Communication Skills for Palliative Care

Basic Communication Skills: CLASS Protocol

**Context** (setting: special arrangements, body language, eye contact, touch, opening remarks)

**Listening** (open questions, appropriate silence, evident hearing, clarifying)

**Acknowledgement** and exploration of emotions (empathy, identifying the emotion, root of the emotion, response to emotions)

**Management Strategy** (medical management, management of emotions, management of expectations)

**Summary** (closure, reiteration, invitation to ask further questions, arrangement for future discussion)

Breaking Bad News: Spikes Protocol

**Setting** (physical context)

**Perception** (how much does the patient know or suspect, factual content of patient’s statements, style of the patient’s statements, emotional content of the patient’s statements)

**Invitation** (finding out how much the patient wants to know)

**Knowledge** (sharing medical information: aligning patient’s information with medical facts, educating the patient, giving information in small amounts, using plain language, checking reception frequently, identify and reinforce patient coping strategies)

**Emotions and Empathy** (respond to the patient’s feelings)

**Strategy and Summary** (plan for future discussions as needed, demonstrate understanding of patient’s problem list, distinguish between the fixable and non-fixable, develop a plan to address problems, identify coping strategies and sources of support)

Supportive Dialogue

Assess patient’s responses

Distinguish adaptive from maladaptive responses

Distinguish self-emotions from those of the patient

Manage conflict

Manage Conflict

Take a step back

Reflect, describe self-emotions

Define the area of unresolved conflict

Seek agreement on the area of difference

Discuss with a colleague

Communication with Others

Patient’s family and friends (patient’s needs have primacy, patient’s feelings have validity)

Communication between physicians

Communication between physicians and nurses
**Pearls**

Talking about matters of dying can be difficult for all concerned
Consider your own relationship with mortality, develop a maturity too help guide patients and families
Talk about self-emotions with family, colleagues, counselors
Fears common among professionals in discussing dying (discomfort at feeling the patient’s suffering, fear of being blamed, fear of saying “I don’t know”, fears of expressing emotions
Avoidance of patients who are suffering feels like abandonment
Blunt delivery of information without follow-through leaves the patient with harsh realities without support

Use CLASS and SPIKES Protocols