Improving Patient and Family Experiences of Palliative Care Across Care Settings

Mayo Clinic Health System - Northwest Wisconsin
Beryl Patient Experience Conference
Denver, CO - March 21, 2017

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Thanks to:

- Drs. John Morris and Janet Bull – Four Seasons Hospice
- Dr. David Weissman – Palliative Care Network of Wisconsin
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Disclosure

We have no financial relationships to disclose.
Objectives

1. Explain 4 benefits of role-playing to improve patient experience skills.

2. List 8 scenarios ripe for role-playing (high stress for health care professionals and high stakes for patients and families).

3. Describe 3 easily taught tools to enhance patient experience.
Mayo Clinic

After 150 Years...

5 Schools

5 States

1,532 Residents & Fellows

4,100 Staff Physicians & Scientists

60,000 Employees

1 million Patients/year from 135 countries
Mayo Clinic Enterprise

MAYO CLINIC CARE NETWORK
Current Members by Location

- Rochester campus
- Florida campus
- Arizona campus
- SWMN
- SEMN
- NWWI

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MCHS - Northwest Wisconsin Region

- 5 Hospitals
- 16 Clinic Locations
- 400 Providers
- 5000 employees
MCHS- Eau Claire    NWWI Regional HUB
Personal background

Jim Deming

- 27 years Family Physician in Tomah WI
  (population ~8000)
- 15 years hospice medical director
- 4 years palliative care in Eau Claire WI
Personal background
Pam Prissel

• 9 years – PX, Director of MCHS PX
• 6 years – EAP/Org Consulting, program manager
• 22 years – Psychotherapist, dietitian
• 14 years - Mayo Clinic Communication in Healthcare faculty member
• Daughter of Anita, who died of a preventable medical error
Our Dream

Cardiology

- BLS → Basic Palliative Care Skills
- ACLS → Advanced Palliative Care Skills

Palliative care

Resources

- Money – none
- Mandate – none
- People – lots
- Ideas – lots
Benefits of role-playing

• Gain knowledge
• Gain skills
• Decrease anxiety
• Gain understanding and empathy
Articles

• Simulation can be powerful\(^1\)
• Simulation may be better than didactic teaching\(^2\)


Ten Steps

1. Formed advisory team
2. Surveyed prospective participants
3. Designed course structure
4. Created curriculum
5. Wrote pre-course reading material
6. Set schedule
7. Designed handouts
8. Prepared facilitators
9. Designed surveys
10. Applied for CME
Step 1: Formed Advisory Team

- Palliative Care
- Social Work
- Patient Experience
- Spiritual Care
- Public Affairs
- Education Dept.
- Rochester PC & PX
Step 2 – Sent Survey September 2015

• E-mail to ~1,950 people

  Nurses        Therapists
  Physicians    Social workers
  NP/Pas        Spiritual care

• 283 responses of interest (15%)
• 158 of these listed their name to be included in first class (55%)
Step 3 – Designed class structure

- Six small groups
- Four learners and one facilitator per group
- One facilitator to recap, float and lead large group discussion
Step 4 – Created curriculum
Three Modules

1. Mastering Difficult Conversations
2. Advance Care Planning and Goals of Care
3. Pain and Other Symptoms

- 2 hours each
- Change groups each module
Scenarios

Mastering difficult conversations

A. Establishing a relationship - gain trust and set agenda
B. Gathering information - learn about impact of illness
C. Sharing information - deliver serious news
D. Dealing with denial - use a "hope-worry" phrase
Scenarios

Advance care planning and goals of care

E. For a healthy adult*
F. For a patient dealing with a serious illness*
G. For a patient in the last year of life*
H. Discussing CPR

*The four learners take turns completing one long conversation.
Scenarios

Pain and other symptoms

I. Answering questions about acute and chronic pain management
J. Declining inappropriate requests and offering alternatives
K. Advocating for a patient (confronting a colleague)
L. Caring for the dying patient
Step 5: Wrote pre-course reading material

- About 2 hours
- Didactic material
- Appendixes – reference material
- Quiz available
Step 6 – Set schedule
Four Practice Sessions per Module
30 minutes each

- Review
- Role-play 1
- Role-play 2
- Role-play 3
- Role-play 4
- Discussion

6 segments - 5 minutes each
Deep Dive

- Questions collected throughout day
- Facilitators answer questions
  - Some straight answers
  - Some role-play demonstrations
Step 7 - Designed handouts

- Table assignments
- Pictures of participants
- Blank cards for Deep Dive
- Agenda
- Workbooks
Workbooks

Participants:
  • Learning points

Facilitators:
  • Teaching points

All
  • Room to take notes
Step 8 – Prepared facilitators

- Held 2 hour facilitator training
- Have adapted Vital Talk template
Step 9 - Designed surveys

- In-class survey
- On-line surveys
  - Before class
  - After class
  - 4 months later

Scale 1 (“Not at all confident”) to 5 (“Very confident”) in knowledge and skills in 10 areas
Step 10 – Applied for CME

• Class is now 8½ hours
• Mayo grants 7 units AMA-approved CME
Volunteer coordinator

- Registrar
- Prepares materials
- Orders food
- Ensures CME completed

Also have a volunteer educational advisor
Confidence Levels

(% ranking >3 on 1 - 5 scale, 1 = not at all confident and 5 = very confident)
Confidence Levels

(% ranking >3 on 1 - 5 scale,
1 = not at all confident and 5 = very confident)

Before | After | 4 mo later | Before | After | 4 mo later
---|---|---|---|---|---
Knowledge | Prescribers (average n=32) | | Non-prescribers (average n=56) |
Class begins

- Hospice video
Advance Palliative Care Skills Mini-Course

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Welcome by Administrator

Logistics

Planning Committee & Presenters

Disclosures
Welcome, fellow providers of palliative care!

