Tailoring Our Response to "Do Everything"

Maintaining Alignment When There is Prognostic Discordance

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Building Interprofessional Communities of Practice

powered by VITALtalk

Commercial Financial Disclosures

- None

- Non-Profit Support

  Cambia Health Foundation: Grant Funding

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  Honoring Choices Pacific Northwest: Consultant

Session Overview

By the end of this session, you will be able to:

- List commons reasons for prognostic discordance
- Explain a framework for identifying types of prognostic discordance
- Describe communication strategies and skills to maintain alignment

This session works best with you involved!

Open your chat box

- Say hello
- What is your professional role
- What setting/where do you practice

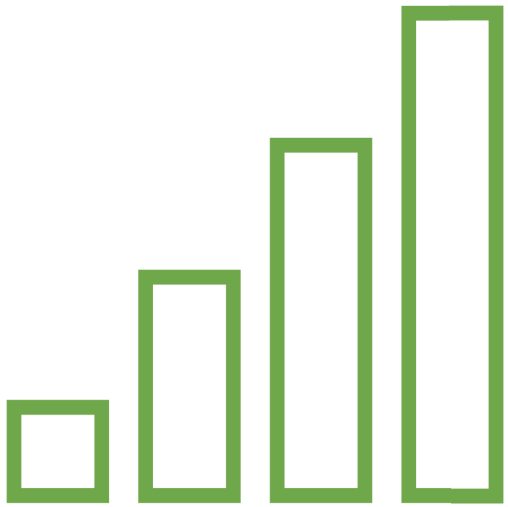
Let’s Chat!

Prognostic Discordance

Q: What is Prognostic Discordance?

“Do Everything!”

“They just don’t get it!”



POLL: What percentage of surrogates express doubts about our ability to prognosticate in critically ill patients?

88% = Surrogates Express Doubts

~50% = Optimistic Prognosis

Zier, White Crit Care Med 2008
White, JAMA 2016
White, Critical Care Medicine 2019

Reasons for Prognostic Discordance

Q: What are reasons surrogates may disagree with our prognosis?

How surrogates prognosticate

- 64% patient's **appearance**
- 36% power of **optimism**, intuition, faith
- 30% unique or **intrinsic qualities** of their loved one
- 28% previous **"track record"**
- 13% power of bedside **presence**
- 4% belief in **miracles**

<2% rely only on the clinician's prognostic estimate

White, Crit Care Med 2010

Diagnose the Prognostic Discordance

Diagnose Prognostic Discordance

GAP	What You Hear/See	Outcome vs. Process	Communication Skills/Strategies*	Family Conferences*

*Most of these strategies can be used for any type of discordance, those in each section are just the highest yield for those situations

Framework Created by Caroline Hurd 2021

Diagnose Prognostic Discordance

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Discordance: Information

Cardiology: “If his stroke improves, we MIGHT be able to fix his heart.”
Neurology: “If his heart improves, his stroke MIGHT improve.”

How surrogates prognosticate

- 25% reported at least one inconsistent message
- Of these, ~40% reported this happened multiple times
- ~75% said this occurred within the first 48 hours of ICU stay
- Who is your main source of information? ~75% from the nurse

J Crit Care 29(2014):134-138

Share your worry using a headline

Headline = Information + Meaning

J Onc Prac Childers 2017

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GRIEF	*"I can't believe this…"* *"This is my fault…"* *"I can't lose them…"*	Outcome > Process	Respond to **emotions** NURSE, silence, I wish…. Informed assent	**Interprofessional team** Small check-ins Slow process down

