

MODULE: COMMUNICATION WITH PATIENTS AND FAMILIES

Detailed Case Scenario

David Hawk is a 30-year-old man who presents with fatigue and weight loss. He is very active and has played competitive basketball for the last 7 years, the last four of which he has been on the national team. He began to notice that he was more tired and seemed to have problems keeping up with his teammates about 6 months ago. He also noticed that he was losing weight – maybe 10 pounds in the last two months – and recently developed night sweats. However, he was in the midst of preparing for his PhD thesis defense and ascribed his symptoms to studying hard and to anxiety.

He came to see you because he noticed some lumps in his neck when he was shaving. Initially he thought these were because he had a slight sore throat but they did not go away.

You have followed him since he was a child. Outside of a few sports related ligamentous injuries, he has always been healthy. He does not admit to any HIV risk factors. He has just successfully defended his PhD thesis in Biochemistry and has just been hired by a well-known pharmaceutical company. He is very excited and has told you that after all his years of studying “life seems to be just beginning.”

He has two brothers, John aged 32 and Bill aged 28, with whom he is very close. His parents are also your patients: his father has class II angina and his mother has mild asthma.

Initial Physical Exam:

He is thinner than you remember. When you weigh him it is clear that he has lost 20 pounds, not 10. He has enlarged cervical nodes, roughly 2-3 cm which are hard and but not fixed. Similarly he has enlarged axillary and inguinal nodes. Rest of his exam is not remarkable. There is no evidence of infection.

Lab: CBC is Normal, Monospot and HIV tests are negative

Lymph node biopsy reveals Hodgkins Disease.

David: “I can’t believe this is happening. I thought you said it would not be anything serious!” They have clearly made a mistake and mixed my tests results up with someone else’s”.....

“Did you think it was something serious? Why didn’t you tell me??”

Teaching Tips

- Communication is best taught on one to one or small group basis.
 - Of all skills, people tend to view their communication abilities as defining who they are. Teaching communication skills requires a real sensitivity to the learner's sense of self and a real effort to create an environment in which they do not feel criticized or threatened as a person.
1. Distribute the case scenario. Allow participants a couple of minutes to read the information or have one of the participants read the scenario the case scenario
 2. Ask the learner what their objectives are in participating in an end-of-life communication skills course:

Teaching Tip: Helpful Questions to Develop a Learner Centered Approach

- What aspects of communication around end-of-life issues are most difficult for them?
- What topics or emotions have arisen in their past conversations with patients and families that they found difficult to respond to, or that they did not know what to respond to?
- What situations are uncomfortable for them? What is it about these situations that make them uncomfortable? How have past experiences, personal and professional, contributed to their discomfort when faced with these situations?
- What skills in discussions around end of life issues do they want to improve?

TIP: Sharing personal experiences with learners can be invaluable and can allow learners to gain insight as to why they find certain situations difficult and may enhance their abilities to improve their skills in the future.

3. Have the participants role-play the breaking bad news scenario and structure "David's" responses to fit the needs of the learner, i.e., participant playing the role of David can go on to display guilt, anger, denial etc... based on learner's identified needs

4. Alternatively, the facilitator can assume the role of David and ask participants to develop responses to his comments and emotions
5. Alternatively, ask participants to respond to David's initial comments. Should identify the problem generated by providing false reassurance, identify and explore the emotions he demonstrates in his opening lines (disbelief, denial, anger, guilt)
6. Discuss how feedback will be given and how learner will indicate he/she needs help or time out
7. Participants to self-reflect on their experiences while in their respective roles, e.g.: What would he have said/felt, if I had said...? What were you thinking when you asked... ?
8. Encourage them to explore different ways of conveying the same message and impact of these different ways to convey message on "David"

Teaching Tip – Feedback and Star Performance Model:

(Copyright 1986 Dr Vaughn Keller, Keller & Company, Norwalk Connecticut 06851, used with permission)

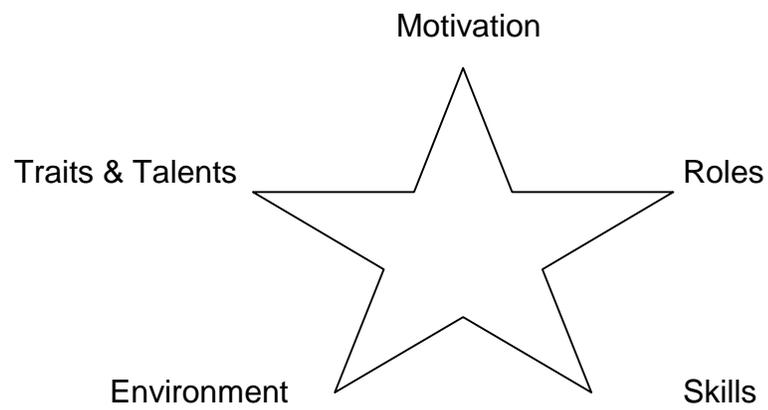
- ❑ Ensure private, without interruptions.
- ❑ **Let them tell you how they felt it went.** What they were happy with? Did they feel they had accomplished their goals? What did they do to accomplish them in this interview that they could use in the next interview? What did they think they could improve on? OR What happened that they did not achieve their goal?
- ❑ **Dr. V. Keller's Model of Feedback:**

Less threatening, more constructive than other models such as Positive-Negative-Positive feedback

4 Categories:

1. **Things to continue to do**
2. **Things to start or do more of**
3. **Things to consider doing (Stretch)**
4. **Things to stop doing**

- ❑ **STAR PERFORMANCE MODEL:** use to diagnose factors that may prevent a learner from achieving his/her goals:



****For more on how to teach communication skills and improve your own communication skills, please refer to and attend the excellent Bayer Institute of Communication Skills courses**