

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.

Communication
difficulties

& dilemmas

Effective communication is...

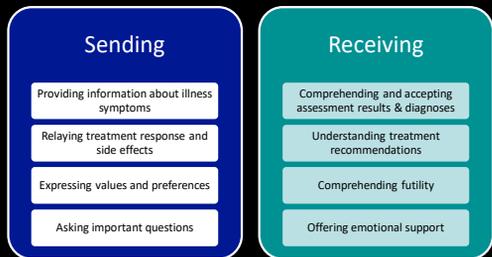
- ... the foundation of high-quality, person-centered care.
- ... essential regardless of disease and across the illness trajectory.
- ... associated with better outcomes for patients and care partners.
- ... the primary vehicle for the practice of palliative care.
- ... often, THE desired skill underlying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

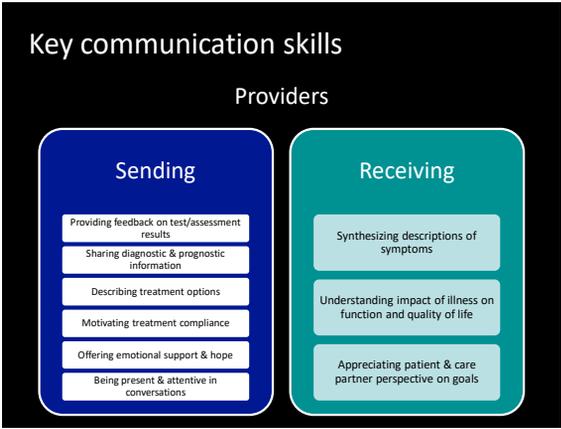
Professional competencies

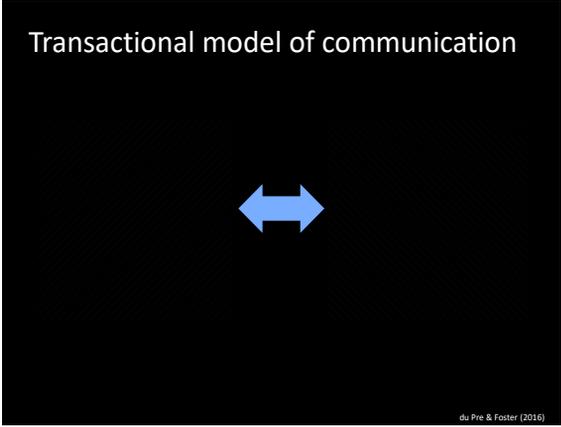
Chaplaincy	"Demonstrate effective communication and facilitation of goals of care family meetings that align treatment plans with patient's values and/or advanced care plans." <i>Board of Chaplaincy Certification</i>
Nursing	"Educate and communicate effectively and compassionately with the patient, family, health care team members, and the public about palliative care issues." <i>American Association of Colleges of Nursing</i>
Social Work	"facilitating communication among clients, family members, and members of the care team." <i>National Association of Social Workers</i>
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." <i>HPM Competencies Work Group</i>

Key communication skills

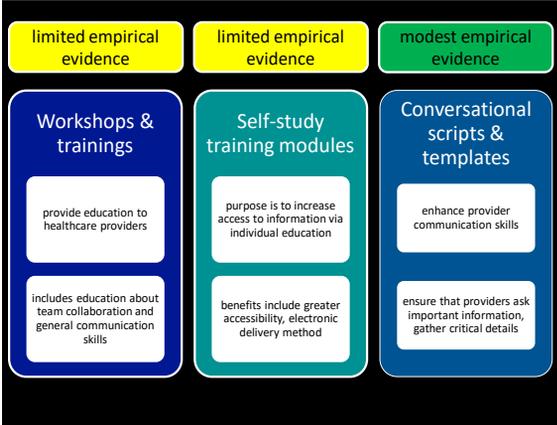
Patients and care partners

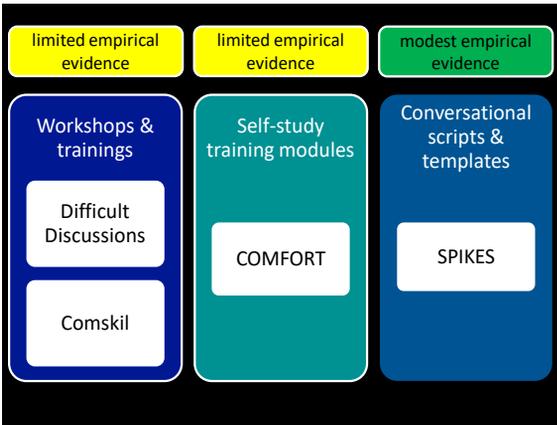












Difficult Discussions

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

Erickson, J. M., Blackhall, L., Brashers, V., & Varhegyi, N. (2015). An interprofessional workshop for students to improve communication and collaboration skills in end-of-life care. *American Journal of Hospice & Palliative Medicine*, 32, 876–880.

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

Bylund, C. L., Brown, R. F., Bialer, P. A., Levin, T. T., Lubrano di Ciccone, B., & Kisssane, D. W. (2011). Developing and implementing an advanced communication training program in oncology at a comprehensive cancer center. *Journal of Cancer Education, 26*, 604–611.

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

Wittenberg-Lyles, E., Goldsmith, J., Ferrell, B., & Burchett, M. (2014). Assessment of an interprofessional online curriculum for palliative care communication training. *Journal of Palliative Medicine, 17*, 400–406.

SPIKES

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

Buckman, R. (2005). Breaking bad news: The S-P-I-K-E-S strategy. *Community Oncology, 2*, 138–142.

SPIKES PROTOCOL

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

P: → Assess the family perception:
open ended questions

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

K: → Knowledge sharing:
nontechnical terms

E: → Emotions: respond to family's emotions

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

Table 3.
Examples of Empathic, Exploratory, and Validating Responses

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

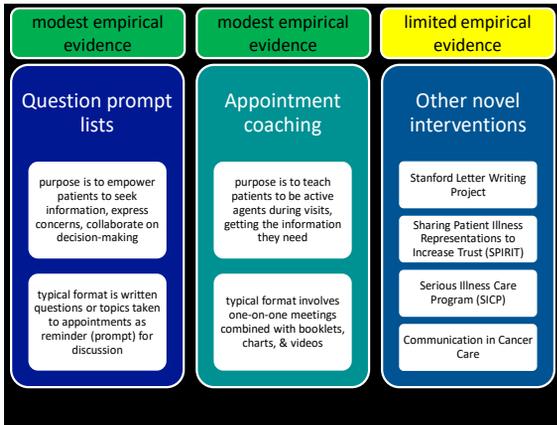
Adapted with permission from Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES—A six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist*. 2000;5(4):307.

Tools Targeting Patients & Care Partners

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

Periyakoil, V.S., Neri, E., & Kraemer, H. (2018) Common items on a bucket list. *Journal of Palliative Medicine*, 21, <https://doi.org/10.1089/jpm.2017.0512>



Tools Targeting Communication Within Families

- The Conversation Project
- Death Over Dinner
- My Gift of Grace
- HELLO!
- Go Wish
- FAMILY CEntered

Family 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

Lyon, M. E., Garvie, R. A., Briggs, L., He, J., Malow, R., D'Angelo, L. J., & McCarter, R. (2010). Is it safe? Talking to teens with HIV/AIDS about death and dying: A 3-month evaluation of Family Centered advance care (FACE) planning – anxiety, depression, quality of life. *HIV/AIDS – Research and Palliative Care*, 2, 27–37.

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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