Delivering Bad or Sad News

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Introduction for the Learner (Resident/Fellow)

Prior to your evaluation of competency

- Complete the web-based palliative care training program “Medical Resident Training in End-of-Life and Palliative Care” before you undergo this competency assessment. The training program is available on the UMMS Intranet, click on Physicians. The course is listed under “Helpful Links.” It is also available via the internet at http://134.192.120.12/canRes/htdocs/login.asp
- Review Part 1 (Learning Objectives), Part 2 (Teaching Outline) and Part 3 (Evaluation Checklist) of this document THOROUGHLY so that you are aware of what is required of you.
- Review Unit II - Communication Techniques, Module 1 (“Breaking Bad News”) of the Web-based palliative care training program.
- When you think you are suitably prepared for testing your competency in this area, identify a situation in your clinical practice in which bad news must be given to a patient and/or family
- Ascertain that the attending/faculty member is certified to conduct the Palliative Care Competency Evaluation.

Field evaluation of competency

- During the course of the clinical rotation it is anticipated that you may have opportunities to demonstrate your competency in Breaking Bad or Sad News to a patient and/or family during morning work rounds with the attending, throughout the day or during times of night call or cross-coverage.
- Identify a faculty member to evaluate your competency – current service attending recommended, if s/he is certified to conduct evaluation. ASK FACULTY MEMBER TO REVIEW THIS COMPETENCY ASSESSMENT TOOL PRIOR TO YOUR PERFORMING THIS TASK (DELIVERING BAD NEWS). Discuss your preparation for this session (see first steps – “before talking to patient/family,” and “create an appropriate context,” below) with attending before going to see patient/family.
- Faculty must accompany and observe Resident breaking bad news to the patient/family.
- Faculty completes Evaluation Checklist (Part 3) and shares with Resident/Fellow.
- Resident/Fellow will also complete the self-evaluation portion of the Evaluation Checklist as a measure of competency in practice based learning.
- Evaluation Checklist must be signed by faculty and Resident/Fellow.
- Return Evaluation Checklist to Dr. Susan Wolfsthal, Internal Medicine Residency Director or Dr. Heather Mannuel, Medical Oncology Fellowship Director.

Introduction for the Clinical Faculty Evaluator

How to perform this competency assessment

A Medical Resident or Oncology Fellow has requested that you assess their competency in Delivering Bad or Sad News during the time you are the attending physician on this service. To assist you with this evaluation, please do the following:

Preparing for field evaluation of competency

- Review this Competency Assessment Tool thoroughly including the Learning Objectives (Part 1), Teaching Outline (Part 2) and Evaluation Checklist (Part 3) prior to pre-discussion counseling with Resident (required).
- Review Unit II - Communication Techniques, Module 1 (“Breaking Bad News”) of the Web-based palliative care training program “Medical Resident Training in End-of-Life and Palliative Care” (optional).

Format of competency evaluation

Pre-discussion counseling:

- Review with the Resident/Fellow the circumstances of the patient situation – check veracity of patient medical data, diagnostic tests, significance of diagnosis.
- Ask the Resident/Fellow to identify goals of informing patient regarding diagnosis, treatment, medical care.
- Ask Resident/Fellow to identify strategies to be used in the situation.

Accompany and observe Resident or Fellow:

- Use Evaluation Checklist (Part 3) when observing Resident/Fellow.
- Faculty should not intervene unless requested by Resident/Fellow or if faculty feels compelled to do so for ethical reasons.
- Review Resident/Fellow documentation in patient record.

Post discussion feedback:

- Review strengths and weaknesses of competency performance with Resident/Fellows.
- Provide constructive feedback.

Complete Evaluation Checklist:

- Share with learner; allow learner to make his/her own self-assessment of performance.
- Faculty and Resident/Fellow must sign this Evaluation Checklist (Part 3).
- Learner is responsible for returning Evaluation Checklist to Dr. Wolfsthal (Residents) or Dr. Mannuel (Fellows).
Part 1: Learning Objectives

Note to learner and Clinical Faculty Evaluator: The Learning Objectives are listed in terms of fulfilling the six ACGME core competencies, listed below; these are reflected in Evaluation Checklist in Part 3 of this document.

