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AT OLD DOMINION UNIVERSITY

A Family Affair: Simulation in Palliative Medicine Training

Marissa C. Galicia-Castillo, MD, FAAHPM
John Franklin Chair of Geriatrics
November 20, 2024, rescheduled from October 16, 2024
ECHO: Palliative Medicine

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Moment of Silence

Dr. Dani Noreika

November 10, 1978 - October 16, 2024

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Mrs. Kirby

- 70 year old female admitted for dyspnea
  - Found to have CHF (EF 25%)
  - Responded well to diuretics
  - Attended to by her husband
  - Daughter from out-of-town arrives
  - Ready (and anxious) to go home where she feels most comfortable
- Palliative Medicine consultation

Editor's note: "Mrs. Kirby" is a standardized patient character developed for the simulation training described herein. Any similarity to actual persons, living or dead, or actual events, is purely coincidental.

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Objectives

- Identify key communication strategies in palliative care medicine
- Review various communication approaches and reflect on their potential application in palliative care medicine to improve patient and family interactions.
- Understand how simulations can enhance communication skills in complex palliative care medicine scenarios, effectively navigating challenging conversations with patients and families.

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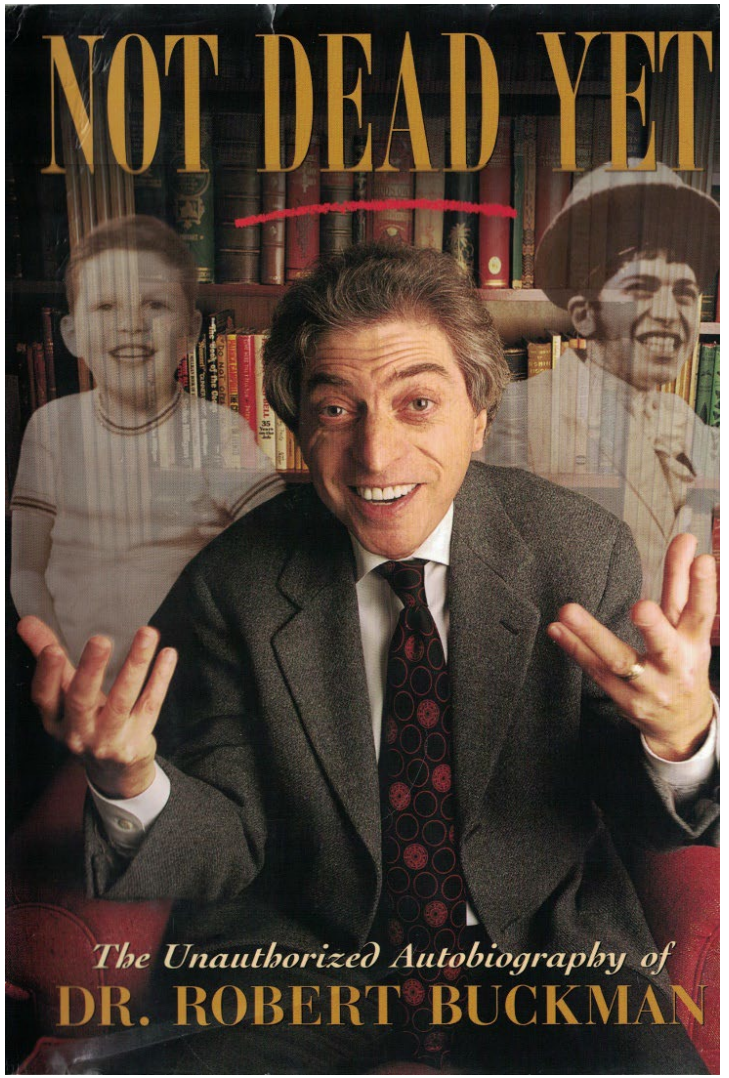
Key communication Strategies

- SPIKES
- Serious Illness Conversation Guide

Buckman's SPIKES Protocol

1. Setting
2. Perception
3. Invitation
4. Knowledge
5. Empathy
6. Strategy and Summary



Hauser, J. Communication in heart failure and palliative care. *Heart Fail Rev* **22**, 535–542 (2017). https://doi.org/10.1007/s10741-017-9643-2

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Approach to Establishing Goals of Care

1. Pre-meeting planning (Setting)
2. Introductions (Perception/Invitation)
3. Assess (Perception/Invitation)
4. Update (Knowledge)
5. Empathize (Empathy)
6. Prioritize (Strategy/Summary)
7. Align (Strategy/Summary)

Setting
Perception
Invitation
Knowledge
Empathy
Strategy and Summary

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Serious Illness Conversation Guide

www.capc.org

www.vitaltalk.org

www.ariadnelabs.org

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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."

SI-CG 2017-04-18

ARIADNE LABS

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Serious Illness Conversation Guide

1. Set up Conversation
2. Assess understanding and preferences
3. Share prognosis
4. Explore key topics
5. Close the conversation
6. Document your conversation
7. Communicate with key clinicians

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Serious Illness Conversation Guide	Buckman's SPIKES
1. Set up Conversation	1.Setting
2. Assess understanding and preferences	2. Perception
3. Share prognosis	3. Invitation
4. Explore key topics	4. Knowledge
5. Close the conversation	5. Empathize
	6. Summary

Objectives

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What do we know about Family Meetings?

- Effective method of communicating with patients and their family members
- Serve as an important interchange between health care professionals and patients/families
  - Discuss and understand patient's goals, values, and preferences
  - Review medical conditions and prognosis
  - Promote shared decision making.

