

PACES talking stations

*We cannot predict, but
We can always prepare*



History





Greeting + introduction of purpose of interview

- Shake hands
- “Good morning/afternoon, I’m Dr. X. Please to meet you and please take a seat”
- “I have read the referral letter from your family physician, Dr. Y who referred you to me for the issue of ...”
- “...in the next 12 min or so, we’ll find out more about this problem and try to arrive at some further management plan. And if you have any questions at any time during the interview, please feel free to stop me and ask. OK, shall we start now?”

Communication





Introduction

- Shake hands
- “Good morning Mr. Z, I’m Dr. X, please to meet you.”
- “As you know/I was aware that, you had several episodes of loss of consciousness, and we had performed a no. of investigations to find out the cause for that. In the next 12 min or so, I would like to let you know what we’ve found, including the diagnosis and most importantly, I’ll discuss with you the plan of management for your condition. Is that OK with you?”



Useful sentences

- “What are your main concerns?”
- “Do you have any expectations concerning the management of your illness?”




Telling something that you do not know...

- *“What is the chance of success of my bone marrow transplantation?”*
- “This is obviously an important question. As you might know, the figure varies with different conditions; different stages and different subjects, e.g. the degree of matching, etc. I cannot quote you an exact figure right now but I can refer your question to our hematological oncology team who would be in a better position to answer your question.”



- “I know I’ve got HIV. But I don’t want my wife to know it. Am I against the law if I do so? Such information should be confidential, is it true? Will you tell my wife without me knowing?”



You know the general principles but not the exact details, and you would like to check...

- “Concerning the legal aspect on information disclosure, I need to check with the relevant authorities before I can tell you an answer. But I can tell you the general principles. We as physicians have a duty to every of our patient to safeguard their personal information. On the other hand, we also have obligations to the public in safeguarding their health. And we need to strive a balance between the two.”



Concluding the interview

- “So, Mr. Z, **may I just recap on what we’ve discussed during this interview. I’ve informed you that/I have let you know that/I have explained to you that** you have the condition of epilepsy which may lead to repeated attacks of fit. We couldn’t find any underlying conditions which cause it. **The plan of management is aimed at stopping/reducing further attacks.** This requires the use of anti-epileptic drugs and this requires your compliance with the treatment and monitoring. **Your opinion is/ You have not decided to start the drug yet but you will consider the issue.** The disease may also have some potential effect on your daily life including the safety of driving. **I will check** with the law concerning this issue and you will think about any possible adjustment in your work. **Is there anything else you might want to add or you would like to ask. If not, thank you for coming and we’ll make another appointment. Take care.”**
- **Shake hands**



Offer a second interview for complex issue

- “You probably need some quiet time to think over the whole matter. I understand that it would be a difficult time. You may have some more questions, or you may be considering some plans of your own. So we can have another session to talk about these. So, see you later. Take care.”

Confronted with unreasonable demands





Discover the need and find practical solutions

- Show Empathy
- Alignment
- State the limitations
- State what you will do /offer



Show empathy

- “I can feel your worries”
- “I can see why you are so angry/frustrated”
- “I understand that you are very concerned about your father”
- Sigh



Alignment

- “Actually we are having the same goal in mind, to provide the best care to...”
- “Please be assured that we are also trying to provide the best care...”
- “Now we must try our effort to...”
- “We are on the same side, that is, to...”



Stating the limitations

- “That would be ideal but I hope you can understand that we have limitations and there are things that are out of our control...”
- “That should be the case if there is no constraints in terms of resources.”
- “Because of such limitations, we have to select/ set priorities / choose/...”



Stating the limitations

- “The principle is to deliver the care according to the needs of individuals, and we have to maintain fairness / we have to be accountable to not just one patient...”
- “It is not possible to provide immediate CT but we are doing our best to...”



Stating the limitations

- “Our bottom line is that safety is our first priority / the most needed patient should be given the priority and safety is not compromised”
- “You are right, thrombolytics in acute stroke has been shown to be beneficial, but only under certain conditions e.g. specialized set up and experienced teams, suitable timing, suitable condition of patients (inclusion and exclusion criteria). Otherwise, the benefits are at best unknown, and worse still, be actually harmful.”



Stating the limitations

- “As you may understand, we have many patients to take care of in such a big hospital, some of them may have conditions that are even more critical and will need a more urgent intervention or they will have immediate danger. I am sure that if you are in their position, you will also desperately want to have things done immediately without delay. And I think depriving them of these treatment and give to someone less urgent will neither be fair nor acceptable.”



