

## ACE and BICA Breaking Bad News Workshop, The Studio, Birmingham.

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As embryologists, we often find ourselves giving bad news during the patient treatment cycle. Being one of the most difficult parts of our role in the clinic, how can we communicate such news to patients in an effective way? This was the focus of the ACE and British Infertility Counselling Association (BICA) Breaking Bad News Workshop, held at The Studio, Birmingham in June. The workshop was led by infertility counsellors Jennie Hunt and Janet Owen from BICA, who shared their experiences of the range of bad news patients might be given in the fertility setting, and outlined key strategies and communication skills that we can use to help us in our role.

We started the day by considering how it feels to be the one giving the bad news. It was reassuring to hear that we all shared similar feelings of anticipation and anxiety in the build-up to the conversation, whether that be due to fearing how the patient will react to the news, or the fear of not being able to give an answer, which is particularly pertinent in a situation where you are giving failed fertilisation results. A common theme amongst the group was that we often feel 'faceless' when giving bad news over the phone, finding it difficult to judge and respond to the patients' reactions appropriately when other signals such as body language and facial expressions cannot be read. This part of the session was useful as it allowed us to think about this part of our role in a different way and appreciate that it is hard to break bad news as well as to receive it, even though it may be part of our normal work routine.

Next, we talked about the range of bad news our patients can receive, and how they might react. As a group, we brainstormed the most common reactions we might face. Among many of the suggestions were anger, sadness, shock, denial and blame, whether that is towards themselves or members of the team, and even a feeling of relief or closure in some cases. Interestingly, dealing with silence, particularly over the phone, was a shared concern within the group. We found that we often want to 'fill the gap', when in fact we should allow for silence, as this may be a way for the patient to take in the information they are hearing. Once we had reflected upon patient reactions, Jenny and Janet introduced the 'ABCDE' model of breaking bad news, which we can use to prepare ourselves for managing a patient phone call or face to face conversation. One of the most important take home messages from this part of the workshop was to be prepared and make enough time to talk; ensuring that you are ready to give a patient bad news in a quiet area, away from distraction with the relevant information will go some way to making the process a better experience for the patient.

Another vital aspect of the model we discussed was being able to use good communication skills and active listening when giving bad news. In order to demonstrate the effect of poor communication, we were split in to two groups; Group A were told they needed to tell a person in group B something interesting about themselves, whereas group B were told we should show no interest in their story. The people who pretended to ignore what they were hearing felt very uncomfortable about doing so, while the speakers found it difficult to continue with what they were saying. This exercise highlighted the importance of active listening, and the impact poor communication can have on the patient receiving the news; giving bad news well can have a lasting impact on the patient, as can giving it badly.

The afternoon session began with the dreaded role play! In groups of three, we were given a bad news scenario to consider, with one person acting as the patient, one the professional, and one as the observer. Everyone took part and really got in to their role, and we put the skills we had learned in the morning in to practice. We all found this exercise really useful and found it encouraging that we already use many of these skills without thinking. It also allowed us to think about the patient perspective and how we ourselves would like to be given bad news if we were in the same situation, and how important it is to show empathy and understanding throughout the conversation.

The final section of the day concerned support for the messenger. As we had shared our feelings about breaking bad news at the start of the day, we talked about what support we should have as the bearers of bad news, and how demanding it can be emotionally. We talked about survival strategies and self-care; being honest with yourself and your colleagues when you may have no more reserves left to give patient care, and being aware of your own limitations where personal experiences or issues may prevent you from handling and breaking bad news well. Furthermore, sharing with your colleagues how a breaking bad news situation has made you feel, and getting support from the team can help to offload and discharge emotions can be helpful for us after handling a difficult conversation.

Overall, I thoroughly enjoyed the course and it was well worth the early train down from Newcastle. I would like to give a special thankyou to Jennie and Janet for delivering a thought-provoking and useful workshop and to Becky Swann for organising the event in such a great venue.

#### **The ABCDE model for breaking bad news (BICA):**

##### **Advance preparation:**

- ✓ Prepare yourself emotionally
- ✓ Plan the session – what do they know?
- ✓ Is someone with the patient?
- ✓ Is it a good time to talk?
- ✓ Ensure privacy and avoid interruptions
- ✓ Have all relevant information in front of you
- ✓ Make enough time for the session and ensure it is not rushed.

##### **Build a relationship:**

- ✓ Greet the patient and tell them who you are
- ✓ Use good eye contact and open body language if face to face.

##### **Communicate well:**

- ✓ Keep information simple; avoid jargon and technical terms.
- ✓ Show empathy
- ✓ Allow for silence or tears
- ✓ Check understanding, and repeat anything that is not understood
- ✓ Encourage questions
- ✓ Acknowledge their feelings
- ✓ Summarise the news
- ✓ Explain the next steps.

##### **Deal with their reactions:**

- ✓ Listen carefully and don't interrupt
- ✓ Each patient will react differently and have different coping strategies.

##### **Encourage and validate emotions:**

- ✓ Reflect back to the patient and acknowledge their emotions
- ✓ Check if they need some time alone
- ✓ Ask what their immediate plans are after leaving the clinic or when they put down the phone
- ✓ Check what support the patient will have and ensure they know that counselling can be provided.