SAY WHAT?

Pearls to enhance communication in healthcare

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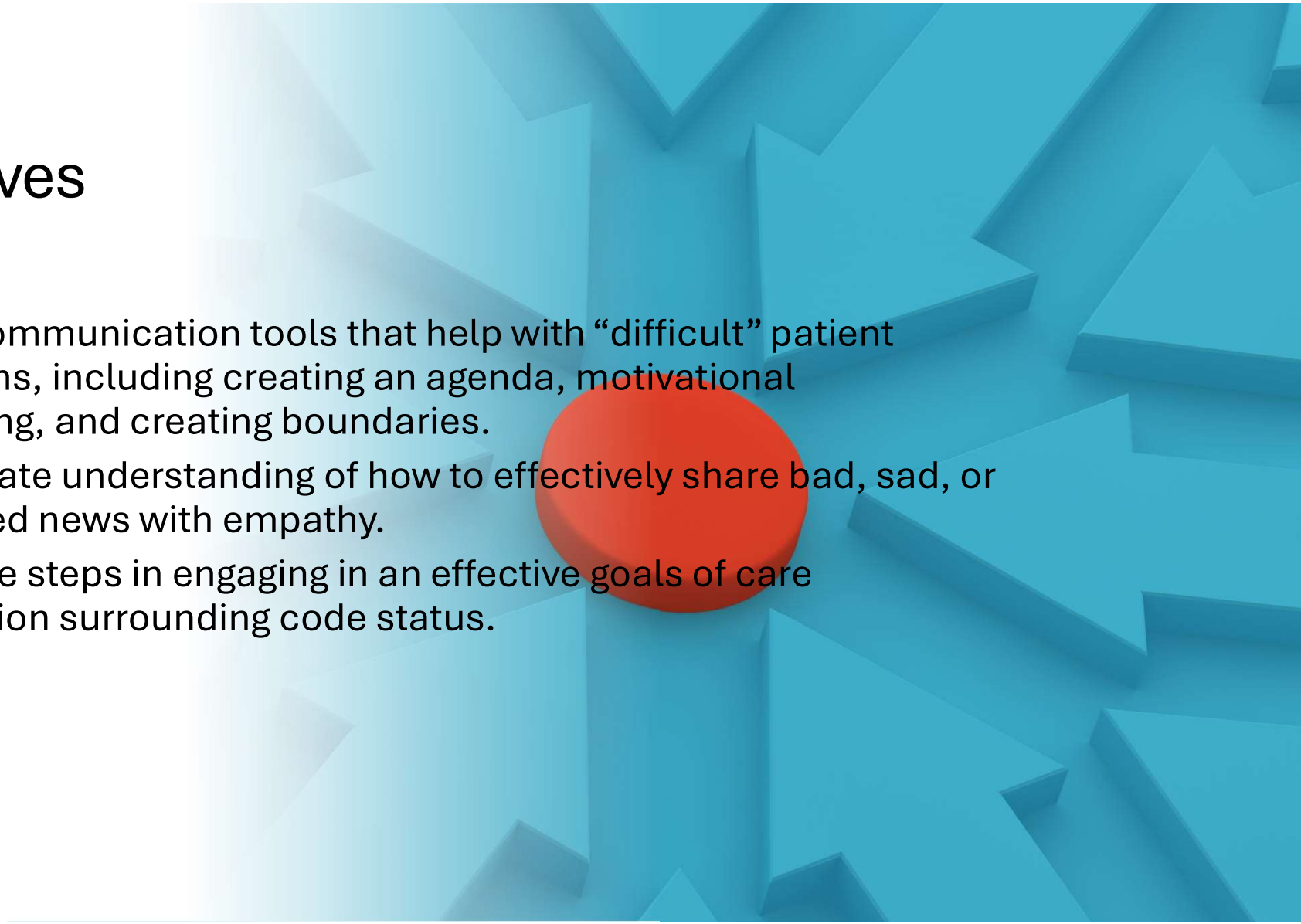
Disclosures:

- None

Objectives



- Identify communication tools that help with “difficult” patient interactions, including creating an agenda, motivational interviewing, and creating boundaries.
- Demonstrate understanding of how to effectively share bad, sad, or unexpected news with empathy.
- Outline the steps in engaging in an effective goals of care conversation surrounding code status.

The Why??

Communication is hard you see,
but in the end,
it is key,
to that great relationship
we all want and need

Quote from communication familyfriendpoems.com/poem/18293

3 “of the many” areas of complexity

THE “DIFFICULT” PATIENT OR CAREGIVER

SHARING “UNEXPECTED” OR “BAD” NEWS

DISCUSSION OF CODE STATUS IN A SERIOUSLY ILL PATIENT

1-Communication Challenge

The *“difficult”* patient

Case 1: Mr. Jack “Captain Contrary” Johnson

Age: 77
Gender: Male
Reason for Hospitalization: Acute exacerbation of chronic obstructive pulmonary disease (COPD) and poorly controlled type 2 diabetes mellitus

Medical History:

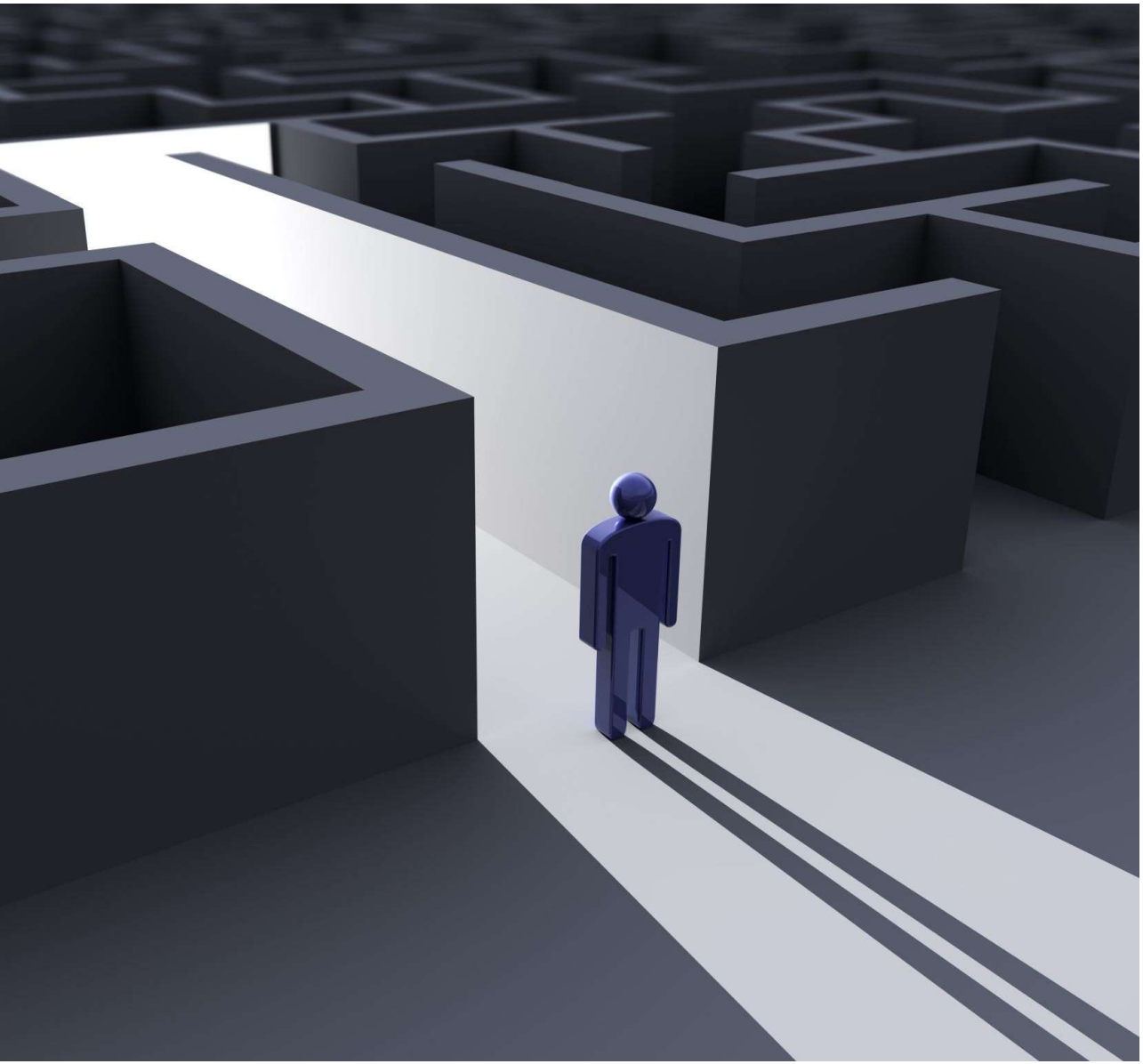
1. **Chronic Obstructive Pulmonary Disease (COPD)** – Diagnosed 10 years ago.
    1. Frequent hospitalizations (3-4 times a year) for exacerbations, often triggered by respiratory infections.
    2. Reluctant to use his prescribed inhalers regularly, insisting, "I feel better without them."
    3. Long history of smoking (40 pack-year history) but adamantly refuses smoking cessation efforts, saying, "I've smoked all my life, and I'm not stopping now."
2. **Type 2 Diabetes Mellitus** – Diagnosed 8 years ago.
    1. A1C consistently above 9%.
    2. Known for refusing to adhere to dietary recommendations, stating, "I'm not giving up my favorite foods just because some doctor says so."
    3. Skips insulin doses, claiming that "it makes me feel worse," despite multiple education sessions.
3. **Hypertension** – Diagnosed 12 years ago.
    1. Frequently misses his blood pressure medications. He says, "I don't feel any different whether I take them or not."
    2. Has had multiple ER visits for hypertensive crises.