Benefits of Family Meetings

- Improve communication regarding:
  - Goals of care
  - Patient diagnosis
  - Extent of illness
  - Future complications
  - Prognosis

Glajchen, M., Goehring, A., Johns, H. *et al.* Family Meetings in Palliative Care: Benefits and Barriers. *Curr. Treat. Options in Oncol.* **23**, 658–667 (2022). https://doi-org.evms.idm.oclc.org/10.1007/s11864-022-00957-1

Benefits of Family Meetings

- Reduce caregiver distress
  - Sense of comfort following discussions that were transparent and fully explored treatment options
- Lessen perceived unmet care needs
- Better prepare caregivers for tasks
- Promote better bereavement outcomes

Hudson P, Girgis A, Thomas K, et al. Do family meetings for hospitalised palliative care patients improve outcomes and reduce health care costs? A cluster randomised trial. Palliative Medicine. 2021;35(1):188-199. doi:10.1177/0269216320967282

Rainsford S, Hall Dykgraaf S, Kasim R, Phillips C, Glasgow N. Traversing difficult terrain' advance care planning in residential aged care through multidisciplinary case conferences: a qualitative interview study exploring the experiences of families, staff and health professionals. Palliat Med. 2021 Jun;35(6):1148–57.

Glajchen, M., Goehring, A., Johns, H. *et al.* Family Meetings in Palliative Care: Benefits and Barriers. *Curr. Treat. Options in Oncol.* **23**, 658–667 (2022). https://doi-org.evms.idm.oclc.org/10.1007/s11864-022-00957-1

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Benefits of Family Meetings

- Reinforce therapeutic alliance with families
- Promote consensus
- Reduce need for ad hoc meetings
- Enhance physician satisfaction

Glajchen, M., Goehring, A., Johns, H. *et al.* Family Meetings in Palliative Care: Benefits and Barriers. *Curr. Treat. Options in Oncol.* **23**, 658–667 (2022). https://doi-org.evms.idm.oclc.org/10.1007/s11864-022-00957-1

Usual discussions

- Usually receives MOST (or all) attention

Shared decision making

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Need more data

- Indications for a family meeting
- Optimal timing – more upstream?
- Best structure
- Staffing models
- Impact of family meetings on
  - Patient and family distress
  - Treatment outcomes

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Directly Observed Patient-Physician Discussions

- ICU setting
- Oncology outpatient clinic
- Primary medicine clinic (Advance Directives)

Fine E, Reid MC, Shengelia R, Adelman RD. Directly observed patient-physician discussions in palliative and end-of-life care: a systematic review of the literature. J Palliat Med. 2010 May;13(5):595-603. doi: 10.1089/jpm.2009.0388. PMID: 20491550; PMCID: PMC2938894.

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Themes

1. Physicians focus on medical aspects and avoid emotional/quality of life topics
2. Sensitive topics perceived by physicians to take longer to discuss and took the time
3. Physicians dominate discussions
4. Patient/family satisfaction associated with supportive physician behaviors

Curtis JR, Engelberg RA, Wenrich MD, Shannon SE, Treece PD, Rubenfeld GD: Missed opportunities during family conferences about end-of-life care in the intensive care unit. Am J Respir Crit Care Med 2005;171:844–849.

Further Challenges of communication

- Physicians interrupt patients at 11 seconds
- Physician skillset
  - Lack of formal training in leading these sessions
  - Need wide range of skills for effective communication

Phillips KA, Ospina NS, Montori VM. Physicians Interrupting Patients. J Gen Intern Med. 2019 Oct;34(10):1965. doi: 10.1007/s11606-019-05247-5. PMID: 31388903; PMCID: PMC6816596.

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Recommended strategies

1. Ask why
2. Reprioritize emotional and quality of life issues
3. Expand role as a communicator
4. Enlist help of other health professionals
5. Offer support and emotional validation
6. Speak less, listen more

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Sitting vs Standing

- Sitting at bedside impacted:
  - Patient satisfaction
  - Patient Compliance
  - Provider-patient rapport

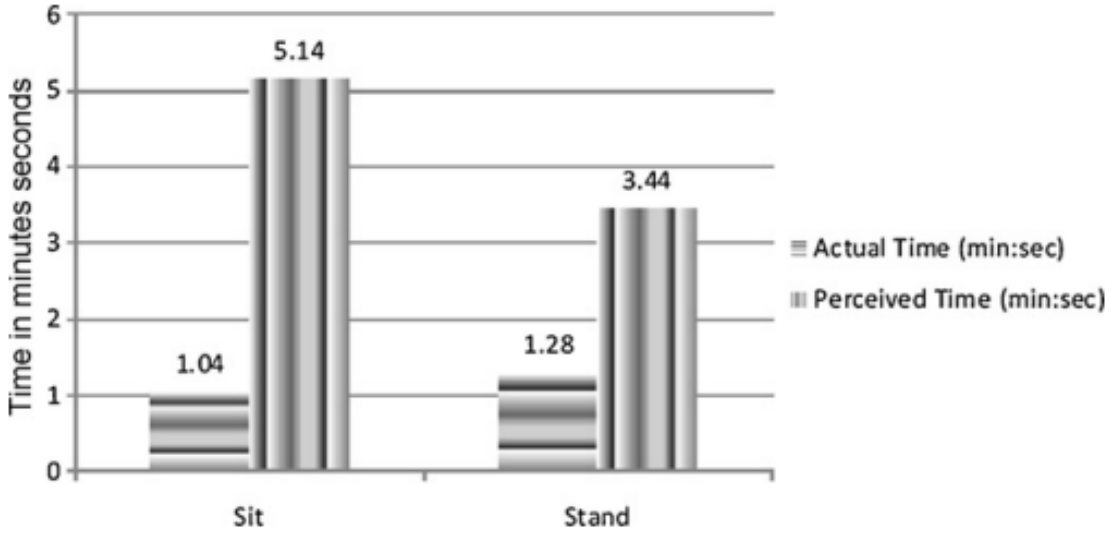

Fig. 3. Actual time and patient perceived time of provider at bedside.

Swayden KJ, Anderson KK, Connelly LM, Moran JS, McMahon JK, Arnold PM. Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. Patient Educ Couns. 2012 Feb;86(2):166-71.

