to the individuals goals
  – Address further needs including support
  – Provide written information
  – Use interdisciplinary resources
  – Take care of your own needs

  • **Process your feelings**

• **G R I E V _ I N G**

  • **Gather**
  • **Resources**
  • **Identify**
  • **Educate**
  • **Verify**
  – **Space – personal space; stop talking; absorb**
  • **Inquire**
  • **Nuts & Bolts – the practicalities of situation**
  • **Give – card & access information** (Lowry, 2007)

• **B R E A K S**

  • **Background**
    – Issue, culture, ethnicity, religion/spirituality
  • **Rapport**
    – Unconditional positive regard; no patronizing; provide space for self-disclosure
  • **Explore**
    – Start with what the person knows; dynamics of family; coping strategies

• **Announce**
  – Warning shot desirable; euphemisms should not create confusion; straight forward terms
  – Right to know vs. the right to refrain from knowing

• **Kindling**
  – How your emotions & feelings set the tone

• **Summarize**
  – Highlight the main points; nutshell; written; optimistic outlook maintained (Narayanan, 2010)
FEARED

- Facts
- Empathy
- Anger
  - Listen for misinterpretations/misconceptions
- Recite back
- Extended family
- Document
  - After the talk; FEARED format (Walsh, 2002)

SPOKES

- Name
- Understand
  - “I can see why you feel this way”
- Respect
  - “You’ve been through a lot & that takes a lot of courage”
- Support
  - “I want to help you get better” (Fortin et al., 2012)

NURSE

- Name
- Understand
- Respect
- Support
- Explore
  - Continuously explore an individual’s concerns by asking them to share more or elaborate on something they might have shared before (Barnard & Gancz, 2011)

BATHE

- Background
  - “What has been going on in your life?”
- Affect
  - “How do you feel about that?”
- Trouble
  - “What troubles you the most about this situation?”
- Handling
  - “How are you handling this?”
- Empathy
  - “That must be difficult” (Stuart & Lieberman, 2008)
• Tell
  – What has been observed; issue at hand; reminds us to listen
• Explain
  – Specificity related to an issue or problem; extract the person’s story of the account
• Lead
  – By example, role modeling; articulate the new behavior
• Learn
  – The consequence

Guidelines for Difficult Conversations
McCullers Varner, 2011

• Be prepared for bad reactions
• Know when to stop the conversation
• Choose the right time & place
• Use a respectful tone
• Watch for body language clues
• Acknowledge that you both might not be on the same page
• Be empathetic
• Maintain eye contact
  – Where attention goes, energy flows!

• Stay in control of the conversation
• Realize that sometimes there are underlying issues that are not being discussed
• Write it out ahead of time
• Take/jot down basic notes
  – If you are going to do this, tell the patient you are going to be doing this at the beginning
• Do not interrupt!
• Don’t team up!
  – “Everyone …”

Outcomes

Thank You
Merci
Grazie
Obrigado
Mahalo
Toda
Gracias

11
- Ease suffering
- Provide education & reassurance
- Promote understanding
- Continuous & ongoing
- Advocate for
- Improve communication between the interprofessional team & the patient/family
- Instill hope

- Effective communication is associated with:
  - Improved health outcomes
  - Better quality of care
  - Improved understanding, involvement & co-operation
  - Improved individual & professional satisfaction
  - Reduced medical error & malpractice claims
  - Self-esteem & hope

- There is no right or wrong way to approach!
- Try, try again!
- Practice makes perfect!
- Do not be afraid to show you are human
  - Emotions
  - Feelings
- Empathy toward the individual increases their overall satisfaction
- Conversations about hope & suffering should be a natural part of the caring relationship

References


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