Breaking Bad: Communicating "Bad News" to Patients and Families

Commented [p1]: Titles that reference popular culture or have more than one meaning are particularly effective.

Objectives

Review common errors that clinicians make when breaking "bad news" to patients and family members

Practice identifying these errors in simulated vignettes, and practice reframing problematic communication styles

Commented [p2]: Objectives clearly communicate what participants will do during the session and what they should expect to learn.

Teach and practice new communication skills of breaking "bad news," which can then be incorporated into clinicians' routine practice

Abstract

Many clinicians find it difficult to break "bad news." Providers may see bad news as reflective of failure on their part or the part of the medical profession. They may feel frustrated with the patient or with his or her illness. They also may feel sad because of their patient's medical condition. Thus, reactions and strategies for breaking bad news are varied. Some colleagues evade the topic altogether. Some colleagues find themselves "botching" the act of breaking bad news, with resulting negative reactions on the part of their patients. Still other colleagues may think that they are communicating clearly, when in reality their patients are confused and unclear about their illness, prognosis or treatment planning. Psychiatrists and palliative medicine specialists in the general hospital often help patients navigate difficult life events, including illnesses, loss of sense of self, end-of-life goals and death. These providers also assist medical colleagues in learning the art of breaking bad news and putting this knowledge into action. The present session will address the three types of errors listed above. We will share common examples of the struggles inherent in breaking bad news. Participants will be provided with cases highlighting the errors above and will identify avoidance, erring and ambiguity. Participants will then practice breaking bad news and will learn strategies to teach their colleagues how to break bad news more effectively. The speakers in this session will include two consultation-liaison psychiatrists and a palliative medicine specialist who collaborate with each other and who also provide consultation/liaison services to primary teams in a major academic medical center.

Commented [p3]: Abstract promises direct engagement during the session with issue attendees may be struggling with.

Commented [p4]: Abstract clearly shows how the general session will be interactive and solicit audience participation.

Agenda

0:00 Introduction
0:05 Overview of common pharmacologic dilemmas in cancer patients
0:20 Review of psychosocial screening and implications for the mandate to screen all cancer patients
0:35 Treatment options for psychiatric symptoms in the palliative medicine population
0:50 Challenging case discussion with participants. These will include common cases such as giving tamoxifen with antidepressants and delirium in a dying patient
1:15 Concluding comments/Q&A

Commented [p5]: Always end the session with a minimum 15 minutes of audience Q&A