Communication challenges

- Provider related
- Patient related
- Environment related

Start with self

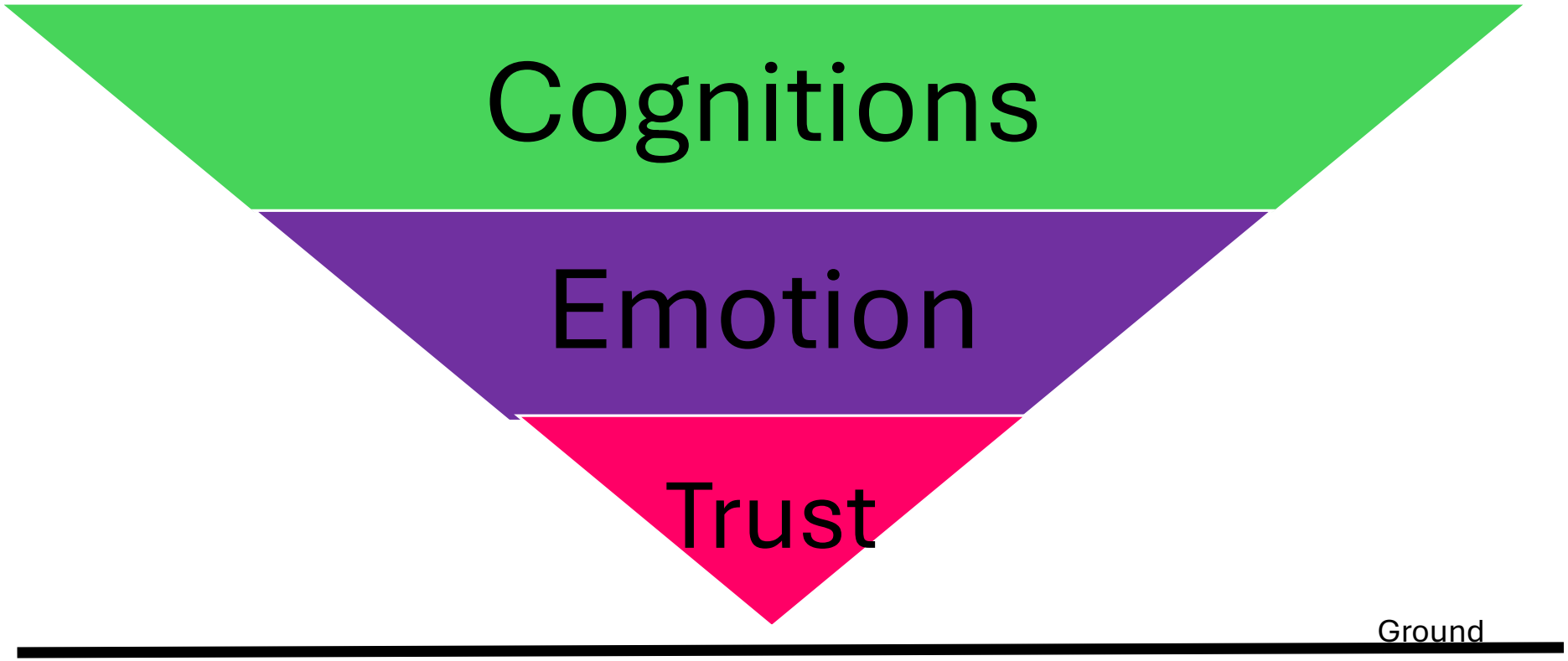
1. Take a moment to **pause** and **center** yourself
2. Review the patient's information in advance
3. Set an **intention** for the Interaction
4. **Let Go** of previous stressors
5. **Body language** and **posture** check.
6. Practice **gratitude** or positive **reflection**
7. Set **realistic expectations** for the encounter
8. Be **aware** your emotional triggers



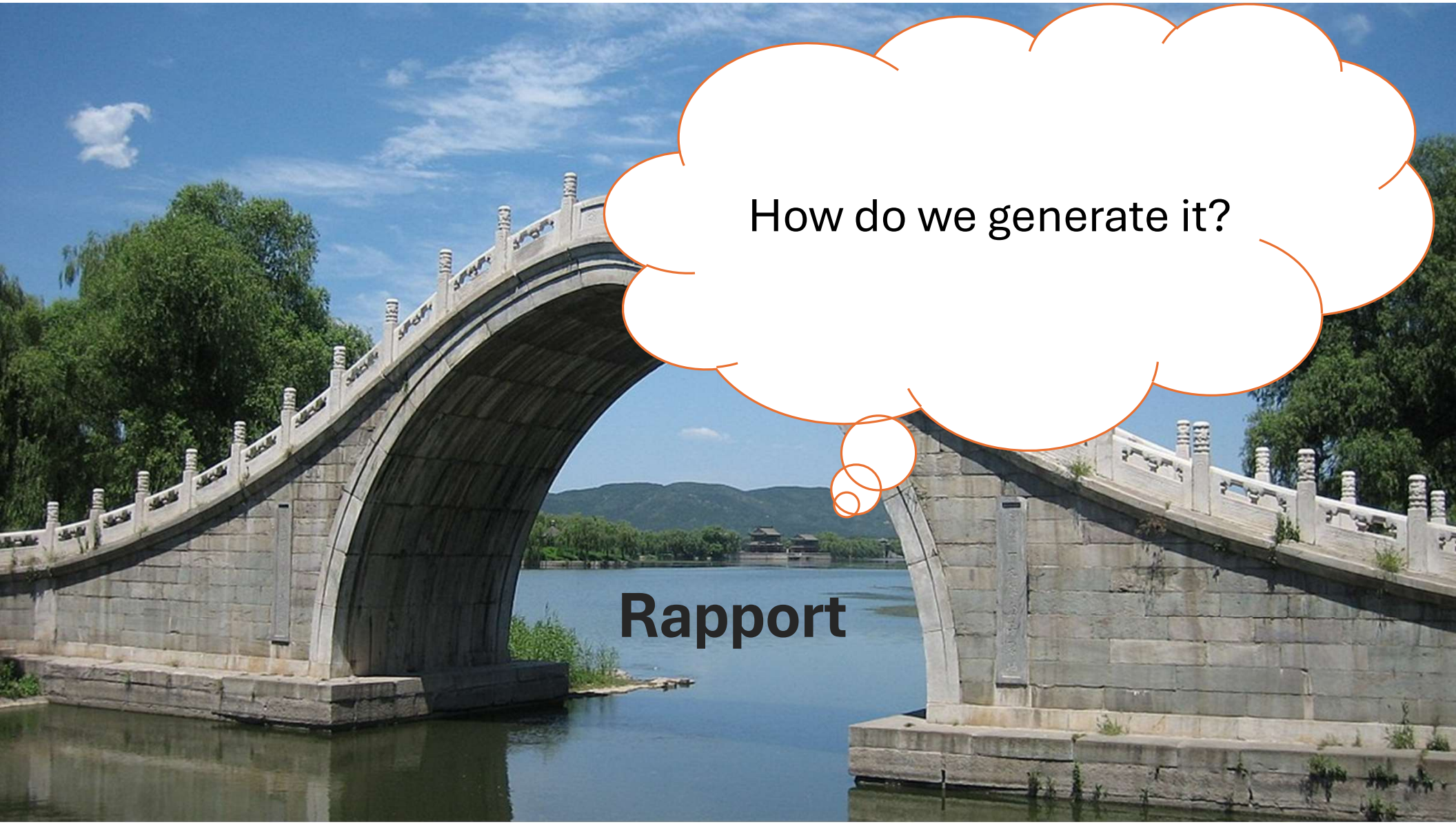
The Effective Encounter

The Effective Encounter

- Active observing/listening
- Open-ended questions
- Commentary on patient statements
- Respond to emotion/empathy throughout
- Address perspective(s)
- Impart knowledge
- Address all concerns/questions
- Summarize



A place that gets you nowhere….