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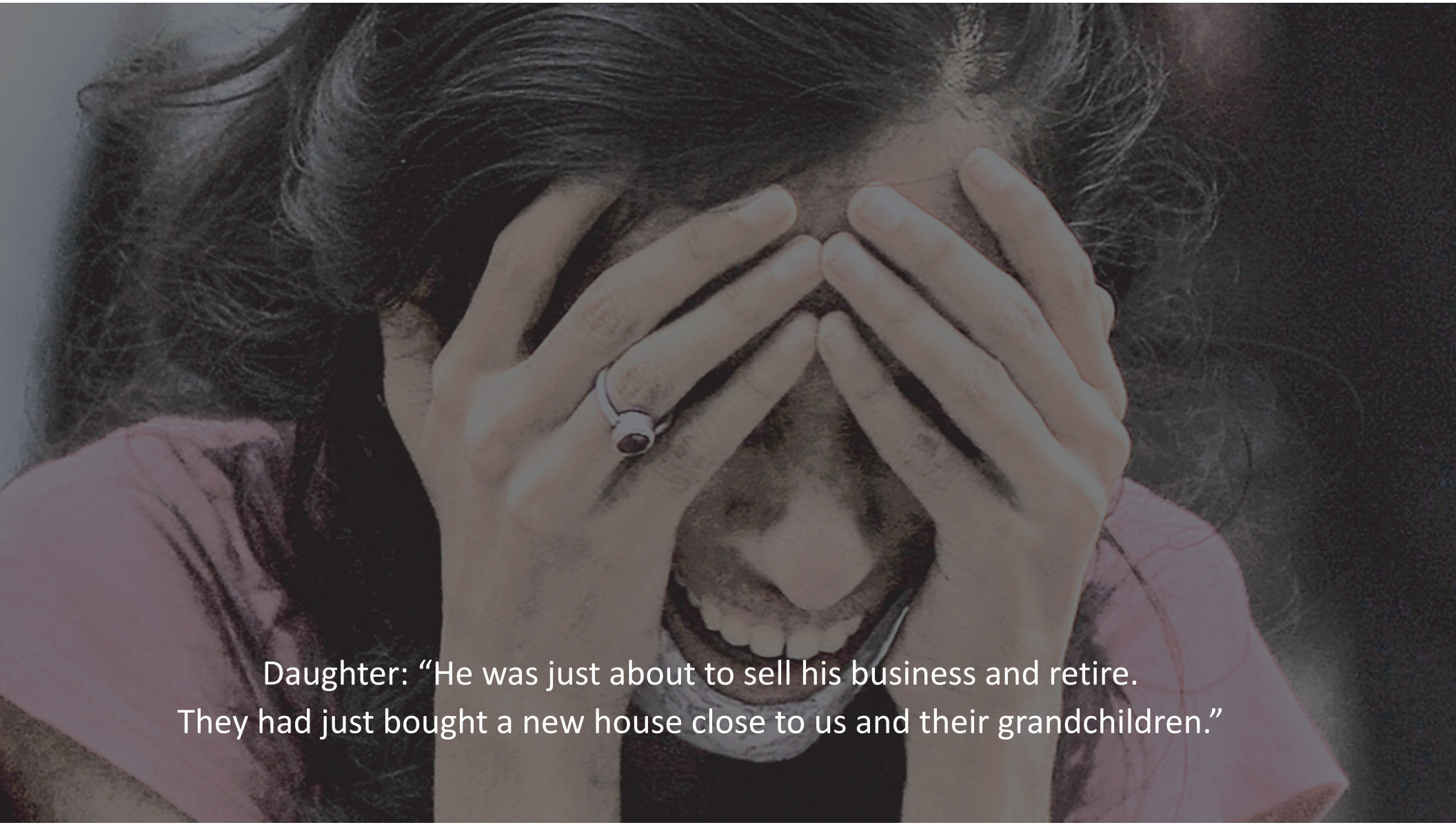
