

Community-Based Primary Palliative Care Community of Practice Series 3

Communication Skills Part 1



Facilitator: Dr. Nadine Gebara

Guest Speakers: Drs. Jalal Ebrahim & Warren Lewin

Date: October 25, 2023

Territorial Honouring

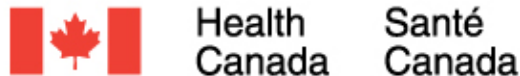


The Palliative Care ECHO Project

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 and their families.

Stay connected: www.echopalliative.com

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.



LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by the CFPC and Royal College.



Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Objectives of this Series

After participating in this series, participants will be able to:

- Augment their primary-level palliative care skills with additional knowledge and expertise related to providing a palliative care approach.
- Connect with and learn from colleagues on how they are providing a palliative care approach.

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Communication: Part 1	Oct 25, 2023 from 12:30-1:30pm ET
Session 2	Communication: Part 2	Nov 29, 2023 from 12:30-1:30pm ET
Session 3	Managing the last hours of life	Dec.20, 2020 from 12:30-1:30pm ET
Session 4	Palliative care for the structurally vulnerable	Jan 24, 2024 from 12:30-1:30pm ET
Session 5	Procedural management of complex pain: Nerve blocks, vertebral augmentation, radiotherapy	Feb 21, 2024 from 12:30-1:30pm ET
Session 6	Terminal Delirium and Palliative Sedation	Mar 27, 2024 from 12:30-1:30pm ET
Session 7	Creative art therapy in palliative care	Apr 24, 2024 from 12:30-1:30pm ET
Session 8	What in store for Palliative Care in Canada: policy, advocacy and implementation	May 29, 2024 from 12:30-1:30pm ET
Session 9	Grief and Bereavement: Beyond the Basics	June 26, 2024 from 12:30-1:30pm ET

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 when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function to ask questions and add comments throughout the session.
- 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 **9 Mainpro+** credits.

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:

- Diana Vincze: Nothing to disclose
- Dr. Jalal Ebrahim: Nothing to disclose
- Dr. Warren Lewin: relationships described on subsequent slides

Disclosure

Mitigating Potential Biases:

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

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

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

Jill Tom, BSN CHPCN ©

Nurse Clinician for palliative Home Care

Mount Sinai Hospital, Montreal

Introductions

Panelists (continued):

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

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

Home and Community Care Support Services Toronto Central

Rev. Jennifer Holtslander, SCP-Associate, MRE, BTh

Spiritual Care Provider

Support Team

Nasrine Ahmed

Support Desk Coordinator, Pallium Canada

Introductions

Presenters

Jalal Ebrahim, MD, FRCPC

Education Site Co-Lead - Palliative Care, Toronto Western Hospital – University Health Network
Lecturer, Division of Palliative Medicine, Department of Medicine

Warren Lewin, MD, CCFP (PC)

Site Lead - Palliative Care, Toronto Western Hospital - University Health Network
Assistant Professor, Division of Palliative Care, Department of Family & Community Medicine



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Communication Skills

Session Learning Objectives

Upon completing the session, participants will be able to:

- Appreciate that a defined set of communication skills can be used to increase quality of serious illness conversations
- Recognize skills that may increase comfort and confidence to lead advance care planning conversations



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Faculty Presenter Disclosure