How do we generate it?
Rapport

Rapport

Do

- Sit down and allow patient to engage
- Introduce yourself and share your agenda
- Inquire if patient has topics/questions to cover
- Set shared agenda
- Learn about patient as a person
- Show empathy
- Develop big picture goals prior to discussing medical interventions
- Share what you can do prior to what you are unable to do

Do Not

- Stand over patient
- Start talking/examination without introduction and/or permission
- Forget to engage the patient in the interaction
- Describe the patient as a disease/diagnosis
- Engage in distractions

Agenda setting

- Welcome patient
- Ask about patient's main concern
  - May take a little time.
  - Ask "what else?"
- Explain your agenda
- Propose an agenda that combines the patient's and your concerns
- Be prepared to negotiate
- Ask for feedback

How it may look……

Intro/rapport building:

- Knock on door
- "*Good morning Mr. Johnson* (pause). *My name is Hannah and I am the nurse practitioner on your medical team.*"
- *"We have important decisions to make about your care today. Is it okay if I come in and we can talk?"* (Ask permission)
- *"May I sit down?"* (Ask permission)

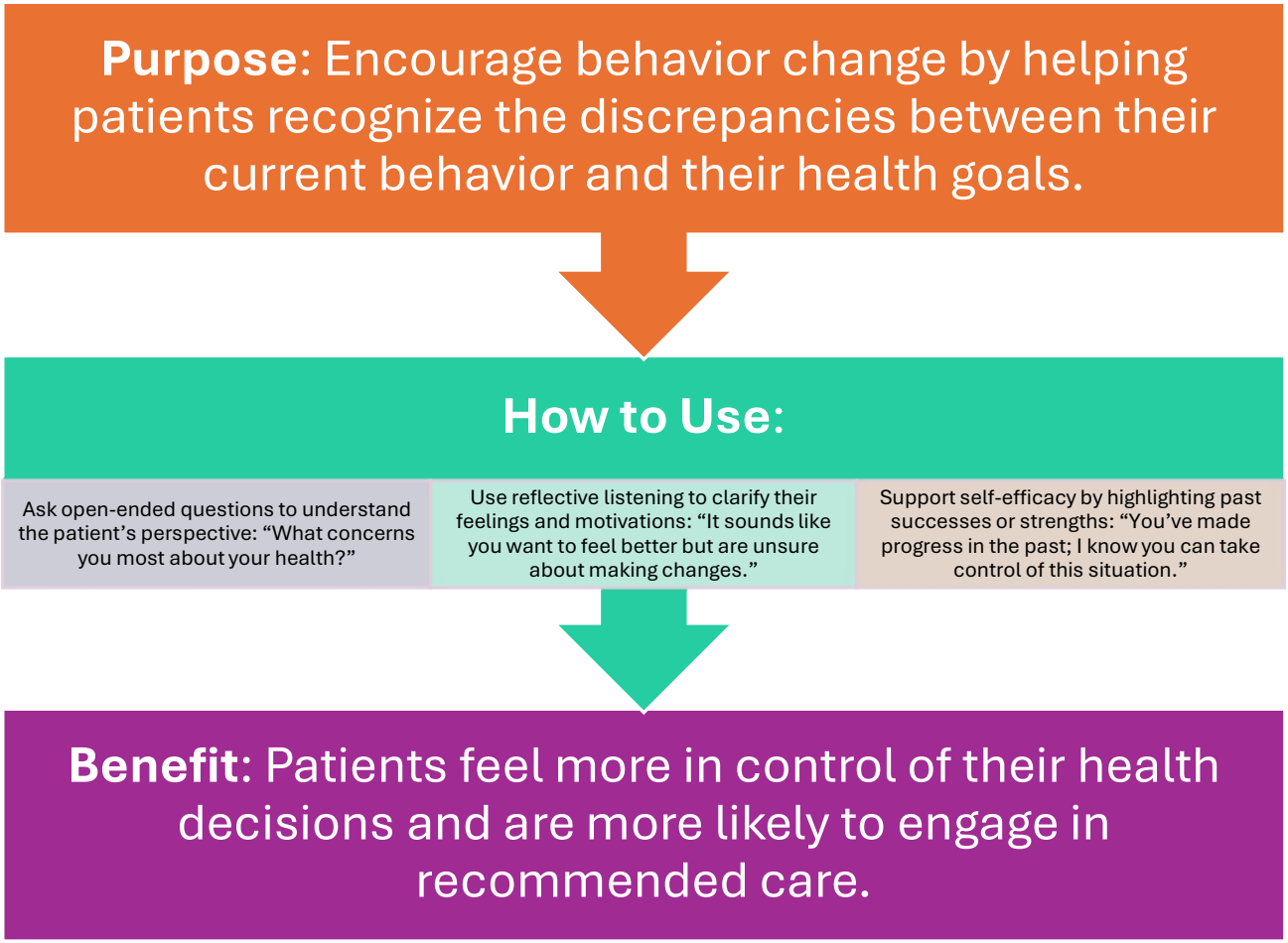
Agenda:

- *"I have reviewed your chart and discussed your care with the team. I am worried about your health and want to make sure that you receive appropriate medical care. I'd like to talk to you about how we can best manage your medical care during this hospitalization in the next few minutes. (Pause)*
- *"I also want to make sure that I also discuss what is important to you. What would you like to make sure we discuss? "*

Additional tools that may be helpful:

- Motivational interviewing
- Yes “and”
- Boundary setting
- De-escalation Techniques

Motivational Interviewing



“Yes AND”

- “Yes” allows you to show that you have listened to and understood the other person's idea

- “AND” is how you connect to it, adding something from your perspective, skill set and body of knowledge to build and explore the idea further

