

# BREAKING BAD NEWS

**MODULE:** EMERGENCY MEDICINE

**TARGET:** ACCS, CT1-3, ST4-6

**BACKGROUND:**

In the ED, a small but significant number of patients will present to the ED that have a serious, life-limiting or life-threatening diagnoses. Often, the staff involved in 'breaking the bad news' will have had little or no time to prepare themselves for this with limited information regarding the patient's background, family structure or underlying dynamics amongst its members.

**RELEVANT AREAS OF THE CURRICULUM**

- CC1 History taking
- CC4 Time management and decision making
- CC5 Decision-making and clinical reasoning
- CC6 Patient is the central focus of care
- CC12 Relationship with patient and communication in consultation
- CC13 Breaking bad news
- CC19 Legal framework for practice
- CC24 Personal behaviour
- HAP7 Bruising and spontaneous haemorrhage

## INFORMATION FOR FACULTY

### LEARNING OBJECTIVES

- Develop the participant's ability to prepare for and open a dialogue breaking bad news to a patient's next of kin.
- Facilitate the gathering and sharing of information with the next-of-kin in an empathetic, sensitive manner.
- Identify and avoid the potential pitfalls in breaking bad news.
- Enhance the trainee's overall confidence in their ability to hold a stressful or difficult conversation.

### SCENE SETTING

Location: Initially, Resuscitation room then quiet side-room or 'relatives' room

Scenario duration: 10mins

Debriefing: 45mins

### EQUIPMENT AND CONSUMABLES

Resus room with mannequin and full monitoring  
Tissues  
Relatives room/area mock-up

### PERSONNEL-IN-SCENARIO

Participant  
Next-of-kin actor  
Staff nurse (faculty)

### PARTICIPANT BRIEFING

It is 9am and you have just taken over responsibility for the resuscitation room from one of your colleagues. They have handed over elderly patient who has just returned from the CT scanner.

Mrs Hardwick , 85 yr old lady found by carer on floor at home with a head injury.

#### PMHx:

Warfarinised, AF, Lewy body dementia

#### SHx:

Unknown

#### In ED:

- GCS E1V1M1 with blown pupil on left
- Intubated, paralysed and sedated
- BP 210/110, HR45/min, RR – ventilated, SpO<sub>2</sub> 99% (FiO<sub>2</sub> – 0.5)

#### CT head report:

Massive sided sub-arachnoid bleed with significant swelling and midline shift with distortion of the lateral ventricles and closure of the basal cistern.

#### Neurosurgical opinion:

CT scans already reviewed: NOT amenable to surgical intervention.

The nurse looking after Mrs. H informs you that her son is still waiting in the relatives' room to talk to you and is becoming increasingly upset.

## FACULTY BRIEFING

### CHAPERONE BRIEFING

Either an SP or member of the faculty can act as the nurse chaperone. The role consists of providing support for the next-of-kin (Mr. Hardwick). Any input should echo that of the participant with limited initiative unless directed (e.g. will offer to make NOK cup of tea but wouldn't offer to contact the chaplain unless directed to).

### NEXT OF KIN (SON) BRIEFING

**TIME:** 9am approximately

**NAME:** MR. HARDWICK

**AGE:** 60

**PATIENT NAME:** Mrs. Hardwick (mother)

**AGE:** 85

**RELIGION:** Quaker

#### BACKGROUND INFORMATION

- You are 55 year old security guard on night-shift.
- You have had no sleep, are tired and are due to work again tonight.
- Haven't spoken to you mother since your father died (when you were in your 30's)
- Initially, you feel resentful that you have been named as her next-of-kin.
- Two sisters (much closer to mum than you and see her on a regular basis)

#### EVENTS LEADING TO ATTENDING ED

- Returned home to find message on answer-phone asking you to contact the ED as soon as possible.
- Called back immediately to be informed that you mother was very unwell but further details couldn't be given over the phone.

#### INITIAL ATTITUDE AND BEHAVIOUR

- Tired and anxious
- Upset that you (rather than your sisters have been contacted)
- Despite several requests for information from the nurses, no-one has come to explain what is going.
- Becoming increasingly exasperated that no-one has updated you regarding your mother's condition

#### RESPONSES & REACTIONS

- Angry
- irritated but tired
- responding in curt, clipped sentences
- complaining why you have been disturbed in preference to your sisters (who were much closer to your mum)

Your responses to the doctor should reflect their approach. If a calming, conciliatory approach is taken you will calm and become more amenable to discussing your mother's condition.

The next step is to break the bad news to you. Again, you reactions/responses should be governed by the approach and content of the doctors. There are several well-described methods for doing this. In each case, a staged approach is advocated.

