Hartford Hospital
Connect to healthier.

Challenging Conversations…
Nurses leading the way

Maryann Steed, RN, MSN, CHPN
Hartford Hospital

Objectives

- Define the importance and role of the nurse in communicating with patients and families facing serious illness.
- Describe the foundational concepts of clinical communication
- Identify skills in communication that can be incorporated into clinical practice.

"Having goals of care conversations with patients and families is part of my nursing practice"

"I am comfortable communicating with patients and families regarding their illness and preparing them for the future"

"I have received formal education regarding communication"

Nurses Call to Action

- ***Activating Nursing to Address Unmet Needs in the 21st Century*** (P. Pitman, Robert Wood Johnson Foundation. Princeton MJ. March 12, 2019)
  - Building a Culture of Health
    - Medical care alone is not sufficient to address health problems
    - Decentralize – return to home and community
    - Opportunity – reclaim and expand vision of nursing practice
      - What
      - How
      - Education
      - Practice & Policy

(Hackensack Meridian Health)

Hartford Hospital

What is Palliative Care?

- Specialized medical care for people living with **serious illness**
  - providing relief from symptoms and stress
  - improving quality of life
  - any age, any stage
  - together with curative treatment
  - primary vs specialty

COMMUNICATION IS KEY….

Nurses call to Action

- ***Call for Action: Nurses Lead and Transform Palliative Care***
  (ANA, HPNA, March 13, 2017)
  - CONCLUSION: "all seriously ill and injured patients, families, and communities should receive quality PC in all settings. This is achieved by the delivery of *primary palliative nursing* by every nurse, regardless of setting."
  - 5 areas of focus: Practice, education, administration, policy, research

ONS Position Statement

- Oncology nurses are in a unique position to advocate for patients regarding access to and the delivery of quality palliative care.
- Oncology nurses have a responsibility to engage the public and provide fact-based information about care of people with advanced serious illness to encourage advance care planning and informed choices based on the needs and values of individuals

(ONS Position Statement. Palliative Care for People With Cancer. Approved by the ONS Board of Directors, November 2014. Reviewed January 2015, January 2016, March 2019.)

Hartford Hospital

COMMUNICATION IS A SKILL

- Education
- Practice
- Reflection

What is communication?

Old models…..

Sender → Receiver

Physician/Patient Dyad

New model

- A shared creation of meaning by both participants
- Mutual reciprocation & influence

Designing ⟷ Delivering ⟷ Interpreting

(encoding) (verbal & non-verbal) (decoding)

Equally important!

Wittenberg-Lyles,E, Goldsmith, J, Ferrell, B, Ragan, SL. (2013). Communication in Palliative Nursing. New York: Oxford University Press.

Nurses communicate with…

- Physicians
- Patients
- Families
- Other nurses
- Interdisciplinary colleagues

2 Central Laws of Communication

1. One cannot *not* communicate
   (even silence is communication!)

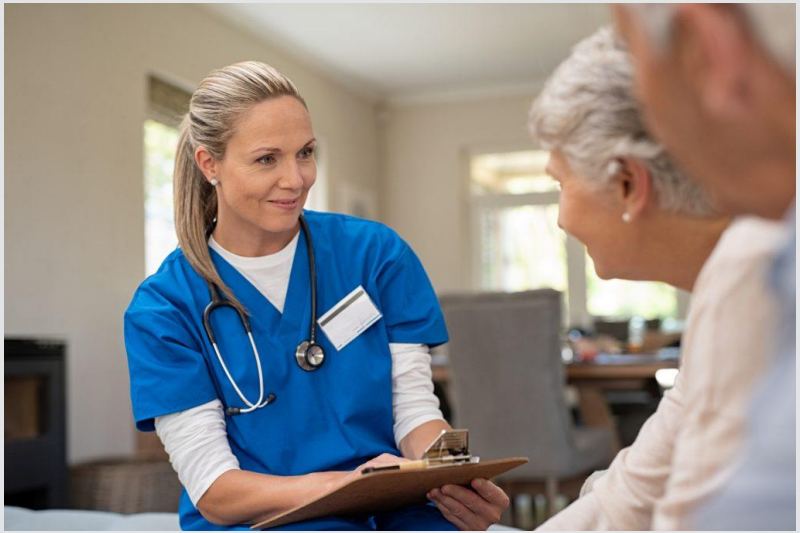
2. There are 2 levels of meaning in every interaction:
   - content (20%)
   - relationship (80%)

Wittenberg-Lyles ,E, et al. (2013).

