

# What not to say!

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## Plan for this section

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- Why is effective communication important?
- What are the barriers?
- Tools to help establish effective communication
- But what if it is bad news?
- A useful model..
- Questions

## A typical clinic

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- What are your assumptions about your clinic, the team, the hospital?
- What do you **want** from the clinic?
- Do you trust your patients?
- What are your worries?

## Stepping into their shoes

- You're going to see a healthcare professional today
- What are your assumptions about your appointment, the team, the hospital?
- What do you **want** from the appointment?
- Do you trust them?
- What are your worries?



# Effective communication

- Benefits well-being of patients; influencing the rate of recovery, effective pain control, adherence to treatment regimens and psychological functioning (Hagerty, 2005; Turnberg, 1997).

## What is effective communication?

- Two way process
- Talking and listening
- Actively listening vs. passively hearing
- Respectful
- Validating
- Open to considering multiple viewpoints
- Curious



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# Barriers to effective communication

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- Competing demands
- Lack of privacy
- Background noise
- Patient's communication
  - medication
  - Pain
  - Anxiety
- Staff anxiety about delivering news
- Cultural values
- Beliefs

# What are your social graces?

**G**ender  
**G**eography  
**R**ace  
**R**eligion  
**A**ge  
**A**bility  
**A**ppearance  
**C**ulture  
**C**lass/caste  
**E**ducation  
**E**mployment  
**E**thnicity  
**S**pirituality  
**S**exuality  
**S**exual orientation

## John Burnham

- Describe aspects of personal and social identity which afford people different levels of power and privilege.
- Important to consider where we fit within this.
- Helps us to understand power structures related to our characteristics.

## Reflective versus active listening

- More than just listening.
- Active process to secure information that might not otherwise be shared.
- Hearing and understanding and letting the other person know they are heard and understood.
- Can be grouped into two skills clusters:
  - Attending skills: non-verbal communication to express empathy with the other.
  - Reflective skills: reflecting the content and feelings that you hear; may include summaries.





# Reflective listening

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- **Contact:** Eye contact, physical distance between you and the speaker.
- **Gestures:** Consistent with what is being communicated, shift body towards them
- **Environment:** Try to minimise distractions, remove barriers between yourself and the person, do not engage in other activities.
- **Interested silence:** Allow pauses.
- Checking out process.
- Responses ought to be short, succinct and stated in your own words.
- Check your perception of what they are saying.
- Can fall into five categories:
  - Acknowledgement responses
  - Reflecting content
  - Reflecting feelings
  - Reflecting meanings
  - Summarising

## What if it's bad news?



## What is bad news?

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- News that negatively alters a person's view of their future (Buckman, 1984)
- News may be perceived differently by the giver and receiver.
- News may make the giver and/or receiver feel: guilt, anger, anxiety, exhaustion, disappointment, grief etc.

## Why is this important?

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- Families/patients often dissatisfied with quality and quantity of information (Kim & Alvi, 1999; Pearson, Simms, Ainsworth & Hill, 1999)
- Fear that it may be a source of anxiety or depression for the person.
  - No evidence for this.
  - May impact their engagement in treatment regimens.

## SPIKES model (Baile et al 2000)



## Setting

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- Preparation
- Review notes
- Involve significant others
- Environment
- Body language
- Be seated, make eye contact

# Perception

- Check patient's understanding of their condition.



"I'M THE ONE WITH THE MEDICAL DEGREE, I'LL DETERMINE IF YOUR BACK IS BOTHERING YOU, OR NOT..."

## Invitation

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- Most patients want to know about their prognosis
- Ask: How much information would they like?
- Ask: In how much detail?



# Knowledge

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- Clear and simple language
- Avoid jargon – balanced use of medical terms
- Frequent pauses – allow them to respond and to check their understanding
- Use a “warning shot” statement
- Avoid being blunt
- Honest/open, but supportive

# Emotions

- Allow patients to express emotions (this can be tough!)
- Empathic responses to acknowledge these
- How:
  - Observe how they respond
  - Identify and name the emotion
  - Acknowledge that you have connected the emotion to the reason for the emotion.
  - Give space for them to express their feelings



## Strategy and summary

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- Ask if they are ready for further discussion
- Check patient understanding
- Share the responsibility in decision making
- Make plans for future
  - Clear plan – helps the person feel more in control
  - Follow-up session

## Not a single event

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- Part of a wider process (Bousquet et al., 2015)
- Occurs over more than an isolated interview (Warnock et al., 2010)
- Events leading up to bad news affect patient perceptions of the news itself (Shaepe et al., 2011).
- Although the patients reportedly understood their prognosis from the first discussion, they often wanted a follow up discussion, most commonly with the physiatrist in the rehabilitation setting (Kirshblum et al., 2016).

“If you tell the truth you don’t  
have to remember anything”  
Mark Twain

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## Just the start...

- Don't forget the human response
- Focus on the person, not the strategy
- Breaking bad news is not always negative... can strengthen relationship with patients (Warnock et al., 2010)

<https://www.youtube.com/watch?v=1Ewgu369Jw>





