Overview of Communication

Terminal illness is a family experience
Imparting information, so individuals may make informed decisions
Requires interdisciplinary collaboration

Communication with Patient/Family
- Recognize individuality
  - Deconstruction
  - Your role
- Understanding life prior to illness
  - Externalization
  - Your role

Patient/Family Expectations
- Build rapport
- Be honest
- Elicit values and goals
- Keep family and patient informed
- Communicate with the team
- Take time to listen
- Provide safe space

Communication with Patients/Family (cont.)
- Ask how much patient/family want to know
- Initiate family meetings
- Be aware that illness can strengthen or weaken relationships
- Base communication with children on developmental age

Coyne et al., 2009; Dahlin & Wittenberg, 2015; Seccareccia et al., 2015; Wittenberg-Lyles et al., 2010a
Myths of Communication
- Communication is deliberate
- Words mean the same to sender/receiver
- Verbal communication is primary
- Communication is one way
- Can’t give too much information

Cultural Considerations
- Culture pervades/invades human behavior
- Hierarchical structure
- Cultural humility

Barriers to Communication
- Fear of mortality
- Lack of experience
- Avoidance of emotion
- Insensitivity
- Sense of guilt
- Desire to maintain hope

Barriers to Communication (cont.)
- Fear of not knowing
- Disagreement with decisions
- Lack of understanding culture or goals
- Role relationships
- Personal grief issues
- Ethical concerns

Barriers to Communication Regarding Prognosis
- Perceived risk
- Disconnect
- Uncertainty
- Discomfort

Guidelines for Encouraging Conversation
- Setting the right atmosphere
- Does the patient/family want to talk?
- Attentive listening

McLennon et al., 2013; Wittenberg-Lyles et al., 2010a
Dahlin & Wittenberg, 2015
**Attentive Listening**
- Encourage them to talk
- Be silent
- Share your feelings
- Don’t change the subject
- Take your time in giving advice
- Encourage reminiscing
- Create legacies

Dahlin & Wittenberg, 2015

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**Mindful Presence**

**Requires:**
- Acknowledging vulnerability
- Intuition
- Empathy
- Being in the moment
- Serenity and silence

Wittenberg-Lyles et al., 2013

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**Communication Techniques: Giving “The Words”**

Norals & Smith, 2015

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**Listening Exercise**
Key Questions When Interviewing a Patient

“What do you understand about your illness?”
“What has your healthcare team already told you?”
“How are you doing?”
“Is the treatment going the way you thought?”
“What has been most helpful to you?”
“Tell me more about…..”

Communication Techniques/Examples in Palliative Care

Build trust
“Warning shot”
“ I regret that I have some difficult news to share with you”
Acknowledge emotions
“I see this is very upsetting to you”
Legitimize normalcy of reaction
“Anyone receiving this news would be upset”
What is under the emotion?
“What worries you the most?”
Empathy
“I can not imagine how difficult this is”
Strengths/coping
“Where do you find your strength?”
Use silence

Communication Techniques/Examples in Palliative Care (cont.)

Check that your message has been heard
“ What have we not talked about today that is important to you?”
Use the “D” word
“Because you are so ill, I believe you are dying.”
Expect conflict
Summarize/restate your understanding
“Let me double-check that I understand what you said.”
Provide support
“I am here to work with you and support you.”
Use nonverbals

Caregiver Assessment Questions

What else is going on?
What is it like at home?
Is the care you are providing interfering with your work?
Financial needs?
Who holds the insurance?
What is most important/meaningful to you?
Fears/worries?
What do you hope for your family?
What kinds of needs do you have?
Support systems?

Communication Strategies to Facilitate End-of-Life Decisions

Initiate end-of-life discussions
Use words such as “death” and “dying”
Maintain hope
Clarify benefits and burdens

Practice: Eliciting End-of-Life Goals
Emotion Data vs. Cognitive Data

- Emotion data is independent of cognitive data
- Emotions can derail cognitive understanding
  - Strong emotions can hijack cognition
  - Think of an example of this in your own experience
    - Let’s do a word cloud. Text an answer… what emotions hijack someone’s ability to understand? (PUT THIS IN THE TALK NOT IN THE SLIDES)
- Emotional data helps to
  - Judge how much information to cover
  - Figure out how much understanding has occurred
  - Determine how fast you can proceed

What To Do With Emotional Data?