Hartford Hospital

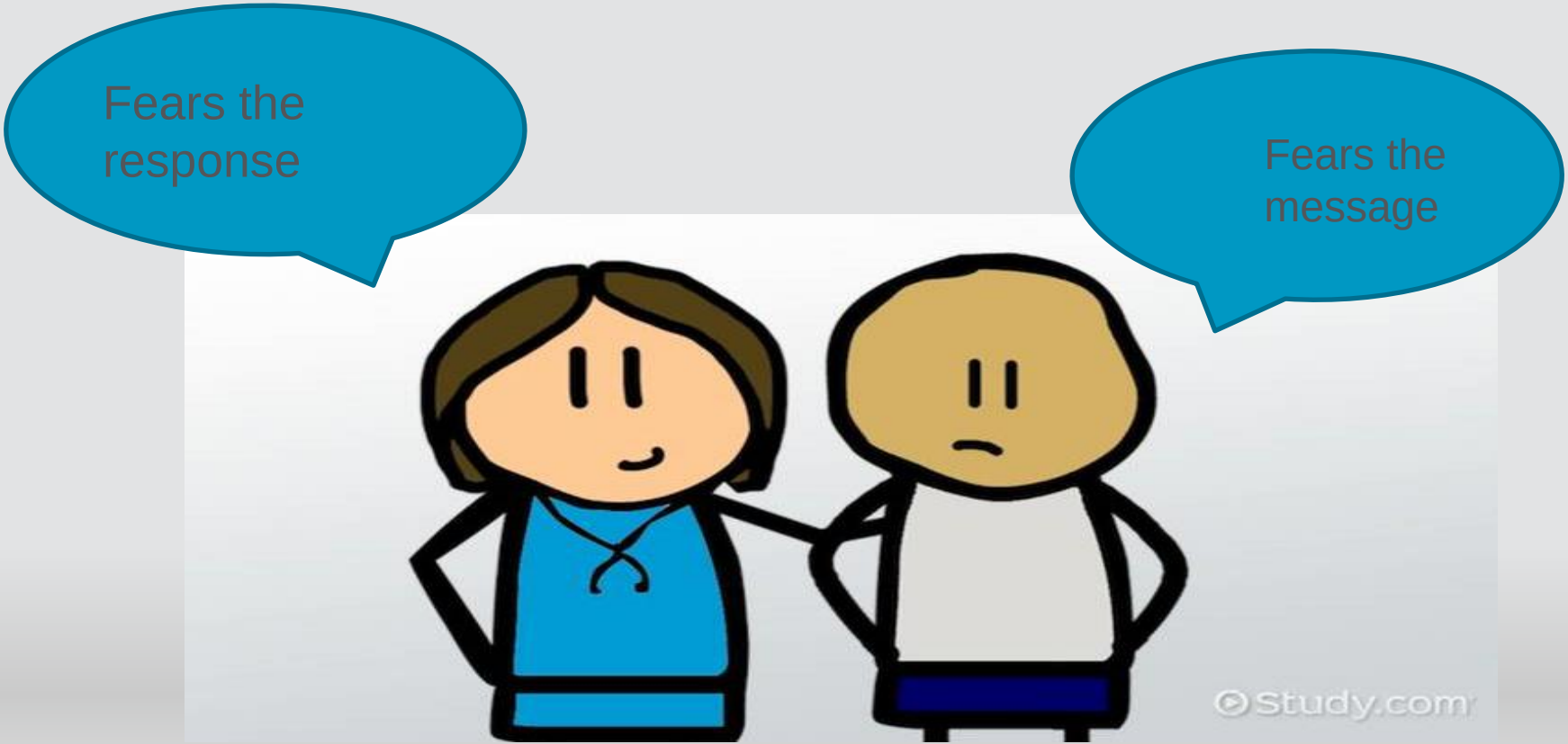
Attentive listening

- Listening vs hearing
  - Being mindful
  - Bearing witness
  - Compassionate presence
  - Interpreting



Nonverbal Communication

- Body language
- Eye Contact
- Gestures
- Tone of voice
- Appearance
- Touch
- Space



