

## Suggestion for Clinician

Missed Opportunity:

Dr. Tom Carroll: You have a few months left.

Alternative Example:

Dr. Tom Carroll: Sophie, based on the scans, the cancer has spread and it does not look like we will be able to stop it. I'm sorry to say that, according to the results, your prognosis is about two to three months. This is very difficult news, and I'm here to support you every step of the way.

In this alternative example, the clinician is using the Empower and Empathize skills. They are listening to the patient's concerns, validating their emotions, and providing explicit information about the patient's prognosis in a compassionate way. They are also providing reassurance and offering their support.

## Transcript

Sophie Hallman: Hi, doctor. I'm meeting with you today to help get some questions answered about my condition.

Sophie Hallman: I'm really worried about why my pain has been getting worse recently. Do you have any ideas of why that might be?

Dr. Tom Carroll: I am not sure, SOPHIE.

Sophie Hallman: I'm still trying to understand what's going on with me. I feel reasonably well otherwise, except for the pain. What do you think is causing the pain?

Dr. Tom Carroll: Sophie, I am really sorry that you are in a lot of pain. I am. I am really, really sorry to hear that. But there could be one thing that I could tell you now. >> Empower

Sophie Hallman: I think I'm ready to hear about my condition now. Please, tell me what you know.

Dr. Tom Carroll: Sophie and I really wish things were different, but according to your scans, your cancer is not responding well to treatments. >> be Explicit

Sophie Hallman: Oh no. Does this mean that it has spread?

Dr. Tom Carroll: I am afraid so. Sophie, your cancer has spread and it does not look like we are going to stop it. >> be Explicit

Sophie Hallman: I don't know what to say. This is so hard to hear.

Dr. Tom Carroll: I know this. I know this news was not what you wanted to hear today. >> Empower

Sophie Hallman: I understand my condition is bad, but I really need to know how long I have. I need you to be honest with me, and tell me the truth.

Dr. Tom Carroll: Sophie, you have a few months left.

Sophie Hallman: That's hard to hear. I just want to make sure I can still be there for my family. I don't want to let them down, especially at a special moment like my grandson's graduation. Is that something I can still do?

Dr. Tom Carroll: Maybe SOPHIE? When does your grandson graduate?

Sophie Hallman: His graduation is in three weeks.

Dr. Tom Carroll: Ohh, no, SOPHIE, I do not know if you are going to make it, but we can do everything possible to keep you alive.

Sophie Hallman: I don't quite understand what you mean by that. Could you explain your prognosis to me a bit more clearly?

Dr. Tom Carroll: Yes, SOPHIE, we have had cases where people with your cancer have died in a few weeks, but we have also had them live as long as a year. >> be Explicit

Sophie Hallman: That's really hard to comprehend. What does that mean for me? Is there a chance that i'll be able to watch my grandson graduate?

Dr. Tom Carroll: Yes, I think your chances are very good and we can make that happen. >> be Explicit

Sophie Hallman: That sounds promising. Can you tell me more about what my options are for treatment?

Dr. Tom Carroll: I can you can do these this treatment acts or you could do a treatment y. Treatment x is more comfortable, but y is a little bit more experimental. >> be Explicit

Sophie Hallman: I think I would like to try the one that is more comfortable. What are the risks associated with it?

Dr. Tom Carroll: The risks are very minimal. What you are talking about is comfort care, and that means we treat the symptoms of the cancer like your pain, your mood, things like that. We do not treat the cancer itself. >> Empower

Sophie Hallman: I understand, but I'm still not sure how comfort care works. Can you explain it to me?

Dr. Tom Carroll: Yes, comfort care works where people come in and check on you at regular

intervals and administer medications like pain medication, stuff for your mood, things like that. >> be Explicit

Sophie Hallman: That sounds like a really helpful option. But do you think chemotherapy is something that I should consider now?

Dr. Tom Carroll: What are your treatment goals, SOPHIE? >> Empower

Sophie Hallman: I want to be able to spend more time with my grandson, and also to maintain a high quality of life. That's my main priority.