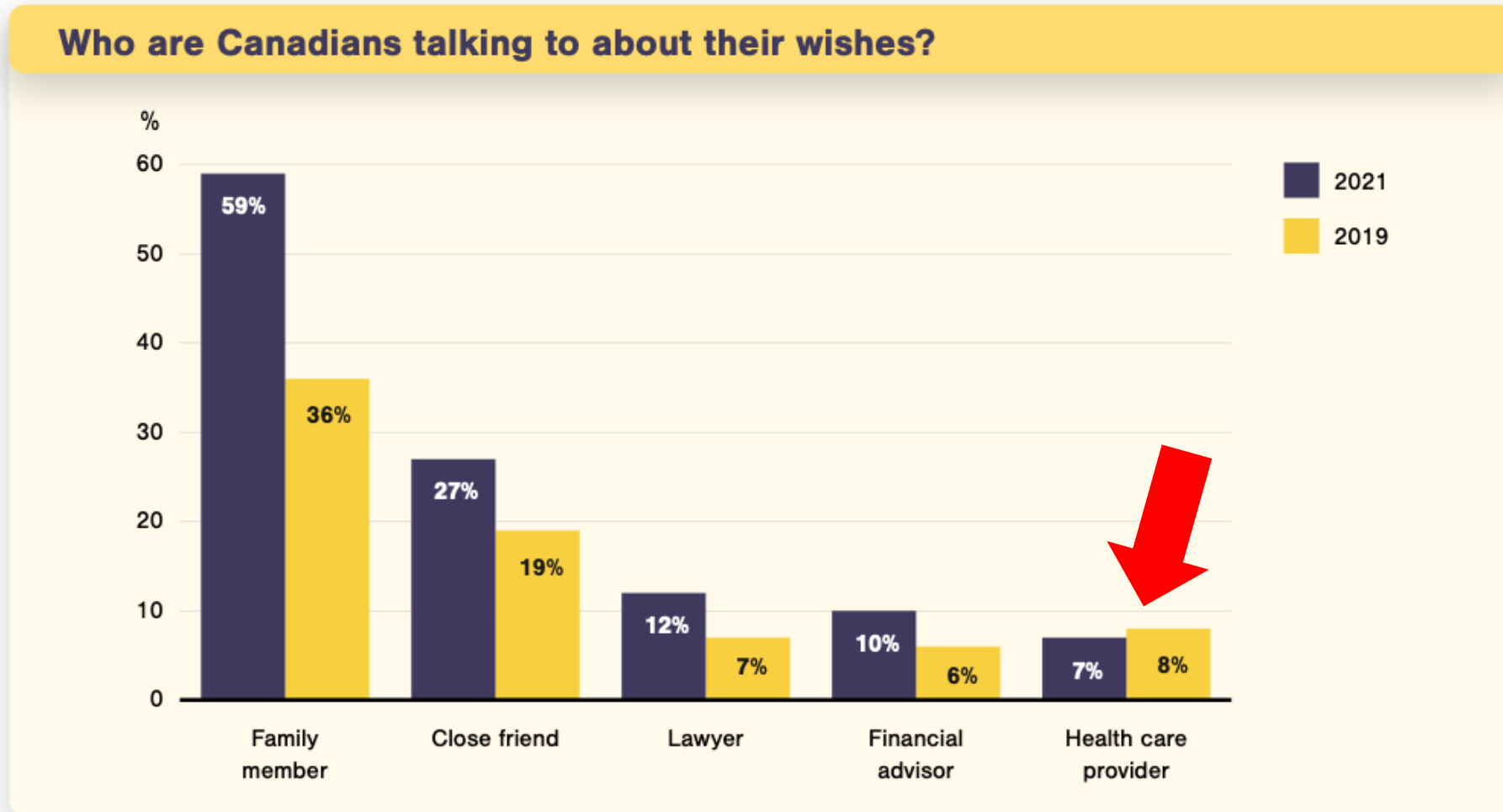
- **Relationships with financial sponsors:**
 - Department of Family & Community Medicine
 - UHN Foundation
 - VitalTalk
- **Mitigating bias:**
 - I do not endorse one program over another
 - Skills learned/taught are generalizable

Serious Illness Conversations

80%

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

Serious Illness Conversations



Clinician Conversation Guide



An approach to discussing what matters most with a seriously ill person

T

Thank You (and check-in)

"Hi, my name is _____. I am a doctor on your team. Thank you for taking time to talk to me today. How are you doing?"

A

Aim

"I'd like to spend time today sharing information and hearing about any concerns you may have about your illness." This will guide us in knowing how to best care for you. Is this okay?"

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Listen (to explore understanding)

"I've read your medical chart. However, it's helpful to hear directly from you. What is your understanding of where things are at now with your illness?" OR "What have the doctors told you is going on with your illness right now?"

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Knowledge (ask permission to share)

"Thank you for sharing what you know. Would it be okay if I share more information?"

Relay Information

"I have the same understanding as you do and I think it's important to plan for your future knowing that the illness will progress over time." OR

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"While I'm hoping for the best, I'm worried that even with (more) treatment for your _____ you may get weaker over time and I think it's important to plan for that possibility". OR "I'm worried you're in a different place now. At this point there are unfortunately no more treatments to slow down the illness. What this means is _____." (e.g., "... you are likely to get weaker over time." or "... that time may be shorter than we hoped for.")

E

Emotion and Empathy

Pause for emotion and respond with empathy (e.g., "I can't imagine how upsetting this must be to think about." OR "I wish things were different.")

M

Map Out Values and Goals

"Given what we've just talked about regarding your illness, have you ever had conversations about what would be most important to you if you got sicker?" AND
"What would you be hoping for if/as your condition worsens?" AND
"What worries or concerns might you have as you think about (the possibility of) getting sicker?"

A

Align

What I'm hearing is most important to you is _____ and that you're concerned about _____. Did I get that right?"

P

Plan (and keep the door open)

"Based on what matters most to you, and based on my understanding of what's to come as your illness changes over time, would it be okay if I make a recommendation?"
"I recommend the following... [say what you will do before what you will not do]. How does this plan sound to you?"
"Thank you for taking the time to have this conversation today. I'll update your chart and follow up [say when]."



