When the News is Bad: How to Talk to Parents

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Objectives

- Describe various methods of presenting difficult health news
- Examine communication techniques presented in various scenarios.
- Describe techniques that shouldn’t be used

Why Me?

Beckstrand's CCRN End of Life Survey

- Major themes identified
  - ensuring characteristics of a good death
  - improving physician communication with patients and families
  - adjusting nurse-to-patient ratios to 1:1
  - recognizing and avoiding futile care
  - increasing EOL education, physicians who are present and "on the same page"
  - not allowing families to override patients' wishes
  - the need for more support staff.
- When compared with data gathered 17 years previously, major themes remained the same!!

What IS Bad News?

- Inpatient
  - Cancer
  - Diabetes
  - Diagnosis of chronic disease
  - Need for surgery
  - Technology dependence
  - Hospital Acquired Condition
  - Death
- Outpatient
  - Autism
  - Poor weight gain
  - Jaundice
  - Need to supplement with formula
  - Pregnancy
  - Abnormal labs
  - Mental health concerns
Bad News Reframed...

- ‘Sharing life-altering information’ (SLAI), (is) defined as any medical information that the patient or family might perceive as causing a significant change in the health or quality of life of the child and family.

It’s Bad, Now What?

- Tools & Techniques
- How not to do it...
- Why does matter?
- How TO DO it....

ABCDE Technique

- A: Advance Preparation
  — Allow for adequate time/space
  — Review data and information
  — Emotionally prepare
- B: Building a Therapeutic Relationship
  — Ask how the family/patient would like to be addressed
- C: Communicating Well
  — Assess what patient/family understand and know
  — Avoid jargon
  — Allow SILENCE
  — Answer questions
- D: Dealing Family Reactions
  — Respond appropriately to reactions
- E: Encouraging/Validating Emotions
  — Offer hope when realistic and answer questions

SPIKES

- S: Setting up the interview
- P: Perception
- I: Invitation
- K: Knowledge
- E: Emotions
- S: Strategy & Summary
SPIKES

• S: Setting up the encounter
  – Mentally rehearsing prior to proceeding
  – Arrange for privacy
  – Involve family/friends
  – Sit down
  – Make connection/eye contact
  – Manage time constraints/interruptions

• P: Perception
  – Before you tell, ASK
  – “What do you understand about the MRI results?”
  – “What have you been told about your son’s diagnosis?”
  – Can allow for re-framing your information
  – May help with dispelling misinformation

• I: Invitation
  – Determining how the family wants to receive the information

• K: Knowledge
  – Giving patient information at level they can understand
  – Deliver small chunks of information with appropriate pauses
  – Check-in for understanding/questions

• E: Emotions
  – Observe patient/family emotions
  – Consider asking what the patient is feeling if they do not state it and are silent
  – Use empathy when addressing the emotion

• S: Strategy & Summary
  – Ensure family ready to hear next steps
  – Before next steps, summarize

How NOT to do it

• https://www.youtube.com/watch?v=K0-c4bi81Ug
Why does it matter?

- https://www.youtube.com/watch?v=BF3mdTqhoR8

How TO DO it?

- Sit
- Know names, both of the patient and family members
- Limit care providers
  - No need to for grief voyeurs
- Limit distractions (pagers, knowns, noise)
- Include all pertinent team members (bedside nurse, chaplain, child life, palliative care, etc...)
- Allow for silence

How TO DO it?

- EQ does not always equate to proficiency at delivery of difficult information
References