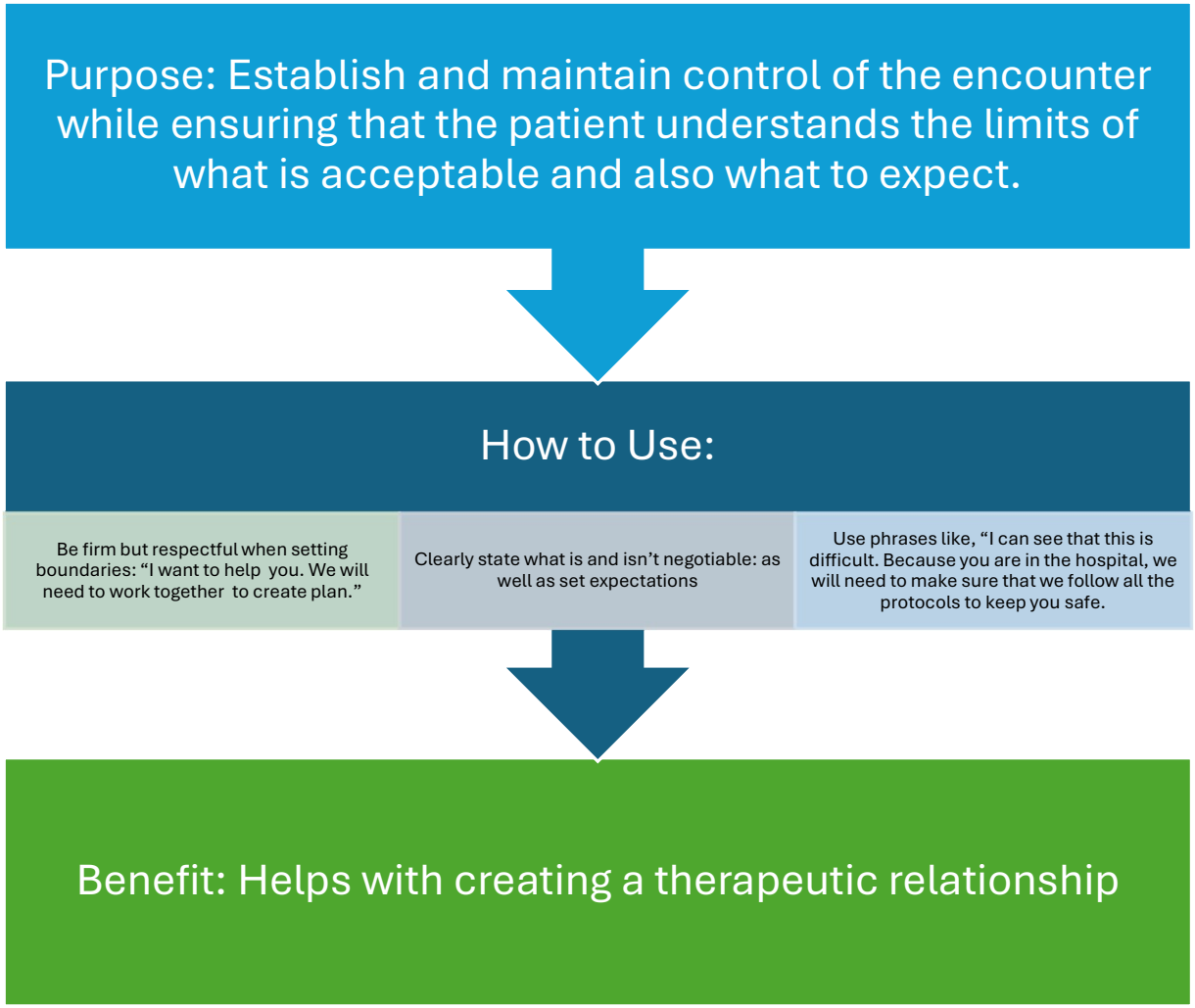
“Yes AND” Application

Mr. Contrary: “I do not want to stay in the hospital. They don’t let me sleep and they keep sticking me.”

Clinician: “Yes, the hospital is not a comfortable place to be AND I worry that you will keep coming back if we do not work together to take better care of your medical concerns.“

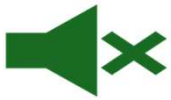
Setting Boundaries and Framing Expectations with Clear Communication

You are a “team”.



De-escalation Techniques

Purpose: Calm a patient who is upset, anxious, or angry.



How to Use:

Remain calm and speak in a low, even tone. Avoid matching the patient's emotional intensity.

Acknowledge the patient's feelings without arguing: "I can see you're really upset."

Offer choices to give the patient a sense of control: "Would you like to discuss this now, or after you've had some time to cool off?"

Benefit: Reduces tension and creates an opportunity for more constructive communication.

The more you know.....

Difficult Encounters

- https://www.aafp.org/pubs/afp/issues/2013/0315/p419.html

Agenda setting

- https://www.aafp.org/pubs/fpm/issues/2021/0300/p27.pdf
- https://www.youtube.com/watch?v=Xy80LzVYGG0

Motivational Interviewing

- https://case.edu/socialwork/centerforebp/practices/motivational-interviewing/motivational-interviewing-resources

Take home points

- Generating trust is crucial to the patient-clinician relationship
- Agenda setting can help provide framework to a conversation and protect “shared-decision making”
- Skills such as motivational interviewing and “yes AND” can enhance clinical interactions and outcomes

#2 Communication Challenge

Breaking Bad, Sad, or Unexpected News

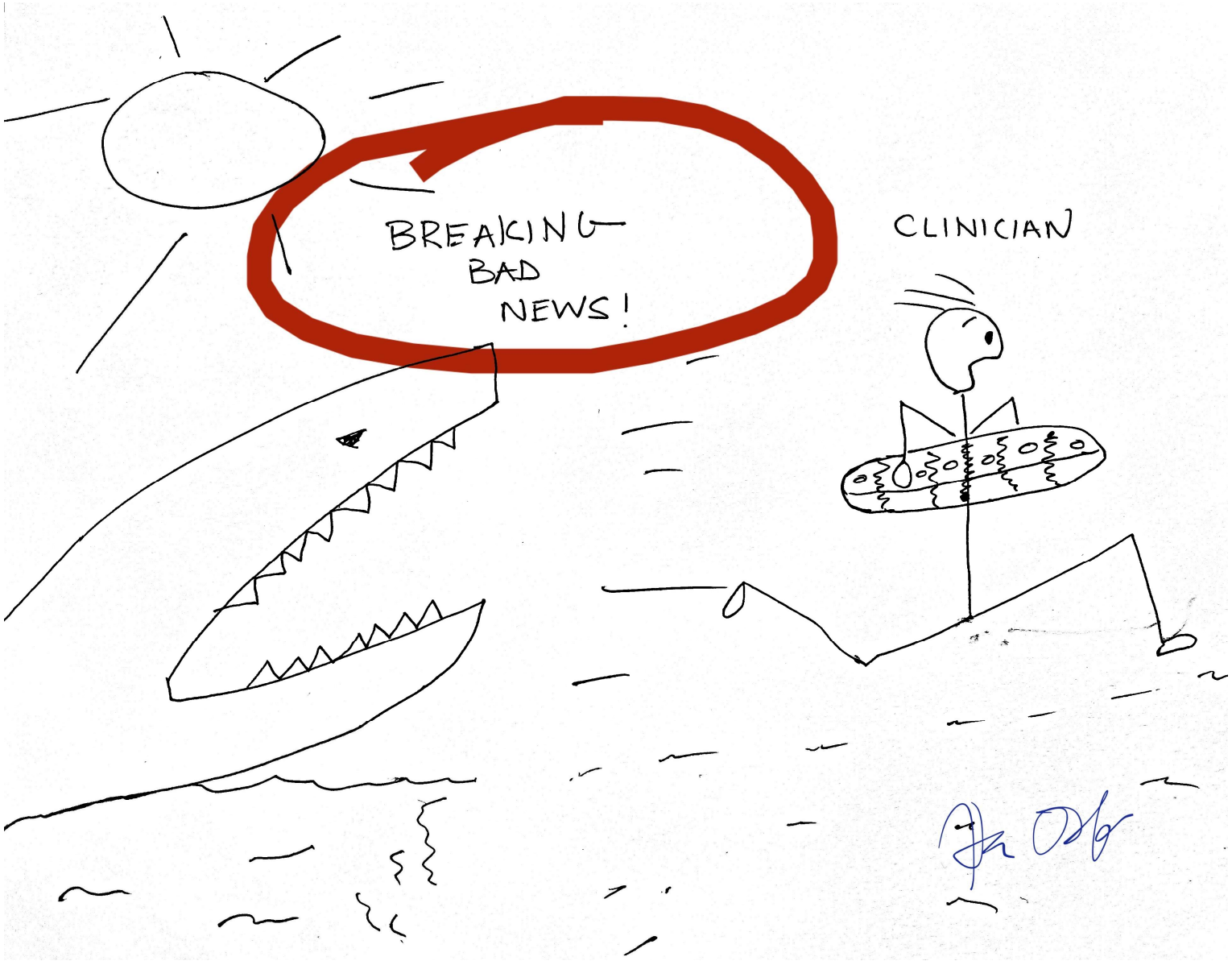
News.....