- Recognize it
- Track it
- Respond to it

Responding to Emotions

- Emotions can happen at any time.
- If you sense an emotion, you should address it.
- Without attending to emotions, you may not be able to move conversations along. Why is this?
  - Patient/Family member may not hear you
  - What might they hear instead

Silence

- A way to respond to emotional reactions
  - Stay silent but present
  - Time to recognize your own emotions before moving on with the conversation
- Allows patient/family to say what is on their mind
- Chance to use non-verbal communication
  - Silence can be helpful when you don’t know what to say
- Remember: the word *listen* contains the same letters as the word *silent*

NURSE Statements

- Statements that are used to attend to emotions and articulate empathy
  - **N** Name
  - **U** Understand
  - **R** Respect
  - **S** Support
  - **E** Explore

NURSE Statements

- **Name the emotion**
  - You seem frustrated, worried, relieved...
- **Understanding**
  - “It must be so hard for you to go through this”
  - “I can see how much the pain is affecting you”
  - “It must be so hard facing all these uncertainties”
- **Respecting**
  - “I am so impressed you have been here everyday to visit your mother”
  - “I know how strong you have had to be through all of these difficult treatments”
**NURSE Statements**

- **Supporting**
  - "My team and I will be here to help you through this, here’s the call bell so you know how to reach me if you need anything”

- **Exploring**
  - "Tell me more about how you felt”
  - "What do you mean when you say ___”

**“I Wish” Statements**

- Use when there is resistance to hearing bad news or a strong emotional reaction
  - “I wish we had stronger medicine”
  - “I wish we had better news”

**“I Wish” Statements**

- Avoid saying “but” after an “I wish” statement. It will negate the previous supportive statement
- Alternatives:
  - Follow with **silence**: “I wish we had stronger medications to treat this cancer” (silence)
  - Use “and” instead: “I wish things you didn’t have to be in this situation. And our whole team is here to support you through this.”

**“I’m Sorry” versus “I Wish”**

- “I’m sorry” should be used with great caution
  - Can be misinterpreted as being aloof, showing pity, or taking responsibility for outcome
- “I wish” statements demonstrates empathy, but also addresses limits of treatment(s)
  - “I really wish we had better treatments for your disease.”

**Let’s Practice Our Skills!**

- **N** - Name
- **U** - Understand
- **R** - Respect
- **S** - Support
- **E** - Explore

**I Wish...**

- **When you hear the statement click your answer 1-6**

Quill et al., 2014
**Ask-Tell-Ask**

- Useful at the beginning of an encounter
- Checks for expectations and understanding

**Ask-Tell-Ask**

- What does the patient already know?
- "Do you mind sharing with me what the doctors have explained to you about comfort care?"
- "What do you understand about your illness?"

**Communication Pearls**

- Always respond to emotion
- Always acknowledge loss
- Always invite the conversation, don’t force it
- Always reaffirm your commitment to the patient
- *Praise* the patient and family
- *Recognize* their strengths

**Ask-Tell-Ask**

- Before providing additional information, ask the patient how much information they wish to know
  - "Are you the type of person who prefers to know all details about your (or your loved one’s) care?"

**Ask for permission to share knowledge**

- "Would it be helpful for me to discuss some of the changes that you may see in your loved one?"

**Ask-Tell-Ask**

- Sharing information

**How Do I Articulate the Way Palliative Care Can Help?**

- Improved clinical care
- More efficient use of resources
- Better care coordination
- Cost avoidance

**Communication with Physicians Who Are Unfamiliar with Palliative Care**

- Honor the relationship physicians have with their patients
- Maintain professional relationship
- Be specific about the reasons for the "ask."
  - "The nurses on the medical unit state that Mrs. James has pain and dyspnea."
  - "Mrs. James’ daughter believes her mother’s functional status is declining."

- Palliative care can support the work of attending physicians
Communication Vignette: Speaking with Physician Refusing Palliative Care For Patient

Communication Pearls
- Acknowledge and honor the relationship physicians have with their patients. They may have personal issues “she reminds me of my grandmother.”
- Always maintain a professional relationship with the physician. Never become angry (even though the physician may be disrespectful and/or disagreeable). Respect and honor his/her requests for what you can and cannot do with the patient.
- Be specific about the reasons for the “ask.” Build the case for why this physician should consider a palliative care consult.
- Have your “elevator speech” about how palliative care can help a patient and how palliative care can help patient’s achieve better quality of life in any stage of a disease trajectory.

Summary
- Communication is complex
- The ultimate objective is to advocate for the patient’s wishes
- Patients and their families must be involved in communication
- Nurse to promote communication among team members, patients and family

Special Thanks!!!

Breaking Bad News with Baby Animals
Amanda McCall & Ben Schwartz

Grandma’s Dead