LEGEND to ACGME core competencies: http://www.acgme.org/Outcome

<table>
<thead>
<tr>
<th>OBJECTIVES – A competent Medical Resident or Oncology Fellow will be able to:</th>
<th>ACGME Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PC</td>
</tr>
<tr>
<td>Assume responsibility in delivering bad news in a compassionate, honest and direct manner as part of the physician role.</td>
<td>X</td>
</tr>
<tr>
<td>Respect the patient's autonomy and right to understand the nature of their medical status.</td>
<td>X</td>
</tr>
<tr>
<td>Choose an appropriate physical setting where a discussion of bad news should be conducted.</td>
<td>X</td>
</tr>
<tr>
<td>Identify who should be involved in a discussion of bad news.</td>
<td>X</td>
</tr>
<tr>
<td>Demonstrate knowledge of the key steps for delivering bad news.</td>
<td>X</td>
</tr>
<tr>
<td>Conduct an appropriate opening of a discussion when bad news will be presented.</td>
<td>X</td>
</tr>
<tr>
<td>Competently deliver bad news with honesty and compassion.</td>
<td>X</td>
</tr>
<tr>
<td>Respond appropriately to strong patient emotions (sadness, fear, anger, etc.).</td>
<td>X</td>
</tr>
<tr>
<td>Appropriately conclude a discussion of bad news.</td>
<td>X</td>
</tr>
<tr>
<td>Formulate a follow-up plan after breaking bad or sad news.</td>
<td>X</td>
</tr>
</tbody>
</table>

LEGEND:
- PC – Patient Care
- MK – Medical Knowledge
- PBL&I – Practice-Based Learning and Improvement
- IPS – Interpersonal and Communication Skills
- P – Professionalism
- SBP – Systems-Based Practice

Part 2: Teaching Outline for Learner and Clinical Faculty Evaluator (Adapted from Weissman, et al.)

Before talking to patient/family

1. Review and confirm the medical facts of the case. Is the diagnosis correct/confirmed? Pathology results final? Lab work? Diagnostic imaging readings final?
2. Think through your goals for the meeting as well as possible goals of the patient.

Create an appropriate context

1. Physical setting
   - Choose a quiet, comfortable room
   - Turn off beeper
   - Check personal appearance
   - Have participants (including you) sit down.
2. Make sure you know basic information
   - Patient’s disease
   - Prognosis
   - Treatment options.
3. Who should be present?
   - In private, ask the patient who they want to participate.
   - Clarify relationships to patient.
   - Make sure legal decision-maker is present.
   - Decide if you want others present; obtain patient/family permission
     - Nurse
     - Consultant
     - Chaplain
     - Social worker
4. Obtain a skilled medical interpreter (not a family member) if the patient or family do not speak English or are deaf.

First Steps

1. Determine if the patient and family understand the information.
   - Are there medical, cognitive or psychological reasons for diminished understanding (e.g. pain, mental handicap, delirium, dementia, emotional upset, etc.)?
2. Determine what the patient and family already knows - make no assumptions.
   - Ask “What is your understanding of your present condition?” or “What have the doctors told you about your condition?”
3. Before presenting bad news provide a concise narrative overview of the patient’s hospitalization so that everyone has a common source of information.
   - Diagnostic procedures
   - Medical status

Breaking Bad News

1. Speak slowly, deliberately and clearly.
   - Provide information in small chunks.
   - Check reception frequently.
2. Give fair warning - “I am afraid I have some bad news for you” then pause for a moment.
3. Present the bad news in a succinct manner.
   - Be prepared to repeat information.
   - Present additional information in response to patient and family needs.
4. Sit quietly and listen to the patient.
   - Allow the patient time to absorb the news. You may wait for the patient to respond, or you may offer support (e.g. “I’m so sorry”).
   - Avoid the common mistake of rushing forward with the meeting.
5. Anticipate common reactions to bad news.
   - Overwhelming emotion
   - Anger
   - Fear
   - Sadness
   - Crying
   - Loneliness
   - Isolation
   - Shame
   - Guilt
   - Relief
   - Helplessness
   - Anxiety
   - Depression
   - Numbness — often presenting as an absence of emotion
   - Acceptance, denial or ambivalence
   - Collusion — request to withhold information from patient or family members
6. Listen carefully, acknowledge and validate the patient’s and family’s reactions. “This is very difficult news”; “I know this is very hard.”
7. Recognize and reflect on the patient’s emotions. For example, when a patient begins to cry the physician may be quiet at first and then say “I see that you are crying.” If a patient shouts in anger “This is unfair,” the physician might say “You are feeling very angry” or “This feels very unjust.”
8. Give an early opportunity for questions and comments.
9. Present information at the patient’s and family’s pace.
   - Do not overwhelm with detailed information at the first meeting. The discussion is like peeling an onion. Provide an initial overview.
• Assess understanding.
• Answer questions.
• Provide the next level of detail.
• Assess understanding.
• Answer questions.
• Provide additional detail, or move back to the overview in response to the patient’s and family’s needs.

