

# Simulating Goals of Care Conversations: Deliberate Practice Leads to Increased Confidence

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## Background

### What is a Goals of Care (GoC) Conversation?

- Ensure a patient/Substitute Decision Maker (SDM) understand their illness.
- Determine patient's goals for their care.
- Address emotional response.
- Together make a plan for care<sup>1</sup>.

### What is Self-Efficacy and How Can it Be Used for Quality Improvement?

- Self-efficacy (confidence) is an individual's belief in their ability to perform a specific behaviour successfully<sup>2</sup>.
- Self-efficacy is an accurate predictor of successful behaviour implementation and leads to positive outcomes<sup>2, 3, 4, 5</sup>.

## Intervention: The Simulation Event

### Overview of the Simulation

- Half day Simulation event focused on having GoC conversations with standardized patients (SP's).
- Designed for physicians and Medical Residents
- Utilized a vicarious learning model.

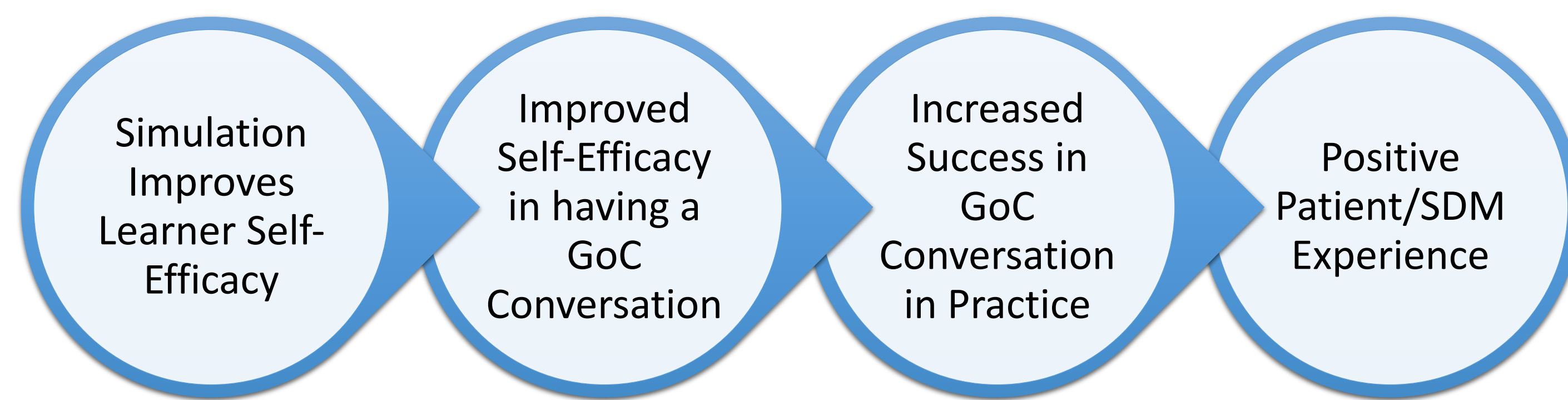
### Why Use Simulation?

- Allows learners to practice having a GoC conversation
- Eliminates risk of damaging a therapeutic relationship.
- Learners reflect on their behaviour and receive feedback from their peers, faculty and the SP's.
- Has been proven to increase the self-efficacy in performing task leading to increased implementation of learned behaviours<sup>3, 4, 5</sup>.

