

What not to say!

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Plan for this section

- 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

- 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

- 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?

Gender
Geography
Race
Religion
Age
Ability
Apppearance
Culture
Class/caste
Education
Employment
Ethnicity
Spirituality
Sexuality
Sexual 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

- **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?

- 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?

- 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

- 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

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

Knowledge

- 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

- 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

- 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

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=1Evwgu369Jw>