Dr. Tom Carroll: What is what is a high quality of life mean to you?

Sophie Hallman: To me, a high quality of life means being able to spend time with my family, being able to do activities that I enjoy, and most importantly, being pain-free.

Dr. Tom Carroll: I agree with that definition, and if that is the case, I really do not think you should do chemotherapy. >> be Explicit

Sophie Hallman: I appreciate your advice. I need to think more about this and discuss it with my family, but I'm glad to have more information now.

Dr. Tom Carroll: What other information would you like? >> Empathize

Sophie Hallman: I think I have enough for now, but I may have more questions later. Thank you for your help.

Dr. Tom Carroll: You are welcome. As your physician, I am here to do anything that you asked me to do, and please call me if anything comes up. You have my cell phone number. >> Empathize

Sophie Hallman: I will. Thank you again.

Dr. Tom Carroll: You are welcome, SOPHIE, and if you want me to be there with your family as you go over everything, I am happy to do that. >> Empower

Sophie Hallman: That would be really nice. Thank you.

Dr. Tom Carroll: You are welcome. Is there anything else you need today or shall we, uh, let this news sink in and and touch base in a few days? >> Empathize

Sophie Hallman: I think i'll take some time to process this. I'll call you in a few days.

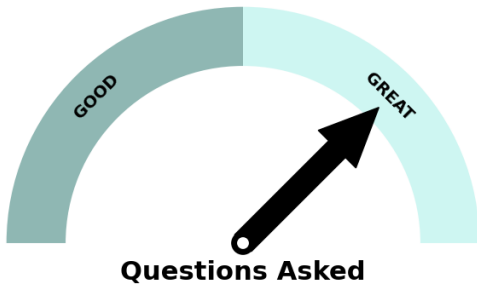
Dr. Tom Carroll: Sounds great, SOPHIE. Hang in there.

Sophie Hallman: Thank you.

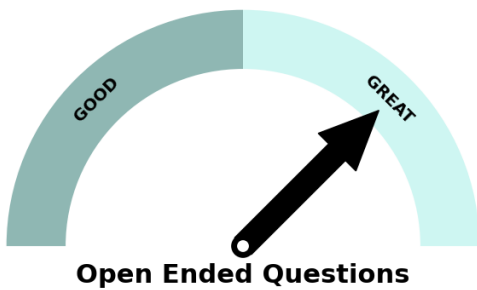
Dr. Tom Carroll: Goodbye SOPHIE.

Sophie Hallman: Thank you for taking the time to meet with me today. I really appreciate it. Bye.

# Empower

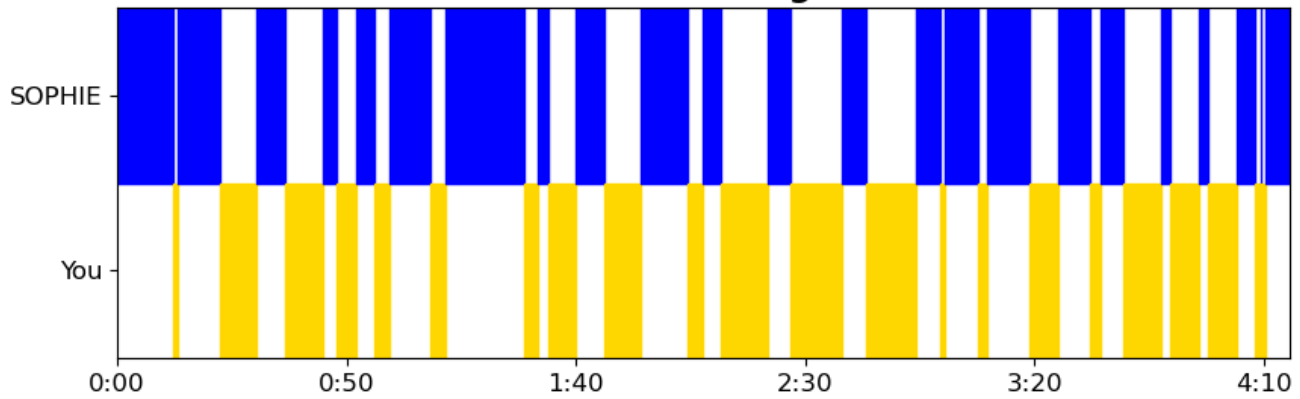


You have asked 6 questions.