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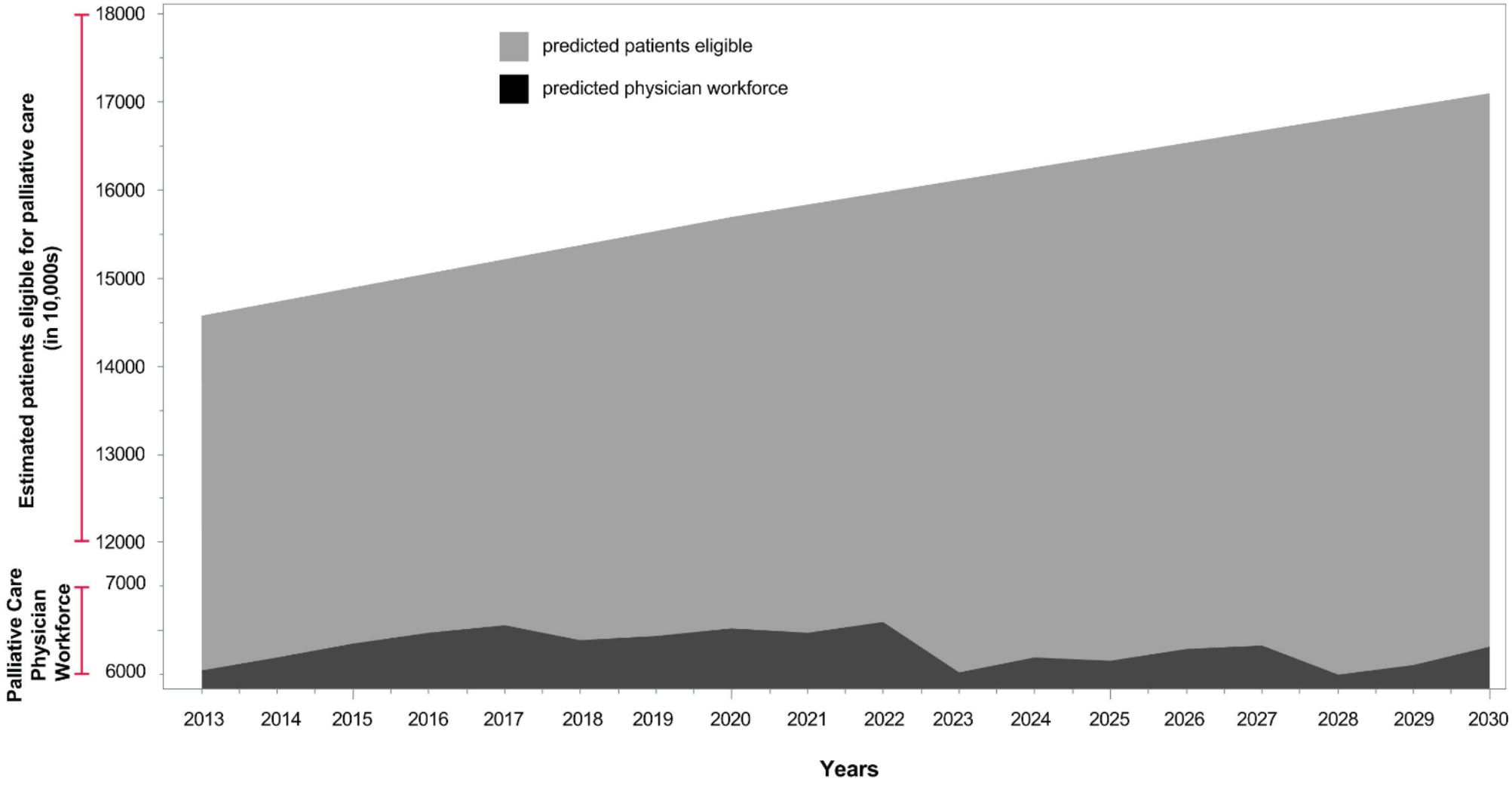
Palliative Medicine Shortage



Projected changes in palliative care physician workforce and seriously ill patients eligible for services. (Kamal et al 2017)

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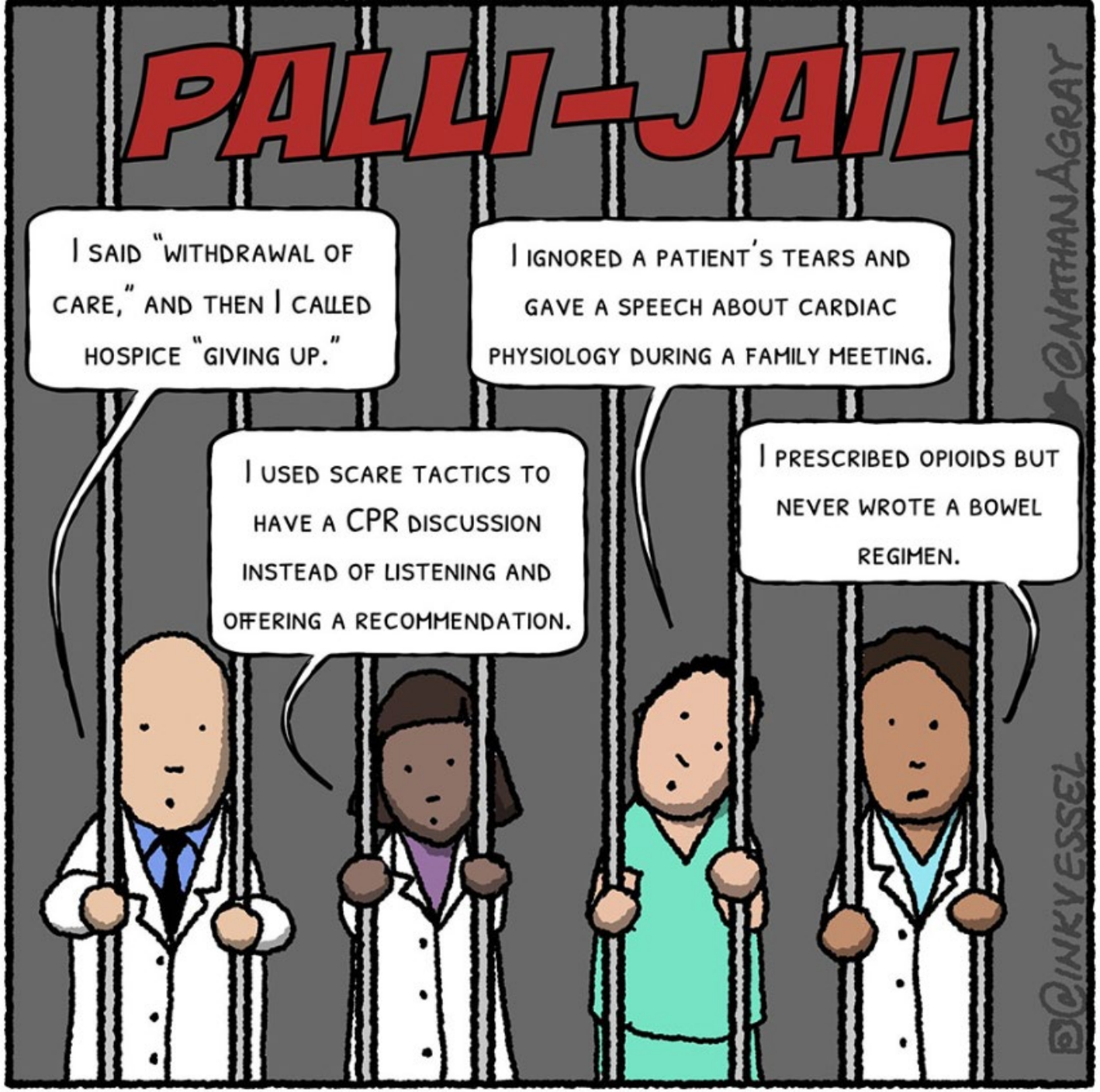
Challenges



