SPIKES: What can we learn from the medical field?

Ros Wright is author of *English for Medical Professionals*, a course developed to prepare overseas doctors prior to them working in the NHS. She is currently General Secretary of EALTHY, an association for English teachers working with healthcare professionals.

Ros Wright gives guidelines to help students develop the soft skills needed when delivering bad news.

Replicating the real world of our learners using authentic texts and tasks is a tried and tested formula in ESP. But have you ever considered cross pollination, i.e. borrowing tips and techniques from other disciplines? At the BESIG Symposium in June, I presented an idea from the medical communications field that potentially has a wider application and may also prove beneficial to your learners.

The true test of a doctor's communication skills has to be the delivery of bad news; a complex task often carried out several times a week. If delivered poorly, the experience remains with the patient long after the initial shock of the news itself and is further compounded if the doctor struggles to do so in a language that is not his own. Bad news means different things to different people. From the teenager unable to play the football season due to a shoulder injury, to the single mother learning of the return of breast cancer. As such Baile et al. (2000) suggest bad news is "in the eye of the beholder" and define it as information that "adversely and seriously affects an individual's view of his or her future".

There are many dos and don'ts when delivering bad news. Breaking news over the phone is totally unacceptable, as are comments such as *Nothing can be done*. Professionals should avoid using unnecessary medical jargon, or being judgemental and must be careful not to allude to an exact time frame when discussing prognosis. Given the highly sensitive nature of this task, it is comforting to know guidelines exist. SPIKES (Setting, Perception, Invitation, Knowledge, Empathy and Strategy) is a communication framework for breaking bad news used in healthcare settings in the UK. The six stages of the framework guide the medical professional through the maze to ensure bad news is delivered as effectively as possible and in accordance with the UK's National Health Service protocol.

Firstly, finding a **setting** that offers privacy is essential, as is managing constraints and possible interruptions so that adequate time can be devoted to delivering the news. Open questions such as: *What have you been told about your medical situation so far?* enable doctors to determine the patient's **perception** of their condition with the general premise being – ask, don't tell. Recurrence of cancer suggests the patient may already possess a certain understanding of their situation, but equally this may not be the case. The so-called 'warning shot' then prepares the listener for the news they are about to hear, e.g. *We've found a problem and I want to spend some time talking with you about it.* Next, the question: *How much detail would you like me to go into?* **invites** the patient to indicate the level of detail they wish to receive about their condition. Patients may not be able to assimilate all the information at once, so learners need to interpret responses such as: *I can't really handle knowing all the ins and outs*, accept the patient's right not to know (if indeed this is the case) and then gauge their further interaction accordingly. Aside from avoiding use of terminology and excessive bluntness (this can and does happen), **knowledge** about the condition and prognosis should be delivered in manageable chunks and clarification offered periodically throughout the consultation.

Reactions to bad news – denial, sadness, disbelief and anger – differ from patient to patient and are expressed through a variety of emotions, from silence to crying and even nervous laughter. It is important to recognise and address these **emotions**, validating them with statements like: *A lot of people would feel angry right now, and verbalising empathy: I know that this isn't what you wanted to hear. I wish the news were better*. The old adage, 'it's not what you say, it's how you say it', naturally extends to the delivery of bad news and learners therefore should also develop their voice management skills. Patients are far more likely to forgive the odd grammar mistake than an expression of empathy devoid of the appropriate intonation pattern and therefore lacking in warmth and compassion. The final stage of the process is to **summarise** the salient points of the consultation and check for any misunderstandings before offering a **strategy** for the future.

There are many advantages to using communication frameworks such as SPIKES in the medical English classroom. As an authentic task it proves an effective and engaging method, especially as healthcare professionals can see the immediate relevance to their own working environment. From a language perspective, frameworks often provide guidance to the learner and are surprisingly easy to adapt to the classroom. Once a suitable framework has been found, it is simply a question of building the language and communication tasks around it. The functions and communication strategies employed in SPIKES are fairly clear: questioning, clarifying, summarising, etc. Additionally, despite the context, neither the lexis, nor the structures employed to carry out such functions are beyond the remit of the ESP trainer and can be taught from a low intermediate level upwards.

Putting SPIKES into practice, a couple of well-chosen video clips will allow learners to 'peer-evaluate' other healthcare professionals employing the framework. Having done this, role-play activities will then serve to develop learners' fluency and self-confidence. Not only will rehearsing help reduce the stress learners might associate with breaking bad news, it will also enable them to "try out different approaches without having to worry about upsetting a real patient" (McKillop, 2010). Asking a third party observer and the 'patient' to provide constructive feedback on language issues as well as the effective use of SPIKES will help learners monitor their progress. This technique is commonly used in medical communications training in the UK and again can easily be transferred into the ESP classroom. Finally, as a follow-up activity, learners could then replay the scenario, taking on board the feedback from their peers.

Breaking bad news is sadly not the preserve of the medical profession. Not unlike doctors, when business leaders are asked to name their most onerous tasks, delivery of bad news is invariably high on their list (Bies, 2010). Wider application of the framework therefore includes using SPIKES to give negative performance feedback, refuse requests and terminate employment. Delegates present at the talk in Budapest suggested using SPIKES not only with learners in HR and management as one would expect, but also with those working in customer service and education as well as with border control and passport officials.

If you choose to experiment using the SPIKES framework in your classroom, whether it be with healthcare professionals or with learners from other disciplines, I would be very interested to know how you get along. I can be contacted at ros_wright@hotmail.com.

References

- Baile, W. F. et al. (2000) SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist* (5). p.302-311.
- Bies, R. J. (2010) *Leading Change in the Era of Bad News: Dealing with anger, distrust, and revenge in the workplace.* Paper presented at the ProSci Global Conference, Las Vegas, NV.
- McKillop, J. in Lever, M. (17.06.2010) *Medical drama: Playing sick to teach doctors*. BBC News. http://www.bbc.com/news/10267228.