

The SPIKES communication framework in clinical practice

S	SETTING UP the conversation <ul style="list-style-type: none">■ Choose a setting with privacy and without interruptions, ensuring that you have:<ul style="list-style-type: none">■ A private space■ Turned phones to silent■ Turned pagers off■ Allowed sufficient time for the conversation■ Help the person to understand what they are hearing by confirming and explaining medical facts■ Check the accuracy of all available information – including test results and that you have the right person■ Plan what you will say■ Decide on general terminology to be used■ Consider your own emotional reaction to providing the distressing news■ Find out in advance if the person wants anyone else to be present.■ Find out if the person requires a professional interpreter to be present and, if so, arrange for this ahead of time. Using family or friends as interpreters is not recommended for conversations about health matters. <p>The more reassured you feel about the setting the more at ease, available and helpful, you will appear to the person.</p>
P	Assessing the Person's PERCEPTION <ul style="list-style-type: none">■ Find out how much the person knows already – in particular, how serious they think the illness is and how much it will affect the future. This helps you gauge how close to the medical reality their understanding is – or if they are in denial<ul style="list-style-type: none">■ <i>"What do you understand about your illness?"</i>■ <i>"What have you been told you so far?"</i>■ Look for emotional cues and body language. Verbal and non-verbal cues can indicate possible anxiety levels and comprehension about the information you have provided:<ul style="list-style-type: none">■ <i>"Where do you think you are up to in regard to your health?"</i>■ <i>"What is your understanding of the situation and its potential outcomes?"</i> <p>This information helps you to decide on the pacing and content of the conversation.</p>

<p>I</p>	<p>Obtaining the Person's INVITATION</p> <ul style="list-style-type: none"> ■ Find out what the person wants to know – you must be committed to honesty and respecting their wishes if they do not want to be informed. Pacing and phrasing of questions are geared to this goal <ul style="list-style-type: none"> ■ <i>"Would it be okay to talk about this now?"</i> ■ <i>"How much would you like to know?"</i> ■ Find out what they already know ■ Explore how much detail they would like <ul style="list-style-type: none"> ■ <i>"Do you like the big picture or the details?"</i> ■ <i>"If this turns out to be something serious are you the kind of person who likes to know exactly what's going on"</i> ■ <i>"Would you like me to tell you the details of the diagnosis?"</i> ■ Consider any cultural variations that are required ■ Give the person control over hearing the news: <ul style="list-style-type: none"> ■ Allow the person to voluntarily decline to receive information ■ Allow the person to designate someone to communicate on their behalf.
<p>K</p>	<p>Providing KNOWLEDGE and Information to the Person</p> <ul style="list-style-type: none"> ■ Decide on the objectives for the conversation ■ Consider what the person knows and needs to know in order to work with you in managing their illness, including: <ul style="list-style-type: none"> ■ Diagnosis ■ Treatment Plan ■ Prognosis ■ Support ■ Give the person a warning: <ul style="list-style-type: none"> ■ <i>"It's not what we hoped for I'm afraid . . ."</i> ■ <i>"I have something serious to discuss with you"</i> ■ <i>"Well, the situation does appear to be more serious than that"</i> ■ Provide information in small chunks ■ Be clear and direct ■ Use plain language ■ Avoid jargon, complex medical terminology and acronyms ■ Check understanding often and clarify where required <ul style="list-style-type: none"> ■ <i>"Am I making sense?"</i> ■ <i>"This might be a bit confusing; do you roughly follow what I'm saying?"</i> ■ Repeat important points (people who are upset or shocked don't hear or remember well) ■ Use diagrams, written messages and pamphlets as an aid ■ Respond to concerns and questions.

E	<p>Addressing the person's EMOTIONS with empathic responses</p> <ul style="list-style-type: none"> ■ Observe the person and give them time to react and comprehend the news ■ Acknowledge any emotional response without criticism or blame: <ul style="list-style-type: none"> ■ <i>"I can see that this is making you angry"</i> ■ <i>"I can see that this is really upsetting for you"</i> ■ <i>"I can see that you are really worried about . . ."</i> ■ Ask the person what they are thinking or feeling: <ul style="list-style-type: none"> ■ <i>"What are your fears and what are your hopes?"</i> ■ Listen and explore if you are unclear about what they are expressing ■ Respond empathically ■ Resist the temptation to make the distressing news better than it is ■ Allow time for silence.
S	<p>Strategy and Summary</p> <ul style="list-style-type: none"> ■ Demonstrate a genuine understanding of the person's concerns: <ul style="list-style-type: none"> ■ <i>"How are you going to tell your spouse? Would you like me to help?"</i> ■ <i>"What are your concerns? Do you want to talk about them?"</i> ■ Distinguish the fixable from the unfixable ■ Make a plan or strategy and explain it by providing information on tests, treatment options, referrals and other aspects of care ■ Prepare for the worst and hope for the best: <ul style="list-style-type: none"> ■ <i>"Let's plan for the worst but hope for the best"</i> ■ Identify coping strategies for the person and suggest other sources of support that they can access (this includes referral to other services) ■ Explain what happens next ■ Schedule a follow up appointment so that they have the opportunity for further questions.