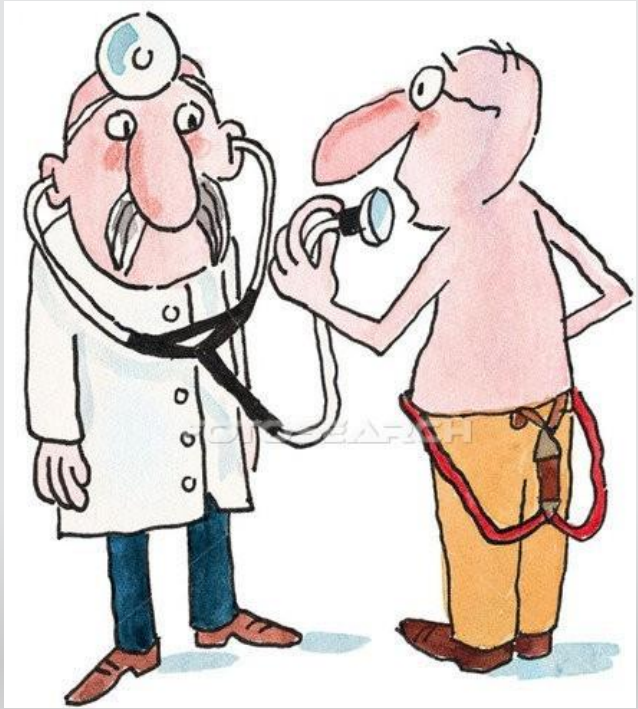
Preconceived expectations

Hartford Hospital

Expectations

- Assumptions
- What *should* happen
- Normal vs. “not normal” reactions
- Expectancy violations theory
- Self awareness

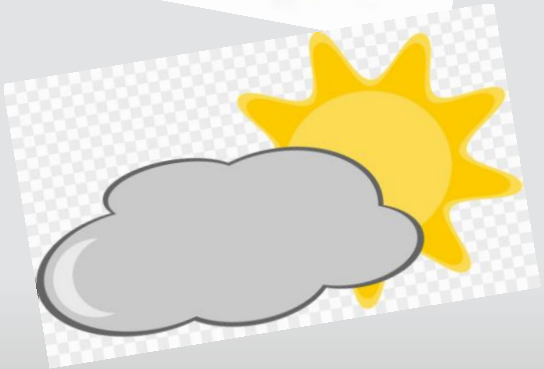
What is your greatest barrier to communication surrounding serious illness?

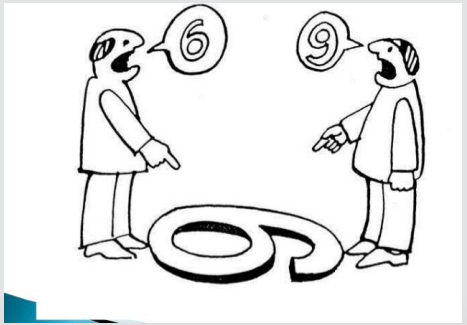


Hartford Hospital

Barriers to Communication

- Lack of experience
- Fear of emotion
- Insensitivity
- Desire to maintain hope
- Personal grief issues
- Disagreement with decisions
- Fear of not knowing
- Language of origin
- Time consuming
- Cultural differences