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Simulation Training

- Replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner

National Center for Collaboration in Medical Modeling and Simulation

VHS / RESEARCH / INSTITUTES, CENTERS & DEPARTMENTS / NATIONAL CENTER FOR COLLABORATION IN MEDICAL MODELING & SIMULATION

Kozhevnikov D, Morrison LJ, Ellman MS. Simulation training in palliative care: state of the art and future directions. Adv Med Educ Pract. 2018 Dec 7;9:915-924. doi: 10.2147/AMEP.S153630. PMID: 30574008; PMCID: PMC6292390.

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Simulation Training

- Safe space
  - Challenging or intimidating situations
- Standardization of experience
- Repetition as often as needed
- Prevent communication blunders from less experienced practitioners

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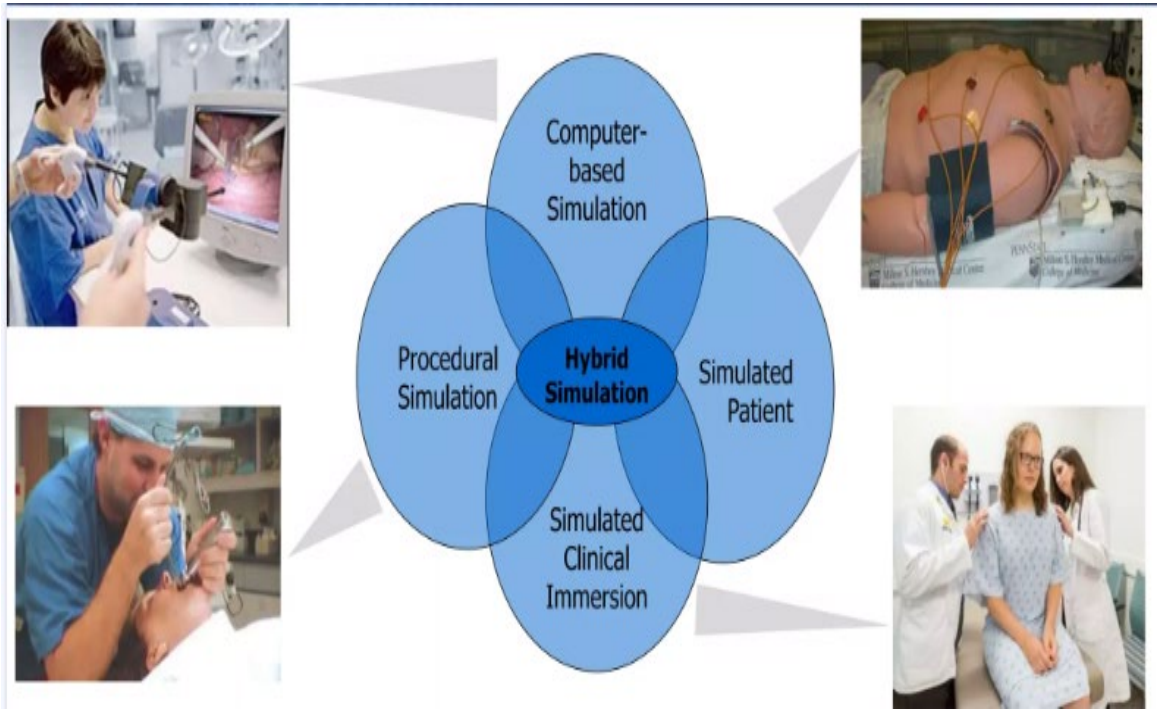
Review of Simulation in Pall Med

Learner characteristics	n (%), total n = 78
Profession	
Medicine	59 (76)
Nursing	30 (38)
Social work	5 (6)
Chaplaincy	2 (3)
Unspecified	2 (3)
Trainee level	
Student	38 (49)
Resident	23 (29)
Fellow	14 (18)
Practicing provider[a]	17 (22)
Not specified	1 (1)
Specialty/subspecialty	n = 40
Internal and family medicine	16 (40)
Critical care	6 (15)
Oncology	5 (13)
HPM	5 (13)
Geriatrics	3 (8)
Nephrology	2 (5)
Pediatrics	8 (20)
PICU	4 (10)
NICU	2 (5)
Oncology	1 (3)
EM[b]	1 (3)
Cardiology	1 (3)
Surgery	3 (8)
EM	3 (8)
OB-GYN	2 (5)
Neurology	1 (3)

Kozhevnikov D, Morrison LJ, Ellman MS. Simulation training in palliative care: state of the art and future directions. Adv Med Educ Pract. 2018 Dec 7;9:915-924. doi: 10.2147/AMEP.S153630. PMID: 30574008; PMCID: PMC6292390.