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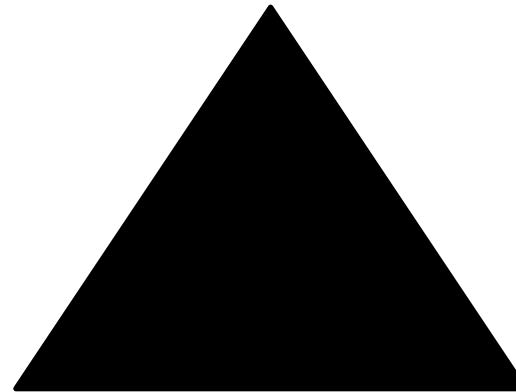
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Headline

- A way to succinctly share difficult health information
- Pairs (1) information with (2) its associated meaning

- The bottom line!



Case:

Jamal is a 64M w/ progressing heart failure

2 hospitalizations to manage heart failure in past year

Spending more nights sleeping in recliner chair to minimize breathlessness

He is frustrated with his cardiologist re management

No further disease-modifying therapies to slow down illness

Expected to get worse quickly

Prognosis uncertain but likely months and not years

Headline = information + meaning

Unfortunately, your heart is getting weaker, which is why you are having more difficulty breathing.

Headline = **information** + meaning

Unfortunately, your **heart is getting weaker**, which is why you are having more difficulty breathing.

Headline = information + **meaning**

Unfortunately, your heart is getting weaker, which is why you are having **more difficulty breathing**.

Tip: link a symptom to health-related information

Headline = information + **meaning**

Unfortunately, your heart is getting weaker, which is why you are having more difficulty breathing.

As your heart weakens I'm worried you are likely to be less independent or have episodes where you're breathing acutely worsens and I think it's important for us to **plan for these possibilities.**

Clinician Conversation Guide



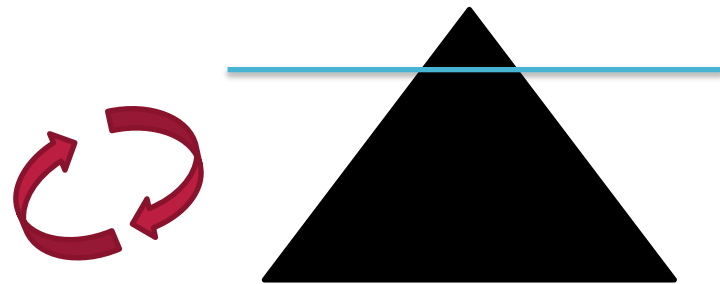
An approach to discussing what matters most with a seriously ill person

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"Thank you for sharing what you know. Would it be okay if I share more information?"
-
- R** **Relay Information**
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"While I'm hoping for the best, I'm worried that even with (more) treatment for your ____ you may get weaker over time and I think it's important to plan for that possibility". OR "I'm worried you're in a different place now. At this point there are unfortunately no more treatments to slow down the illness. What this means is ____," (e.g., "... you are likely to get weaker over time." or "... that time may be shorter than we hoped for.")
- E** **Emotion and Empathy**
Pause for emotion and respond with empathy (e.g., "I can't imagine how upsetting this must be to think about." OR "I wish things were different.")
- M** **Map Out Values and Goals**
"Given what we've just talked about regarding your illness, have you ever had conversations about what would be most important to you if you got sicker?" AND
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- A** **Align**
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Discussing Illness Trajectories

An approach to relaying information about the future with patients and families



G

Graph Graph Trajectory

"Some people find a picture helps to explain what to expect, as time goes on, living with this illness."

U

Understand Help them understand the illness trajectory...

"Time flows from left to right. How well you feel is on the side."

I

Impact ... and its impact on them as the illness progresses

"Over time you may feel less able to do things on your own and may feel more tired/breathless, etc."

D

Death Recognize death as part of illness

"Some people unfortunately die from this illness. We can talk about that at any time. I wonder if we can talk today about how to help you live well with it?"

E

Expect Uncertainty Uncertainty is common

"Everyone's journey is unique. Can we discuss how to best support you through both the good and the harder times?"



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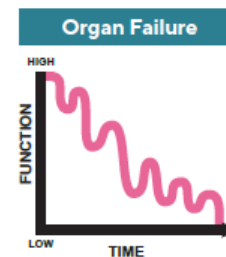
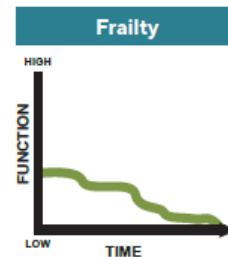
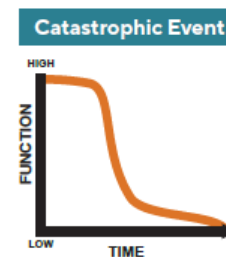
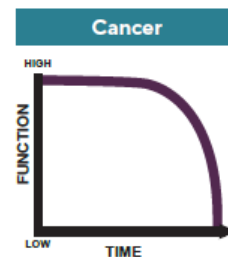
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Discussing Illness Trajectories

An approach to relaying information about the future with patients and families



Consider drawing or showing these graphs to help cultivate illness understanding and prognostic awareness when discussing how serious illnesses progress over time.