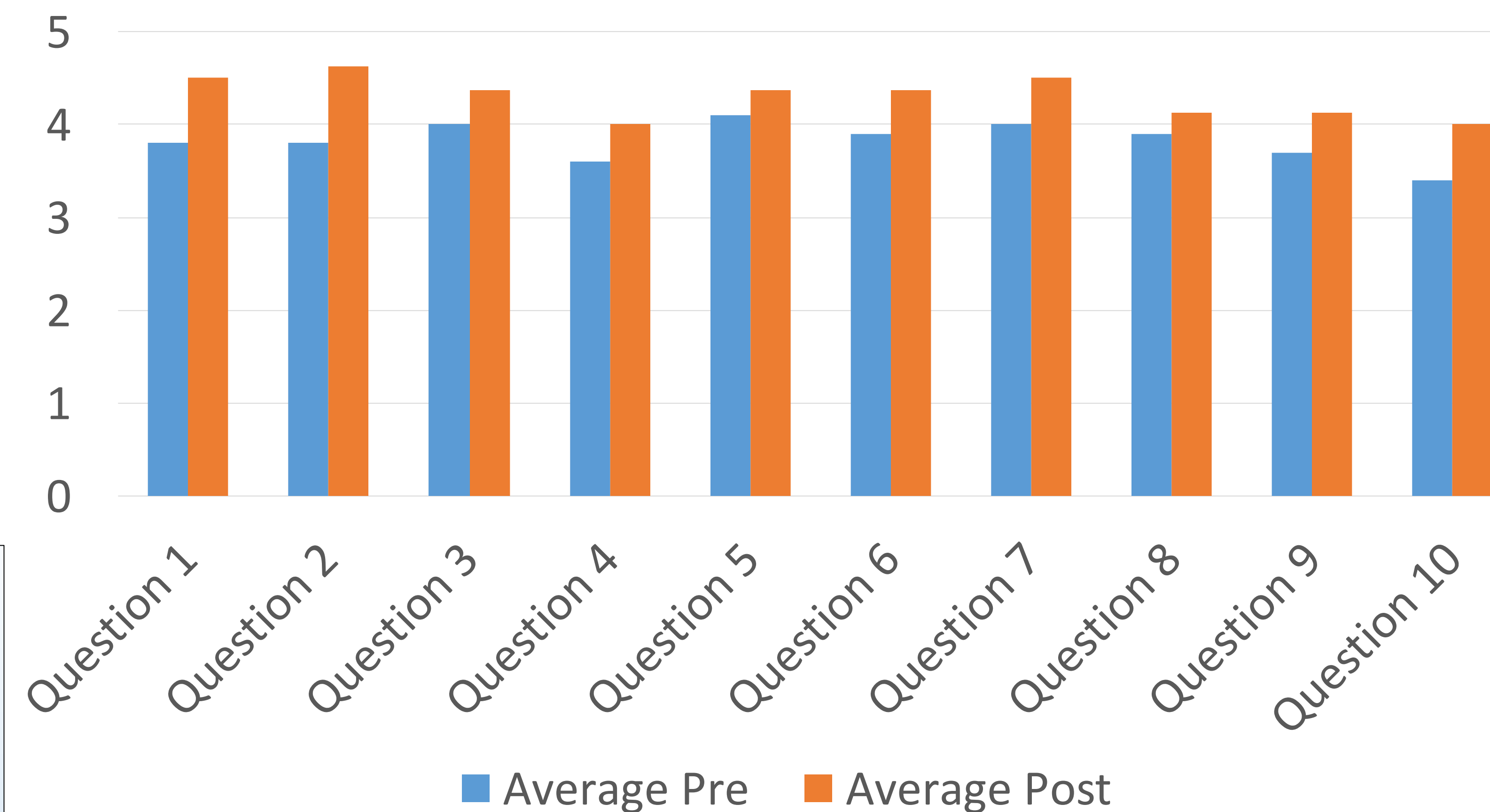
## Description of the Event

- **Introductory Module:** Provides an overview of GoC Conversations and a proposed model to guide learners.
- **Workshop:** Address challenges of addressing GoC in acute illness, discuss limitations of "code status and how they can be overcome with value-based decision making
- **Simulation Case 1:** Occurs on the medical unit, patient is not capable of decision making, discussion occurs with SDM, Advanced care planning conversation has occurred
- **Simulation Case 2:** Occurs in the emergency department, patient is capable of making decisions, substitute decision maker is unclear.
- **Simulation Case 3:** Occurs in the ICU, patient is unable to make decisions, there is conflict between family and no assigned SDM.

