



National Healthcare  
Communication  
Programme

# DIFFICULT CONVERSATIONS

**CALGARY-CAMBRIDGE GUIDE**



*Making conversations easier*

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# Initiating the session

## Preparation

### Prepare yourself

- Clarify in your own mind the purpose of the conversation you are about to have. Remember this conversation will change this person's world.
- Remember you are doing very many consultations each day but for the patient and their loved ones this is a unique and vital conversation.

### Prepare the environment

- Avoid interruptions – move to quiet confidential area.

### Prepare your information

- Read carefully information from colleagues, notes or letters.

## TIME

Although you will feel time is short, slow down – patients and their loved ones need time to process what you are saying. If they can do this, it will save you time overall.

## Initiating the session

### Establishing rapport

#### Greeting

- Explain who you are, your role, the team – even if you have already met the patient and family, re-introduce yourself. *“Hello my name is \_\_\_\_\_. I am part of the team of doctors who are working together to treat your mother.”*
- Ask their names and relationship to patient.
- Ask how they like to be addressed.
- Acknowledge this is a difficult time.

### Identifying the reasons for the consultation

- Explain your reasons for the consultation.
- Find out what they know already and what they want to discuss. *“We wanted to meet to update you on your father’s condition. I’ve read through the notes and examined your father this morning. Before I start, can you tell me what you know already about your father’s illness and what you most want to discuss today?”*
- Signpost your goal for the meeting.

## Initiating the session

- Restate their concerns and summarise shared agenda. *“So you have noticed that your father is getting weaker and struggling to breathe (pause). That is also our main concern and we need to talk about what the next steps are for his treatment (pause)”*.
- Ask patient/family to stop you if you use language they don't understand. *“It's my job to explain things clearly. If I use language that sounds confusing, please stop me so I can explain things better.”*

### TIP

Using skills carefully at the start of the consultation quickly builds trust and enables the rest of the consultation to flow more smoothly.

## Providing information and planning

### Provide correct amount and type of information

#### Assess the starting point

- Find out what the patient and/or loved one already knows and what they want to know. This will help you to establish what advice or information might support the patient/their loved one. *“I reviewed the healthcare record and spoke with the doctors who were caring for your wife and now I would like to hear from you directly. Just so I know where to begin, can you tell me your understanding of her condition?”*. (pause) *“What is your sense of how things are going?”*.

#### TIP

Once you have established what the patient and/or loved ones know and want to know more about, merge this agenda with the information you want to provide.

# Providing information and planning

## Chunk and check

- Provide small chunks of information and allow this to sink in. If the patient/loved one understands it they should respond, either by acknowledging what you have said or asking a question.

*“Your brother is very sick (Pause). His lungs are not working.” (Pause)*

*“While we continue to provide maximum support to your dad, there is the possibility that he will not recover.” (Long Pause)*

*“I wish we had a clearer answer about what is going to happen. If the treatment is working, we would expect to see some definite improvement in 2 to 3 days.”*

*(Pause)*

*“Your father has COVID-19 (pause) and he is very seriously ill (long pause).”*

## Aid patient recall and understanding

### Language

- Remember to use easy to understand language and avoid or explain jargon.

### Organise

- Structure the conversation – *“First I want to talk about the diagnosis and then we’ll talk about treatment.”*

# Providing information and planning

## Signpost

- Emphasise the important parts – *“So the most important thing to remember is that...”*
- Continue to pause and not talk too much.

## Check understanding

- Watch their non-verbals – do they look like people who are understanding and participating in the conversation or have they switched off? *“I have shared a lot of information with you. Let me stop now and hear what questions you have... How are you feeling about what we have discussed?”*.

## Empathy

- Continue to provide empathic support *“This must be really tough.”*

## Ask to move on

- *“While we hope for the best, many people also want to know what might happen if the treatments don't work. Would that be helpful for you?”*.

# Providing information and planning

## Incorporate the patient's perspective

### I.C.E. (Ideas, Concerns, Expectations)

- Ask what is important to the patient now.  
*“I’m going to summarise so we’re all on the same page – please tell me if I got it right. You mentioned that your brother is ‘a fighter’. Tell me more about that.”*
- Use non-verbal responses to show you care – pause, make eye contact, perhaps offer tissues, if appropriate.

### G.I.V.E

When you notice emotion – G.I.V.E.

#### Get it's emotion

- Pause when you notice emotion.
- Don't answer feelings with facts.
- We do not need to suppress or resolve emotion.
- Offer connection, not information or false reassurance.

#### Identify the emotion

- *“It looks like you were not expecting this news.”*
- *“I hear you're frustrated.”*
- *“I can see you really love your mum.”*

## Providing information and planning

- *“Can I check in with you?”*.
- *“You seem a bit quiet. Need a break?”*.

### Validate

- Acknowledge and validate how people feel, this builds connection and trust and makes emotion less overwhelming so they can participate.
- *“This is a lot to hear. Yes, it is scary.”*
- *“It’s overwhelming – everything you have been through.”*

### Explore

- Explore emotions to better understand values and concerns.
- *“Tell me more – what are you most worried about?”*.

