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Canadian Medical Education Journal

Black Ice

# Five ways to get a grip on the personal emotional cost of breaking bad news

## Cinq façons d'aborder la notion de maîtriser le coût émotionnel personnel de l'annonce d'une mauvaise nouvelle

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# Introduction

A number of methods and frameworks exist to assist medical teachers instructing trainees on breaking bad news.[1,2] However, less-commonly available are methods to help trainees (and educators teaching those trainees) manage the personal cost that can come with breaking bad news, despite evidence that students can experience trauma secondary to clinical experiences.[3]

The act of breaking bad news takes a toll on more than just the patient. Repeatedly breaking bad news leads to burnout[4] and compassion fatigue[5] in even seasoned healthcare providers. The process of breaking bad news can induce feelings of isolation and significant distress for the individual conveying the news, even self-blame if the encounter does not go as planned.[6] Medical students themselves have described sadness, anxiety, fear, discomfort, and distress with breaking bad news;[7] furthermore, inexperience with breaking bad news is associated with stress and impeded performance.[8] Trainees need to simultaneously learn how break bad news, a challenging process in itself, while also learning how to manage their own emotions and responses to the situation at hand. Sadly, commonly used teaching strategies do not explicitly allow teaching and debriefing around the personal toll of breaking bad news, leading to the aforementioned emotional distress, and even questioning their place in medicine.

Therefore, based on the available literature as well as our pooled experiences, we propose here five ways to "get a grip" on helping trainees with the emotional toll that can come with breaking bad news. For convenience and ease of remembering, the tips are arranged in the acronym "GUARD":

### 1. Guidance and mentorship

Mentorship is an important resource for trainees, valuable on many fronts, including helping trainees learn to navigate complex interpersonal scenarios, such as breaking bad news to patients towards whom one feels a sense of commitment and responsibility.[9] Having face-to-face contact (both teaching and observation) and time with physicians who break bad news frequently is helpful in increasing student comfort with this process.[10] Experiences with multiple physicians' styles of breaking bad news also increase trainee comfort with the process,[11] as learners can then begin to form their own approach. Additionally, formal teaching of a framework helps people learn how to break bad news.[12] As mentioned previously, inexperience with breaking bad news is associated with impeded performance,[8] and training and mentorship may help with this. Despite such approaches and skills development, however, breaking bad news repeatedly may lead to trainees questioning their career choice, and mentorship is invaluable in such situations.[14]

### 2. Unburden yourself

Ultimately, an important part of the physician's role is to convey information in an understandable, digestible way to patients and their families. Teaching our trainees that, really, the only thing in our control is how we approach this process–and, indeed, it is our responsibility to engage in this process–can help trainees learn how to approach these conversations with less fear and walk away with less guilt. Prior studies have shown that healthcare workers can experience vicarious, or secondary, trauma from clinical situations.[15] Being mindful of the aspects of our clinical work that lie in and out of our control (and debriefing with trainees after the fact) can be beneficial and help create a sustainable path forward in a medical career.[16]

### 3. Anticipate

For nearly all physicians, breaking bad news to patients and families is inevitable. Consider an ICU physician sharing the diagnosis of brain death, an emergency medicine physician discussing a failed resuscitation attempt of a car accident victim, or a surgeon debriefing after an aborted resection due to the discovery of metastases. Such examples are sudden and unexpected, resulting in distress for both patient and doctor. However, many times in fields such as oncology or internal medicine, a patient's eventual decline is expected, or even inevitable.[17] Having ongoing conversations with patients and families regarding expectations and disease trajectory can help prevent dropping the "bomb" or bad news, thus allowing for more thorough conversations[18] and making the process easier for all parties involved.[19] For example, a suggested practice might be to discuss options based on scan results before a scan occurs. This allows a patient to feel "warned'–as well that a plan is already in place–for the possibility that there may be bad news from the scans.[20] This "patient readiness" is also embedded into protocols for breaking bad news,[1] although a series of conversations, when possible, may help soften the impact, for both the patient and the physician.

### 4. Rest and Restoration

Medical training is an arduous process, with long hours of clinical work, call, study time for examinations, research time, extracurriculars, and more. This may result in decreased time and energy for even basic self-care, such as sleeping, eating, personal hygiene, and or simple relaxation. Although challenging in the current medical education setting, it is imperative that educators and training programmes create an environment that allows for both basic self-care as well as more restorative work needed to heal from adverse events.[22]

### 5. Debriefing and Reflection

Having the opportunity to reflect on difficult events is an important step in coping with the aftermath.[7] Reflection itself can take several forms, ranging from a few minutes of quiet thought to a group debrief led by a facilitator, to writing down one's thoughts formally,[23] to using structured resources or tools, whether alone or with others. Specific tools, such as the Oncology Ribbon of Reflection, can be used in appropriate contexts and settings to allow for even more structured reflection and thought.[23] By working through and processing difficult events, trainees are setting themselves up for improvement through transformative growth and learning from mistakes, as well as valuable restoration to help thwart the burnout and compassion fatigue which can grow over time.

Although the stress of breaking bad news can never be eliminated, we hope that these suggestions will at least lead to a sustainable, compassionate practice for trainees and faculty alike at a reduced emotional toll.

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