



Communication: Difficult conversations

BILLIE WINEGARD, MD MPH

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POWERED BY
VITAL talk

Disclosures

I have no financial interest or other relationship with any manufacturers of any commercial products

What are some of the difficult conversations you've had?

How did they go?





What are the difficult conversations in pediatrics?

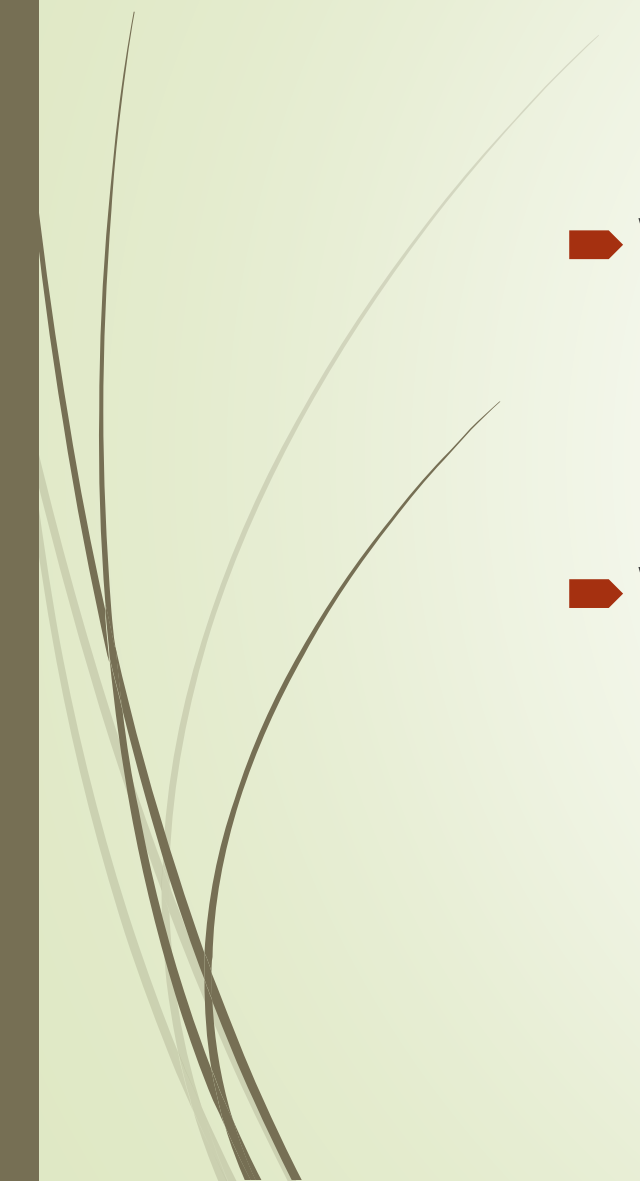
- New diagnosis of any life-changing medical condition
- Prognosis sharing with a new diagnosis
- Disease progression, new baseline
- Preparedness planning – what would you want if...?
- Code status
- Transition to end-of-life care
- Stopping medical technology

But, what about:

- Newborn with weight loss of > 10% of birthweight at their first newborn visit
- Needing an infectious work-up – including an LP and hospital admission (or delay in hospital discharge)
- High risk MCHAT or showing developmental delays at a well-check
- Telling a family their child is obese
- Needing surgery



Why are these conversations so hard?

- Why is it uncomfortable?
 - Where do we get stuck?
- 

Three Basic Principles To Communicating Difficult News

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DEALING WITH EMOTION IS
MORE IMPORTANT THAN
GIVING LOTS OF INFORMATION



INFORMATION IS BEST
DELIVERED IN SMALL PACKETS
THAT START WITH A **HEADLINE**



PATIENT/FAMILY VALUES
SHOULD BE AT THE HEART OF
MEDICAL TREATMENT PLANS

A Frame-work for delivering news

Step	What you say or do
Get Ready – Info, People, Place	“Let me take a minute to make sure I’ve got what I need.” Make sure you have all the information you need at hand. Make sure you have all the right people in the room. Find a place with some privacy.
Understand what the patient knows	“What do you remember from our last visit?” “Tell me about what you think is going on.”
Inform starting with a headline	Give the information clearly and to the point with a one-sentence headline of the most important piece of information you want them to take away. Avoid jargon After the headline you will need to give more information, but after giving the headline, STOP!
Demonstrate empathy Respond directly to emotion	“I can see this news is not what you were hoping for.” Expect the first response to be emotion. Acknowledge the emotion explicitly.
Equip the patient for the next step	“Is there anything I could do to make this a little easier?” “I want you to be prepared for the next step. Can I explain...” Don’t dismiss concerns or say that everything will be fine.

