



ST. JOSEPH'S CARE GROUP

ST. JOSEPH'S HOSPITAL

Navigating the Conversations that Matter

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Presenter Disclosure

- Jill Marcella
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Learning Objectives

At the end of this presentation, participants will be able to:

1. Identify Barriers to effective communication;
2. Recognize opportunities for improved communication.
3. Identify communication strategies in palliative and end of life conversations
4. Engage patient and families in difficult conversations related to acute prognosis



Palliative Care

“An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

The Way Forward: An Integrated Palliative Approach to Care, 2013



Palliative Approach to Care

A palliative care approach would make certain aspects of palliative care available to patients and families at appropriate times throughout the illness trajectory. After diagnosis and in the early stages of the illness, the palliative care approach focuses primarily on:

- the person and family, and on their quality of life throughout the illness, not just at the end of life.
- it reinforces the person's autonomy and right to be actively involved in his or her own care – and strives to give patients and families a greater sense of control.
- it sees palliative care as less of a discrete service offered to dying persons when treatment is no longer effective and more of an approach to care that can enhance quality of life throughout their illness.

The Way Forward: An Integrated Palliative Approach to Care, 2013



Interprofessional Care

“The provision of comprehensive services to patients/clients by two or more health and/or social care professions who work collaboratively to deliver care within and across settings”

Enhancing capacity for Interprofessional collaboration, 2010



Interdisciplinary Team-Based Care

“People with identified palliative care needs receive integrated care from an interdisciplinary team, which includes volunteers.”

Health Quality Ontario. Palliative Care: Care for Adults with a progressive life-limiting illness, 2018



Interprofessional communication across settings and teams:

- How is care communicated across settings?
- What has worked well for your teams?

Strategies that would help:

- Opportunities to participate in rounds
- Opportunities to participate in discharge planning
- Communication of care plan to Health Care Team
- Follow up appointments with patients to check in and ask about care transitions

Our Concept of Communication

Transactional

The parties contribute to and negotiate the meaning of messages, both verbally and nonverbally

Relational

All messages have at least two levels of meaning: the task or informational level and the relationship level, which cues individuals how to interpret and process the message itself

Mutual

Communicators influence one another



Patient Communication

Patients look to us for knowledge, guidance, reassurance, hope, meaning, and compassion.

Patients know we have been through similar situations with other patients and look to us for guidance and what is “normal”.

Patients want

- Realistic, truthful information

- What* will happen is as important as *time*

- How* they are told is as important as *what* they are told

- Hope, optimism



What is preventing the conversation?

- Prognostic Uncertainty
- Fear of the Impact on patients
- Navigating patient readiness
- Feeling inadequately trained
- Unaccustomed to conversations

Brighton LJ, Bristowe K. Postgrad Med J 2016



Do we do a good job of discussing the future?

No

Why not?

- Perceived lack of training
- Stress
- Take away hope
- No time to address emotional needs
- Harm patients (they'll give up and die sooner)
- Hurt our relationship with the patient
- What if we're wrong? Uncertainty about prognosis
- It's emotionally difficult for us
- Explicit requests by patient/family not to discuss

This is despite strong evidence patients benefit from this and consistent evidence they want to talk about it

Hancock Palliat Med 2007.



Do Palliative or End Of Life conversations harm families?

No

If physicians discussed EOL options/the future with patients, bereaved families reported:

- Higher satisfaction with communication from physician, comfort of patient
- Better understanding of “what to expect” as family member died

Teno J et al. JAGS 2007. Engel SE et al. JAGS 2006.



Communication:

An expert in breaking bad news is not someone who gets it right every time – he or she is merely someone who gets it wrong less often, and who is less flustered when things do not go smoothly.

- R Buckman



What can the conversations look like

After Early diagnosis and in the early stages of the illness, the conversations can include:

- Open and sensitive communication about the person's prognosis and illness trajectory
- Advance care planning;
- Psychosocial and spiritual support to help individuals and families struggling with any issues related to the illness;
- Any pain or symptom management that may be required.

The Way Forward: The Palliative Approach to Care, 2013



What can the conversations look like

In later stages of the illness, the conversations can include:

- Reviewing the person's goals of care and adjusting care strategies to reflect any changes in those goals;
- Ongoing psychosocial support for individuals and families;
- Pain and symptom management;
- If and when to engage specialized palliative care providers (e.g., for people and families with challenging physical, psychosocial or spiritual symptoms, conflicts over goals of care or decision making, family distress).