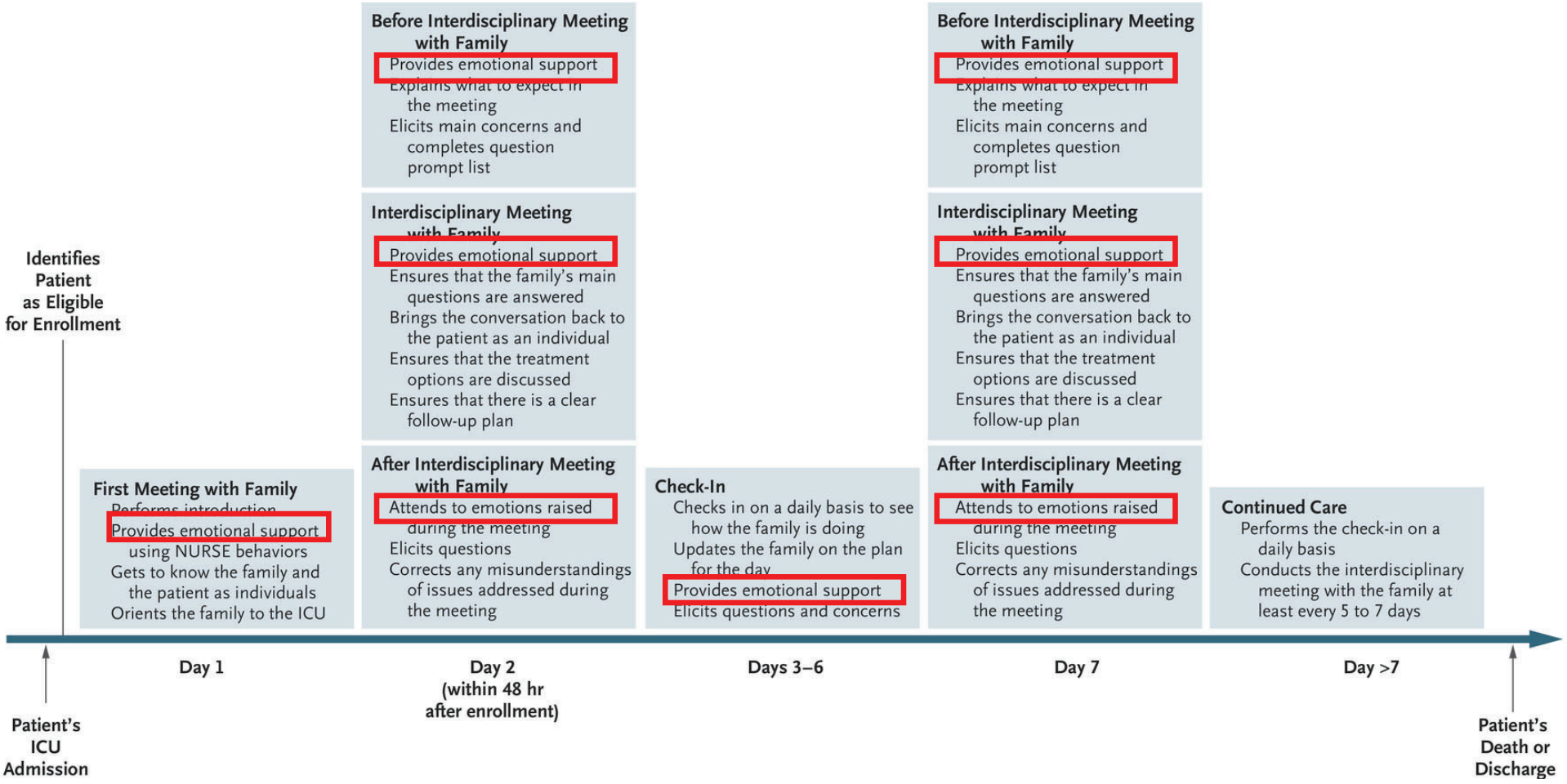
Discordance: Grief