Review of Simulation in Pall Med



Simulation characteristics	n (%), total n = 78
Simulation type	
SP encounter	53 (68)
Simulation laboratory	12 (15)
Role play, sociodrama	8 (10)
Computer-based exercise	6 (8)
Skill focus	
Eliciting treatment preferences	39 (50)
Delivering bad news	32 (41)
Empathic communication	31 (40)
Symptom management	10 (13)
Team communication	5 (6)
Others	8 (10)
Debrief	
Yes	59 (76)
No	19 (24)
Method of simulation assessment	
Participant feedback	48 (62)
Not assessed	17 (22)
Post-simulation OSCE	13 (17)
Patient outcomes	3 (4)

EVMS Palliative Medicine Fellowship

- Care Settings:
  - Sentara Norfolk General Hospital
  - Lake Taylor Transitional Care Hospital
  - AHF Palliative Medicine Clinic
  - Sentara Hospice
  - EdMarc Hospice/CHKD Pain and Palliative Medicine
  - Electives
    - Sentara Leigh Hospital
    - Sentara Careplex Hospital

EDMARC
Hospice For Children

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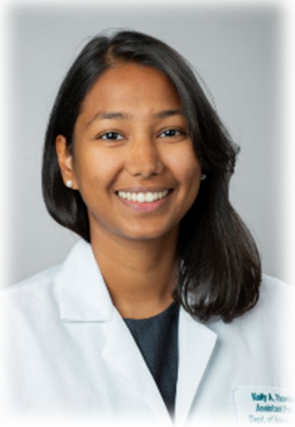
EVMS Palliative Medicine Fellowship

- One year Fellowship
  - 2019
- Supported by
  - Sentara Norfolk General Hospital
  - Brock Endowed Fellowship
- Fellowship Director
  - Dr. Kelly Thomson



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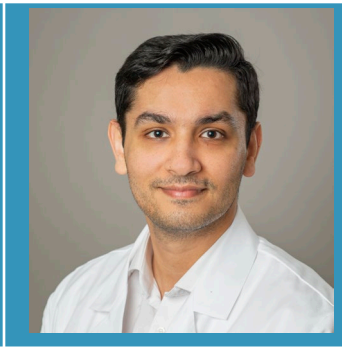
EVMS Palliative Medicine Fellowship

					
2019-2020 Jerry McQuain, DO	2019-2020 Justin Van Klein, MD	2020-2021 Richa Goel, MD	2021-2022 Mian Zeeshan Munir, MD	2022-2023 Danny Cheng, DO	2023-2024 Tamira Pillay, MD

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Simulation Project

- Retrospective
- Evaluated 20 Palliative Care Medicine meeting videos
  - 2019 and onwards
  - Fellows – first few days of starting Fellowship
  - Residents- early in start of rotation
- Patient, spouse, and daughter
  - Ready for discharge after first hospitalization for CHF

Mrs. Kirby

- 70 year old female admitted for dyspnea
  - Found to have CHF (EF 25%)
  - Responded well to diuretics
  - Attended to by her husband
  - Daughter from out-of-town arrives
  - Ready (and anxious) to go home where she feels most comfortable
- Palliative Medicine consultation

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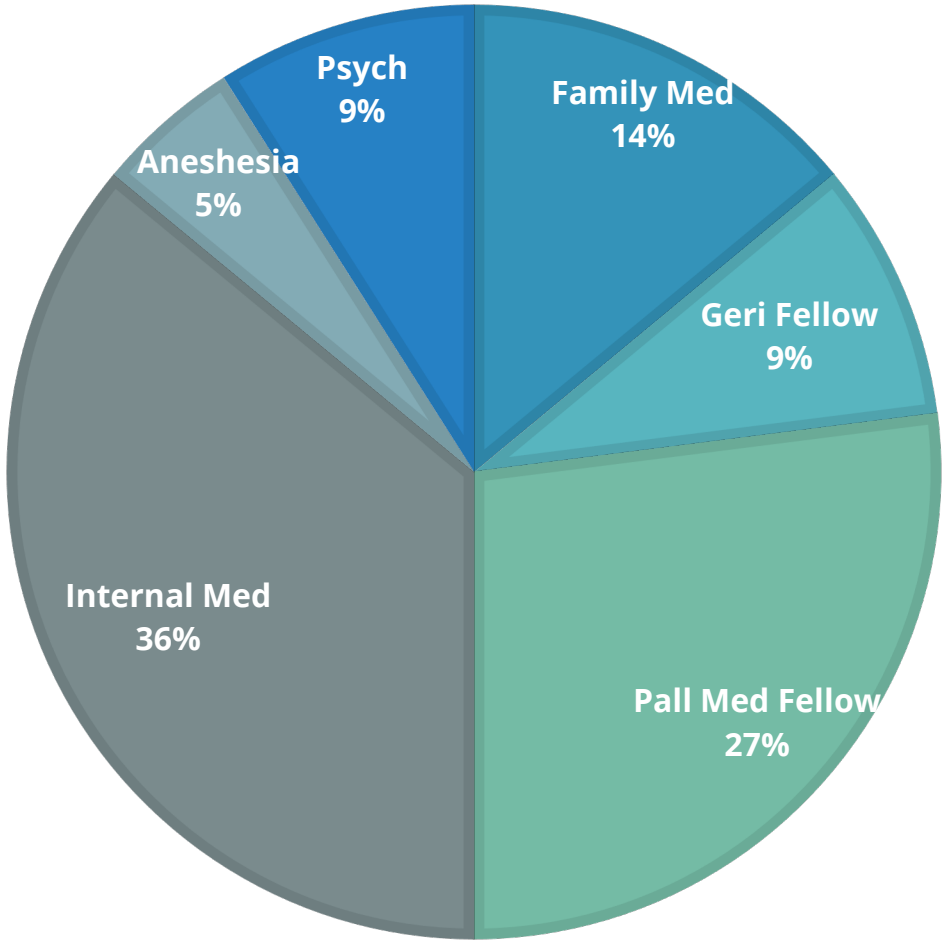
Residents and Fellows



Methods

- Videos transcribed to collect quantitative and qualitative data points
  - A checklist developed to keep track of session content
  - Attending evaluation real-time
  - SP satisfaction survey

2:14 How are you all doing?
2:16 All right.
2:17 Getting ready to take her home
2:20 Wonderful, Miss Kirby
2:22 I'm Doctor Mcquain Jerry.
2:25 I'm one of the physicians who works here with hospice and palliative medicine.
2:28 Nice to meet you.
2:32 Nice to meet you.
2:33 Hospice? Did you say hospice?
2:41 I work with both services.
2:44 So that mean, like, that's kind of a scary
2:54 It's a very scary word. You are going home today from my understanding.

