

Community-Based Primary Palliative Care Community of Practice Series

Beyond the Essential Communications Skills- Part 1



Facilitator: Dr. Nadine Gebara

Presenter: Warren Lewin, MD, CCFP (PC)

Date: March 30th, 2022

Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

Facilitator/ Presenter:

- Dr. Nadine Gebara: nothing to disclose
- Warren Lewin: VitalTalk Senior Faculty – nonprofit organization

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are welcome to use the chat function to ask questions, if you have any comments or are having technical difficulties, but also please also feel free to raise your hand!
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **11 Mainpro+** credits.

How ECHO Works

General Format:

- Introduction
- Presentation + Q&A
- Interactive, Case-Based Discussion
- Session Wrap Up

Be a case presenter!

- If you would like to submit a case for one of our upcoming sessions, you can:
 - Let us know in the chat
 - Send us an e-mail us at echo@pallium.ca
 - Let us know in your feedback survey after today's session

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Symptom Management	Feb. 16, 2022 from 1-2pm ET
Session 2	Managing Complex Pain	Mar. 2, 2022 from 1-2pm ET
Session 3	Managing the Last Hours of Life in the Home	Mar 16, 2022 from 1-2pm ET
Session 4	Beyond the Essential Communication Skills- Part 1	Mar 30, 2022 from 1-2pm ET
Session 5	Beyond the Essential Communication Skills- Part 2	Apr 13, 2022 from 1-2pm ET
Session 6	Beyond the Essential Communication Skills- Part 3	Apr 27, 2022 from 1-2pm ET
Session 7	Grief and Bereavement: Identifying and Managing Complex Grief	May 11, 2022 from 1-2pm ET
Session 8	Teamwork in Primary Palliative Care	May 25, 2022 from 1-2pm ET
Session 9	Grief in Children	Jun 8, 2022 from 1-2pm ET
Session 10	Community Palliative Resources	Jun 22, 2022 from 1-2pm ET
Session 11	Organizing Practices to Provide Primary Palliative Care	Jul 6, 2022 from 1-2pm ET

Introductions

Facilitator:

Dr. Nadine Gebara, MD CCFP- PC

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

Panelists:

Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)

Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care

IH Regional Palliative End of Life Care Program

Pallium Canada Master Facilitator & Coach, Scientific Consultant

Amanda Tinning, MN NP

Nurse Practitioner for the home Transitional Heart Failure Clinic

Division of General Internal Medicine

QEII Health Sciences Centre

Halifax, NS

Dr. Haley Draper, MD CCFP- PC

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

Introductions

Panelists (continued):

Dr. Roger Ghoche, MDCM CCFP-PC, MTS

Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

Thandi Briggs, RSW MSW

Care Coordinator, Integrated Palliative Care Program
Home and Community Care Support Services Toronto Central

Claudia Brown, RN BSN

Care Coordinator, Integrated Palliative Care Program
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Support Team

Holly Finn, PMP

National Lead, Palliative Care ECHO Project, Pallium Canada

Gemma Kabeya

Education Research Officer, Pallium Canada

Introductions

Presenter

Warren Lewin, MD, CCFP (PC)

Site Lead - Palliative Care, Toronto Western Hospital - University Health Network

Assistant Professor - Temerty Faculty of Medicine, University of Toronto

Division of Palliative Care, Department of Family & Community Medicine



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Michener Institute

Beyond the Essential Communication Skills- Part 1

Session Learning Objectives

Upon completing the session, participants will be able to:

- Identify barriers to clinicians and patients engaging in serious illness conversations.
- Apply skills that will enhance empathic communication.

What do you find challenging about dealing with patient or family strong emotions?

Have you participated in simulation or real-time communication skills training before?