### Time

- Allow patient/family to speak without interruption.

### Reflective listening

- Reflect what you observe or hear with a statement. To explore their thoughts further, use *“Tell me more.”*
- Invite questions. *“I gave you a lot of information. What questions do you have?”*.

# Providing information and planning

## Shared decision making and planning

### Share your thinking

- Use 'we' and make suggestions... *"So what we think it would be best to do now would be to keep your father comfortable (pause) and provide him with good care and see how the next 24-hours go. How does that sound?"*.

### Involve the patient/family in all decision about their healthcare

- Get to know your patient as an individual. What was life like before they became ill? What do they enjoy? Important relationships? *"Tell me about your mother. What kinds of things does she like to do?"*. *"What would your father say is most important to him?"*.
- Explore patient's views and wishes... *"What do you think your dad would want at this time?"*.
- Instead of listing treatment options, use open questions to understand goals. *"What have been your sister's biggest concerns?"* *"What kind of outcomes would be acceptable to your dad?"* *"What situations would he want to avoid?"*

## Providing information and planning

*“Imagine your mother sitting in her ICU room watching everything we’re doing. What would she say?” “What do you think will happen if we do \_\_\_\_\_?”*

- Understand values and goals before discussing specific treatments.

### Explore options

- When patients or family ask for specific treatments or express their goals, find out more by asking *“Tell me more about that”* or ask *“Why do you feel she would make that choice?”*
- Explore and discuss likely outcome of treatments they are describing.

### TIP

Avoid *“What do you want”* and instead, ask *“What would he think or say.”* The word ‘want’ leads to conversations about interventions rather than about perspective and values.

# Providing information and planning

## Negotiate the plan

- Signpost your own preference regarding options and determine the patient's/family preference...*"How do you feel about...?"* .
- Have their ideas, concerns and expectations been addressed...*"Can I check that you are happy with the plan, do you have other questions?"* .

## Check with the patient/family

- Have their ideas, concerns and expectations been addressed...*"Can I check that you are happy with the plan, do you have other questions?"* .

## Closing the session

### Forward planning

#### Next steps

- Explain what will happen next.
- Agree on a time for a follow-up meeting.
- Encourage family to use hospital resources (clergy, social work) and to attend to their own well-being.
- Emphasise support – that they are not alone.

*“This is very hard on you. You may not be thinking about yourself but you need to take care of yourself as well.”*

*“Are you getting any sleep?”*

*“I am here all night and you can always reach me if you want to talk. Just ask the nurse to page me.”*

#### Safety-netting

- Try to take some burden off the person with whom you are talking – that is, don't leave them wondering what happens next.
- Be very clear on where they can find information.
- Highlight on-going and continued care, and that the patient is not being abandoned.
- Explain how pain or other symptoms will be controlled.

## Closing the session

### Ensuring appropriate point of closure

#### Final check

- Briefly summarise what was discussed.  
*“So, just to review, we talked about how we will continue the medications your wife is on for now, and we will see whether there are any changes in the next day or two. If we see that things are getting worse before then, we will contact you right away.”*
- Allow family to correct or add information.
- Moving towards the end of the conversation with ‘screening’... *“Are there things you would like to ask, that I have not said, or explained enough?”*.

# Delivering bad news - informing families that loved ones have died

## NOTE

Throughout go very slowly and don't talk too much.

## Preparation

- Rehearse the conversation before meeting the relative/loved one (perhaps with someone who is skilled in challenging consultations).
- Find a quiet room and prepare yourself psychologically and physically – check you look 'professional'.
- Check your information - the identity of the patient, the identity of the next of kin and what has happened in the past 24-hours or so.

## Greeting

- Introduce yourself clearly (see section on establishing rapport). Sit everyone down.
- Check that you are speaking with the right person. Confirm identity and their relationship to the patient.
- Warning shot. Give a warning shot before delivering the news, e.g. *"I am afraid I have bad news."*

## Delivering bad news - informing families that loved ones have died

- Ask what the person knows about the situation. *“Can I ask what you know about your father’s illness?”*.

### Empathy

- Be direct and compassionate.
- Tell the relative/loved one that the person has ‘died’ or possibly ‘passed away’. Be careful to ensure that you are clearly understood while still being compassionate. *“Your father died a short time ago.”*  
*“I am very sorry.”*
- Silence. If the person is crying, allow silence and perhaps say something like, *“Take your time.”*
- You may need to repeat things, keeping them as clear and simple as possible, and checking as you go on to see whether they are following or whether it is OK to carry on.
- Check if the person has support. If they do not, offer to call someone for them.

### Closing the session

- Moving towards the end of the conversation with ‘screening’... *“Are there things you would like to ask, that I have not said, or explained enough?”*.

## Delivering bad news - informing families that loved ones have died

- Ensure the person has a contact name and direct line number for you or for one of your colleagues.

### TIP

- Most deaths are 'peaceful' – and this can be a comfort. *“It was peaceful, she became weaker during the night and her breathing stopped just after 4 am.”* Also relatives like to know that that their loved ones were not alone when they died. If nursing staff were with the patient then tell the relatives this.