In this case, there are several things that will inflame the situation:

- A failure to allow you to tell your 'story' with only limited interruption
- A lack of information regarding how your mother has been treated or if it is poorly explained.
- A poor rapport, specifically if they rude, discourteous, dismissive, uncaring or insincere.
- Using medical jargon, euphemisms or imprecise terms e.g. 'this is likely to be your mother's last illness'.
- A lack of explanation why neurosurgery or time on intensive care is not an option.

If any of these do come up in conversation, you should gradually escalate your emotional response; the doctor will need to work to regain your trust/respect. Only when you are satisfied should you allow them to move on.

#### INFORMATION TO GIVE:

- Mum is 85yrs old
- Lives at home
- Prone to falling as doesn't use walking frame

#### INFORMATION TO GIVE IF APPROPRIATE:

- Rapidly worsening dementia
- Takes warfarin
- No longer gets out of the house
- Awaiting placement in nursing home

### ADDITIONAL INFORMATION

There are several different templates for 'breaking bad news' that are often used (some with mnemonics) when teaching doctors to break bad news to relatives or the next-of-kin (NOK) Each of them centres on a staged approach:

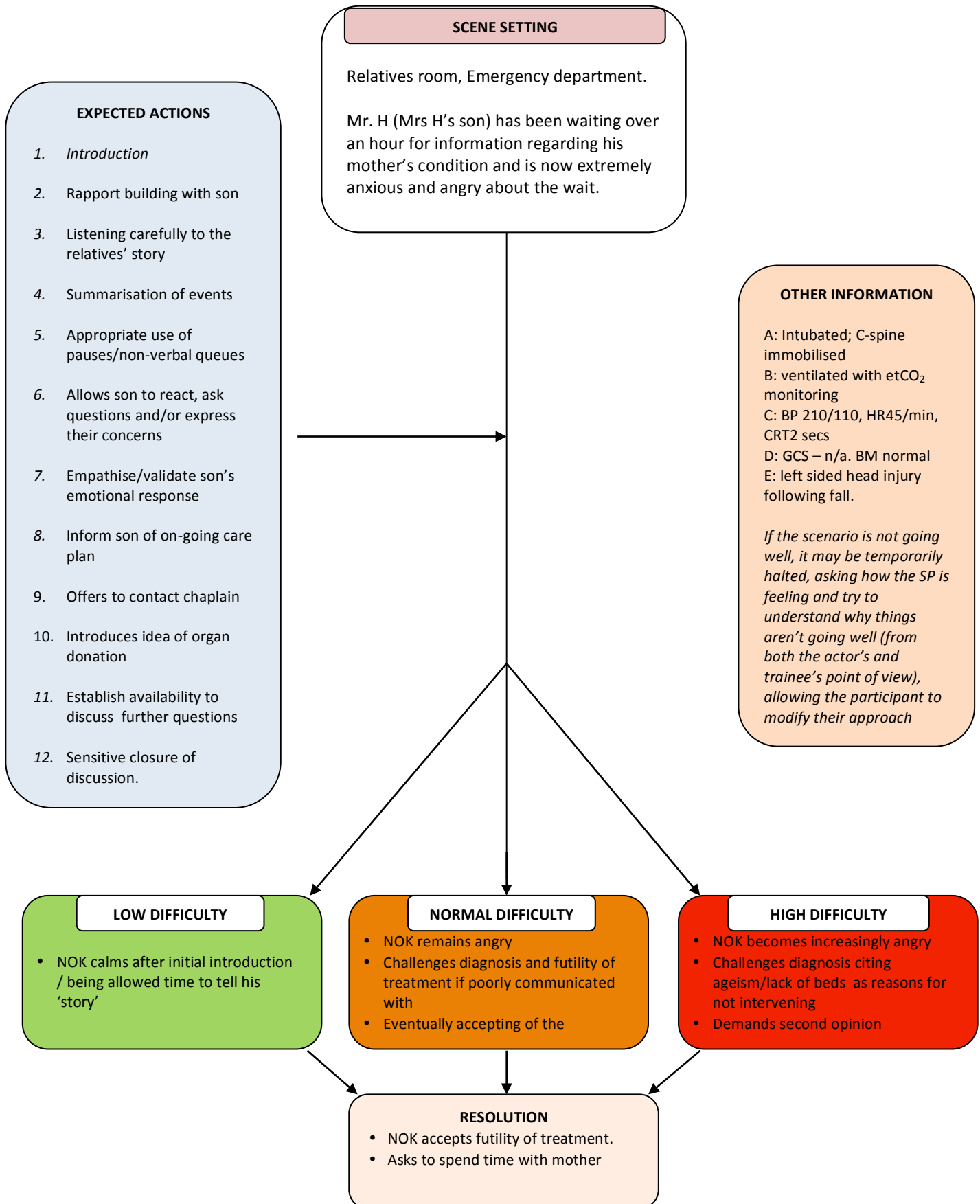
1. Rapport building
2. Listening carefully to the relatives' story
3. Summarisation of events leading up to now (i.e. treatments given, deterioration in patient condition)
4. Allowing time for the NOK to react, ask questions and/or express their concerns
5. Empathise/validate the emotions associated with the beginning of grieving
6. Inform NOK of on-going care (if appropriate)
7. Establish personal availability to discuss questions should they arise.
8. Ending discussion in an appropriate, sensitive manner.