Graphs modified from Lunney, JR et al. (2003). Patterns for functional decline at EOL. JAMA, 289(18); 2387-92 and Ballentine, JM. (2018). The five trajectories: Supporting patients during serious illness. CSU Shiley Institute for Palliative Care. 14p.



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Understanding the ‘meaning’/impact is essential

Discussing Illness Trajectories
An approach to relaying information about the future with patients and families

G **Graph**
Graph Trajectory
“Some people find a picture helps to explain what to expect, as time goes on, living with this illness.”

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Help them understand the illness trajectory...
“Time flows from left to right. How well you feel is on the side.”

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... and its impact on them as the illness progresses
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“Some people unfortunately die from this illness. We can talk about that at any time. I wonder if we can talk today about how to help you live well with it?”

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Uncertainty is common
“Everyone’s journey is unique. Can we discuss how to best support you through both the good and the harder times?”

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Toronto Western Hospital

Discussing Illness Trajectories
An approach to relaying information about the future with patients and families

Consider drawing or showing these graphs to help cultivate illness understanding and prognostic awareness when discussing how serious illnesses progress over time.

Cancer
HIGH
FUNCTION
LOW
TIME

Catastrophic Event
HIGH
FUNCTION
LOW
TIME

Frailty
HIGH
FUNCTION
LOW
TIME

Organ Failure
HIGH
FUNCTION
LOW
TIME

Graphs modified from Lumley, et al. (2002). Patterns for functional decline in EOL. JAMA, 288(16): 2387-92 and Balentine, JM. (2016). The life trajectories: Supporting patients during serious illness. CCU Unity Institute for Palliative Care. 14p.

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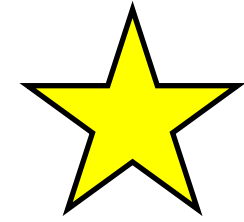
1. **Function** – “ ... I’m worried that you may get weaker or that your health may worsen over time.”

2. **Time** – “... I’m worried that time may be short... on the order or weeks to months.”

3. **Dying** – “... I’m worried that time may be very short.... they is showing signs dying.”

“... and because of this, I think it’s important to have a plan to help you stay in control of your care.”

Take Home Point



- Emotions are processed faster than cognitive information when under threat
 - **1st expect emotions**
 - **2nd respond with empathy**
 - **3rd be silent**
- ↓**
- **4th give information**



Skill

Responding to emotion with empathy
using NURSE statements

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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 surprised to hear this news.

U UNDERSTAND

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

R RESPECT

You are doing an amazing job managing your heart disease.

S SUPPORT

I am going to continue to do everything I can to support and care for you.

E EXPLORE

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

Demonstration

Skill

Using "I wish" statements 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 I had different 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 expectations

"Wish/Worry" statements

- **When patient or family has an unrealistic treatment goal/hope**
 - “**I wish** I had treatments that could make your heart stronger.”
 - “Unfortunately, given how advanced the heart disease is **I worry** that our focus is shifting now to how we can help you feel your best instead of how we can reverse/change what’s happening.”
- **Can be helpful if people are uncomfortable having ACP conversation**
 - “**I wish** we didn’t have to have this conversation. **I’m worried** if we don’t, we won’t have a plan to help you stay in control of your care if you get 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'**
- **A way to give back control to them**
 - **"I wonder"** if we can talk about some other ways that I can help you to feel better?"
 - **"I wonder"** if you're okay to chat about the 'what ifs'?
 - **"I wonder"** if you're okay to have me share my understanding of what's likely to come as your heart continues to weaken?

Demonstration

Using a Guide to lead ACP

Clinician Conversation Guide

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- Patient-tested language
- Feasible
- Adaptable
- Interprofessional
- Common language – everyone on same page
- Top → Bottom
- Build towards a recommendation based on values

Summary

- Specific communication skills can be used to increase quality of serious illness conversations
- Evidence-based skills can increase comfort and confidence to lead advance care planning conversations
- Sample Resources:
 - Advancecareplanning.ca
 - Ariadne Labs – Serious Illness Care Program
 - VitalTalk
 - The Conversation Lab (theconversationlab.org)

Questions?

Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- We hope to see you again at our next session taking place **November 29th, 2023 from 12:30-1:30pm ET** on the topic of **Communication: Part 2**.
- Thank you for your participation!

Thank You



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