Stating the limitations

- “I must admit that that is not the best option / condition / situation / the way you would like to have / does not meet all your expectation.”



State what you will do /offer

- “We will closely monitor his condition.”
- “If everything remains stable, then CT will be done within ~24 hours”
- “In case there is any change of condition, we will re-evaluate the situation.”

A photograph of a green chalkboard. In the lower-left foreground, two pieces of pink chalk are lying on the surface. The chalkboard has some faint, white chalk markings, including a large 'V' shape and some other indistinct lines. The background is a soft, out-of-focus green, suggesting a classroom or office setting.

Break bad News



Set the stage

- Shake hands
- “to let you know what has been done so far and what have we found, and most importantly, what we can do to help you.”
- “Some of the issues may be quite sensitive and could be a bit distressing”
- “Please feel free to interrupt me and ask question if you need to.”
- “May we start now?”
- Pause +/- Sigh



Jargon free recap

- “We found that you have a bacteria in the sputum, namely the tuberculosis bacilli.”
- “However, we noticed that it was unusual for a healthy individual to have such a significant infections and we would like to search for any underlying causes.”
- “One of the tests we have performed is the HIV antibody testing. Have you heard about this test? Have you been counseled when this test was requested?”
- It is a test for the presence of infection by the Human Immunodeficiency (HIV) virus, which is the virus that cause AIDS, the acquired immunodeficiency syndrome.”
- “and during the test on your blood sample, we found that the test was positive.”
- pause



...Then continue

- “Well, a single positive test alone does not automatically mean that you have AIDS since there are some individuals who are tested positive but turn out later not to be the case, i.e. false positive results. However, since you also have some unusual infection which may suggest a lowering of your body defence, it would be important for us to do further testing to confirm or exclude this condition.”



Silence / Dead air / 冷場

- “Are you thinking about something?”
- “What’s in your mind at this moment?”
- “Shall we go on or would like to take a rest for a little longer?”



Cries / Weep

- Hand a pack of tissue, therapeutic touch*
- “I can see that you are quite angry with the result. I can understand that.”
- Ask a factual questions to divert his/her attention: ‘Do you have a family?’

*probably not advisable for patients of different gender

Types of case scenario





3 types

1. Breaking bad news
2. Ethical issues
3. Counseling of a patient who refused a suggested management plan
4. Miscellaneous



Breaking bad news:

- Terminal illness → inevitable death
- Illness with traumatic consequences/sequelae
 - Major disabilities : amputation
 - Impaired personal image: mastectomy
 - Illness with stigmatization: HIV
 - Chronic illness affecting QOL: ESRF



Ethical issues

- DNR / Advance directives
- Explain about brain death
- Informing the spouse of a patient found to be HIV +ve / Contact tracing for patient with STD
- Patient refusing to disclose diagnosis to relatives or vice versa
- Patient refuse to disclose his own illness for family screening (e.g. Wilson's disease, Hungtinton's chorea)



Counseling of a patient who refused a suggested management plan

- DM patient with secondary OHA failure for insulin therapy
- Patient non-compliance
- Non-oral feeding for an aspiration-prone patient after a stroke
- Refusal of investigation for a potentially serious illness (e.g. malignancy)



Miscellaneous

- Counseling of organ transplantation

Examples





Illness with traumatic consequences/sequelae

- “I understand that this will have a major impact on your life subsequently.”
- “I know people like yourself who have undergone similar process / Rx. They’ve found a new way of living. I’m sure their experience will be of help to you. Some of them have organized self-help groups to provide mutual support and support to new patients with similar problems”
- That’s not the only symbol of a man/woman.”
- “Perhaps you may consider talking to one of those people in the group. I can help with that if you wish.”



DNR

- “Some people have chosen to exert more autonomy in areas concerning their treatment. Some people have chosen not to receive forms of treatment that are medically futile. Such therapies include the use of cardiopulmonary resuscitation.”



Explaining about brain death

- “Legally and ethically, we as physicians are not allowed to give treatment that will jeopardize the life of patients. However, we are not obliged to provide treatment that are medically futile. (Explain briefly about the functioning of the brain including the higher centers.) We have examine Mr. Z twice, by two distinct experienced physicians. Both of them confirm the absence of activities of higher brain function. So legally and medically, Mr. Z is qualified as having a brain death.”



Patient refusing to disclose dx to relatives for family screening

- Seek first to understand, then to be understood
- State the facts
- Open up perspectives, new paradigms
- Offer assistance, practical and specific advice



Seek first to understand

- “What are you worrying?”
- “What’s your main concern?”
- What’s preventing you from doing so?”