Date	Total time	Time learner spoke	Time family/patient spoke	SP Survey	Specialty
2019 - July 2nd	40 min 22 sec (2422 sec)	1474 sec = 60.9%	948 sec = 39.1%	NO	Hospice and Palliative Fellow
2020 - July 2nd	28 min 49 sec (1729 sec)	984 sec = 57.0%	745 sec = 43.0%	YES	Hospice and Palliative Fellow
2020 - July 2nd	27 min 28 sec (1648 sec)	683 sec = 41.4%	965 sec = 58.6%	YES	Geriatric Fellow
2020 - August 24th	25 min 41 sec (1541 sec)	748 sec = 48.5%	793 sec = 51.5%	YES	Family Medicine
2020 - Sept 9th	25 min 21 sec	670 sec = 44.0%	851 sec = 56.0%	NO	Palliative NP
2020 - Oct 12th	33 min 58 sec	941 sec = 46.2%	1097 sec = 53.8%	YES	IM
2021 - March 15th	28 min 22 sec	708 sec = 41.6%	994 sec = 58.4%	NO	Navy Anesthesia
2021 - April 5th	24 min 23 sec	666 sec = 45.5%	797 sec = 54.5%	NO	IM/Geri
2021 - May 3rd	25 min 44 sec	570 sec = 36.9%	974 sec = 63.0%	NO	Psych
2021 - June 7th	19 min 35 sec	551 sec = 46.9%	624 sec = 53.1%	YES	Palliative NP
2021 - June 7th	27 min 27 sec (1647 sec)	881 sec = 53.5%	766 sec = 46.5%	YES	IM

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Checklist of Session Content review

	CHECKLIST :
☐	Amount of time patient/family spoke
☐	Amount of time learner spoke
	Were the following topics addressed:
☐	“Elevator speech” for Palliative Medicine definition
☐	Discuss patient’s definition of quality of life (ex. preferences / hobbies / likes)
☐	Education on CHF diagnosis
☐	Resources for CHF
☐	End of life preferences addressed Code status Ventilator use Hospice
	SP Family satisfaction scores

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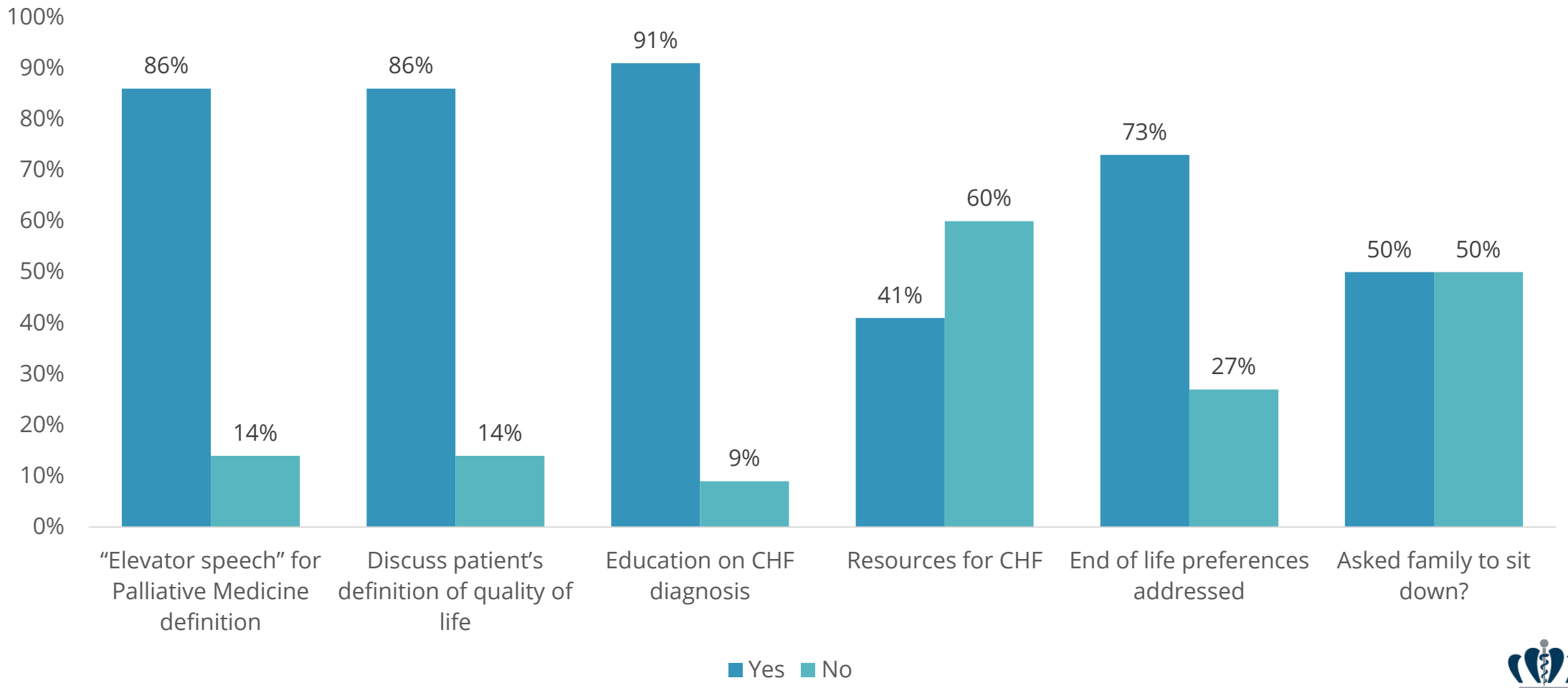
Checklist during Pall Med Family Meeting



