Evidence-Based Tools to Enhance Communication in Palliative Care

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Session objectives

1) Describe contemporary tools to enhance effective communication among providers, patients, and care partners.

2) Review strengths and limitations of communication tools.

3) Discuss potential circumstances and methods for using communication tools in clinical practice.

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Communication difficulties

& dilemmas
Effective communication is... 
... the foundation of high-quality, person-centered care. 
... essential regardless of disease and across the illness trajectory. 
... associated with better outcomes for patients and care partners. 
... the primary vehicle for the practice of palliative care. 
... often, THE desired skill underlying a palliative care consultation.

Professional competencies

Chaplaincy
- "Demonstrate effective communication and facilitation of goals of care family meetings that align treatment plans with patient’s values and/or advanced care plans." 
  Board of Chaplaincy Certification

Nursing
- "Educate and communicate effectively and compassionately with the patient, family, health care team members, and the public about palliative care issues." 
  American Association of Colleges of Nursing

Social Work
- "Facilitating communication among clients, family members, and members of the care team." 
  National Association of Social Workers

Medicine
- "Demonstrate interpersonal and communication skills that result in effective relationship building, information exchange, emotional support, shared decision making and teaming with patients, their patients' families, and professional associates." 
  HPM Competencies Work Group

Key communication skills

Patients and care partners

Sending
- Providing information about illness symptoms
- Relaying treatment response and side effects
- Expressing values and preferences
- Asking important questions

Receiving
- Comprehending and accepting assessment results & diagnoses
- Understanding treatment recommendations
- Comprehending futility
- Offering emotional support
### Key communication skills

**Providers**

**Sending**
- Providing feedback on test/assessment results
- Sharing diagnostic & prognostic information
- Describing treatment options
- Motivating treatment compliance
- Offering emotional support & hope
- Being present & attentive in conversations

**Receiving**
- Synthesizing descriptions of symptoms
- Understanding impact of illness on function and quality of life
- Appreciating patient & care partner perspective on goals

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### Transactional model of communication

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### Tools Targeting Competencies of Providers
Workshops & trainings provide education to healthcare providers includes education about team collaboration and general communication skills

Self-study training modules purpose is to increase access to information via individual education benefits include greater accessibility, electronic delivery method

Conversational scripts & templates enhance provider communication skills ensure that providers ask important information, gather critical details

Limited empirical evidence

Difficult Discussions
- workshop (90 minutes)
- didactics on EOL communication and family meetings
- intervention: simulate family meeting
- participants report higher importance ratings of teamwork and collaboration

Comskil
- teaching modules (nine, 3-hours each) focused on 26 communication skills
- role playing simulation with patients
- increases in levels of self-efficacy
- greater utilization skills taught during training


COMFORT
- online modules with didactic information
- include video clips of hospice team interactions
- focus on communication, health literacy, and families
- providers reported greater confidence in communication


SPIKES
- guide to conversational goals in delivering bad news
- enhances delivery of important information
- supports relational aspects of bad news communication

SPIKES PROTOCOL

S: Setting up the interview: create privacy, involve significant others, make connections

P: Perception: assess the family's perception, open ended questions

I: Invitation: how does the family want to hear the information

K: Knowledge sharing: nontechnical terms

E: Emotion: respond to family's emotions

S: Strategy and summary: determine if family is ready for more discussion and action

Table 3:
Examples of Empathetic, Exploratory, and Validating Responses

<table>
<thead>
<tr>
<th>EMPATHETIC EMOTIBILIZATION</th>
<th>EXPLORATORY QUESTIONS</th>
<th>VALIDATING RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can see how upsetting this is to you.</td>
<td>How do you mean?</td>
<td>I can understand how you felt that way.</td>
</tr>
<tr>
<td>I can tell you weren't expecting this.</td>
<td>Tell me more about it.</td>
<td>I guess anyone might have that same reaction.</td>
</tr>
<tr>
<td>I know this is not good news for you.</td>
<td>Could you explain what you mean?</td>
<td>You were perfectly correct to think that way.</td>
</tr>
<tr>
<td>I'm sorry to have to tell you this.</td>
<td>You said it frightened you.</td>
<td>Yes, your understanding of the reason for the test is very good.</td>
</tr>
<tr>
<td>This is very difficult for her skin.</td>
<td>Now, you said you were concerned about your children.</td>
<td>It appears that you've thought through very well.</td>
</tr>
<tr>
<td>I was also hoping for a better result.</td>
<td></td>
<td>Many other patients have had a similar experience.</td>
</tr>
</tbody>
</table>

Question Prompt Lists

- encourages questions about prognosis and end-of-life care
- includes resources for both patients and care partners
- tool can be segmented, tailored to patient's stage in illness trajectory

Appointment coaching

- pre-appointment telephone consultation for heart failure patients with a nurse
- discussed barriers and facilitators to communication, heart failure treatments, and patient preferences for communication
- helped patient develop "patient-activation outline" shared with patient and provider
- role playing and skills enhancement exercises
- patients initiated more (and more high-quality) goals-of-care conversations with provider

Stanford Letter Writing Project

- patients write a *What Matters Most* (with Who Matters Most components) letter to take to physician
- letter templates available in **eight languages**; can also be **completed online**
- versions for “in good health” and “have chronic illness”
- most recent iteration framed as **Bucket List**
- empirical results still emerging

**Tools Targeting Communication Within Families**

- **Question prompt lists**
  - purpose is to empower patients to seek information, express concerns, collaborate on decision-making
  - typical format is written questions or topics taken to appointments as reminder (prompt) for discussion

- **Appointment coaching**
  - purpose is to teach patients to be active agents during visits, getting the information they need
  - typical format involves one-on-one meetings combined with booklets, charts, & videos

- **Other novel interventions**
  - Stanford Letter Writing Project
  - Sharing Patient Illness Representations to Increase Trust (SPIRIT)
  - Serious Illness Care Program (SICP)
  - Communication in Cancer Care

- **modest empirical evidence**
- **limited empirical evidence**

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FFamily CEntered (FACE)

- two-session intervention designed for people with HIV/AIDS
- includes dyads consisting of a patient and a surrogate decision-maker
  
  Session #1: interventionist completes interview about care values and preferences and facilitates a conversation about goals and experiences that underlie treatment preferences
  
  Session #2: dyad completes advance directive

Conclusions

- how these resources might be used in practice
- there is emerging evidence that a range of tools and interventions may enhance communication among patients, care partners, and providers
- evidence is limited in its replication and very limited in evaluation with diverse groups

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