Daughter: “He was just about to sell his business and retire.
They had just bought a new house close to us and their grandchildren.”

The NEW ENGLAND JOURNAL of MEDICINE



White NEJM 2018

NURSE(S) to respond to emotions

Name "It sounds like you're frustrated."

Understand "I can only imagine how hard this is."

Respect "I can see you really care about your mother."

Support "We are here to support you through this process."

Explore "Can you tell me more about what's concerning you?"

Silence Intentional presence

Don’t bury your empathy:

Explicitly acknowledge emotions

CNN.com

October JAMA Netw Open 2018

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TRACK RECORD	*"But last time…."* *"They will surprise you…"* *"They're a fighter…"*	Outcome = Process	**Tell more** **I wish** **What fighting for** **What hear you saying is: Reflection** **Anticipatory guidance** **Time trial**	Clinicians w/ contiuity? More family members voices Space to disagree

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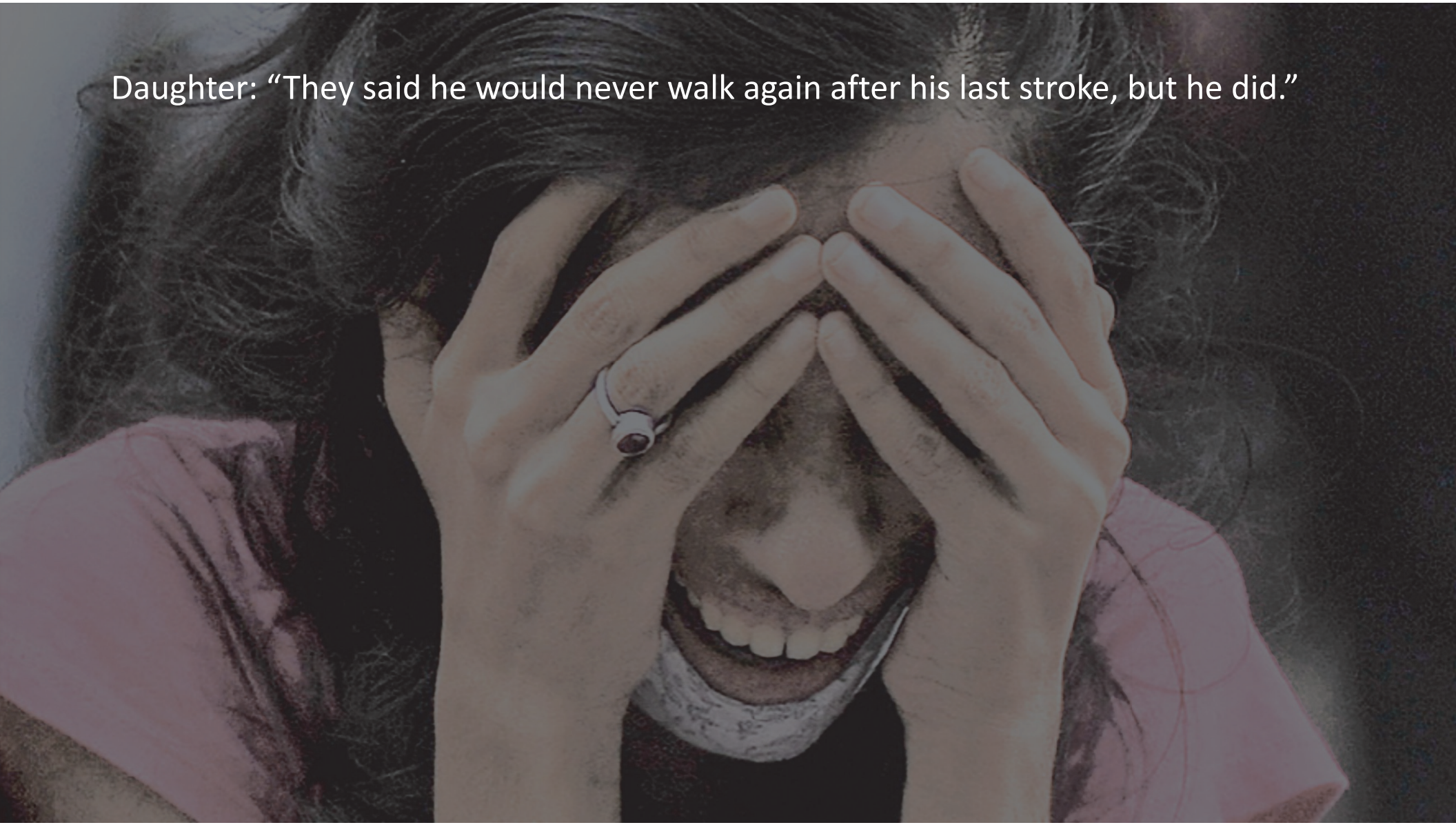
Discordance: Experience


Daughter: “They said he would never walk again after his last stroke, but he did.”

Research

JAMA Internal Medicine | Original Investigation | LESS IS MORE

Evaluation of Time-Limited Trials Among Critically Ill Patients With Advanced Medical Illnesses and Reduction of Nonbeneficial ICU Treatments

Dong W. Chang, MD, MS; Thanh H. Neville, MD, MSHS; Jennifer Parrish, DO; Lian Ewing, MSN, RN; Christy Rico, BA; Liliacna Jara, BS; Danielle Sim, MS; Chi-hong Tseng, PhD; Carin van Zyl, MD; Aaron D. Storms, MD; Nader Kamangar, MD; Janice M. Liebler, MD; May M. Lee, MD; Hal F. Yee Jr, MD, PhD

Components of Time Trials

Time Frame

Signs of Improvement

Signs of Worsening

Plan based on outcome of trial

Change et al. JAMA Internal Medicine 2021

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TRACK RECORD	*"But last time…."* *"They will surprise you…"* *"They're a fighter…"*	Outcome = Process	**Elicit lived experience** **Reflection Statements** "It sounds like…." Best/worst/most likely **Road Map: Anticipatory guidance**	**Time trials** Scheduled, regular intervals Keep an open mind
DISCRIMINATION DISTRUST	*"Why are you…."* *"Are you sure…."* *"Is this because…"* Vigilance Might not hear/see anything	Process>>Outcomes	Name unspoken fear Partnership,. Support Legitimize Acknowledge discirmiatnion exist **Respect thank you….** **apology**	Enlist trusted partners Less emphasis on info delivery Relationship
VALUES/BELIEFS	*"Any life is worth living…"*	Process>>Outcomes	Explore/spirit of curiosity Lived experience Set agenda Alignment	