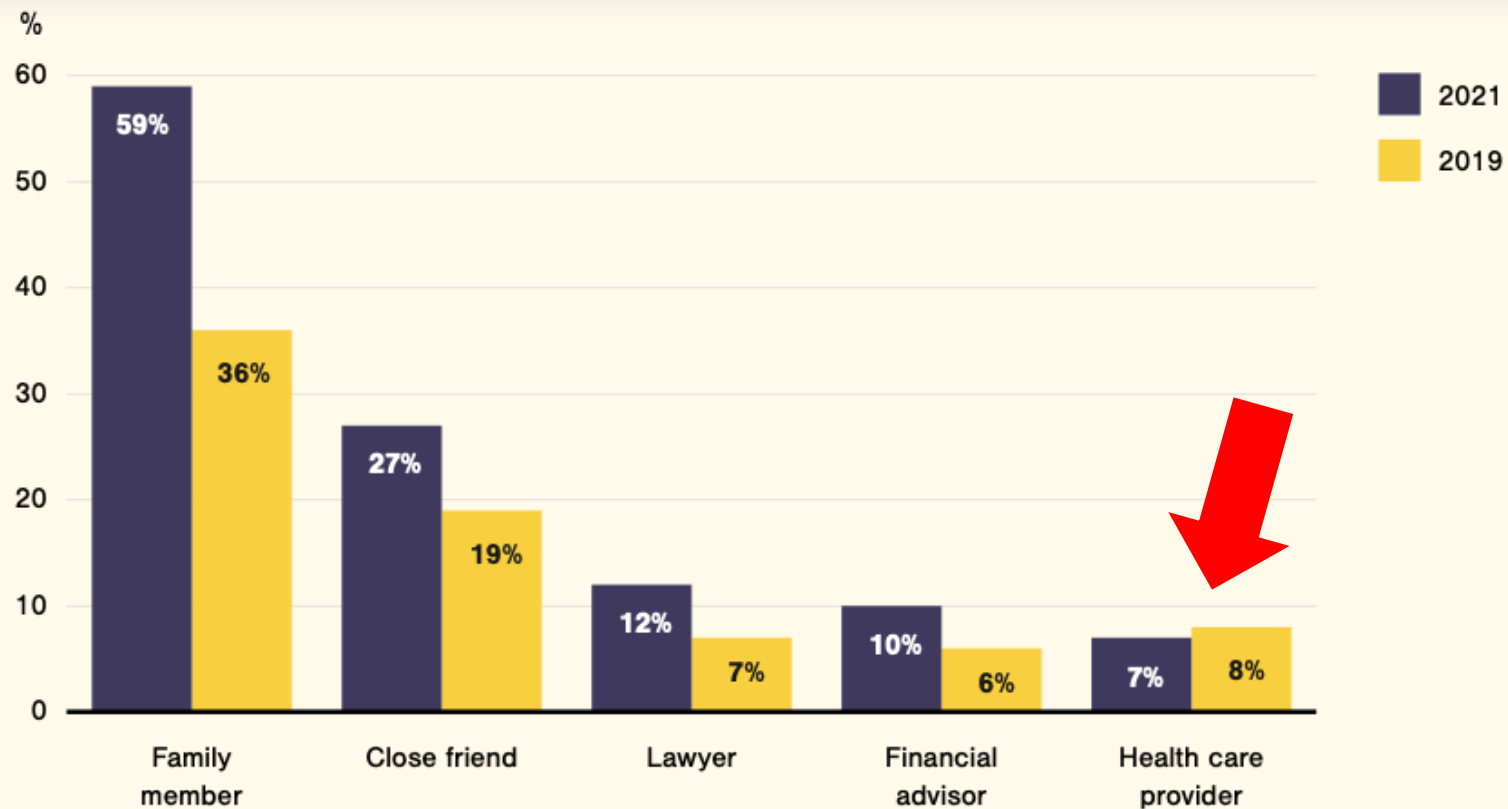
Serious Illness Conversations

80%

of Canadians say they are comfortable talking about their end of life care and related issues

Serious Illness Conversations

Who are Canadians talking to about their wishes?



Source: Canadian Hospice Palliative Care Association, Feb 2021 Nanos Poll of >3000 Canadians

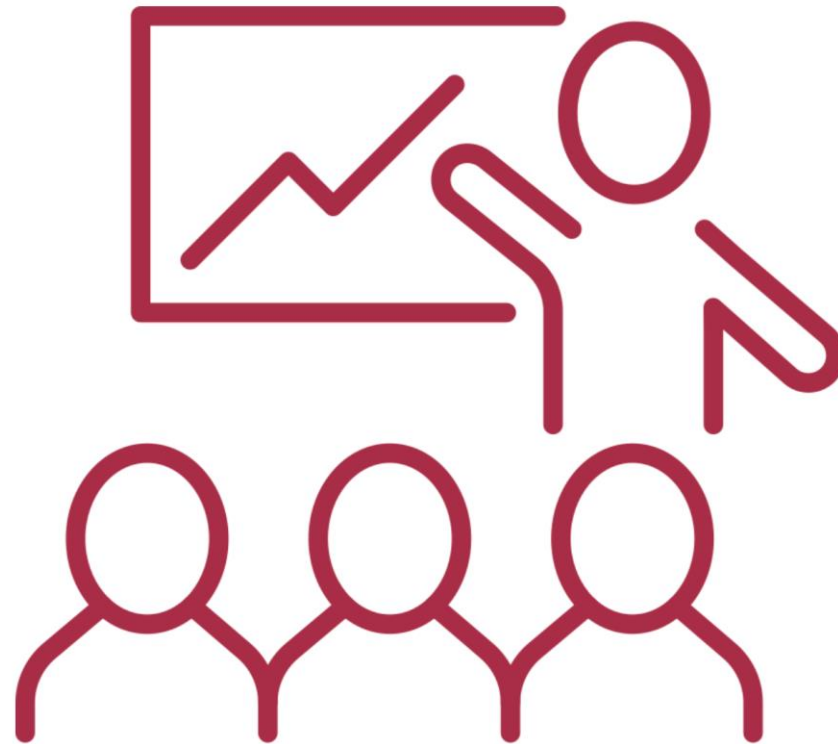
Why?

