



Quick Communication Reference Guide

“To help make every day the best day possible”

Communication is the most commonly utilized tool in medicine. Not only is it the most common tool, but it's also one of the most vital, and our communication skills need to be honed and practiced. Dr. Eric Cassell wrote, “Similar to scalpels for surgeons, words are the palliative care clinician’s greatest tools. Surgeons learn to use their tools with extreme precision because any error can be devastating. So, too, should clinicians who rely on words. “As a healthcare team, we must practice active and empathic listening, be fully present, respond to emotions, reframe hope, respect values and provide anticipatory guidance. Good communication also includes paying close attention to non-verbal language such as eye contact, tone and tempo of your voice, facial expressions, posture (please try to sit) and body position (such as leaning in) as we work to promote effective and empathic communication.

Delivering Difficult News (SPIKES)

<p>S etting and S et-up</p>	<p>Review the medical record know all current medical issues (e.g. history, prognosis, treatment options). Prepare the environment (private/quiet location, turn off ringer on phone/pager, have tissues available, have enough chairs, invite important people to be there, interpreter services available if needed). Include essential family members for the patient (in pediatrics, in addition to the parents, invite the family or people close to the parents who facilitate emotional support). Coordinate team members that need to be at meeting and discuss/coordinate medical opinions among team members in advance of meeting with the family. Clarify the goals of the meeting (e.g. what decisions are you hoping to make?) and decide who will lead the discussion. Discuss/coordinate plan for follow-up among team members and with family. Introduce all team members, including name and relationship to patient.</p>
<p>P erception</p>	<p>Clarify the family’s and patient’s perception and understanding of the medical situation. “What have you heard about your child’s condition?” or “What have other doctors told you about your child’s illness?” “What is your body telling you?” or “How have you seen your child’s body changing?” . Ask-Tell-Ask – ask the family to describe their current understanding of the issue. Do not interrupt. Look for knowledge and emotional information while the patient/family responds. Be prepared to repeat information and present additional information if needed.</p>
<p>I nvitation</p>	<p>Explore how much information the patient and family want to know. “Would it be okay for me to discuss the results of your tests with you now?” “How do you prefer to discuss medical information in your family?” “Some people prefer a big picture view of what is happening, and others like to hear all of the details. Which do you prefer when we talk about medical issues?”.</p>
<p>K nowledge</p>	<p>Give the medical information succinctly and then be quiet. Use a “warning shot” so that the patient and family member can become more emotionally prepared. “I have something serious we need to discuss...” or “The scans/labs didn’t show what we hoped...” Summarize the big picture in a few sentences: Say it simply and then STOP - “Unfortunately, the tomography reports that the tumor grew” “I don’t think there is any other chemotherapy plan that can cure Julia’s tumor. I am worried that she will die of cancer.” Ask-Tell-Ask – give small bits of information about the situation or condition; provide more detail once family has had the opportunity to ask questions. Avoid medical jargon, use language that matches the family’s level of understanding and education and includes words they use to describe the illness (mirroring language).</p>
<p>E mpathy</p>	<p>Respond to emotion; expect that the patient/family will have an emotional response (see next page). Use empathetic statements to respond to emotions associated with the news - “This must be a shock to hear...” Respond to and validate emotions - “I can’t imagine how difficult this must be...” or “I know this is not what you expected to hear today”. Name emotions, especially if patient or family is not verbally responding – “So many emotions right now...”. “This is such sad news, and it is a sad time”. Use “I wish” statements - “I wish we had better news for you...” Be silent and be fully present. Use pauses and wait quietly for the patient and family to respond. “Lean in” to the moment.</p>
<p>S ummarize</p>	<p>Discuss next steps and a follow-up plan. Ask-Tell-Ask – Verify the family’s understanding - “We’ve talked about a lot today; can you please tell me what you understand about where we are right now?”. Review options and ask permission to make treatment recommendations based on identified goals values - “Would it be ok if I make a recommendation? ... Given what you have told me about your goals for, I would recommend...”. Summarize decisions and next steps - “Let’s set up a follow-up meeting. I will stop by tomorrow but if you need someone from our team in the meantime, here is how to contact us”.</p>

Responding to Patient/Family Emotions (NURSE)

N aming	Name the emotion - "You seem frustrated..." or "There are a lot of emotions in this room...". In general, work to turn down the intensity by naming the emotion.
U nderstanding	Acknowledge and appreciate the patient/family's situation - "It is understandable to feel overwhelmed with everything that is happening". Avoid giving premature assurance. Avoid suggesting that you "understand" what they are feeling.
R especting	Acknowledge and respect the family's emotions and efforts. Offer praise whenever appropriate - "I can see that you have really been trying to follow our instructions and I think you are doing a great job with this".
S upporting	Express concern and a willingness to help. Making this kind of commitment is a powerful statement. Acknowledge the family's efforts to cope - "We are going to do the best job we can to make sure you and your family have the support that you need". Work to not promise or offer anything that you will not be able to deliver.
E xploring	Create space for the patient and family member to talk about what they are going through - "What has this been like for you?". Explore sources of conflict (e.g. guilt, grief, culture, family, trust in medical team, etc.). Explore values behind decisions - "Tell me more about...". Ask focused questions to confirm beliefs - "Could you say more about what you mean when you say that ...".