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DISCRIMINATION **DISTRUST**	*"Why are you…."* *"Are you sure…."* *"Is this because…"* Vigilance Might not hear/see anything	Process (Trust) >> Outcome	**Respect/affirmation statements** Apologize: "I'm sorry for…." Acknowledge discrimination overtly	**Set aside agenda** Advocate for best care possible Continuity w/ clinicians of trust Community/trusted allies Actions over words Be transparent Small/frequent visits Cultural Navigator Consistent/consolidated info Consensus on Rx options
VALUES/BELIEFS	*"Any life is worth living…"* *"God will decide…"* *"We believe…."*	Process	Earn Trust **Emotional responsiveness** **Align with hope** Assure no stone unturned Emphasize what we **are** doing I hope/wish – I worry Values triad	

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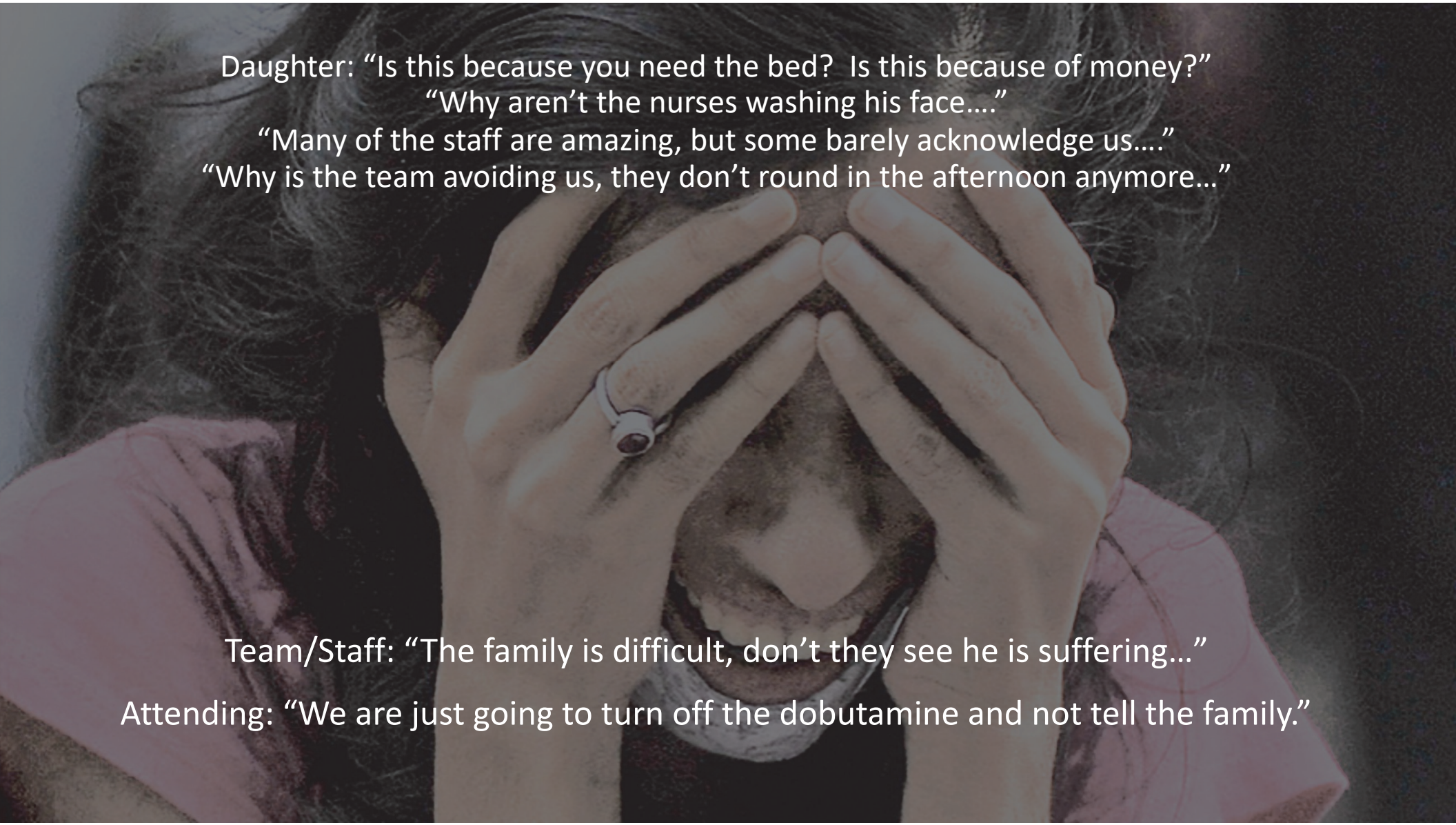
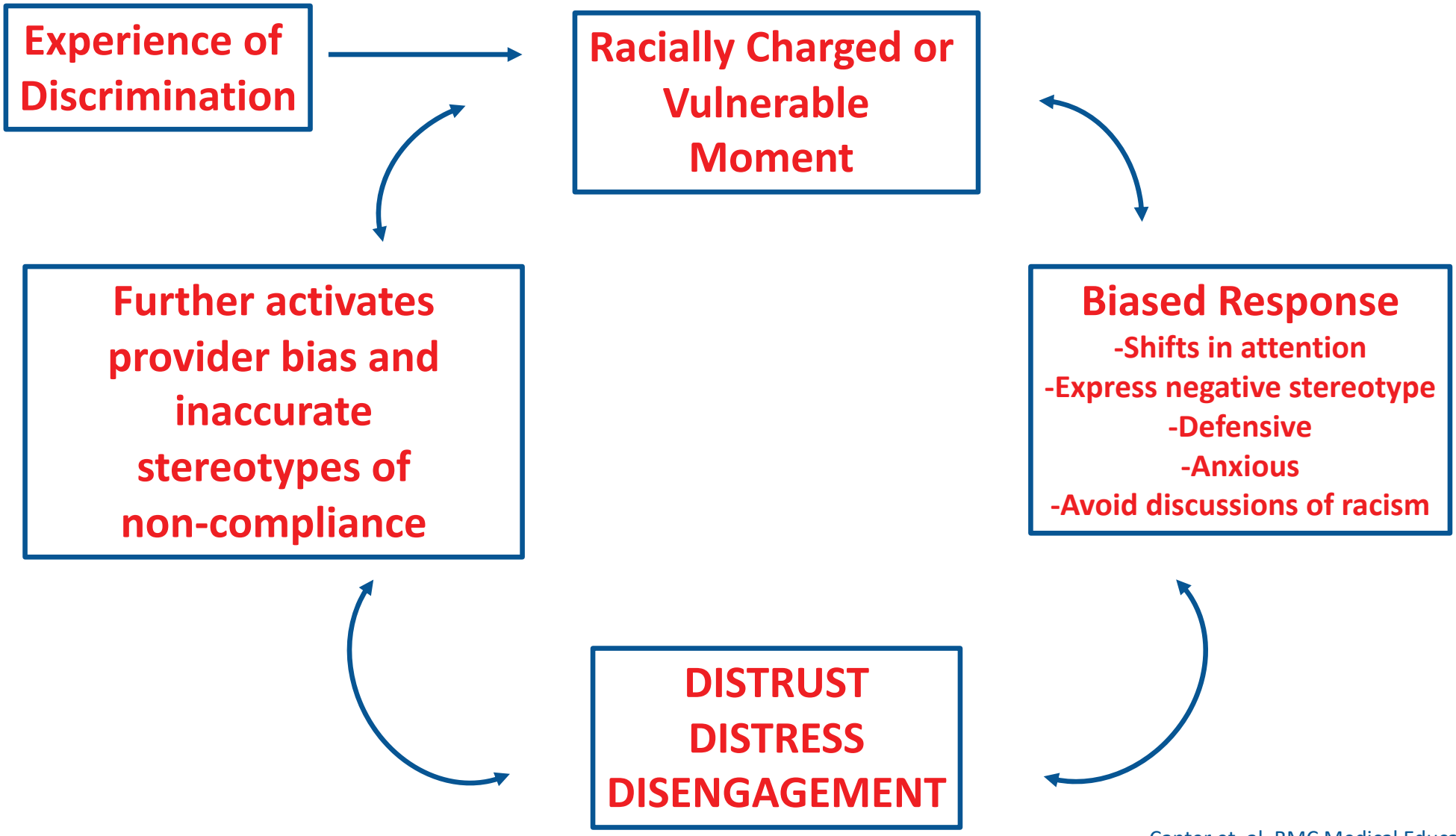
Discordance: Discrimination