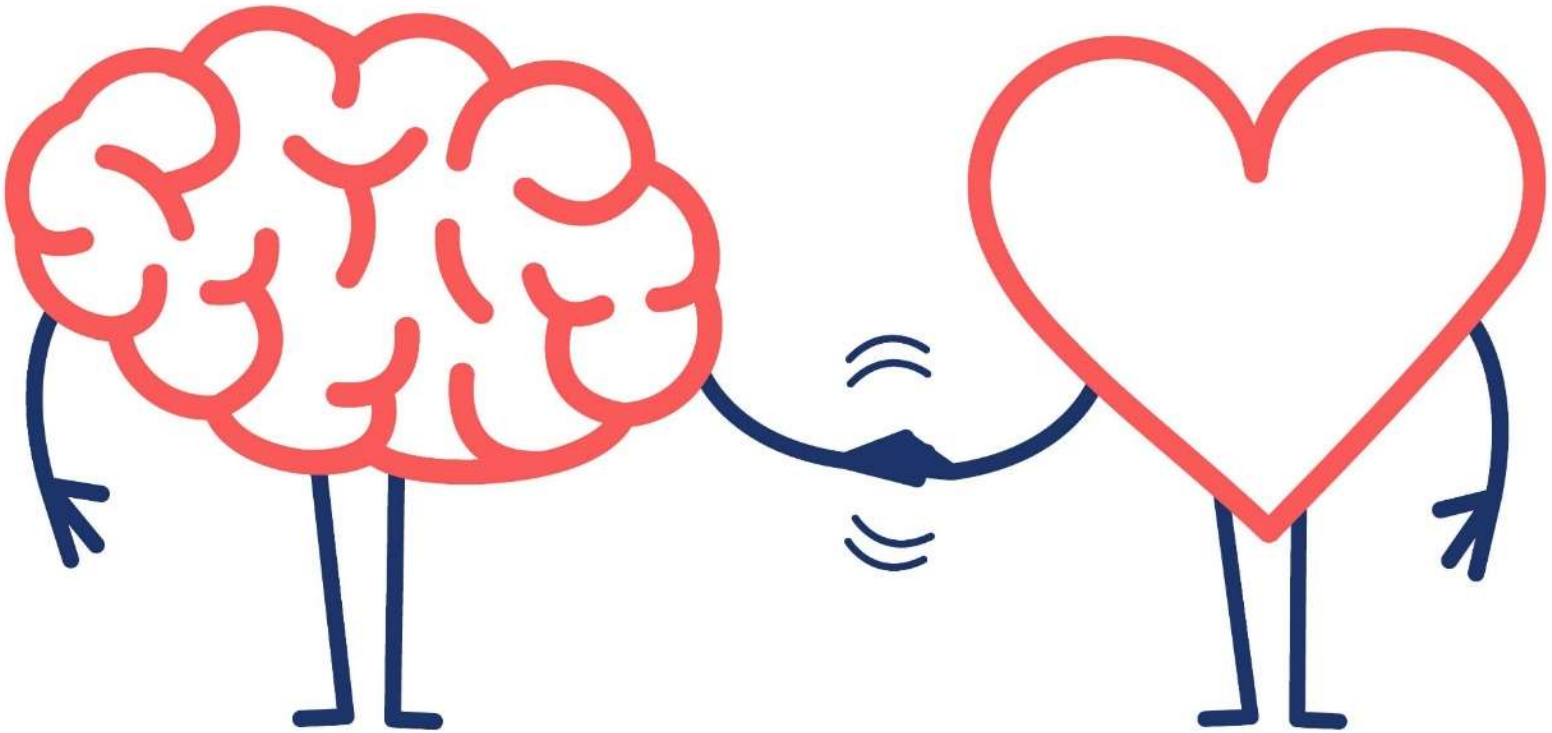
Case 2: Josie Smith

Age: 48
Gender: Female
Reason for Hospitalization Elevated bilirubin in setting of widely metastatic breast cancer.

Medical history:

- Metastatic Triple Negative breast cancer, initially diagnosed in 2019 as local disease, now progressive on multiple lines of therapy and on palliative systemic chemotherapy with recent radiation.
- Known metastases to bone, lung, liver, and brain.
- Disease deemed fairly “stable” on last CT scan per oncologist. Elected to continue with treatment due to preserved functional status and children.
- CT Abd/Pelvis with contrast shows extensive progression of disease with bulky hepatic disease causing multi-focal compression of the biliary tree.
- You have reached out to multiple specialties, including Interventional GI and Radiology to assess for an available intervention.
- Oncology has shared that is no further systemic treatment indicated.


BREAKING
BAD
NEWS!
CLINICIAN



Start with self

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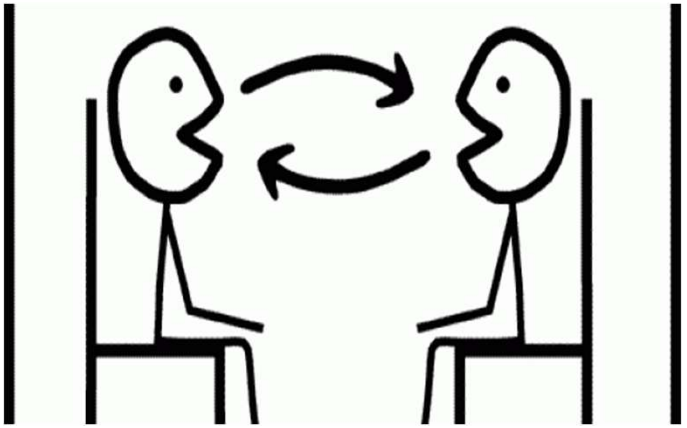
8. Consider your emotional triggers

Communication tools for goals of care

GUIDE



Get Ready

- Right people, right location, right information

Understand

- Patient/caregiver's understanding of what is happening

Inform

- **Ask permission!!**
- **Headline: Brief one-sentence description of news and its meaning to patient.**
- "Your scan shows new lesions in the liver, this means that your cancer has progressed."
- Avoid jargon
- After the headline you will need to give more information, but after giving the headline, STOP!

Demonstrate Empathy

- "I can see this news is not what you were hoping for."
- Expect the patient's first response to be emotion.
- Acknowledge the emotion in verbal and non- verbal

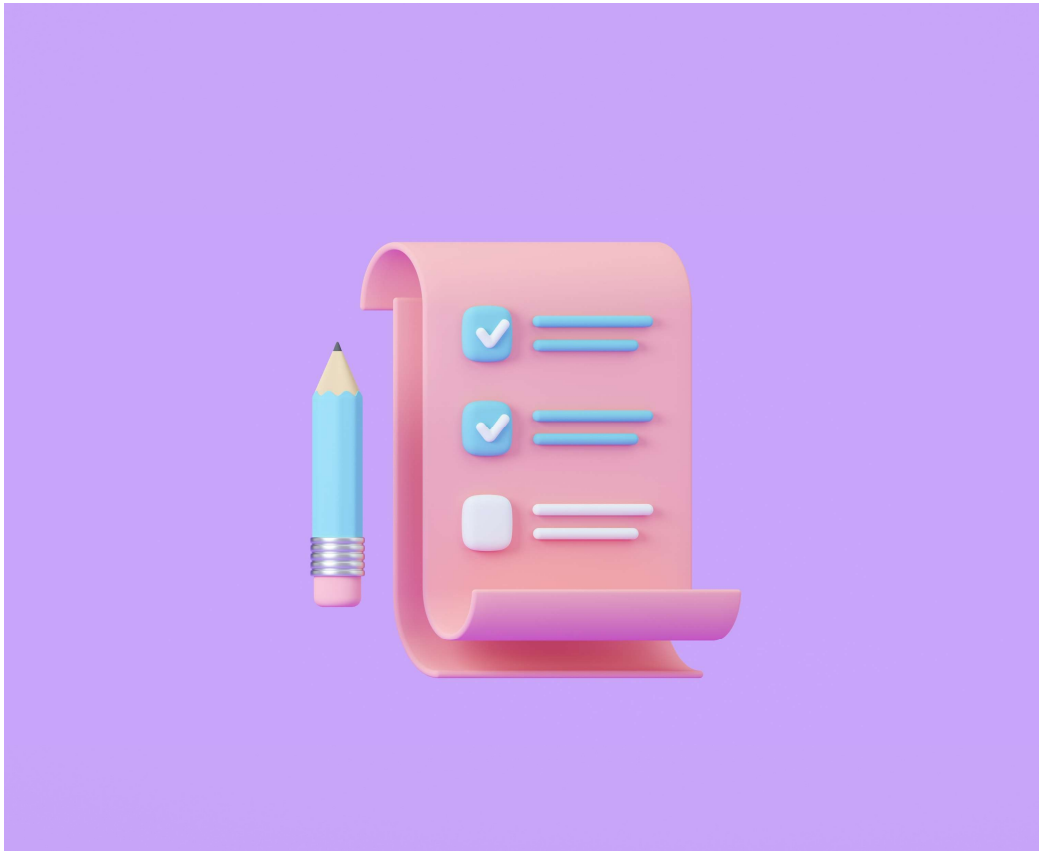
Equip patient with the next step

- "Is there anything I could do to make this a little easier?"
- "I want you to be prepared for the next step. Can I explain…"
- Don't dismiss concerns or say that everything will be fine.

VitalTalk (2024)

GET Ready

✓Right people
✓Right location
✓Right information



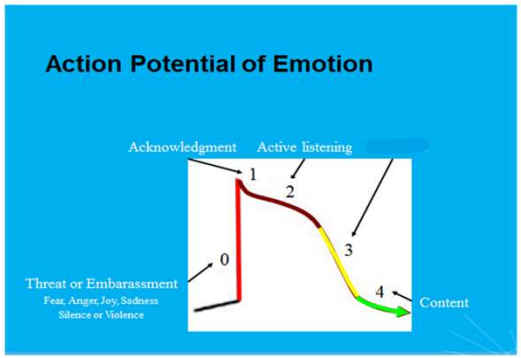
Understand

“To make sure I share information that’s helpful to you, can you tell me your understanding of what’s happening with your health now?”

