

Communication Skills Checklist
Breaking Bad News| Bad Result, Brain Death etc
Ali H. Alwadei, MD, FRCPC

The SPIKES Protocol: S - SETTING UP the interview. P - Assessing the patient's PERCEPTION. I - Obtaining the patient's INVITATION. K - Giving KNOWLEDGE and information to the patient. E - Addressing the patient's EMOTIONS with empathetic responses. S - STRATEGY AND SUMMARY.

Prerequisites: S

SETTING UP

Timing and preparation (arrange with both family and colleagues)

- As soon as possible. This is so important.
- The chosen time should be **adequately enough** and away from prayer times and suitable for both the parents and the physician.
- Arrange for privacy.
- Involve significant others. Ask about spouse (meet both together) or other family members who are around for psychological support.
- Ask the parents to have their concerns written down to go over them one by one.
- Educate yourself about the condition (not good if you can't answer simple question but get specialized colleagues on board for backup-geneticist, intensivist, etc).

Room set up

- Book special meeting room.
- Provide water and napkins.
- Keep no physical barriers especially long big desks in conference rooms.
- Consider recording the meeting with consent/permission, more so with difficult families.

Opening: P & I

- Sit down; calm attentive body language.
- Introduce yourself as the primary care giver if one or both never met you since admission.
- Manage time constraints and interruptions – beeper, cell phones.
- **Before you tell, ask: "What have you been told about your medical situation so far?" Tailor the bad news to what the patient already understands (PERCEPTION).**
- Assess level of education.
- Ask them to how much knowledge they want to know (INVITATION).
 - **Ask the patient how they would like the information or test results discussed.**
 - Patients may want full disclosure or may want to wait until a different time or until others are present.
 - **Assess the patient's desire as to the amount of detail they wish to receive.**
 - Give information in small amounts to the patient and family.

Body of discussion: K & E

- Gently prepare the patient that important information is coming: *"We received the results of your biopsy and unfortunately"*
- Avoid medical jargon and technical terms. Be clear and concise.
- Tackle discussion based on respectful, scientific, religious/spiritual and personal values. Spiritual counselor.
- Be present/mindful yourself and assess regularly that parent/family members are actually listening to you (not distracted day dreaming). Listening: silence, repetition.
- Listen for and identify the emotion experienced by the patient by **naming it "I see you are crying"**.
- Truth-Telling. Address the patient's **EMOTIONS** with empathetic responses. Compassionate communication with encouragement of emotions. Show sympathy and empathy.
- Reactions may vary from silence to disbelief, crying, denial or anger.
- Give patient time to express feelings then let them know that you have connected the emotion with the reason for the emotion by making a connecting statement. Validation/ Legitimization.
- Articulate that the chance of error is very small.
- Down to their level of understanding and speak in clear language ... Best if you can master their "accent". Language barrier is major cause of failure.
- Explain the prognosis: Poor outcome is explained as a severely disabled state with only fragments of understanding vs. none.
- The "HOPE" for significant recovery is unrealistic as recovery is extremely rare and not better than severely disabled/profound disability (fully dependent state of living/vegetable).
- Do not say *"there is nothing else we can do"* even in hopeless cases other than brain death.
- Need for mechanical ventilation and a persuasion to adjust the level of care to comfort measures only.
- Measures that can follow are extubation, discontinuation of drugs such as inotropic agents, IV fluid and nutrition in case of withdrawing support.
- **The family should be told that:**
 - The Monitor will be turned off.
 - Cardiac arrest is expected soon after extubation, but an irregular breathing pattern and pulse may persist for days.
 - Most patients die peacefully.
 - This is entirely medical decision with Fatwa from prominent religious scholars and parents aren't held accountable in the hereafter for this decision.

Ending/Closing: S

- **Summarize.** A clear plan for the future reduces anxiety and uncertainty.
- You, the team and the patient, should have a clear plan of next steps and roles each will play.
- Provide reassurance and **support**.
- "Teach-back" – this can prevent the tendency of the patient to overestimate or misunderstand the purpose of the treatment.
- Warn from internet. Provide reliable source of info + contacts.
- Ensure patient safety. Offer taxi ticket and social worker support.
- Plan future visits.