SPIKES

S P I K E S	Delivering Serious News
S ETTING Determine what the patient knows already	<i>Find a quiet location; private if possible. Invite the important people to be present. Have tissues and enough chairs. Turn off the ringer on your phone/pager.</i>
P ERCEPTION Determine what the patient knows already	<i>“Tell me what you understand about your illness.” “What have the other doctors told you about your illness?” Look for knowledge and emotional information as the patient responds</i>
I NVITATION Clarify information preferences	<i>“Would it be okay for me to discuss the results of your tests with you now?” “How do you prefer to discuss medical information in your family?” “Some people prefer a global picture of what is happening and others like all the details, what do you prefer?”</i>
K NOWLEDGE Give the information	<i>Give a warning... “I have something serious we need to discuss” Avoid medical jargon. Say it simply and stop. (e.g. “Your cancer has spread to your liver. It is getting worse despite our treatments.”)</i>
E MPATHY Respond to emotion	<i>Wait quietly for the patient. “I know this is not what you expected to hear today.” “This is very difficult news.”</i>
S UMMARY Next steps and followup plan	<i>“We’ve talked about a lot of things today, can you please tell me what you understand.” “Let’s set up a follow-up appointment.”</i>
Goals of Care Conversations training was developed by VA National Center for Ethics in Health Care through contracts with VitalTalk. Updated 01/2018. www.ethics.va.gov/goalsofcaretraining/practitioner.asp	

NURSE the Emotion...

Example	Notes	
Naming	"It sounds like you are frustrated"	In general, turn down the intensity a notch when you name the emotion
Understanding	"This helps me understand what you are thinking"	Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don't)
Respecting	"I can see you have really been trying to follow our instructions"	Remember that praise also fits in here ex, "I think you have done a great job with this"
Supporting	"I will do my best to make sure you have what you need"	Making this kind of commitment is a powerful statement
Exploring	"Could you say more about what you mean when you say that..."	Asking a focused question prevents this from seeming too obvious

Understand/Explore what they know...

Tell me more

“Tell me more about...”

Use when you are not sure what someone is talking about (rather than jump to an assumption).

Ask-tell-ask

“What do you think about...”

“Here’s what the tests show”

“Does that make sense...?”

Related to Assess-Knowledge-Respond in SPIKES. Think of this as one unit of information transfer

“I wish” statements

“I wish I could say that the chemo always works”

Enables you to align with the patient while acknowledging the reality of the situation



Warning shot

- Before delivering the news, give a warning shot
 - “This is going to be a hard conversation....”
 - “I have some difficult news to share....”
 - “Is it okay if we talk about some hard news?”
 - “I want to talk about the results. It’s not what we were hoping for...”