Why is this important?

- Can calibrate expectations/correct any misinformation
- Helps to address any barriers in health literacy/understanding
- Capacity assessment

Inform



Farfour (2024)

Warning Shot/Asking Permission

“I have serious news, is it okay if we talk about it now?”

Headline

Give the information clearly and to the point in one-two sentences.

“ Your cancer has grown to a point where it has caused your liver to not work. There is nothing more that we can do to slow down the growth of the cancer.”

Provide additional information after the emotion of the unexpected news has lessened.

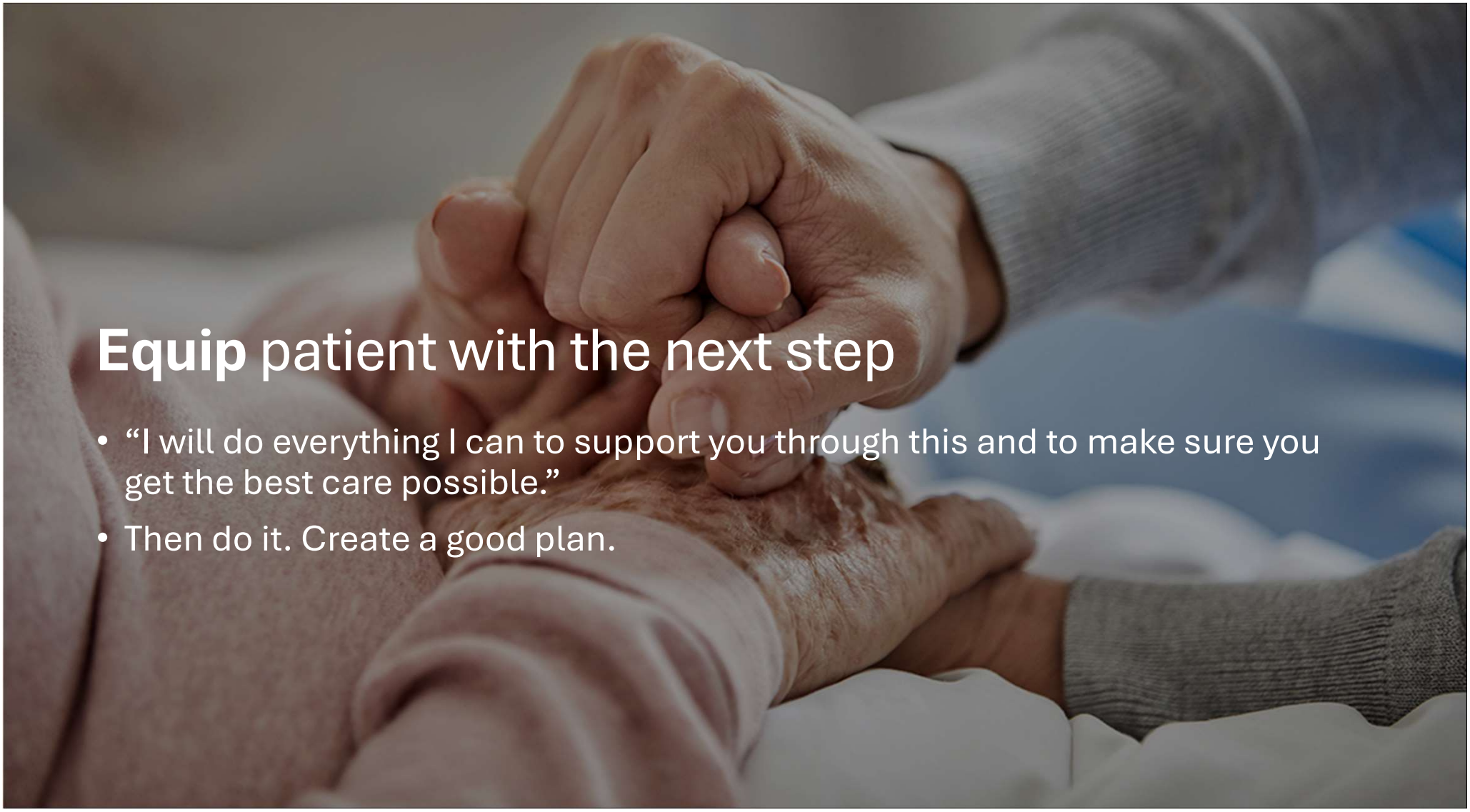
Demonstrate Empathy

- How?
  - Body positioning
  - Tone
  - Allow for silence or “holding space”
  - Do not talk over or rush to the next statement
  - Acknowledge the emotion explicitly
  - Utilize phrases such as:
    - “I really wish things were different.”
    - “This is not the news I wanted to give today.”

NURSE
Responding to emotion

Naming	“You look sad today.” “You look angry.”	In general, naming the emotion turns down the intensity
Understanding	“This helps me to understand what you are thinking.”	Shows that you acknowledge the emotion, but don’t have to understand everything.
Respecting	“I can see that you have really been trying to follow our instructions.”	You have done a great job with this.
Supporting	“I will do my best to make sure that you have what you need.”	A powerful statement of support.
Explaining	“Could you share more in what you mean by that……?”	Asking a focused question prevents this from being too obvious.

VitalTalk (2024)



Equip patient with the next step

- “I will do everything I can to support you through this and to make sure you get the best care possible.”
- Then do it. Create a good plan.

CASE 2 Josie – Example

Clinician:

Pre-visit: Get all the necessary information. Practice a headline.

Visit:

(G)“Hello Josie, my name is Hannah and a NP on the Internal Medicine service. I have been reviewing your care closely with our GI, Radiology, and oncology teams. I’m hoping that we can talk about the results and the plan moving forward. I also want to make sure that we address any concerns that you may have. (U) Before I start, I’d like to get an understanding of what your oncologist has told you about why you are here today.”

Josie:

“My oncologist told me that we needed to make sure that my liver is working well enough to tolerate further treatment. I haven’t gotten to speak with him as I was directed to the ED after my pre-visit labs.”

Clinician:

“Ok, thank you. (I) **Is it okay if I share the results now? (warning shot)“**

Headline .....

Continued.....

Clinician:

(I) “Unfortunately, the imaging shows that your liver has been taken over by cancer. There is no intervention that will improve it’s function so that you can receive chemotherapy.”

(D) And then you pause..... Allow space for what happens next.

Josie:

Starts to tear up.

Clinician:

D) Pause. Hold space.

“I wish things were different.” Hold space.

“You have done everything that your care teams have asked.”

Continued.....

Josie:

This means that I won't be able to get further treatment?

Clinician:

Yes, I'm sorry. I wish we were in a different place.

(E) The most important thing is that you have support in the next steps. Can we talk about what they may look like?

Then, you MAP or align goals with the available options.

Take home points

01

Breaking unexpected news can be made easier by integrating the **GUIDE framework**

02

Practice creating a “headline” to effectively deliver news

03

Acknowledge and give space for emotion

04

Engage in role play and additional intentional reflective practice for skill acquisition

