

THE USE OF THE SPIKES PROTOCOL TO IMPROVE COMMUNICATION FOR NURSE PRACTITIONERS: A GLOBAL APPROACH

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- I have nothing disclosure

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ABSTRACT

Communication in our daily environment allows for people to interact in real time and instantaneously. Such interactions across cultures often times can be difficult even in the best of situations. In many cultures, what is considered acceptable interactions in one culture often times translates as inappropriate and rude interaction in another culture. Globally, Nurse Practitioners are the providers of health care for various patient populations.

When information involves changes to an individual's health resulting sickness, chronic illness, terminal illness and death communication imperative. A review of the literature demonstrates there is no culturally acceptable standardized practice protocol for Advanced Practice Registered Nurse to disseminate such information to their patients. The presentation will discuss the application of the SPIKES protocol (Set-up, Perception, Invitation, Knowledge, Empathy/Emotion, Strategy and Summary) for the world's Nurse Practitioners to use to disclose adverse health information across all cultures.

LET'S BEGIN

- As nurses and nurse practitioners we have a distinct and special privilege to help bring a new life into the world and hold the hand of those who are passing on from this world.
- However, in all of the time put into our education we were never taught how to deliver bad or serious news to our patient, their families or their support systems.
- A literature review demonstrated that there are few to no formal courses either in nursing or medicine to address this issue.
- There is no formally globally accepted practice protocol to address this issue.

BACKGROUND

- 1995-the Breaking Bad News Consensus guidelines were developed to improve medical provider's communication with patients.
- The SPIKES protocol is a six step framework used to deliver bad news.
- It allows medical providers a venue to deliver "bad news" to patients and their families regarding their health, disease process and potential outcomes.

CURRENT APRN RESEARCH

2012-Quinn Rosenzweig- “found it took patience and refined communication skills and needed to approach with empathy”

2016-Cory and Gwyn evaluated “the experiences of Florida NPs with two years or less of clinical practice were educated on the use of the SPIKES protocol and then used the concept for 30 days in their clinical practice, which resulted in both the NP and the patients having a positive impact when communicating bad news”

SERIOUS NEWS

- What is serious news?
- Do you communicate serious news?
- Why is it important ?
- Are you trained to make that conversation?
- Is the clinical community skilled to communicate the serious news?

THE SIX STEP FRAMEWORK OF THE *SPIKES* PROTOCOL

- Setup
- Perception
- Invitation
- Knowledge
- Emotion
- Summarize/Strategize

S: SETUP

- Have a plan in mind before you speak to the patient and family
- Establish who should be in the room, this will vary according to the patient's culture, ethnicity and traditions.
- Conducive setting
 - Find a private space
 - Silence all electronics.
 - Have the support staff ensure you will not be interrupted.
- Have appropriate items to support an emotional response, tissues.
- Allow for adequate time

P: PERCEPTION

- Politely inquire the patient's current understanding of the issue? Depending on the specific culture, the question may be directed to either the patient or family member and not the patient.
 - “Tell me what you understand is going on with your illness”? Or what your understanding of your family members illness..
 - “What have the other doctors told you?”
 - “What has your family told you”

I: INVITATION

- How much information does the patient want? How much information does the family want the patient to know?
- Ask permission
 - “Is now a good time to talk?”
 - The NP is asking permission to discuss the issue with the patient and/or family members

K: KNOWLEDGE

- Fire a warning shot
 - “The test did not come back as we were hoping” Allow the patient and family time to process the information.
- Be clear and direct
 - Deliver short, clear, concise discrete, chunks of information
 - “The biopsy showed that you have cancer”. The heart test has told us your heart is not working as it once did”
- Be Quiet/Shut Up!/No verbal communication/Please Do Not Talk
 - Pause after giving information to all the time to react to the news.

E: EMOTION

- After hearing serious news, nearly everyone has an emotional reaction which will be varied by the patient's culture and ethnicity.
- Clinicians must attend to that emotion **BEFORE** moving on to anything else
- Tools for responding to emotion:
 - Naming
 - Acknowledging

ACKNOWLEDGING EMOTION

- Understand what the patient is going through
 - “It must be hard”
- You can’t truly understand patient experience, but you can demonstrate that you are trying.
- Avoid/NEVER say:
 - “I understand exactly what you’re feeling” Unless you have actually had the disease process,

NAMING EMOTION

- Naming emotions helps patients
 - Know they've been heard
 - Identify what they are feeling
- Best done as a suggestion or humble question
 - "Some people would be angry"
 - "I'm wondering if you're feeling sad."

S: SUMMARIZE AND STRENGTHS

- Make a plan for next steps
- Be as concrete as possible
 - “We’ll get a CT scan on Tuesday, and I’ll see you the next day so we can discuss options”
- Confirm that you and patient are on same page
 - “To make sure I explained things well, could you tell me in your own words what you now understand?”

QUESTIONS, THOUGHTS, CONCERNS

POCKET CARD FOR THE SPIKES PROTOCOL

SPIKES	BREAKING BAD NEWS
S ETTING Determine what the patient knows already	<i>Find a quiet location; private if possible. Invite the important people to be present. Have tissues and enough chairs. Turn off the ringer on your phone/pager.</i>
P ERCEPTION Determine what the patient knows already	<i>“Tell me what you understand about your illness.” “What have the other doctors told you about your illness?” Look for knowledge and emotional information as the patient responds</i>
I NVITATION Clarify information preferences	<i>“How do you prefer to discuss medical information in your family?” “Would it be okay for me to discuss the results of your tests with you now?”</i>
K NOWLEDGE Give the information	<i>Give a warning...“I have something serious we need to discuss” Avoid medical jargon.Say it simply and stop. (e.g.“Your cancer has spread to your liver. It is getting worse despite our treatments.”)</i>
E MPATHY Respond to emotion	<i>Wait quietly for the patient. “I know this is not what you expected to hear today.”“This is very difficult news.”</i>
S UMMARY Next steps and followup plan	<i>“We’ve talked about a lot of things today, can you please tell me what you understand.” “Let’s set up a follow-up appointment.”</i>

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