

# Delivering Bad News

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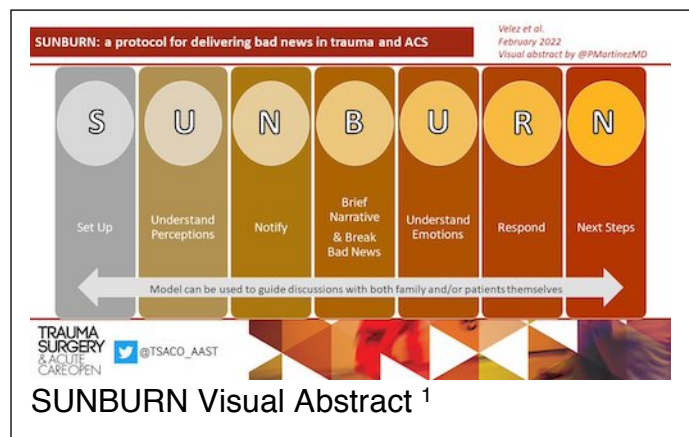
## SUNBURN Protocol

### Definition

- Framework for Delivering Bad News in **Trauma and Acute Care Surgery**
- Used to Guide Discussion with the Patient and/or Family Depending on the Circumstances

### Steps <sup>1</sup>

- **S: Set Up** – Review the Clinical History and Prepare for the Conversation
- **U: Understand Perceptions** – Appreciate What information is Already Known and Correct Any Misconceptions
- **N: Notify (“Warning Shot”)** – “I’m Afraid I Have Some Bad News”, Followed by a Pause to Sink In
- **B: Brief Narrative and Break Bad News** – Brief Narrative to Provide Context and then Deliver the News Directly
- **U: Understand Emotions** – Allow for Silence and Appreciate the Emotional Response
- **R: Respond** – Respond to Patient/Family Emotions with Empathy and Care
- **N: Next Steps** – Discuss the Next Steps or Strategy Going Forward



## Unique Challenges in Trauma and Acute Care Surgery

- “SPIKES” and Other Protocols Poorly Correlate in Trauma <sup>1</sup>
- No Previously Established Rapport
- Injury is Often Sudden Unexpected <sup>2</sup>
- Events are Shrouded in Misconception <sup>2</sup>
- Patients are Generally Younger <sup>2</sup>
- Fewer Resources for Grief Support – Often Present on Nights and Weekends (Not Fully Staffed) <sup>3,4</sup>

## SPIKES Protocol

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### Definition

- Framework for Delivering Bad News
- Originally Designed for the Use in **Oncology Patients** at MD Anderson Cancer Center <sup>2</sup>
- The Most Commonly Described Model in Medicine

### Factors <sup>5</sup>

- **S: Setting** – Set Up the Interview
- **P: Perception** – Assess the Patient/Family Perception
- **I: Invitation** – See What the Patient Wants to Know
- **K: Knowledge** – Share Knowledge
- **E: Emotions** – Respond to Patient/Family Emotions
- **S: Strategy/Summary** – Recap and Decide the Next Plan

## Other Models

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### ABCDE Protocol <sup>6</sup>

- Developed for Use in Primary Care
- Factors:
  - **A: Advanced Preparation** – Review History and Prepare
  - **B: Build a Therapeutic Environment/Relationship** – Ensure Adequate Time and Privacy in an Appropriate Setting
  - **C: Communicate Well** – Avoid Medical Jargon and Allow for Silence
  - **D: Deal with Patient/Family Reactions** – Actively Listen and Explore Empathy
  - **E: Encourage and Validate Emotions**

## BREAKS Protocol <sup>7</sup>

- Developed for Oncology and Palliative Care in India
- Factors:
  - **B: Background** – Review the Clinical History and Relevant Information Before Hand
  - **R: Rapport** – Build Rapport and Allow Time to Understand Patient/Family Concerns
  - **E: Explore** – Determine Patient/Family Understanding of Illness
  - **A: Announce** – Give a “Warning Shot” and Deliver the News
  - **K: Kindle** – Address Emotions as they Arise
  - **S: Summarize** – Summarize the News and Patient Concerns

## General Approach

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### Preparation

- Take a Moment to Compose Yourself
- Anticipate and Understand the Details Surrounding the Event and Clinical Course
- Mentally Prepare What You Will Say
- Bringing an Experienced Nurse Can Be Helpful
- Remove Any Blood-Stained Clothing

### Setting

- Use a Quiet Room
- Have a Safety Strategy to Exit the Physical Space in the Case of a Violent Response
- Multiple Family Members Can Be Supportive but Avoid Excessively Large Groups
  - Particularly in Pediatric Traumas – Larger Groups May Detract from the Ability to Provide Support to Parents

### Delivery

- Sit Down – Do Not Stand by the Door
- Make Eye Contact and Look at Who You are Addressing
- Understand What Information They Already Know to Correct Any Misconceptions
- Begin with a “Warning Shot”
  - “I’m Afraid I Have Some Bad News”
  - “I Am So Sorry...”
- Be Honest and Direct, Do Not Beat Around the Bush
  - Give a Brief Narrative for Context and Then Deliver the News
  - If Patient Has Died, Use the Words “Death” or “Dead” and Avoid Euphemisms (“Passed Away”)
  - Avoid Excessively Long Drawn Out Narratives that Delay Delivery – There is No Way to Soften the Impact

- Avoid Excessive Technical Information or Unnecessarily Gruesome Details
- Do Not Rush

## **After**

- Allow Silence for Facts to Sink In
- Allow for the Bereaved to React to the News – Varied Reactions May Be Seen
- Provide Tissues
- Touching/Holding a Hand to Comfort is Generally Appropriate but Should Be Considered in Various Social/Cultural Settings
- Avoid Platitudes or False Sympathy
  - “You Have Another Son”
  - “I Know What it is Like”
- Do Not Concentrate on Yourself
  - “I Have a Child Too”
  - “You Know, This Isn’t Easy for Me”
- Provide an Opportunity for Family to See the Patient – Even if Injuries are Mutilating, Although Cover Wounds as Able

## **Debrief with the Medical Team**

- “Second Victims” – Traumatic and Adverse Events Can Cause Significant Psychological Distress to the Physicians and Medical Team Providing Care as Well <sup>8</sup>
- Consider a Debrief with the Medical Team to Ensure the Emotional Stability of the Staff
- Discussions Should be Led by the Team Leader/Physician as Close to the End of an Event as Possible <sup>9</sup>
- Primary Goals of the Discussion: <sup>9,10</sup>
  - Review What Happened
  - Analyze the Team Functioning and Evaluate for Necessary Changes/Improvements
  - Create a Feeling of Professional Capability, Resilience, and Trust
  - Enable Expression of Feelings
  - Screening of Team Members for Acute Stress Reactions

## **Most Important Factors in Trauma (From the Perspective of Family) <sup>11</sup>**

- Most Important:
  - Attitude of the News-Giver (72% Consider Important)
  - Clarity of the Message (70%)
  - Privacy (65%)
  - Knowledge/Ability to Answer Questions (57%)
- Intermediate Importance:
  - Sympathy
  - Time for Questions
  - Location of the Conversation
- Least Important:
  - Attire of the News-Giver (3%)

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