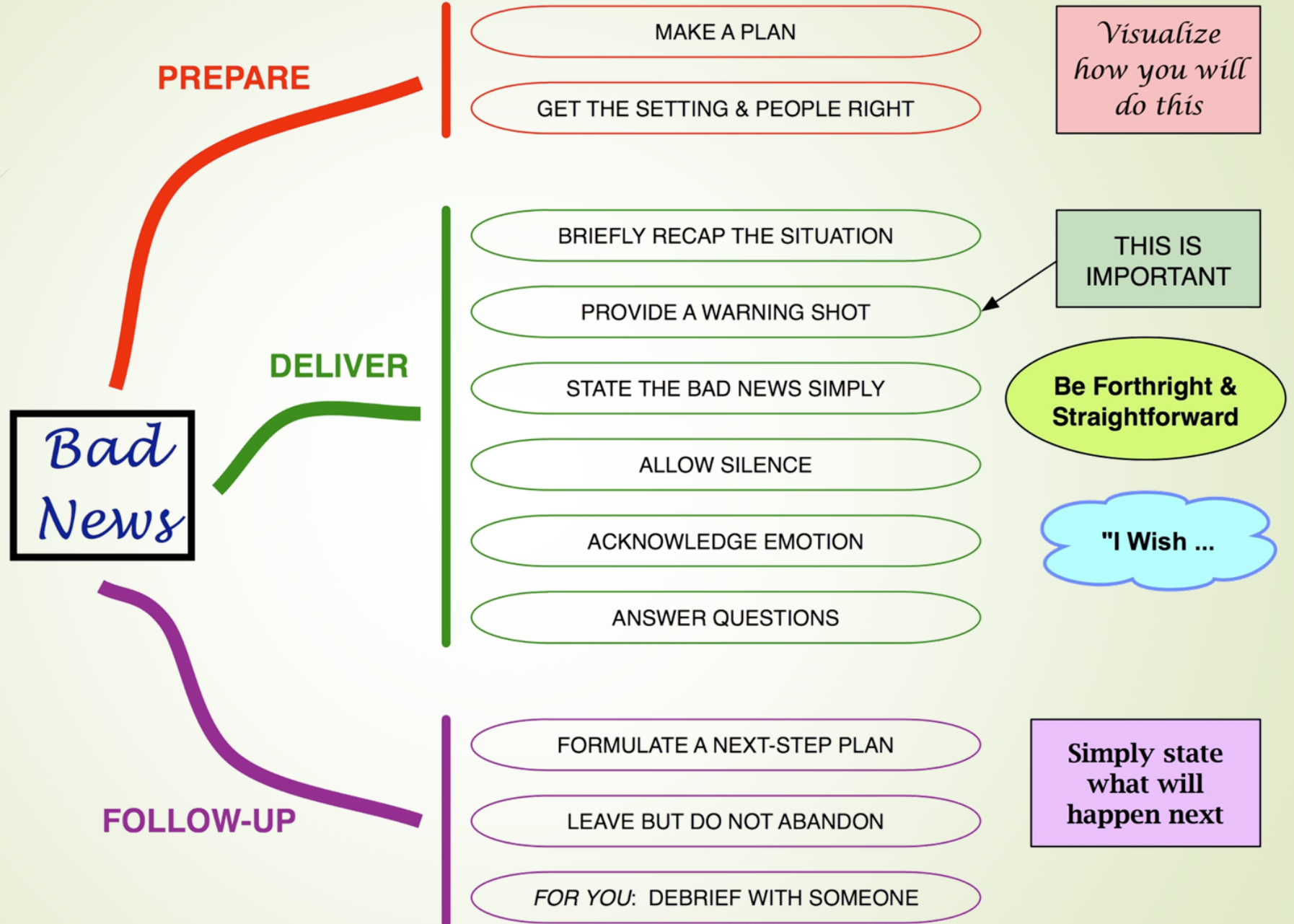
Tell: Deliver the news

- A Headline includes the **New Information** and what it **MEANS** for them.
- “Your baby’s bilirubin is up. This normal happens after a baby is born, but your baby’s level has gone higher than we like. It is not dangerous for her, but it could keep going up and become dangerous. To help it to come down, we’re going to have to send you to the hospital for her to be admitted for treatment.”
- Pause. Be comfortable with the silence
- Attend to emotion with NURSE.
- Answer questions



Follow-up

- Formulate a next step plan
 - “This was a lot of information. Don’t worry if you’re not able to remember it all.”
- Leave but do not abandon
 - “We’re here to support you.”
- **For you:** Debrief with someone



Let's practice...