4 of your questions were open-ended.

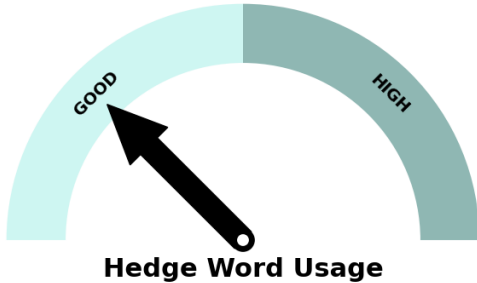
## Turn Taking



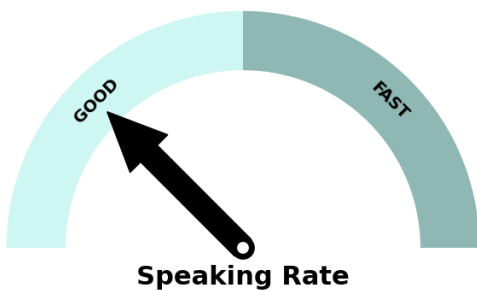
# Empower - Tips and Examples

- > I'd like to discuss your Medical Situation with you, OK?
- > Is there anyone else you'd like to join this conversation?
- > What do you understand about your medical situation?
- > May I share my understanding?
- > Do you like the basics or the details?
- > I've just shared a lot of information with you; what do you understand now?
- > Now that you understand the Medical Situation, let's explore your Values, OK? (agenda-setting)
- > Given what's going on medically, what are your hopes? Worries? Fears?
- > Who are your people? Your supports?
- > When you think about dying, what concerns you?
- > Does faith, religion, or spirituality play a role in your life?
- > What questions do you have?
- > Are there things you want to avoid?
- > May I make a recommendation?
- > Does this make sense?

# Be Explicit



Hedge words are used to soften the impact of a statement and are often fine to use in a clinical setting. However, using too many of these words can make a response sound indecisive or unclear. Examples of hedge words include: 'kind of,' 'sort of,' 'maybe,' or 'probably.' Use your judgement to determine if a hedge word is necessary.



Your speech rate is 3.57 words/second.



You spoke at a 6th grade reading level.

# Be Explicit - Tips and Examples

- > I'm afraid I have some bad news.
- > You have widespread and aggressive cancer.
- > You have suffered severe and irreversible lung damage.
- > The treatment is not working; the cancer is spreading.
- > You want us to do everything possible to live longer, even if it is uncomfortable and keeps you in the ICU. Right?
- > Would you want to be kept alive with a machine to help you breathe?
- > You want to be out of the hospital from here forward, and focus all efforts on your well-being at home, until you die.
- > Given what you've told me, I recommend that we take a break now, and pick up this tough conversation later.
- > Would you like to revisit the Medical situation to clarify your question about your prognosis?
- > It sounds like you've heard enough for today. How about if we resume this conversation tomorrow?
- > I'm concerned that your wish for X will compromise your preference for Y. So I would like to revisit your Values in this tough medical situation, okay?

# Empathize - Tips and Examples

- > I can see this is hard to hear.
- > I can only imagine how upsetting this is.
- > Can you tell me how you're feeling about this tough news?
- > You're right, this sucks.
- > I wish I had a treatment that worked.
- > I hear that you want me to focus on the facts, not your emotions. I can do that.
- > I wish we had the cure you so want and deserve.
- > Your values clearly reflect your love for your kids. They are lucky to have you in their lives.
- > Yes, you are between a rock and a hard place.
- > You are managing this unbearable situation with such grace!
- > It is such an honor to know and work with you.
- > You are handling this impossible situation with impressive clarity, kindness, and wisdom.
- > I am with you.