

The Family Meeting: Communication Tools for Success, SGIM 2013

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SPIKES as a Framework for Family Meetings [adapted from Baile, WF et al *The Oncologist* 2000;5:302-311]

Walter Baile and others developed a protocol for breaking bad news called SPIKES, first published in 2000 using evidence-based communication techniques. SPIKES stands for:

1. **S: Setting up** the family meeting. This includes both the mental preparation as well as the logistical preparation. For providers, the practice of reviewing or rehearsing what to tell the patient and how to respond to the patient's/family's reactions. For a family meeting, it is helpful to have a setting that provides some privacy; this could be the patient's room or a separate conference room/family room/consultation room. The presence of key stakeholders is also crucial; this would include having trusted family members as well as other providers/team members.
2. **P:** assessing the patient's **Perception**. Before discussing the medical news, the clinician first asks the patient or family member how they are perceiving the current situation. Open-ended questions help prompt the patient and family members, such as "What have you been told so far about your mother's condition?"
3. **I:** obtaining the patient's **Invitation** for information. For this part, the clinician elicits from the patient (or family member) how much information they would want to know, ie, how detailed.
4. **K:** Giving **Knowledge** and information to the patient. Here is where one would give a brief warning shot ("I wish I had better news..."), and then actually share the medical information with the patient/family at this time. It is important to avoid medical jargon. Give the information in small chunks ("Unfortunately, the CT scan shows new areas of the cancer in the liver that weren't there 3 months ago." Then pause.).
5. **E:** Addressing the patient's **Emotions** with empathic responses. An empathic response consists of the following: observing the patient's response (behavior, tone, expression, etc), identifying that emotion, connect the emotion with a reason (the clinical situation, etc) for it, and acknowledge that emotion and connection with the patient.
6. **S: Strategy** and **Summary**. Ask if the patient is ready to talk about next steps or the future. If so, take the time to discuss next steps, including the options for treatment, if appropriate.

Abbreviated Reference and Resource List for The Family Meeting: Communication Tools for Success, SGIM 2013

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