

## Communication of Bad News

### Assumptions

The student understands the importance of interpersonal and communication skills that result in the exchange of information and collaboration with patients, their families, and health professionals.

### Goals

The student will be able to communicate to patients and their families those aspects of medical care including those relating to life-threatening or life-altering diagnoses as well as adverse events in a respectful, compassionate, culturally sensitive, empathic, and accurate manner. The student will be able to communicate effectively and respectfully with health care colleagues and staff.

### Objectives

By the end of the clerkship the student will be able to:

1. Name all who may be involved in medical and surgical decision-making.
2. Explain the importance of patient literacy in medical communication.
3. Defend the request for a professional translator rather than using a family member or friend to translate for the non-English speaking patient.
4. Explain the “teach back” method of interaction and employ this skill with a patient (simulated or actual).
5. Verbalize how the social, psychological, spiritual, and cultural worldview of a patient affects the response to medical diagnoses and subsequent decision-making, especially when the prognosis is life-threatening or life-altering.
6. Describe the role and timing of the consultation of the palliative care team, the chaplaincy service, the hospital translation service, organ donation process, legal services, and the hospital ethics committee.
7. Describe the optimal physical environment for delivery of bad news.
8. Describe the effects on the health care team of an adverse event

### Problems

For each of the following problems, answer the following questions:

1. What further data should be obtained from the patient's history?
  2. What other tests should be performed?
  3. What therapy or treatment would you recommend?
  4. Who will make the decision?
  5. What additional members of the health care team should be consulted?
- A. A 25-year-old female medical student suffered head trauma when she lost control of her motor scooter in a rainstorm and was not wearing a helmet. She is in a coma and her mother and father have come to the hospital.
- B. After some routine blood work, the possibility of prostate cancer must be communicated to the 59-year-old man who recently emigrated from Iraq with his wife and their son and daughter-in-law and their two toddlers. He speaks no English and only the daughter-in-law has some ability to speak English.
- C. A 50-year-old woman had a routine mammogram and the findings revealed a suspicious lesion. She was asked to come in to the surgeon's office to get the results and plan a course of action.

## Communication of Bad News (Continued)

### Skills

1. Demonstrate respect through proper greetings, self-introduction, and appropriate interactions with a patient and/or patient family.
2. Ask open-ended questions (those requiring more than “yes” or “no”) and then listen to the patient and the family rather than doing most of the talking.
3. Employ the “teach back” method of interaction with a patient regarding diagnosis and compliance with treatment plan including drug regimen.
4. Know when and how to request:
  - a. A hospital translator rather than using a family member
  - b. A chaplaincy service consult
  - c. A palliative care consult
  - d. An ethics consult
  - e. Legal services advice
5. Inquire about organ donation procedure in local area. *Refer to Organ Donation Decision-Making module.*

### Teaching Skills

1. Create a standardized patient scenario wherein the student is required to explain to a 72-year-old male patient that his post cholecystectomy pain is caused by a retained sponge that requires a second operation to remove (Reference: Wall AE, Tarpley MJ, Heitman E. M&M conferences provide forum for discussion of ethical issues. *Bull Am Coll Surg.* 2018 Aug; 103(8)).
2. Create a standardized patient scenario wherein the student shares the diagnosis of breast cancer with a pregnant 30-year-old woman in her second trimester.
3. Review *Ethical issues in surgical care* (Ferrerres AR, Angelos P, Singer EA. Eds. Chicago, American College of Surgeons, 2017) and *Ethical issues in clinical surgery* (2 volumes—1. Residents; 2. Instructors. Chicago: ACS, 2007) for case studies and teaching suggestions for truth-telling, end-of life issues, decision-making, professionalism, and other communications issues.
4. Include students in conferences incorporating the palliative care team, the chaplaincy service, legal services, and the ethics committee (if possible).
5. Invite a chaplain, one of the palliative care team, a hospital ethics committee member, or legal services representative to give a talk about their work.
6. Suggest a literature review of the following topics with the possibility of an oral presentation:
  - a. How religious beliefs affect medical decision-making (Examples: Shinall MC, Ehrenfeld JM, Guillamondegui OD. Religiously affiliated intensive care unit patients receive more aggressive end-of-life care. *Journal of Surgical Research.* 2014;190(2):623-627; Shinall MC Jr, Stahl D, Bibler TM. Addressing a patient's hope for a miracle. *J Pain Symptom Manage.* 2018 Feb;55(2):535-539
  - b. The use of palliative care teams by surgical services
  - c. Effect of language barriers on medical care

### Special Circumstances

1. Confidentiality in the adolescent patient population.
2. Specific religious or cultural differences that impact the response to bad news.