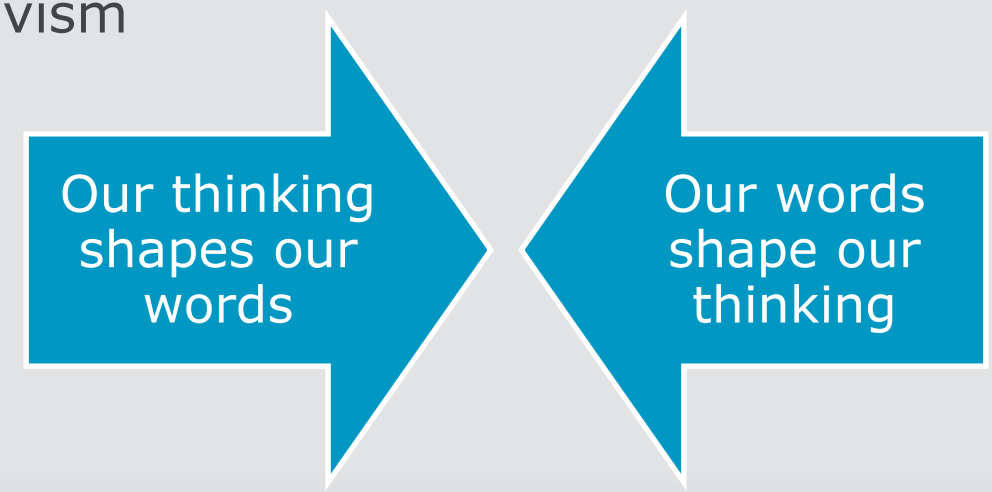




Norouzinia, R, Aghabarari, M, Shiri, M, Karimi, M, & Samami, E. (2016) Communication barriers perceived by nurses and patients. *Global Journal of Health Science*, 8(6), 65-74

Words Matter

- Linguistic Relativism



DeForest, A. (2019). Better words for better deaths. *NEJM*, 380, 211-213.

Words Matter

- Communication Techniques
  - ASK-TELL-ASK
  - Warning Shot
  - “I’m sorry vs I wish”
  - Silence
  - Clinical narrative practice
  - SBAR
  - SPIKES
  - NURSE
  - REMAP

Do you know the questions?

- “What are you hearing from your doctors?”
- “When you look to the future, what do you hope will happen?”
- “When you think about what lies ahead, what worries you the most?”
- “Tell me about your life before your illness.”
- “How is treatment going for you?”
- “How do you and your family make healthcare decisions?”
- “What is the hardest thing in your life right now?”

Wittenberg-Lyles,E, Goldsmith, J, Ferrell, B, Ragan, SL. (2013). Communication in Palliative Nursing. New York: Oxford University Press.

OUTCOMES

- Aligns care with values and preferences
- Improves the quality of care
- Establishes meaningful relationships
- Less aggressive care; earlier hospice referrals
- Normalizes serious illness conversations

CONVERSATIONS

“It is better to know some of the questions than all of the answers.”

James Thurber

References

American Nurses Association Professional Issues Panel. (2017). *Call for action: Nurses lead and transform palliative care*. March 13, 2017.

Anderson-Head, B., Song, M., Wiencek, C., Nevidjon, B., Fraser, D., Mazanec, P. (2018). Nurses leading change and transforming care: The nurse's role in communication and advance care planning. Journal of Hospice & Palliative Nursing, 20(1), 23-29.

DeForest, A. (2019). Better words for better deaths. *NEJM*, 390, 211-213.

Pittman, P. (2019). *Activating nursing to address unmet needs in the 21st century.* Robert Wood Johnson Foundation. Princeton, NJ. March 12, 2019.

Wittenberg-Lyles,E., Goldsmith, J., Ferrell, B., Ragan, S.L. (2013). *Communication in palliative nursing*. New York, NY: Oxford University Press.

My name is **Larry**. I am 38 years old, and I was completely well…married with two little kids, working as a guidance counselor. One day I found a mass in my abdomen – it was pretty large – I was scared, but thought it had to be something that could be fixed – I felt fine. The word cancer never even entered my mind. I was too young for that. Anyway, after a bunch of tests, I went into surgery, not having a clue. All the doctors told me was I had a mass and they had to operate.

When I woke up back in my hospital room, I was a alone and a bit groggy, but I remember my surgeon telling me "I have good news and bad news – I didn't have to remove any of your organs, but you do have cancer". It blew me away. Do you think I'm going to die?

Marcia is a 68 y.o. woman with stage 4 lung cancer, which has metastasized to bone and brain– s/p chemo and RT. Marcia has been receiving palliative chemotherapy, but has been struggling with progressive anorexia, fatigue, and weakness. She presented to the hospital in acute respiratory failure and required intubation for support. She has been on the ventilator for 13 days, and has shown no signs of improvement – her vent settings have increased, and her blood pressure is now labile, requiring pressor support. You have been Marcia's nurse for the past 3 days, and are now participating in a family meeting with Marcia's husband and adult children.

Dr. Brown, the critical care intensivist, begins the family meeting stating "I'm sorry to tell you that Marcia is not doing well – there's nothing else that can be done, and you should consider withdrawing care and making her CMO".