We all have some experience; we all could improve. This is a safe zone.
Introductions

In small groups:

• Name
• Location/role
• One word to describe your thinking right now
Ground Rules

- Confidentiality
- Respect
- Constructive feedback
- Tolerance
- Silence cell phones
Practice Sessions

Scenario 1
- Review
- Role-play
- Discussion

Scenario 2
- Review
- Role-play
- Discussion

Scenario 3
- Review
- Role-play
- Discussion

Scenario 4
- Review
- Role-play
- Discussion
(Usually) Three Modules

1. Mastering Difficult Conversations
2. Advance Care Planning and Goals of Care
3. Pain and Other Symptoms
Roles

- Learner
- Patient
- Family
- Other team members
Scripts

- Color-coded

1 2 3 4
Learner | Patient | Family | Observer | Member

1 2 3 4
Patient | Family | Observer | Learner | Member

1 2 3 4
Family | Observer | Learner | Patient | Member

1 2 3 4
Observer | Learner | Patient | Family | Member
1. Mastering Difficult Conversations

- Difficult conversations require skill and training, like a procedure
- We can all improve our empathy and emotional intelligence.
- Tools help make difficult conversations easier
Conversation is a Procedure

Requires skill and practice
Empathy

Leads to…
- Fewer conflicts
- Better care

• Higher satisfaction
• Fewer malpractice claims
Phases of a medical encounter

1. Establish relationship
   - Introduction, chief complaint, set agenda

2. Gather information
   - HPI, ROS, PMH, PSSH, PE, labs

3. Share information
   - Assessment, Plan
Phase 1 – Establish a relationship

• Knock
• Eye contact
• Introductions
• Appropriate touch
• Sit down
Agree on agenda

• What concerns do they bring?
• Listen without interrupting
• Prompt for more
• Summarize
Possible phrases

How were you hoping we could help you today?

What else is on your mind?

What else?

Are you concerned that it might be something serious?
Scenario 1 – Establish relationship

Learning points
• Convey openness and respect
• Agree on agenda
• Show empathy

Office visit for headaches
Phase 2a – Gather information

- Listen without interrupting
- Use encouraging phrases
- Body language
- “Reflective listening” – reflect back
Possible phrases

Uh-huh. Go on.

Tell me more.

So you haven’t been able to walk your dog in the morning.

You’re sick of being sick.
Phase 2b – Gather information

Understand the patient: V.I.E.W.

• Vital activities
• Ideas
• Expectations
• Worries
V.I.E.W.

How does this affect your life?

What do you think is going on?

What do you think might happen?

What do you worry about?
Scenario 2 – Gather information

Same office visit for headaches

Learning points
- Listen reflectively
- Know the person:
  - Vital activities
  - Ideas
  - Expectations
  - Worries

Patient
Family member
Learner
“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
Phase 3 –
Sharing serious information

Why is this difficult?
Ask - Tell - Ask

- Ask for their understanding
- Tell them what they need to hear
- Ask them to reflect it back

• Small chunks
• Speak slowly, clearly
S.P.I.K.E.S.

• Set-up
• Ask for perception
• Obtain invitation to tell more
• Share knowledge:
  warning signal | pause | headline
• Handle emotion with empathy
• Summarize a strategy
Possible emotions

- Sadness
- Grief
- Shock
- Anger
- Disbelief
- Overwhelmed

“Why?” is a cry of pain, not a question.
Possible responses

This must be pretty hard to hear.

I wish it were different.

I so sorry to have to tell you this.

Tell me more about what you are thinking.
Scenario 3 – Delivering serious news

CT scan shows brain cancer

Learning points

• Assess perception
• Obtain invitation
• Give warning signal
• Deliver news in a headline
• Respond to emotion
Denial

- Denial helps us cope
- Some people come to acceptance gradually
- Pendulum between acceptance and denial swings back and forth
Maintaining Hope: The “Hope – Worry” Statement

I hope you won’t have complications for a long time, and I worry you that if we don’t talk about them you might not get the care you want.
Scenario 4 – Hope and denial

Same office visit. Patient or family member shows denial.

Learning points
• Seek to understand
• Summarize to ensure understanding
• Use “Hope-Worry” phrase
Break – 15 minutes
Switch groups

[Simulation ends]
Three Tools

1. Delivering serious news:
   “Ask-Tell-Ask”
2. Dealing with hope and denial:
   “Hope-worry” statement
3. Easing into goals of care:
   “If time were short, …”
Adjustments made:

- Group size, number
- Scenario length
- Didactic time
- Discussion time
- Scenario descriptions
- Timing mechanism
Next steps

• Spreading across Mayo
• Looking for ways to reinforce learnings after class
• Will measure burn-out before and after
• Seeking official support
  • Funding
  • Endorsement
Questions?

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Overall lesson

Some energetic people created a viable course that should contribute to improved patient experience.
Real overall lesson

Other people will copy some of these ideas, tweak some, and add some of their own to create something better.

This pattern will repeat itself over and over again.

Best wishes to you!