

Communication Skills

Explaining and Breaking Bad News

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Introduction

- Communication skills are an important part of clinical practice.
- Communication skills stations make up around 40% of the marks for finals directly (they also obviously contribute to other stations). Common themes include:
 - Handover
 - History taking
 - Explaining a diagnosis/management
 - Breaking bad news
- There are teachable components to the above, but you inherently need to be comfortable speaking to humans!



Explaining Stations

- These rely on a good knowledge of the subject matter (theory) combined with the skill of relaying this information (practical).
- Subjects might include explaining:
 - A new diagnosis, e.g. Diabetes, Rheumatoid Arthritis
 - A drug treatment, e.g. Methotrexate, steroids
 - Giving lifestyle advice

Explaining Tips

- Introduce yourself and explain the purpose of the conversation
- You should ask what the patient knows already
- Avoid all medical jargon, or explain it if it's necessary
- Give information in chunks and then ask if the patient has understood
- If it's particularly important, you can ask the patient to explain back to you what you've said
- Ask if the patient has any questions or concerns
- Offer to give further information in the form of leaflets/websites
- Offer the chance for the patient to come back and speak to you again



Breaking Bad News

- Breaking bad news is an important part of being a doctor.
- People often remember the circumstances in which they were told bad news, and it has a long impact on how they feel about the information.
- It's not just terminal illness! Other scenarios might be:
 - Cancelled operation
 - Revoked driving licence due to epilepsy



Breaking Bad News

- You can think about the components of breaking bad news as:
 - Preparation/Environment
 - Priming
 - Delivery
 - Support/Follow-up



BBN – Preparation/Environment

- Find a suitable place to break the news: quiet, familiar, free from distraction.
- Avoid giving bad news over the phone.
- Prepare yourself – turn off your bleep, inform a colleague of your plan to limit interruptions
- Know the subject – read the patient's notes, be familiar with the consequences of the news
- Invite the patient to have a friend or relative present



BBN - Priming

- Ask what the patient understands already:
“Can I first clarify what you are hoping to discuss today”
- Check how much they want to know – some people will not want to hear bad news.
- Give a warning shot:
“We’ve got the test results back, unfortunately I have some bad news”



BBN - Delivery

- When breaking the news, be clear and don't use colloquialisms/jargon
 - *“The tests have shown that you have cancer”*
 - *not*
 - *“our cytology has shown the presence of poorly differentiated malignant cells”*
- Be patient – allow silence and time for the information to be absorbed.
- Do not overload with information



BBN – Support/Follow-up

- A lot of the information may be forgotten or misunderstood.
- Allow the patient to ask questions.
- You may need to repeat important points.
- Elicit any ideas, concerns and expectations
- Offer the opportunity for the patient to contact you or arrange a follow-up appointment.



Summary

- Communication skills are an inherent part of being a doctor.
- There is no substitute for practice, but be sure to incorporate the points discussed to ensure the most effective communication (and best marks!)