State the facts

- “As your physicians, I am obliged to keep the confidentiality of your information. On the other hand, it’s also unethical for me to withhold information which could impose significant health risk to any individuals including your wife / family members.”



Open up perspectives

- On the one hand, you may worry about the reactions of your ___ on knowing about this piece of information. On the other hand, you can imagine putting yourself into the position of your wife/family members. What would you prefer if you were one of them? How would you react if your spouse is dishonest with you? Will you be more angry or will you be more sympathetic and forgiving?



Offer assistance

- “Even if you decided not to disclose the information at this moment, you need to take precautions to prevent spreading the infection to your spouse such as ... “
- “If you find yourself unable to do so, please let me know to see if I can help.”



...Or defer a difficult condition, allow time

- “You may not consider doing this at the moment, but I would like you fully understand the situation before you make further decision.”
- “If they are not given this information, the consequence is that they are not going to get the benefit of .../ she may run the risk of getting the infection. I don’t think your intention / I don’t think that’s a situation you would like to see.”

A green chalkboard with two pieces of pink chalk and some faint white chalk markings. The chalk is positioned on the left side of the board, and the background shows some light-colored chalk drawings, possibly a circle and a line.

Discussion part

What do examiners
expect of you?



3 parts

1. Defining the issue at hand
2. How do you assess the patient's reactions / response
3. What did you do to help him to accept the condition.



Define the issue

- “We are dealing with the issue of breaking bad news (state the type of scenario)”



How do you assess patient's reactions or response

- “Mr. Z was initially in a stage of shock on receiving the bad news. He showed some features of denial when he said that the result couldn't be true. He even bargained that if he stopped smoking right now, everything should be fine. Then he became depressed as he wept and became silent. I try to bring him to a stage of acceptance but I think it takes time and so I've offered him a second meeting later.”



Mention social...

- “It’s understandable that this gentleman is under a very stressful condition since he has a young child and his wife is expecting soon. He is the breadwinner of the family.”



What did you do to help him to accept the condition?

- “I tried to maintain a positive atmosphere. I assured him that we were available to help. I also mentioned to him about the availability of self-help groups if he needed somebody to talk to. I made myself available for another interview later if he needed.”
- “I tried to lead him to look from another perspective. Putting himself into the position of his spouse and emphasizing the positive sides.



Another example

- “There are several important issues we need to tackle in the case of Mr. Z”
- “Firstly, it’s the problem of his understanding/acceptance of his condition. I think he’s in a state of shock initially when he was told about the diagnosis and there is an element of denial.”
- “Secondly, he hasn’t fully appreciated the implication of HOCM and the potential risks which I’ve tried to convey to him.”
- “Thirdly, is the issue of continuation of his job since he is deeply concerned that the condition will put him out of job and he is currently the breadwinner of his family.”
- “He is also concerned with the transmitting the condition to his child”

Body language





Just have a look to ‘*Healing Hands*’ ...

- Greeting
 - Sit → stand → walk a few steps forward → shake hands etc.
- Sitting position
 - Straight / lean forward
 - Don’t cross arms / lean back
 - Distance ~1m, touchable distance (see below)
- Gestures
 - Kept to minimal, avoid big move, avoid those unintentional movements (playing with pens, scratching your heads, tapping on the table etc.)
 - Practice in front of a mirror / DV
- Facial expressions
 - Avoid disgusting / shocked / impatient expression
- Eye contact
 - Direct eye contact: for most of the time
 - Brief looking down then look up: when breaking the critical bad news
- Touch
 - Gentle tapping on the shoulder, 2X, uniform frequency, then remove → empathetically saying that “I know / I understand / I agree etc.
 - Leave hand on the shoulder +/- a little shaking → I am supporting you, backing you up, give you encouragement
- Sigh
 - Just before breaking the bad news



Verbal communication

- Tone
 - Sincere, avoid monotonous
- Speed
 - Slower with sorrow, bad news
- Pause
 - To allow absorption of message
 - To set a tone of seriousness



Do it prn

- Nodding
- Humm...
- “Right .”
- “I see”
- “I can understand that...”
- “That’s true...”



Miscellaneous

- Drawing diagrams e.g. HOCCM, where is the lung tumor.
- Hand a tissue paper to a weeping patients (remember to put a pre-opened pack in your pocket, any brand)

A green chalkboard with two pieces of pink chalk and some faint white chalk markings. The chalk is positioned in the lower-left quadrant. The background is a soft-focus green surface with some white chalk lines and a large, faint white letter 'Y' visible.

...Remember

*If you fail to plan,
you plan to fail*