Daughter: “Is this because you need the bed? Is this because of money?”
“Why aren’t the nurses washing his face….”
“Many of the staff are amazing, but some barely acknowledge us….”
“Why is the team avoiding us, they don’t round in the afternoon anymore…”
Team/Staff: “The family is difficult, don’t they see he is suffering…”
Attending: “We are just going to turn off the dobutamine and not tell the family.”

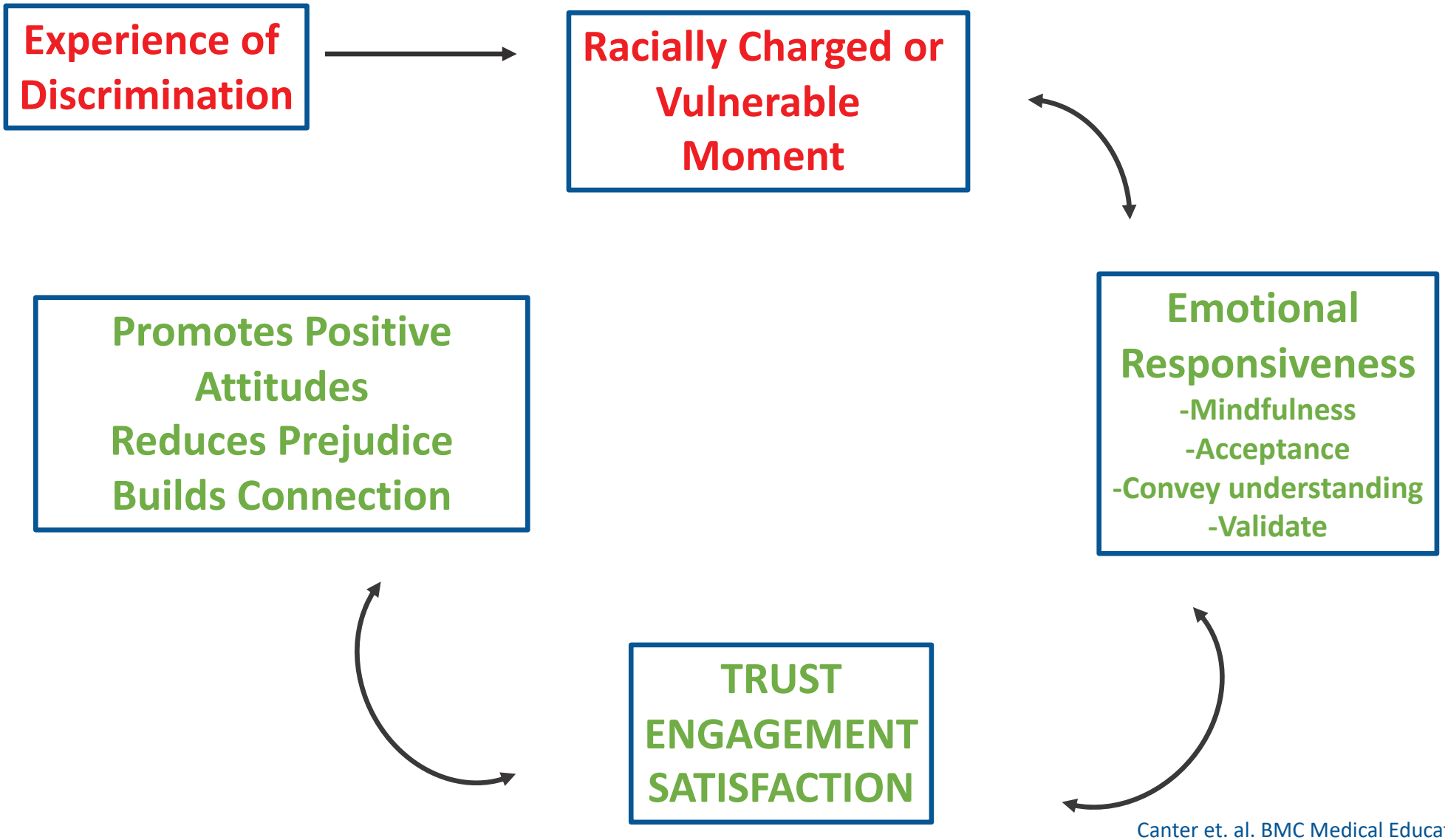


Canter et. al. BMC Medical Education 2020

Emotional [Responsiveness]

Displaying empathy, respect,
validation, and concern for the patient.