➔ S-P-I-K-E-S*

SETTING

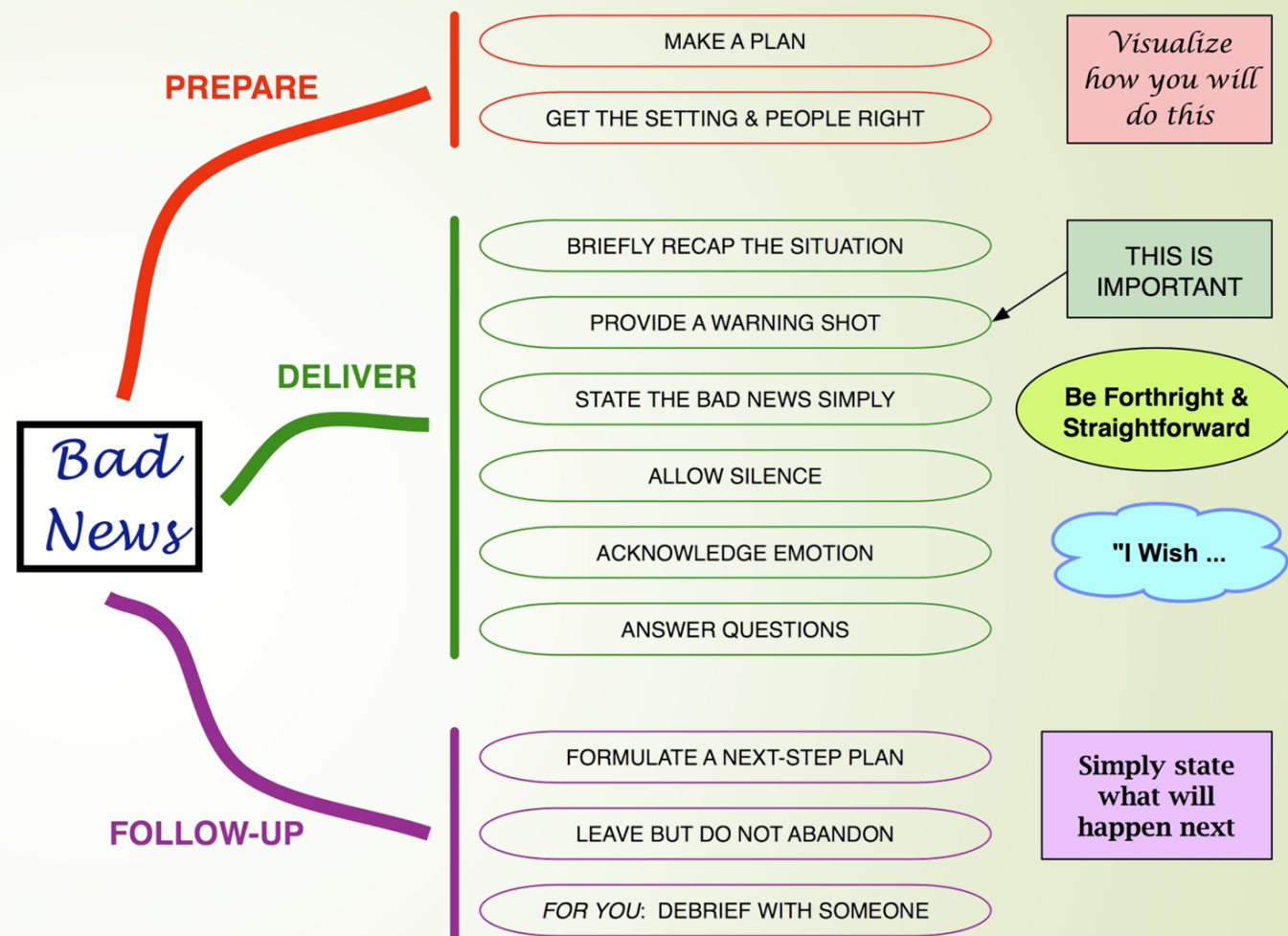
PERCEPTION

INVITATION

KNOWLEDGE

EMPATHY

STRATEGY AND SUMMARY



NURSE – name, understanding, respect, support, explore

What else can I do to get
better at communication?!?

Medical communication
workshops/trainings



Anthony Back
Robert Arnold
James Tulsky



Mastering Communication with Seriously Ill Patients

Balancing Honesty with Empathy and Hope

CAMBRIDGE

Medicine



Now everyone's favorite – roll playing!

■ Gen Peds:

- High risk MCHAT or developmental concerns
- Telling a family they can't stay at your practice if they don't vaccinate
- Child with chronic medical conditions having a new baseline

■ Emergency Med:

- New diagnosis of leukemia
- Appendicitis – needs surgery
- ROS – needs an LP and admission

■ Intensive care:

- Need to intubate
- Child getting worse
- Worried child is dying

■ Other subspecialists:

- New diagnosis: seizure, chronic condition (diabetes, kidney disease, heart disease)
- All our tests are normal – functional pain (headache, abdominal pain)

■ All:

- Disclosing a medical error



The End

Thank you!

Billie Winegard, MD MPH

bwinegard1@phoenixchildrens.com