10. Ask - “How can I help?”
12. Agree on a follow-up plan.
13. “I will return later today, write down any questions you have.” — Make sure this meets the patient’s needs.
14. Involve other team members in the follow-up plan.

**Document the conference in the chart**

1. Who was present?
2. What information was discussed?
3. What actions need to be taken now?
4. What follow-up is planned?

**Assess Your Own Feelings and Needs. Emotions Often Include**

1. Guilt (“This is my fault. I missed his early symptoms. I’m not supposed to cause emotional pain.”)
2. Anger (“I wouldn’t be in this situation if she had come for regular checkups…”)
3. Fear (“They are going to blame me for this. This same thing could happen to me.”)
4. Sadness (“How can this happen to this person?”)

**References**


Ethics in Medicine, University of Washington School of Medicine http://depts.washington.edu/bioethx/topics/badnws.html


Fallowfield L – Communication with the patient and family in palliative medicine, pp. 333-341.

Jeffrey D. – Communication between professionals, pp. 348-353.

### Part 3: Evaluation Checklist

<table>
<thead>
<tr>
<th>Learner name:</th>
<th>Evaluator/Attending:</th>
<th>Date: __________________________</th>
</tr>
</thead>
</table>

- **Resident PGY Level:** [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
- **Fellowship Year:** [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

- **Rotation Site:** [ ] Inpatient Cancer Center [ ] Inpatient GIM [ ] Oncology Clinic [ ] Continuity GIM clinic [ ] Other

Please rate the trainee's competency/skills/knowledge/attitude using the following scales:

<table>
<thead>
<tr>
<th>For competency/skills</th>
<th>For knowledge and attitudes (e.g. Medical Knowledge)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Competent to perform independently</td>
<td>4 = Superior</td>
</tr>
<tr>
<td>3 = Competent to perform with minimal supervision</td>
<td>3 = Satisfactory</td>
</tr>
<tr>
<td>2 = Competent to perform with close supervision / coaching</td>
<td>2 = Below average</td>
</tr>
<tr>
<td>1 = Needs further basic instruction</td>
<td>1 = Insufficient – needs further learning</td>
</tr>
<tr>
<td>n/o = not observed</td>
<td>n/o = not observed</td>
</tr>
</tbody>
</table>

### OBJECTIVES

#### Patient Care

- **Assumed responsibility in delivering bad news in a compassionate, honest and direct manner as part of the physician role.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- **Respected the patient's autonomy and right to understand the nature of their medical status.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

#### Medical Knowledge

- **Chose an appropriate physical setting where a discussion of bad news should be conducted.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- **Identified who should be involved in a discussion of bad news.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- **Demonstrated knowledge of the first key steps for delivering bad news.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

#### Interpersonal and Communication Skills

- **Conducted an appropriate opening of a discussion when bad news will be presented.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- **Competently delivered bad news with honesty and compassion.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- **Responded appropriately to strong patient emotions (sadness, fear, anger, etc.).**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

- ** Appropriately concluded a discussion of bad news.**
  - 4 [ ] 3 [ ] 2 [ ] 1 [ ] n/o [ ]
  - Overall Performance:
    - Cannot Evaluate
    - 1 to 3 Unsatisfactory
    - 4 to 6 Satisfactory
    - 7 to 9 Superior
    - | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
### Part 3: Evaluation Checklist (Continued)

#### OBJECTIVES (Continued)

**Systems Based Practice**

- Formulated a follow-up plan after a discussion of bad news.

**Overall Performance:**

<table>
<thead>
<tr>
<th>Cannot Evaluate</th>
<th>1 to 3 Unsatisfactory</th>
<th>4 to 6 Satisfactory</th>
<th>7 to 9 Superior</th>
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**Resident/Fellow strengths:**

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**Resident/Fellow areas for improvement:**

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**Overall impression:** Did the Resident/Fellow demonstrate competency in a manner so as to do no harm?

<table>
<thead>
<tr>
<th>Cannot Evaluate</th>
<th>1 to 3 Unsatisfactory</th>
<th>4 to 6 Satisfactory</th>
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**Resident/Fellow self-evaluation of performance:** May comment on any of the above checklist items or other reflections on performance; perceived strengths, and need for improvement and learning.

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Clinical Faculty Evaluator/Attending

Resident/Fellow

Clinical Faculty Evaluator/Attending – PRINTED NAME/DATE

Resident/Fellow – PRINTED NAME/DATE