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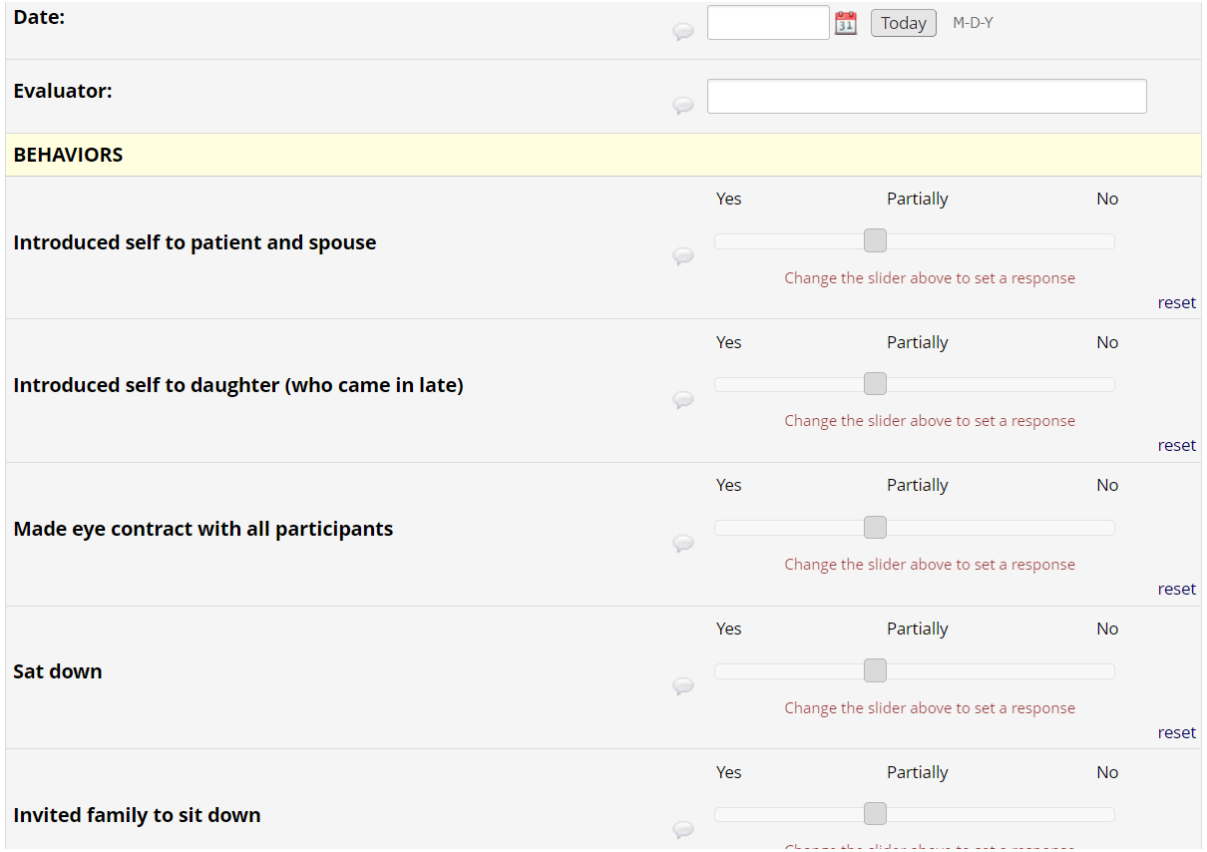
Attending Evaluation

- Behaviors
- Topics discussed
- End-of-life Preferences
- Strengths
- Areas of Improvement
- Notes



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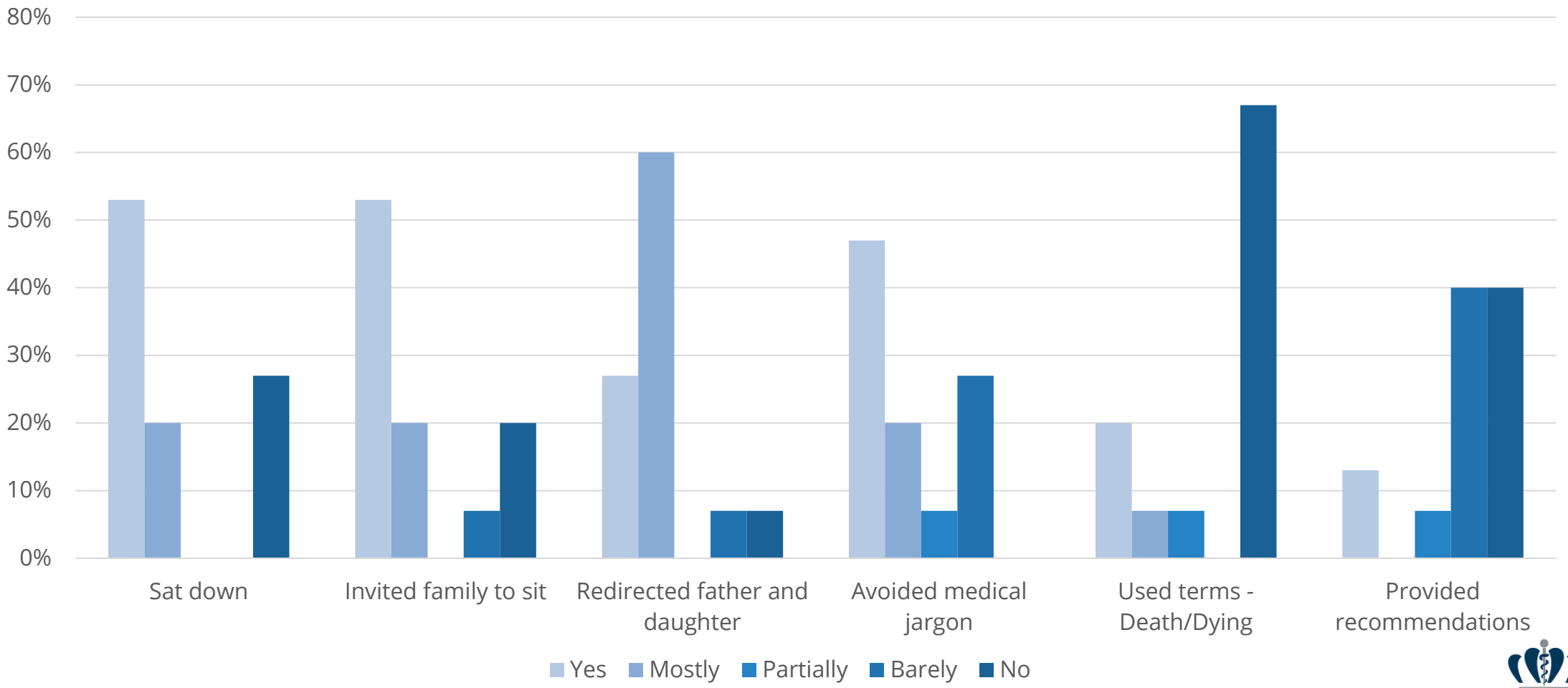
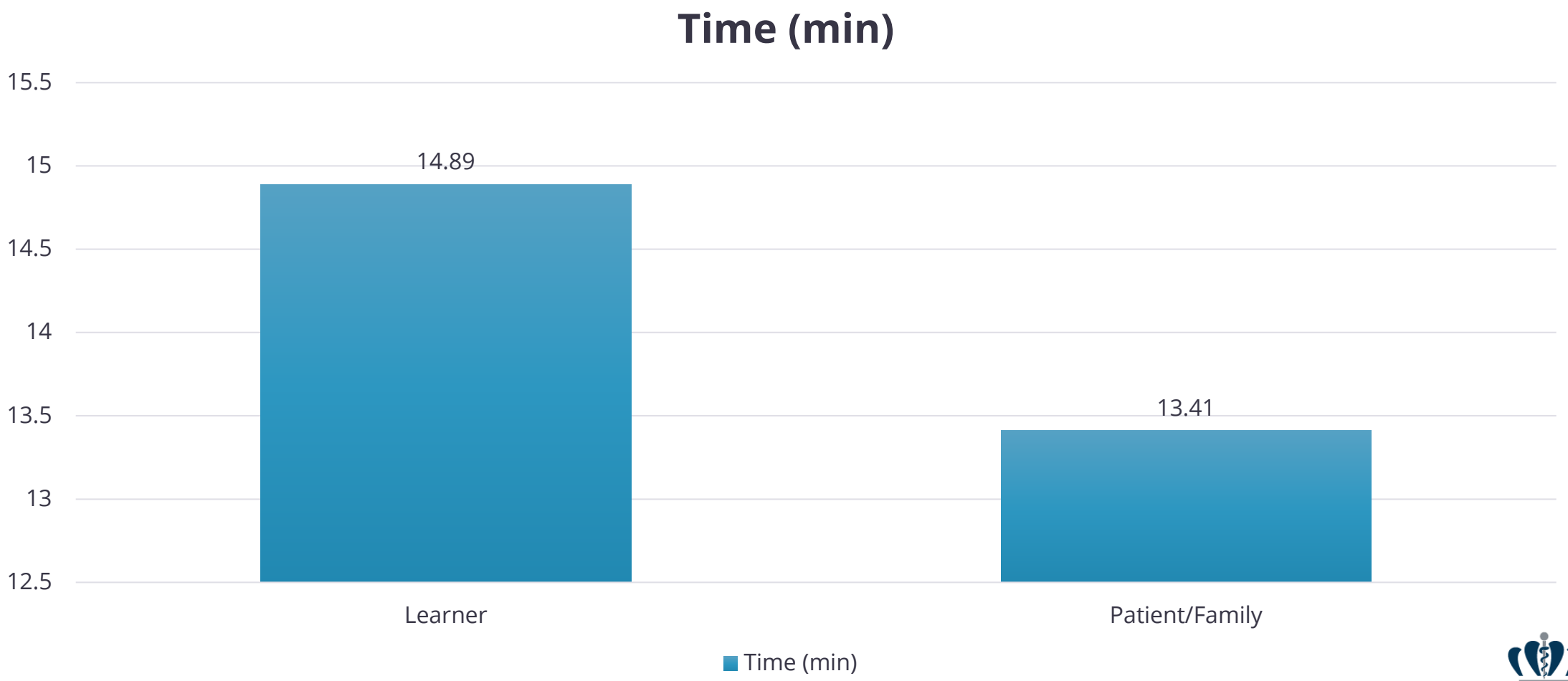
Attending Evaluation Form



What literature said:

1. Ask why
2. Reprioritize emotional and quality of life issues
3. Expand role as a communicator
4. Enlist help of other health professionals
5. Offer support and emotional validation
6. Speak less, listen more

Definitely satisfied with this encounter



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What we found:

- Greater patient satisfaction in meeting was greater when the ***resident/fellow*** spoke for a longer amount of time
- Satisfaction measure
  - More likely to want to see this physician again

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Thoughts

- Different setting
  - Not ICU
  - Not outpatient setting
- Diagnosis
  - More education
  - Not at End-of-life
- Limitations
  - Small sample size
  - SPs are expensive tools

Singer AE, Ash T, Ochotorena C, et al. A Systematic Review of Family Meeting Tools in Palliative and Intensive Care Settings. *Am J Hosp Palliat Care*. 2016;33(8):797-806. doi:10.1177/1049909115594353
Fineberg IC. Preparing professionals for family conferences in palliative care: evaluation results of an interdisciplinary approach. J Palliat Med. 2005 Aug;8(4):857-66. doi: 10.1089/jpm.2005.8.857. PMID: 16128661.

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Special Thanks to the TEAM

- Andrew Bahhouth, MS
- Mayuri Kathrotia, MD
- Temple West, MFA, MMPE, CHSE
- Jennifer Styron, PhD