The more you know……

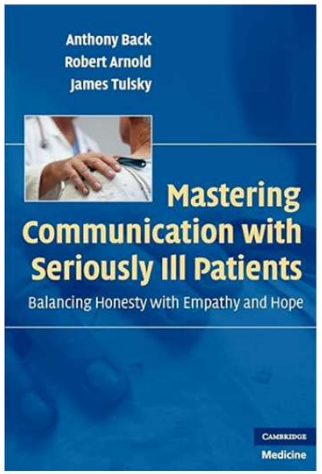
- VitalTalk Website and App

www.vitaltalk.org

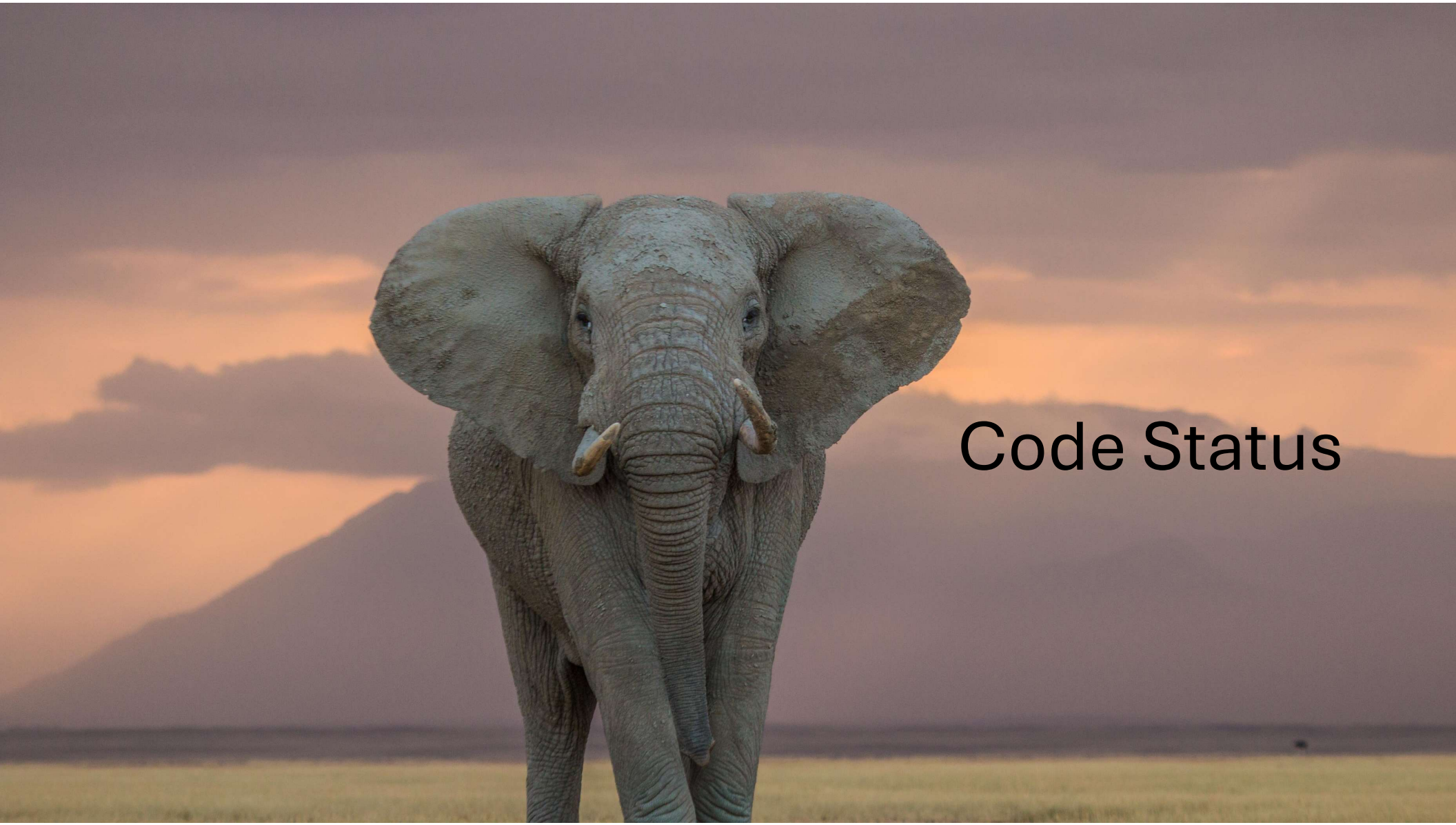
- Serious Illness Communication Guide

https://www.ariadnelabs.org/wp-content/uploads/2023/05/Serious-Illness-Conversation-Guide.2023-05-18.pdf

- Mastering Communication with Seriously Ill Patients

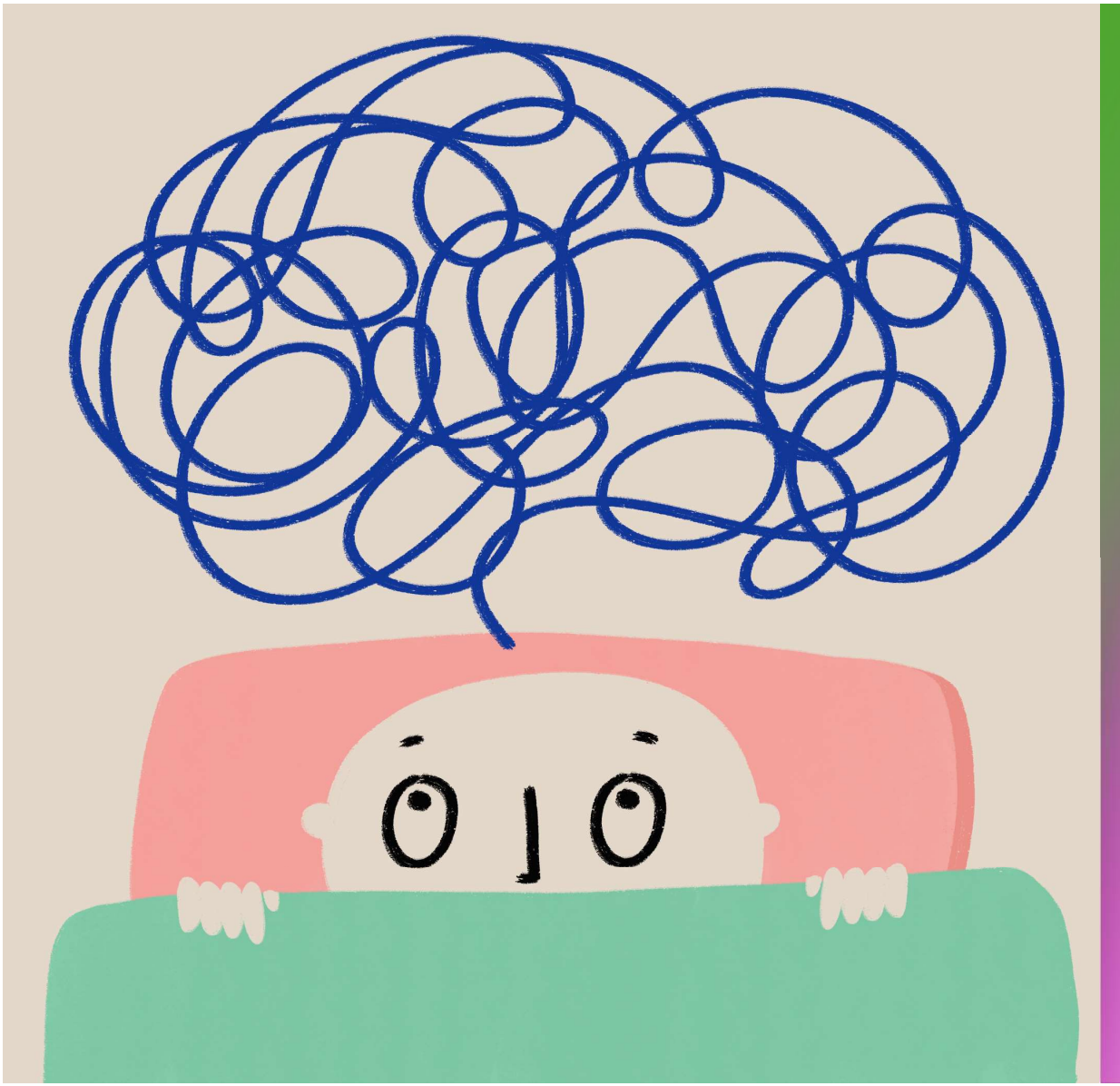


#3 Communication Challenge


Code Status

Case 2B- Josie

How would you approach having a conversation regarding code status?

