

EMPATHETICS MODULE 3 BREAKING BAD NEWS: Small Group Discussion Questions

Instructions for Student Facilitator:

- 1) Make sure every student signs in
- 2) Choose two or three questions to discuss OR Make up your own discussion question
- 3) Write down key points from the discussion of each question on the accompanying sheet
- 4) Submit sheet to Yvette Warner

DISCUSSION QUESTIONS:

- a) Remember back to a time when you received bad news. What helped? What did not help?
- b) Now remember a time when you had to deliver bad news. What was most difficult about this?
- c) Why is it important to manage your own stress before delivering bad news?
- d) What gets in the way of delivering bad news well? (time pressures, discomfort with emotional conversations, language barriers, lack of trust). How can you ameliorate these obstacles?
- e) What are some mistakes you can make in delivering bad news? (sugar-coat/censor vs. blunt/indifferent; distance emotionally from pts; focus on technical issues rather than big picture)
- f) What are some pt concerns you can anticipate (loss of hopes and dreams; denial; loss of control; how will cope with functional changes, pain, death)
- g) Like a difficult encounter, breaking bad news requires emotional intelligence (self-awareness, other awareness, self-management, relationship management). Give examples of how one or more component of emotional intelligence can help navigate the process of BBN.
- h) This is also true for the 4 Fs (foster an alliance; focus on the pt's perspective; facilitate empathy; finish with a plan). Give an example of how you could demonstrate one or more of these in a BBN scenario (pt has just learned she has diabetes)
- i) What are some of the "interfering" emotions that clinicians might feel in BBN? (sadness, guilt, identifying with pt, feeling of failure). How can you deal with these so they do not interfere with care of your pt?
- j) What are common mistakes in BBN? (not allowing enough time, not speaking in a private place; not showing compassion/empathy; using technical language; not using a compassionate bridge [I'm afraid I have some difficult news to share]; combining bad news with detailed prognostic information; not eliciting the pt's perspective; not assuring continuity of care; not closing with a summary and plan)
- k) What is some useful empathic language for talking with a patient in a BBN scenario?:
exploratory questions ("tell me more," "what are you most afraid of?" ask-tell-ask) help physician and pt clarify concerns; **validating statements** – normalize and support ("I can understand why you feel this way," "you're managing so well a really hard situation"); honest, **reality statements** softened by compassionate bridging and appropriate hope

GROUP #:

SIGN-IN FOR SMALL GROUP

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Question 1:

Main Points:

Question 2:

Main Points:

Question 3:

Main Points: