

Community-Based Primary Palliative Care Community of Practice Series

Beyond the Essential Communications Skills- Part 3: The Challenging Family Meeting



Facilitator: Dr. Nadine Gebara

Guest Speaker: Dr. Katie Marchington MD CCFP(PC) MScCH

Case Presenters: Archna Patel CNS & Dr. Haley Draper

Date: April 27th, 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

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- Not-for-profit
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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/ Presenters:

- Dr. Nadine Gebara: Nothing to disclose
- Dr. Haley Draper: Nothing to disclose
- Dr. Katie Marchington: Nothing to disclose
- Archna Patel, CNS: Nothing to disclose

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:

Dr. Haley Draper, MD CCFP- PC + case presenter

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

Dr. Roger Ghoche, MDCM CCFP-PC, MTS

Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

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

Introductions

Panelists (continued):

Thandi Briggs, RSW MSW

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

Amanda Tinning, MN NP

Nurse Practitioner for the home Transitional Heart Failure Clinic
Division of General Internal Medicine
QEII Health Sciences Centre
Halifax, NS

Claudia Brown, RN BSN

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

Support Team

Holly Finn, PMP

National Lead, Palliative Care ECHO Project, Pallium Canada

Gemma Kabeya

Education Research Officer, Pallium Canada

Introductions

Guest Case Presenter:

Archna Patel, CNS

Clinical Nurse Specialist, University Health Network- Toronto Western Hospital inpatient palliative care team

Guest Speaker:

Dr. Katie Marchington, MD CCFP(PC) MScCH

Palliative Care Physician, Credit Valley Hospital, Trillium Health Partners

Assistant Professor, Division of Palliative Care, Department of Family and Community Medicine

Vital Talk Faculty

Beyond the Essential Communication Skills- Part 3

The Challenging Family Meeting

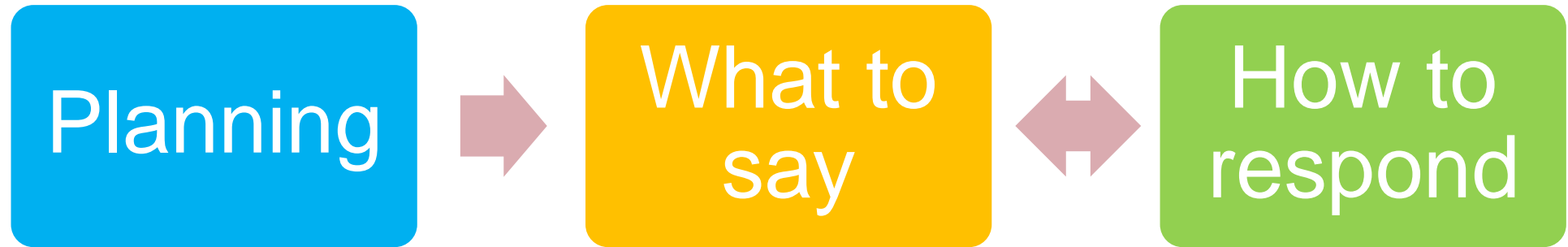
Session Learning Objectives

Upon completing the session, participants will be able to:

- Reflect on a family meeting or patient encounter when you were surprised by a patient or caregiver reaction
- Describe two skills that can be used when sharing prognosis



The Challenging Family Meeting



Reflective Exercise

Think about a time you shared serious news with a patient and thought...

“They just don’t get it?!”

What did the patient say to prompt your reaction?

Planning

- **Communication Skills**
 - Increased clinician empathy¹
 - Increased patient trust in provider²
 - Decreased patient anxiety²



Serious Illness Conversation Guide

PATIENT-TESTED LANGUAGE

SET UP
"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

ASSESS
"What is **your understanding** now of where you are with your illness?"
"How much **information** about what is likely to be ahead with your illness would you like from me?"

SHARE
"I want to share with you **my understanding** of where things are with your illness..."
Uncertain: "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."
OR
Time: "I **wish** we were not in this situation, but I am **worried** that time may be as short as ___ (express as a range, e.g. days to weeks, weeks to months, months to a year)."
OR
Function: "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

EXPLORE
"What are your most important **goals** if your health situation worsens?"
"What are your biggest **fears and worries** about the future with your health?"
"What gives you **strength** as you think about the future with your illness?"
"What **abilities** are so critical to your life that you can't imagine living without them?"
"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"
"How much does your **family** know about your priorities and wishes?"

CLOSE
"I've heard you say that ___ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we ___. This will help us make sure that your treatment plans reflect what's important to you."
"How does this plan seem to you?"
"I will do everything I can to help you through this."

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Planning

- Right information
- Right people
- Right place

Case

- 68M w/ advancing heart failure
- Clinic (Home) visit 1 wk post-hospitalization
- Clinical history:
 - 2 recent hospital admissions for heart failure exacerbation
 - Newly on home oxygen
 - Adjusting diuretics in past has worsened kidney function

Family Meeting: What to Say

What to say

- Thank you
- Introductions
- **Introduce purpose** of the meeting
- **Ask what** they know
- Share information and discuss GOC using a tool...

*"I'd like to talk about your recent hospital stay and do some thinking about what is important to you, so we know how to take care of you going forward."
Is that okay?"*

"What is your understanding of where things are at with your health?"

REMAP

What to
say

REFRAME the situation

EXPECT EMOTION

MAP out important values and goals

ALIGN with the patient & family

PLAN treatments matching values

REMAP

What to
say

REFRAME the situation

EXPECT EMOTION

MAP out important values and goals

REMAP

What to
say

REFRAME the situation

Use a **HEADLINE** to share difficult news

Sharing Difficult News

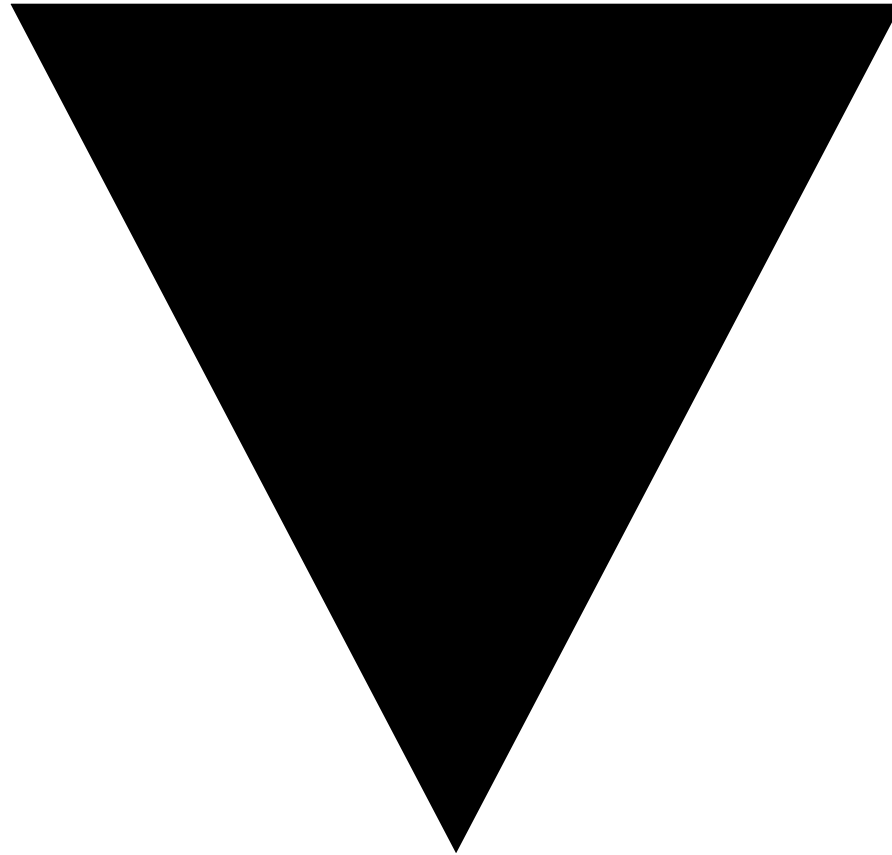
What to
say

HEADLINE= information + meaning

- Bottom line of health information *and* its associated meaning
- 1-2 sentences, simple language
- Shared upfront to provide context

Sharing Difficult News

What to
say



What to say

"I'd like to talk about your recent hospital stay and do some thinking about what is important to you, so we know how to take care of you going forward. Is that okay?"

"What is your understanding of where things are at with your health?"

HEADLINE= information + meaning

- 68M with advanced heart failure
 - 2 recent hospital admissions for heart failure exacerbation
 - Newly on home oxygen
 - Adjusting diuretics in past has worsened kidney function

What to say

HEADLINE= information + meaning

Needing oxygen all of the time and being in the hospital twice recently are both signs that your heart is weaker. I'm worried that time could be shorter than we hope.

What to say

HEADLINE= information + meaning

Needing oxygen all of the time and being in the hospital twice recently are both signs that your heart is weaker. I'm worried that right now may be as strong as you will feel.*

*if you're in a role that does not include disclosing prognosis

What to say

HEADLINE= information + meaning

Needing oxygen all of the time and being in the hospital twice recently are both signs that your heart is weaker. I'm worried that time could be shorter than we hope.

What to say

HEADLINE= information + **meaning**

Needing oxygen all of the time and being in the hospital twice recently are both signs that your heart is weaker. **I'm worried that time could be shorter than we hope.**

How do you know that someone heard your headline?

EMOTION

REMAP

How to
respond

EXPECT EMOTION

NURSE statements

Wish .. Wish/worry .. I wonder .. Wish/worry/wonder

How to respond

“But you can’t just give up on me!”

- Emotion:
 - Fear, anger
- Possible response:
 - Supporting statement: “I will continue to do my very best to take care of you going forward.”

How to respond

“I’d like a second opinion!”

- Emotion:
 - Fear, anxiety
- Possible response:
 - Exploring statement: “Tell me more about what you mean when you say ‘I’d like a second opinion’?”
 - I wish/worry statement: “I wish a specialist could fix your heart. I worry that they would also experience the same challenges we have when trying to adjust your diuretics.”

How to respond

Daughter: “Please don’t tell my dad.”

- Emotion:
 - Sadness, worry
- Possible response:
 - Respect statement: “I can see how you want to do everything to make sure your dad is okay.”
 - Exploring statement: “Tell me more about what you mean when you say ‘Please don’t tell my dad’?”

How to respond

By listening

- Exploring statements provide a segue to listening

REMAP

What to
say

REFRAME the situation

EXPECT EMOTION

MAP out important values and goals

How to
respond

Transition

“I wonder if we could talk about what is important to you, knowing what I just shared about your health?”

What to say

Mapping

“Given what I’ve shared...

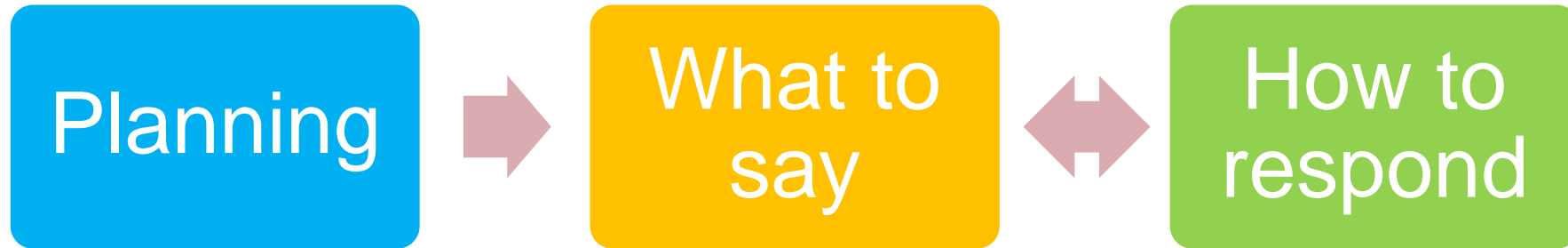
- What’s most important to you?
- What worries you when you look ahead and think about your health?
- How much are you willing to go through for the prospect of more time?”

How to respond

What if the patient isn't ready to talk about hopes and wishes?

- Pause
- Consider...
 - Providing materials for further reflection
 - Speak Up documents
 - Meeting again later with:
 - IDT team member
 - Another person the patient identifies as supportive
 - Liaising with specialist, palliative care or ethics colleagues

The Challenging Family Meeting



- Reflected on a family meeting or patient encounter when you were surprised by a patient or caregiver reaction
- Skills that can be used when sharing prognosis:
 - Headline
 - NURSE
 - “I wish/worry” statements
 - Listening more than speaking

Questions?

Thank you!

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Interactive, Case-Based Discussion



CASE: A Family Meeting Gone Wrong

Mrs. Lee

- 60 yo F
- Known metastatic esophageal CA
- Admitted to neurosurgical service with spinal cord compression
- No recovery of mobility post operatively



CASE: A Family Meeting Gone Wrong

”I am so alone, away from my family.
I don’t speak English. I’m scared”



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CASE: A Family Meeting Gone Wrong

1. How should one navigate a family meeting when the most responsible physician (MRP) has a different approach to addressing goals of care?
2. How to manage unrealistic expectations from a patient/ family?
3. How to respond to emotion in a family meeting?

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:
 - **Grief and Bereavement: Identifying and Managing Complex Grief**
 - Presenter: TBD
 - May 11th, 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

Thank You



Stay Connected
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