CC13 Breaking bad news

To recognise the fundamental importance of breaking bad news. To develop strategies for skilled delivery of bad news according to the needs of individual patients and their relatives / carers

| Knowledge | Assessment | GMP |
|---|--------------------------|---------|
| Kilowiedge | Methods | Domains |
| Recognise that the way in which bad news is delivered significantly affects the subsequent relationship with the patient | E, ACAT, C, Mi, M, PS | 1 |
| Recognise that every patient may desire different levels of explanation and have different responses to bad news | E, ACAT, C, Mi, M, PS | 1, 4 |
| Recognise that bad news is confidential but the patient may wish to be accompanied | E, ACAT, C, Mi, M, PS | 1 |
| Recognise that breaking bad news can be extremely stressful for the doctor or professional involved | E, ACAT, C, Mi, M | 1, 3 |
| Understand that the interview may be an educational opportunity | E, ACAT, C, Mi, M | 1 |
| Recognise the importance of preparation when breaking bad news by: Setting aside sufficient uninterrupted time | E, ACAT, C, Mi | 1, 3 |
| Choosing an appropriate private environment | | |
| Having sufficient information regarding prognosis and treatment | | |
| Structuring the interview | | |
| Being honest, factual, realistic and empathic | | |
| Being aware of relevant guidance documents | | |
| Understand that "bad news" may be expected or unexpected | E, ACAT, C, Mi | 1 |
| Recognise that sensitive communication of bad news is an essential part of professional practice | E, ACAT, C, Mi | 1 |
| Understand that "bad news" has different connotations depending on the context, individual, social and cultural circumstances | E, ACAT, C, Mi, M | 1 |
| Recall that a post mortem examination may be required and understand what this involves | E, ACAT, C, Mi, M, PS | 1 |
| Recall the local organ retrieval process | ACAT, C, Mi | 1 |
| | | |

| Skills | | | | | | |
|---|---|------------|---------|--|--|--|
| Demo | onstrate to others good practice in breaking bad news | E, C, D, M | 1, 3 | | | |
| | ve patients and carers in decisions regarding their management | E, C, D, M | 1, 3, 4 | | | |
| Enco | urage questioning and ensure comprehension | E, C, D, M | 1, 3 | | | |
| Respo relativ | ond to verbal and visual cues from patients and ves | E, C, D, M | 1,3 | | | |
| | vith empathy, honesty and sensitivity avoiding undue nism or pessimism | E, C, D, M | 1, 3 | | | |
| Structure the interview e.g. set the scene, establish understanding, Discuss: diagnosis, implications, treatment, prognosis and subsequent care | | | | | | |
| Behaviours | | | | | | |
| Take | Take leadership in breaking bad news C, D, M 1 | | | | | |
| Respe | Respect the different ways people react to bad news C, D, M 1 | | | | | |
| Level Descriptor | | | | | | |
| 1 | Recognises when bad news must be imparted Recognises the need to develop specific skills Requires guidance to deal with most cases | | | | | |
| 2 | Able to break bad news in planned settings Prepares well for interview Prepares patient to receive bad news Responsive to patient's reactions | | | | | |

| | Able to break bad news in unexpected and planned settings Clear structure to interview | | | | | |
|--|---|---|--|--|--|--|
| 3 | | | | | | |
| | Establishes what patient wants to know and ensures understanding | | | | | |
| | Able 10 C | Able to conclude interview | | | | |
| | Skilfully delivers bad news in any circumstance including adverse events | | | | | |
| 4 Arranges follow-up as appropriate | | | | | | |
| Able to teach others how to break bad news | | | | | | |
| Emergency department context | | | | | | |
| 1 | | Attends with middle grade or consultant to break bad news of patient's death | | | | |
| | | Attends BBN teaching session or completes e-learning | | | | |
| | | Leads interview under supervision to break bad news | | | | |
| | | Prepares appropriately checking identity of relative and event information available | | | | |
| 2 | | Able to discuss the coroner's role in unexpected death including probable post mortem | | | | |
| | | Able to discuss life-threatening conditions with patient with realistic presentation of risks and likely outcomes | | | | |
| | | Under supervision, breaks bad news to parents | | | | |
| 3 | | Ensures post mortem is requested in relevant cases (non-mandatory) | | | | |
| | | Understands possibility of death certification in selected cases | | | | |
| | | Able to break bad news in all situations | | | | |
| 4 | | Able to supervise others | | | | |
| 4 | | Able to discuss organ donation | | | | |
| | | Able to lead resuscitation with relatives present | | | | |

| Leadership | Specialty trainees should demonstrate competence in all elements of domains, with some evidence in setting direction |
|----------------------------------|---|
| Demonstrating personal qualities | Empathic to relatives |
| Working with others | Recognises impact of death (particularly children) on staff Supports junior trainees in debriefing after BBN |
| Managing the service | Utilises space appropriately for relatives including circumstances when more than one seriously ill or deceased patient |
| Improving services | Attends communication teaching for BBN *** Seeks out advice and guidance from different religious leaders for accommodating varying ethnic or cultural backgrounds |
| Setting direction | Contributes to policies on bereavement and care of relatives *** |