To achieve a satisfactory outcome, the doctor will need to follow a similar approach to the one outlined above. If the scenario is not going well, it may be temporarily halted, asking how the SP is feeling and try to understand why things aren't going well (from both the actor's and trainee's point of view), allowing the participant to modify their approach appropriately.

The SP should routinely be included in the feedback session as he/she is able to provide first hand experience of how effective the trainee's approach was and how they might alter/improve their approach in the future. The most commonly raised issues/concerns raised by relatives/NOK are:

- Maintaining her dignity
- Minimizing any suffering or pain
- Organ donation
- Spending time with the patient
- Chaplain availability
- Contacting other relatives
- What happens next / practicalities
- How long will your mother take to die?

**CONDUCT OF SCENARIO**



## DEBRIEFING

### POINTS FOR FURTHER DISCUSSION

#### 1. SP Feedback

- Breaking Bad News – staged approach

#### 2. Setting:

- Where should this conversation take place?
- Who should be present?

#### 3. Initial interaction:

- Successful methods of introduction/rapport building

#### 4. Conversational content/techniques:

- Methods of de-escalating angry/anxious NOK
- Need to listening/validation of emotions
- Summarisation of care/explanation of futility of care (importance of avoiding colloquialisms)
- Use of plain English
- Explanation of on-going care
- Maintenance of mother's dignity/ free from distress

#### 5. Conversation closure

- Personal availability
- How to end discussion in an appropriate, sensitive manner.

#### 6. Other considerations:

- Access to unbarred telephone
- Refreshments
- DNACPR
- Organ donation
- Chaplain
- What happens next/practicalities
- Spending time with the deceased

### DEBRIEFING RESOURCES

[www.skillscascade.com](http://www.skillscascade.com)

[www.breakingbadnews.org](http://www.breakingbadnews.org)

[www.breakingbadnews.co.uk](http://www.breakingbadnews.co.uk)

[www.patient.co.uk/doctor/Breaking-Bad-News.htm](http://www.patient.co.uk/doctor/Breaking-Bad-News.htm)

Breaking Bad News (Regional Guidelines), 2003. National Council for Hospice & Specialist Palliative Care Services

## EMERGENCY MEDICINE > HUMAN FACTORS > SCENARIO 2

### INFORMATION FOR PARTICIPANTS

#### KEY POINTS

##### Breaking Bad News – staged approach

##### 1. Setting:

- Where should this conversation take place?
- Who should be present?

##### 2. Initial interaction:

- Successful methods of introduction/rapport building

##### 3. Conversational content/techniques:

- Methods of de-escalating angry/anxious NOK
- Need to listening/validation of emotions
- Summarisation of care/explanation of futility of care (importance of avoiding colloquialisms)
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##### 4. Conversation closure

- Personal availability
- How to end discussion in an appropriate, sensitive manner.

##### 5. Other considerations:

- Access to unbarred telephone
- Refreshments
- DNACPR
- Organ donation
- Chaplain
- What happens next/practicalities
- Spending time with the deceased

#### RELEVANCE TO THE CURRICULUM

CC1	History & Examination
CC4	Time management & decision making
CC5	Decision making and clinical reasoning
CC6	Patient as the central focus of care
CC12	Relationship with patients and communication in consultation
CC13	Breaking bad news
CC17	Medical ethics & confidentiality issues
CC19	Legal framework for practice
CC24	Personal behaviour

#### WORKPLACE-BASED ASSESSMENTS

HMP5	Unconscious patient
HAP7	Bruising and spontaneous haemorrhage

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FURTHER RESOURCES

[www.skillscascade.com](http://www.skillscascade.com)

[www.breakingbadnews.org](http://www.breakingbadnews.org)

[www.breakingbadnews.co.uk](http://www.breakingbadnews.co.uk)

[www.patient.co.uk/doctor/Breaking-Bad-News.htm](http://www.patient.co.uk/doctor/Breaking-Bad-News.htm)

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## PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

**PARTICIPANT FEEDBACK**

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify): .....	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

**FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM**

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?