My mom, **Betty,** has dementia – she also had a bout of breast cancer several years back and has diabetes, on insulin. Mom had been living with me, but she started to wander and become incontinent, and I couldn't ever leave her alone…it just got to be too much! So, although mom always said she did not want to wind up in a nursing home, and I certainly didn't want to, I had to move mom to a skilled nursing facility 2 miles down the road…that was 4 years ago. Mom has been to the hospital 2 times in the past 3 months – both times with pneumonia. I'm not sure why this is happening, they must not be taking very good care of her there! The doctor told me that my mom has dysphagia and that I had to make a decision – whether I wanted to do everything, and put in a feeding tube, or not. If I don't put in the tube, won't she just starve to death? I'm so confused, I don't know what to do!!

My name is **Georgia** – I am 46 years old, and was diagnosed with breast cancer 2 years ago. I have been through every treatment under the sun – first surgery, then chemo and radiation. But nothing seems to be working. The doctor told me that we are out of options – but I think that there just has to be more that we haven't tried – something's got to work.

Mandy is Georgia's nurse today when she comes to the infusion center - Georgia's states "I know there are more things that we can try. I am not a quitter – what is the doctor thinking". Mandy replies – "You knew this was coming. I don't know why you're so shocked".

Mr. Holler is 82 years old – he has been living with dementia for approximately 2 years, along with heart failure, diabetes, and peripheral neuropathy, which limits his ability to walk more than very short distances. He has been newly diagnosed with pancreatic cancer. His son, James, accompanies his father to his visit today with the oncologist, Dr. Cuppa. Dr. Cuppa explains that given his father's age and multiple comorbidities, he is unable to offer cancer directed treatment. James insists that his father "wanted everything done". You are RN meeting with Mr. Holler and his son during his clinic visit – how do you discuss goals of care and formulate a plan for Mr. Holler?

Paulo Rodriguez is a 49 yo. With a recurrent brain tumor currently hospitalized after experiencing seizures. Paulo was diagnosed at age 44 and has had extensive surgery, chemotherapy and RT. Three months ago, the brain tumor team advised Paulo and his family that there were no further treatment options at which time his family took him to Mexico where he has had numerous herbal therapies and traditional folk remedies. He has experienced weight loss, increasing headaches, nausea and now seizures. Follow a severe seizure last week, his girlfriend brought him back to the ED for care. You make a follow up phone call to follow up with him and he tells you he is so tired of treatment and being taken far away and just wishes his girlfriend and children would "give up and let me be at home, so I can play with my dog and be with friends" How do you respond? (ELNEC Communication Class)

Patricia Remos is a 75 y o women admitted to the ER after having a massive stroke – her past medical history is significant for metastatic lung cancer, diabetes and CHF. The ER doctor told the family that the patient "has no chance of survival and is living on borrowed time". The family, patient' son and daughter, share that they are deeply committed to their belief in miracles and faith healing, and state "it's not her time". The patient is unresponsive and intubated in the ED upon her arrive.

Randy's family knew he was not healthy. At age 85 he had high blood pressure, congestive heart failure, prostate cancer, diabetes, and high cholesterol. He did not necessarily follow his doctor's life style orders, and he usually did not share information with his family so as not to worry them, but did take his meds and remained active and independent. Yesterday, his wife, Mary, found him slumped in his chair and called 911. In the ED, a doctor told Mary he had a cardiac arrest, had been resuscitated for 25 minutes and was now in the ICU Randy's family found him in the MICU, with an ET tube on a ventilator, pale and comatose. The resident came to speak with Randy's family and told them he "survived resuscitation". Later, in conversation with the nurse, the family learns that Randy was comatose and many patients in this condition do not regain consciousness. Later in the ICU the resident asks the family "do you want us to use CPR again if Randy has another cardiac arrest?"

Jeanne is a 42 y o woman who was admitted to the hospital for the ER – he has metastatic lung cancer. Her oncologists' notes mention disease progression through her most recent treatment, and lack of further anti-cancer treatments. She came to the ED with increasing shortness of breath over the past week – she did not require O2 at home, but in the ED was requiring 4L/min. CT showed no evidence of PE, but notable for diffuse infiltrates consistent with lymphangitic spread of her cancer. Her code status is full code. The care team is concerned that her respiratory failure is irreversible, and Jeanne will not be able to come off the ventilator if she needs to be intubated. You are the nurse caring for Jeanne today – when speaking with her husband he shares that when the team asked if he wanted everything done – he told them "Yes! She's been intubated in the ICU before…I'm not giving up on my wife!"