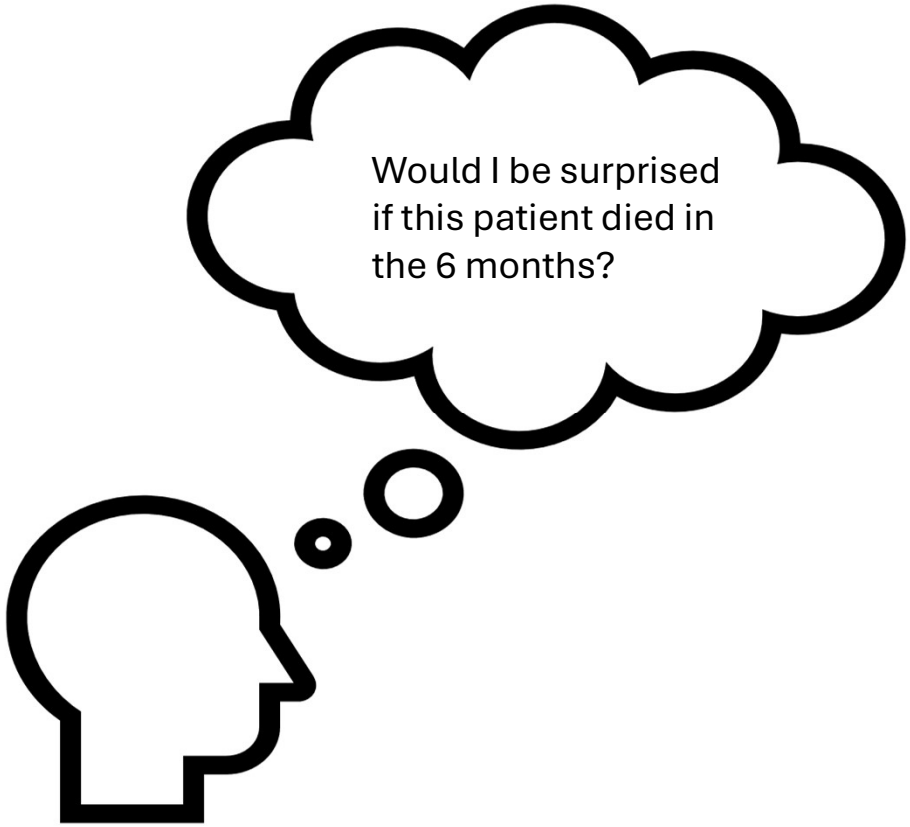


“Standard” Protocol in Serious Illness

Integrate into bigger “goals discussions”

- Create a supportive environment and normalize discussion
- Assess understanding
- Explain options (full code, DNR, DNI)
- Address goals and values
- Acknowledge and validate emotions
- Offer guidance, but don’t press
- Document decisions and follow-up
- Empower patient with knowledge

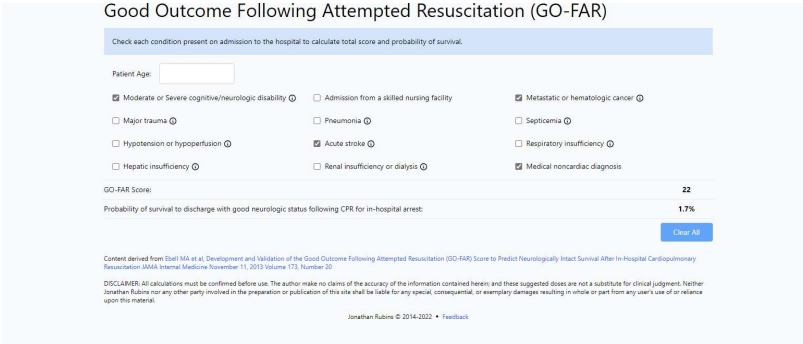
When?



CODE STATUS

- Data
  - All comers: 17-18% survival rate
  - Survival rate with good neurological function 10%
  - Dependent (from a nursing home or dependent on any ADLs) 3%

GO-FAR Calculator (gofarcalc.com)



Our word choice has the capability of guiding patients

Recommendation:

Generate and integrate effective scripts for a variety of situations: routine discussions, serious illness- but stable, and worry about acute decline

"allow you to rest peacefully" versus "do nothing"

"would you like us to attempt resuscitation using heroic measures or allow a natural" death

Don't put fear in patients "break ribs".....

Common statements and how to respond

I want everything done

- Everything means different things to different people. Clarify and address misconceptions.
  - "we would continue with the medical plan as we have discussed irrespective of your decision about CPR"

Only if it's reversible (aka for a day or two). Clarify and document!

- "so you would be willing to be on a breathing machine and require the ICU for a short trial period. If you do not improve enough to be taken off the machines and allow the illness to take its course, likely resulting in your death."
- Documentation can help remove burden of making decision down the road

I want CPR, but I don't want to be on life support

- Explore what is acceptable about CPR and not acceptable about life support. Educate and clarify as indicated.

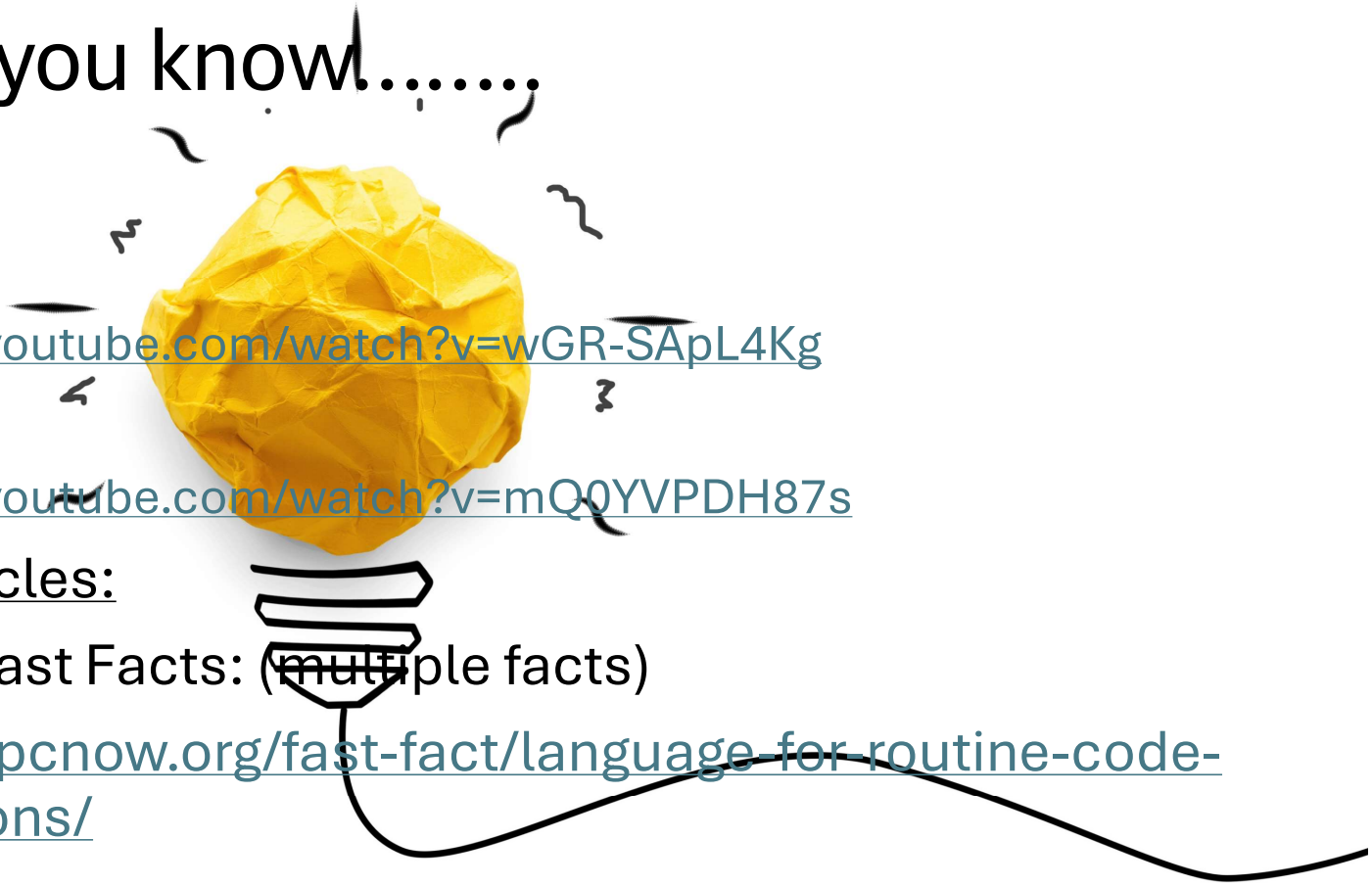
I just don't know

- Maybe it's not the best time. May default to previous wishes (if available) versus full code
- Decision tools
- GO-FAR


Reflecting back to Josie……

Potential Response.....

The more you know…….



Videos:

What not to do:

- https://www.youtube.com/watch?v=wGR-SApL4Kg

What to do:

- https://www.youtube.com/watch?v=mQ0YVPDH87s

Documents/Articles:

Palliative Care Fast Facts: (~~multi~~ple facts)

https://www.mypcnow.org/fast-fact/language-for-routine-code-status-discussions/

Key Take Aways:

There are many communication tools available to enrich our clinical interactions!

Be curious

Questions?

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