



THE DIFFICULT CONVERSATION TEMPLATE

Difficult conversations will likely come up in any number of STEMS. The domains most likely to be associated are Health Advocacy and Communication.

This template can be adapted to any number of different STEMS (ie end of life care/unexpected diagnosis/concerned parent/discussing how to have a difficult conversation with a junior colleague). It is important that you demonstrate a clear approach especially in 5 – 6 minutes.

Difficult conversation = Don't be an ASOL.

(A) ACKNOWLEDGE EARLY

- Expressly acknowledge the difficulty of the conversation that is needed to be had EARLY. This also provides an opportunity to focus the confederate on what you need to say (ie on what you going to marked on). For example:

"I have some unexpected news..."

"I have difficult news that I need to discuss with you..."

"I would like to hear more about., but for the moment I need to tell you..."

" I have some sensitive matters to discuss with you..."

"Thank you for sharing that with me, but we need to have a difficult conversation about..."

(S) SPECIFIC

- Be specific as possible with the detail. Avoid over technical jargon. The expectation is that you will do this with speed and accuracy. Think about how the medical expertise will be assessed in this component and how you will demonstrate it.
- Imperative to demonstrate that your focus is the patient's well- being.

(O) OPPORTUNITIES TO CLARIFY

- Provide sufficient opportunities to clarify level of understanding/appreciation. For example:

"This has been a lot to discuss..."

"I can understand that you must be shocked.."

(L) LEAVE WITH CLEAR RECOMMENDATIONS

- After clarifying, leave with some clear and specific recommendations (can be a summary of specific goals/end points/recommendations).
- Reinforce the message
- Particularly important if domain of HEALTH ADVOCACY assessed

COMMUNICATION	On completion of Provisional Training the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
Barriers to effective communication	Identify barriers to effective communication within the Emergency Medicine context. Identify the key aspects of communicating with patients who have medical conditions that affect their ability to communicate. Recognise situations where working with an interpreter is appropriate.	Apply strategies to overcome communication barriers within the Emergency Department context. Recruit and use additional resources to communicate with patients with extra communication needs. Demonstrate ability to work effectively with professional interpreters.	Effectively negotiate the risks involved when required to communicate through non-professional interpreters.	Provide skills, advice and resources to overcome communication barriers and minimise risk to patient care.
Conveying bad news	Describe factors that may cause information to be interpreted as bad news by a patient or carer. Recognise that the way bad news is delivered can have long term effects on a patient or carer.	Prepare an appropriate environment to convey bad news. Communicate bad news clearly and sensitively to a patient and/or carer, and convey acceptance of their reaction. Empathise with and support a patient and/or carer when conveying bad news.	Demonstrate an understanding of the diverse range of expressions of bereavement and grief. Develop strategies to professionally manage the emotional reactions invoked when conveying bad news. Recognise when the patient and/or carer will require further opportunities and support to fully comprehend the information delivered.	Demonstrate a broad range of communication strategies to facilitate discussions around sensitive issues with patients, families and other staff.

COMMUNICATION			
Effective communication is particularly challenging in Emergency Medicine where multiple exchanges occur with different people in a busy environment.			
On completion of Provisional Training, the trainee will be proficient in communicating clearly and accurately with patients and colleagues in uncomplicated situations. The trainee will begin to learn strategies to communicate in difficult situations. The trainee will also demonstrate accurate and concise written communication skills.	On completion of Advanced Training Stage 1, the trainee will be able to rapidly and effectively establish rapport and trust through their communication skills. They will be able to focus their communication to meet the needs of different people and circumstances. They will recognise, stabilise, and seek further advice in difficult communication situations including the delivery of bad news with empathy.	On completion of Advanced Training Stage 2, the trainee will maintain effective professional and patient-centred communication in a complex environment. They will have an expanded skill repertoire to adapt their communication in most circumstances. The trainee will be able to use their communication skills to resolve difficult situations and to deliver bad news in most situations whilst recognising when to also involve others.	On completion of Advanced Training Stage 3, a FACEM will establish optimal rapport and be able to communicate effectively in complex circumstances, with speed and accuracy.

HEALTH ADVOCACY	On completion of Provisional Training, the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
Management of the dying patient	<p>Recognise that the Emergency Department is not an ideal environment in which to manage a dying patient.</p> <p>Recognise that circumstances may lead to a dying patient being managed in the Emergency Department.</p>	<p>Identify and utilise resources that are locally available for a patient who is dying in the Emergency Department.</p> <p>Advocate for the provision of an appropriate environment for a patient who is dying in the Emergency Department.</p>	<p>Take responsibility for ceasing resuscitation appropriately in a simple presentation.</p> <p>Manage dyspnoea and pain in the dying patient.</p> <p>Facilitate the provision of cultural and spiritual support to the dying patient and their family/carers.</p>	<p>Take responsibility for ceasing resuscitation appropriately in a complex presentation.</p> <p>Decide on appropriate goals of care and limitation of medical treatment for a dying patient.</p> <p>Deliver appropriate end of life palliative care to a patient who is dying in the Emergency Department.</p>
Organ donation	<p>Identify a patient as a potential organ donor according to recognised medical criteria.</p>	<p>Notify the organ donation service and inpatient critical care clinicians appropriately.</p>		<p>Sensitively elicit patient and carer wishes around organ donation where appropriate in the Emergency Department.</p>