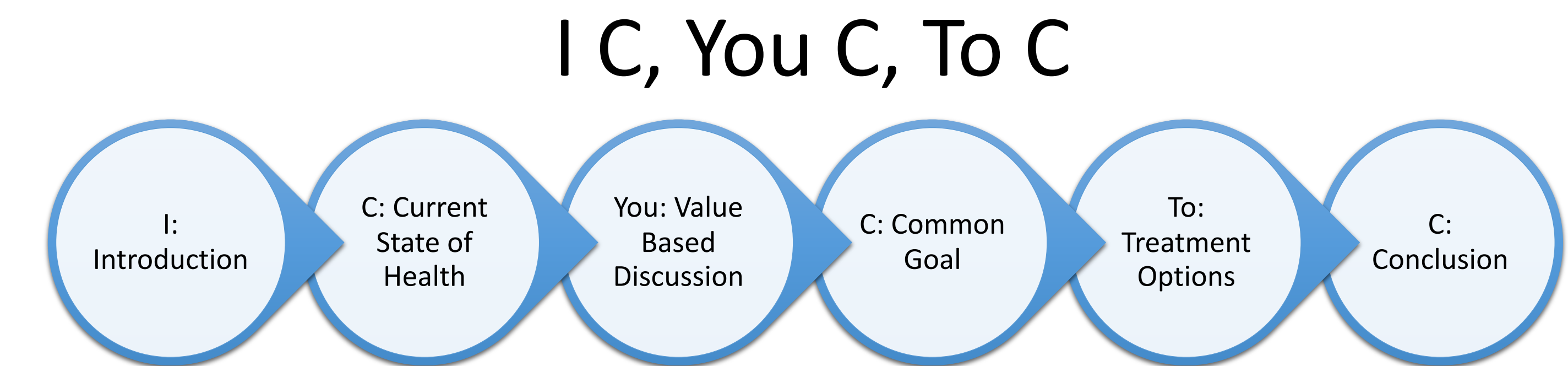
## Self-Efficacy in GoC Conversations



## Average Change in Self-Efficacy



## Proposed GoC Conversation Framework: I C, You C, To C



## Measuring Self-Efficacy in GoC Conversations

**Rating my Confidence in a Goals of Care/Treatment Decision Discussion**

**Before Course:**  
Please rate your degree of confidence in your ability to effectively have a Goals of Care or Treatment Discussion conversation prior to taking this course.

| When I am having a Goals of Care Conversation I am confident that I can...   | SD 1 | D 2 | N 3 | A 4 | SA 5 |
|--|------|-----|-----|-----|------|
| 1. Distinguish the difference between goals of care (GoC) and treatment consent  |      |     |     |     |      |
| 2. Assist a patient to identify/select a substitute decision maker (SDM).  |      |     |     |     |      |
| 3. Facilitate a GoC and treatment discussion with a patient and/or their SDM when the patient has a good understanding of their current state of health.           |      |     |     |     |      |
| 4. Facilitate a GoC and treatment discussion with a patient and/or their SDM when the patient does not have a good understanding of their current state of health. |      |     |     |     |      |
| 5. Assess a patient's/SDM's understanding of their current state of health.  |      |     |     |     |      |
| 6. Provide patient/SDM with further information related to their current state of health.  |      |     |     |     |      |
| 7. Assist the client in identifying their values and goals related to critical illness or end of life  |      |     |     |     |      |
| 8. Establish a common GoC based on discussion with patient/SDM.  |      |     |     |     |      |
| 9. Explain treatment options/recommendations based on patient's values and goals   |      |     |     |     |      |
| 10. Navigate a GoC and treatment discussion involving conflict.  |      |     |     |     |      |

## Learner Feedback

- "Valuable discussions regarding GoC conversations that increased my preparedness for having these conversations in the future."
- "Great course: I really liked how realistic the cases were and the feedback provided facilitators colleagues and standardized patients was valuable. I definitely have new ways of phrasing things that more clearly communicate the gravity of situations while still respecting the emotions of the family."
- "This course was really beneficial in practicing discussions and getting feedback from the patients in what works, how my communication attempts are received. I really liked the amount of opportunity to practice. Please continue this course it's important!"
- "Good course structure with relevant material to improve competency with GoC conversations."

## Conclusion and Future Considerations

- With wide scale delivery of this simulation, this program has the potential to assist HSN in reaching outcome #2 of its 2019-2024 strategic plan by:
  - Improving the self-efficacy of health care providers having GoC conversations by learning through simulation.
  - Increasing the number of quality GoC conversations health care providers are having.
  - improving a patients understanding of their medical condition, expected health trajectory and prognosis.
  - Improving patient/SDM satisfaction with about their involvement in decisions about their care<sup>6</sup>.
- The team would like to expand this simulation beyond quality improvement exercises and conduct a study on this simulations impact.

## References

1. Myers, J., Steinberg, L. & Incardona, N. (2016) Discussions leading to informed consent.
2. Bandura, A. (1997). Self-efficacy: The efficacy of control. New York, NY: W. H. Freeman and Company.
3. Boet, S., Bould, M. D., Fung, L., Qosa, H., Perrier, L., Tavares, W., & Reeves, S., Tricco, A. C. (2014). Transfer of learning and patient outcome in a simulated crisis: A systematic review. *Canadian Journal of Anesthesia*, 61, pp. 571-582. DOI: 10.1007/s12630-014-0143-8.
4. Egenberg, S., Olan, P., Eggebo, T. M., Aresenovic, M. G., & Bru, L. E. (2016). Changes in self-efficacy, collective efficacy and patient outcomes following interprofessional simulation training on postpartum haemorrhage. *Journal of Clinical Nursing*, 26, pp. 3174-3187. DOI: 10.1111/jocn.13666.
5. Murphy, M., Curtis, K., & McCloughen, A. (2016). What is the impact of multidisciplinary team simulation training on team performance and efficiency of patient care? An integrative review. *Australasian Emergency Nursing Journal*, 19, pp. 44-53. DOI: 10.1016/j.aenj.2015.10.001.
6. Health Sciences North. (2019). 2019-2024 HSN and HSNRI Strategic Plan.