The Way Forward: The Palliative Approach to Care, 2013

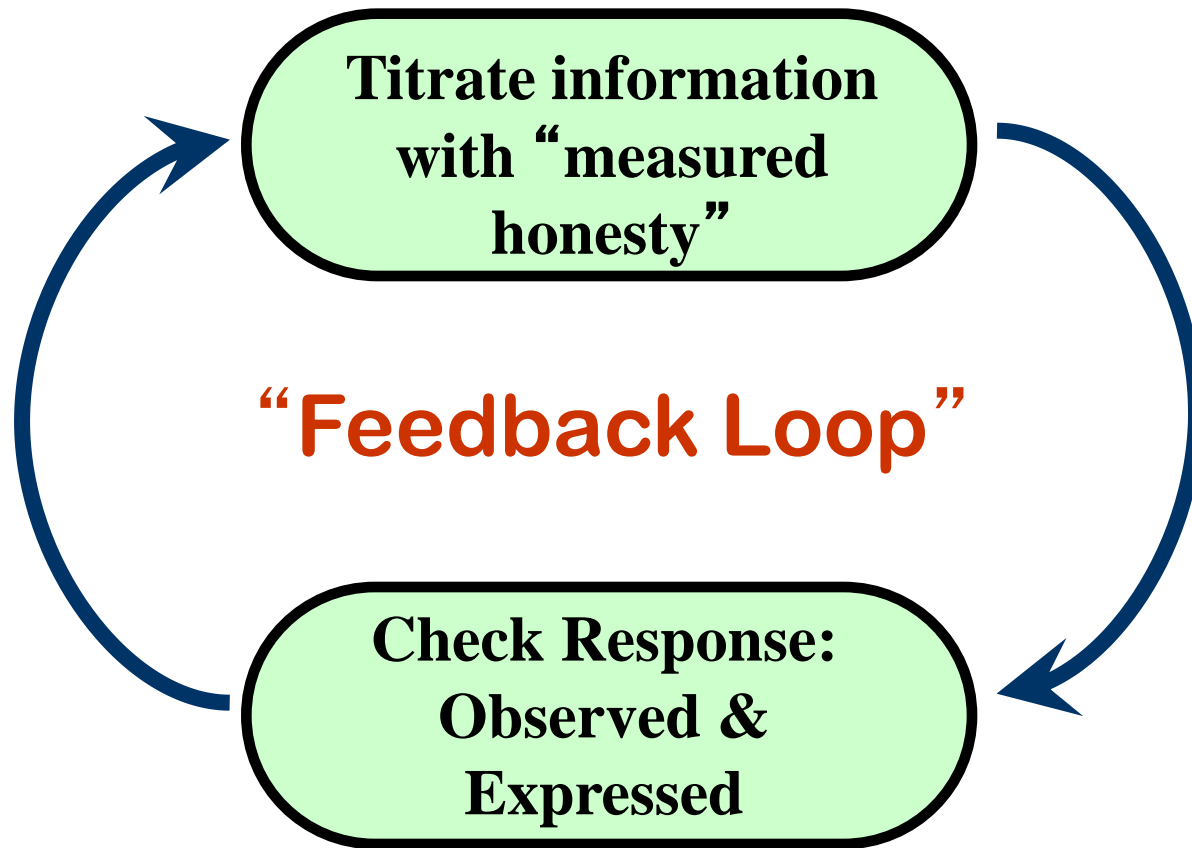


How one is told

- Loved ones present
- Adequate time
- Acknowledgment of emotional, spiritual, existential impact of having a life-limiting disease
- ‘Attitude’ of the clinician
- Respect for patient’s emotional state

Hagerty Ann Onc 2005., Clayton Supp Care CA 2005.





The response of the patient determines the nature & pace of the sharing of information

Effective Communication

1. Remember it often takes several discussions; people are processing tough information; give people time (if possible) and space
2. Respond to *affect* with *affect*
3. If you take something ‘off the table’ put something back on
4. Reassure non-abandonment
 - “Even though we can’t fix your illness there is a lot we can do to help you and your family . I want to understand what is important to you and your family”



Key Communication Techniques

- Ask open-ended questions
- Use nonverbal cues (nods, “uh-huh”)
- Provide empathic responses
- Use repetition
 - Repeats back to the patient what they said. Used to prove listening.
- Paraphrase
 - Your summary of what the patient said. Used to ensure understanding.
- Confront emotions...yes, even difficult ones (anger)
- Summarize



Initiating Conversations

1. Normalize

“Often people in circumstances similar to this have concerns about _____”

2. Explore

“I’m wondering if that is something you had been thinking about?”

3. Seek Permission

Would you like to talk about that?



Outcomes of Palliative and EOL discussions

Patients who have EOL discussions with their doctors

More likely to:

- Have consent documents completed
- Understand illness trajectory
- Die at home
- ***Have EOL choices followed (i.e. DNR order in patients who want to a DNR)***
- Choose hospice
- Improved QOL for EOL patients (sx relief, MD communication, emotional support, being tx with respect)
- Decreased Major Depression in bereaved caregivers

Less likely to:

- Aggressive interventions
- Be admitted to ICU

Wright et al. JAMA 2008



The single biggest problem in communication
is the illusion that it has taken place.

-George Bernard Shaw



“In Palliative Care....we
acknowledge the
elephant in the
room....



"Whenever I walk in a room, everyone ignores me."



...but make it wait in the
corner while we get on with
living” Dr Mike Harlos

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