Fundamental Statements in Communication

01

"Tell me more"

Use this phrase to clarify things that you are not sure about or to encourage family to continue speaking.
"Tell me more about that..."

02

"Ask-Tell-Ask"

Related to Assessing Knowledge and Responding in SPIKES

"What have you heard about ..."
"Here is what the tests show..."
"Does that make sense to you?"
"What questions do you have?"

03

"I wish"

Allows you to align with patient and family while acknowledging the reality of the situation
"I wish that I could say that chemotherapy always works..."
"I wish the cancer was not growing..."

04

"I wonder"

Allows you to explore possible options without getting stuck or locked in.

"I wonder how you would feel about ..."
"I wonder if there are some other options we haven't yet considered. Would it be okay to explore some of those with you today?"

05

Be present & stay silent

Silence and being fully present is key! If you don't know what to say, do not say anything. Sit silently and "lean in" with patients and families as are fully present.

Goals of Care Discussion and Future Planning

<p>Establishing patient centered goals of care</p> <p>Key Questions to consider</p>	<ol style="list-style-type: none"> 1. Tell us about your child. What is s/he like as a person? What is a good day like for your child? 2. What have you heard from the doctors about what is going on with your child? 3. How has this experience been for you and your child? 4. In light of what you know about what is going on with your child, what is most important to you? What are you hoping for? What else are you hoping for? 5. What worries do you have right now? What keeps you up at night? 6. Where do you find your strength? How well is that support working for you right now? 7. What else should I know about your child/your family to take the best care of you?
<p>Ask permission to give recommendations</p>	<p>“In light of what you have been telling me about all of the things that have been going on and your goals and hopes for your child, would it be helpful to hear my thoughts on the situation?”</p> <p>Be willing to share your recommendations.</p>
<p>Recommend plan based on goals</p> <p>Prognosis → goals → treatment options</p>	<p>Review current treatments, monitoring, tests, medications, etc. and determine if they are in line with patient’s/family’s goals.</p> <p>Make a recommendation based on goals elicited. Be sure to use patient’s/ family’s own words - “Given what you have told me are your goals for your child, I would recommend...” (see above).</p>

Common Pitfalls & Barriers to High Quality Communication



- Giving too much information and details. Start with the big picture, keep it brief, and then keep quiet.
- Not finding out about the family’s information needs.
- Making assumptions about what patients/families know or want to know.
- Not including the child in the discussion and decision-making process.
- Not including all important decision makers in the conversation.
- Pushing a family to make a decision before they have a chance to process the information.

Three Steps for Giving & Obtaining Feedback on Communication Skills



Conduct a pre-meeting briefing

Conduct a short briefing before seeing the patient to discuss the goals of the encounter and practice ways/phrases that may be useful to use - *“We’re going to see patient X. What are your communication goals for the encounter? Let’s think about and practice different ways to ask that question...”*.



Observation

Teacher observes and provides gentle guidance in the encounter if necessary. The teacher may step-in to model communication skills and/or help the learner - *“It would be helpful if you could clarify something for us, when you said X, what did you mean by that?”*.



Reflection & Feedback

Teacher debriefs with the learner with reflective questions - *“How did that go for you? What went well? What was the most difficult part about that for you? What might be done differently in the future?”*. The teacher then gives feedback from observation reflecting back to the goals of the session and the learner’s self-reflection. Consider practicing ways/coaching about the next time a similar situation occurs.

References and Additional Resources

- Levetown M; American Academy of Pediatrics Committee on Bioethics. Communicating with children and families: from everyday interactions to skill in conveying distressing information. *Pediatrics*. 2008 May;121(5):e1441-60.
- Back AL, Arnold RM. “Isn’t there anything more you can do?”: When empathic statements work, and when they don’t. *J Palliat Med*. 2013 Nov;16(11):1429-32.
- Friedrichsdorf SJ, Remke S, Hauser J, Wolfe J. Module 7: Communication and Planning. *EPEC Pediatrics: Education in Palliative & End-of-Life Care*. 2019.
- Mack JW, Wolfe J, Grier HE, Cleary PD, Weeks JC. Communication about prognosis between parents and physicians of children with cancer: parent preferences and the impact of prognostic information. *J Clin Oncol*. 2006;24(33):5265-70.
- <https://www.vitaltalk.org/vitaltalk-apps/>