Barriers

- Time
- Not my role
- Strong emotions
- Difficulty prognosticating
- Don't know what to say
- Fear of causing anxiety/depression

Education Gap

- Most clinicians practicing today received very little evidence-based communication skills training



VitalTalk

223 HEALTHCARE INSTITUTIONS

24,613 STUDENTS TAUGHT

883 VITALTALK FACULTY MEMBERS

- Deliver serious news
- Recognize patient/family emotional cues
- Respond to emotion with empathic statements
- Lead a goals of care conversation using a guide
- Observation & feedback with deliberate practice

Emotion First

- **Emotions are processed faster than cognitive information**

1. Expect emotions
2. Respond with empathy
3. Give information

Leaning into patient emotion → specific patterns of communication and clinical care

- identify social stressors
- Identify sources of strength
- Learn about goals and values
- Increase likelihood to agree to plan

Emotion First

- **Emotions are processed faster than cognitive information**

Patient/Family says:	Cognitive aspect:	Emotional aspect:
"Can't you give her a stronger antibiotic?"	"Is additional treatment available?"	"I'm scared. I'm not ready to let my mom go."

Emotion First



Skill

Responding to emotion with empathy using NURSE statements

NURSE Statements

- Phrases that articulate empathy in response to emotion
- Builds rapport by aligning you and your patient/family and allows them to feel heard

N

NAME

It sounds like you are upset* to hear this news. (*worried, angry, surprised, relieved)

U

UNDERSTAND

I can't imagine how difficult it must be to hear this information.

R

RESPECT

I admire how much you have done for your mother.

S

SUPPORT

Our team will do everything that is in our power to support and care for you.

E

EXPLORE

Tell me more..... / Tell me more about what you mean when you say.....

NURSE Statements

“It feels like everyone is just giving up on my mom.”

N NAME

U UNDERSTAND

R RESPECT

S SUPPORT

E EXPLORE

NURSE Statements

“It feels like everyone is just giving up on my mom.”

N

NAME

It sounds like this is really upsetting

U

UNDERSTAND

I can't imagine how difficult it must be to watch your mom get sicker

R

RESPECT

I admire how much you care about your mother

S

SUPPORT

I will do everything that I can to support you through this

E

EXPLORE

Tell me more about that

NURSE Statements - Practice!

- N NAME
- U UNDERSTAND
- R RESPECT
- S SUPPORT
- E EXPLORE

She's a fighter. She'll get through this. She always does.

We're praying for a miracle.

I can't believe this is happening.

Why do we have to talk about this now?

[TELL ME MORE](#)

Skill

**Using "I wish" statements to
convey empathy
(instead of I'm sorry)**

"I wish" statements

- Another way to articulate empathy is to align yourself with patient hopes
- "I wish" statements:
 - "I wish surgery was an option to improve his function"
 - "I wish the doctors had better news for you"
 - "I wish things were different"
- Alternatively, "I had hoped....."
 - "I had hoped for a better outcome."
 - "I had hoped for a different result."

Skill

Using 'wish/worry'
statements to respond to
unrealistic treatment
options

"Wish/Worry" statements

- **When patient or family has an unrealistic treatment goal/hope**
 - **"I wish** they had treatments that could make you stronger."
 - "Unfortunately, given how advanced the cancer is **I worry** they said that more treatment will only make you sicker without giving you more time to be at home."
- **Can be helpful if people are uncomfortable having a GOC discussion**
 - **"I wish** we didn't have to have this conversation. **I'm worried** if we don't, we won't know how to provide your mom with the care that she'd want if she gets sicker."

Skill

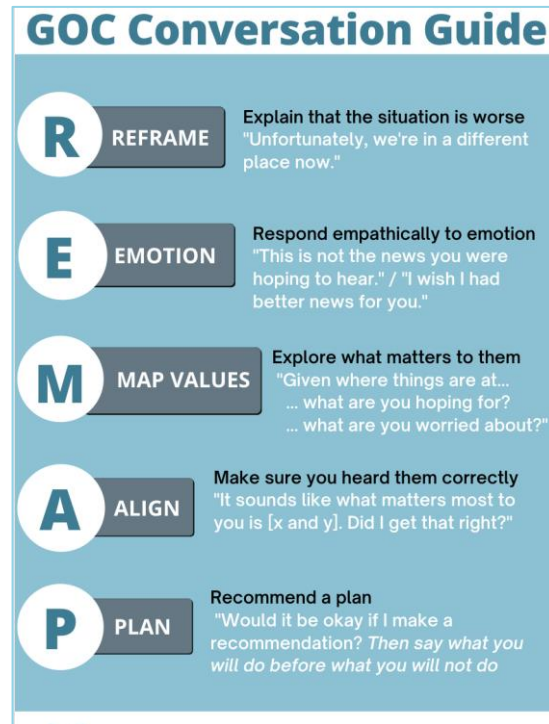
Using 'I wonder'
statements to move a
conversation forward

"I Wonder" statements

- **When trying to move a conversation forward**
- **A way to gently ask if it's okay to think about the 'what if's'**
 - **"I wonder"** if we can talk about some other ways that I can help you to feel better?"
 - **"I wonder"** if it's possible to imagine a time when going back to the hospital wouldn't make sense anymore?"
 - **"I wonder"** if you're okay to have me share my understanding of what's likely to come with respect to your function as a result of the stroke?"

Reframing

- A way to signal that the status quo is no longer working & change in approach is needed
 - **"I'm worried we're in a different place now."**



GOC Conversation Guide

- R REFRAME** Explain that the situation is worse
"Unfortunately, we're in a different place now."
- E EMOTION** Respond empathically to emotion
"This is not the news you were hoping to hear." / "I wish I had better news for you."
- M MAP VALUES** Explore what matters to them
"Given where things are at...
... what are you hoping for?
... what are you worried about?"
- A ALIGN** Make sure you heard them correctly
"It sounds like what matters most to you is [x and y]. Did I get that right?"
- P PLAN** Recommend a plan
"Would it be okay if I make a recommendation? Then say what you will do before what you will not do"

Skill

Asking Permission

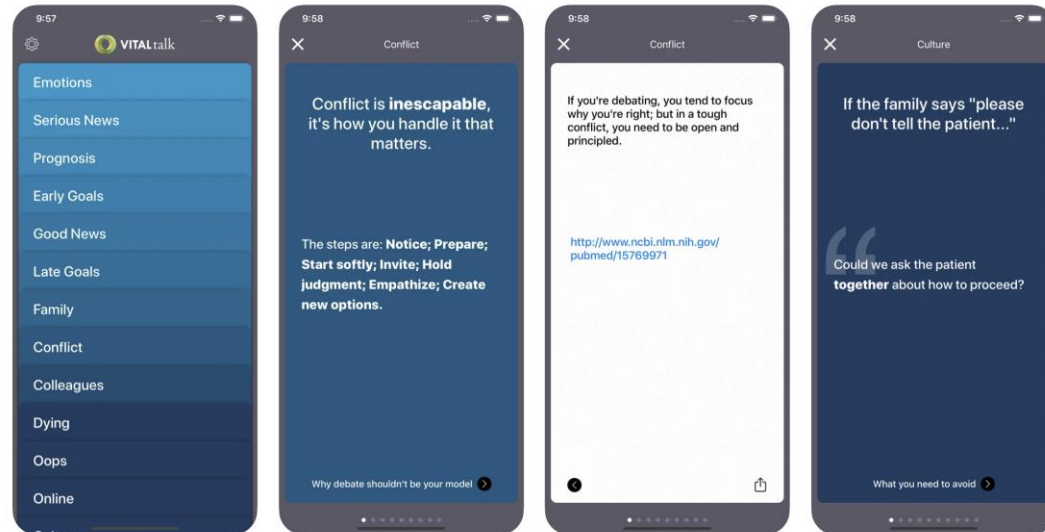
Asking Permission

- Affords them control
- Makes us stop talking
- Gives you permission to keep talking
 - **“Would it be okay.....?”**
 - “Would it be okay if I share additional information?”
 - “Would it be okay if I share a recommendation?”
 - “Would it be okay if we talk about the what-if’s?”
 - “Would it be okay if I check back in next week?”



Resources

- Advancecareplanning.ca
- VitalTalk.org or VitalTalk Tips



Questions & Discussion

Interactive, Case-Based Discussion



Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
- A recording of this session will be emailed to registrants within the next week
- Please join us for the next session in this series:
 - Beyond the Essential Communication Skills- Part 2
 - Presenter: Dr. Justin Sanders
 - April 13th, 2022 from 1-2pm ET
- Bring us your cases! There are several ways to initiate this process:
 - Contact our support team at echo@pallium.ca
 - Let us know in the feedback survey
 - Complete the case submission form

Thank You



Stay Connected
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