Canter et. al. BMC Medical Education 2020



Canter et. al. BMC Medical Education 2020

P – Partnership

E – Empathy

A – Apology

R – Respect

L – Legitimation

S – Support

https://www.mededportal.org/doi/10.15766/mep_2374-8265.10969

Discordance: Values/Beliefs

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

The Debt of Life — Thai Lessons on a Process-Oriented Ethical Logic

Scott D. Stonington, M.D., Ph.D.

"The daughter refuses to hear prognosis," concluded my attending. "It's classic: she listens, but she doesn't hear. The chance of a good outcome is zero; we're flogging this man with futile medicine. She's hoping for a miracle."

Values Triad

Fried Arch Intern Med 2011
Rubin JAMA Internal Medicine 2016
Kaldijian Am J Hosp Pall Care 2009

Values Triad

Medical Treatment	Patients	Families
Focus solely on comfort	30%	35%
Initial attempt, if not improving switch to comfort, no CPR	30%	28%
Full medical care, no CPR	18%	15%
Full medical care to prolong life at all costs, want CPR	12%	15%
Unsure	8%	8%
12 acute care hospitals in Canada, patients ≥ 80 yrs, 278 patients, 225 family members		

Heyland CARENET JAMA Intern Med 2013

Discussion

Q: What are situations you've faced related to prognostic discordance?

Q & A

Resources

VITALtalk
Search...
Faculty Login
CLINICIANS
FACULTY
INSTITUTIONS
RESOURCES
COURSES
BLOG
ABOUT US
VitalTalk makes communication skills for serious illness learnable.
Our evidence-based trainings empower clinicians and institutions.
Grow as a
CLINICIAN
We equip clinicians with expert strategies.
Join our
FACULTY
We develop clinicians into advanced educators.
Strengthen your
INSTITUTION
We build your capacity to provide patient-centered care.

IMPACT-ICU

IMPACT-ICU (Integrating Multidisciplinary Palliative Care into the ICU) is a communication skills training program to integrate palliative care into the ICU by training and supporting bedside nurses.

1 Video

VitalTalk Introduces IMPACT-ICU Toolkit

Tools for ICU nurses to be more effective communicators and to improve nurse-physician collaboration.

IMPACT-ICU Resources:

1 Video

Palliative Care in the ICU: Nurse's Role

...ut the crucial roles for ...U palliative care.

The 3 Conversations

3 Videos

Watch bedside nurses skillfully navigate discussions with patients and physicians in family meetings.

Coaching

1 Video

Supporting Primary Palliative Care a... the Bedside

Graduate Certificate in Palliative Care

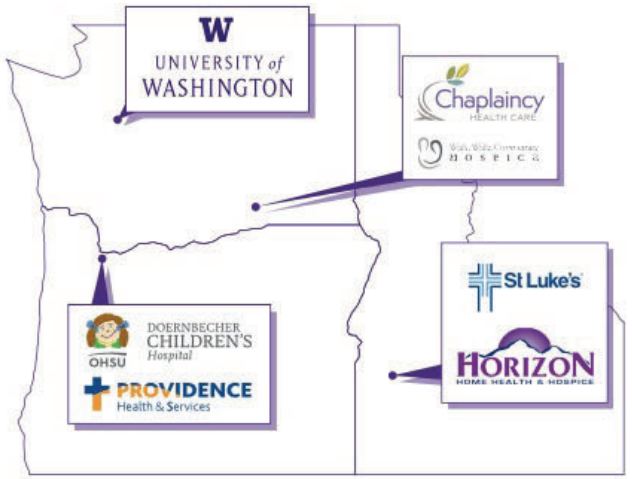
Building Interprofessional Communities of Practice

HOME | ABOUT THE CERTIFICATE | CURRICULUM | FACULTY | TESTIMONIALS | APPLICATION

FALL
Individual
- Eliciting the Patient & Family Story
- Responding to Emotions
- Workshop 1 VitalTalk 3 days
- Advance Care Planning
- Surrogate Decision Making
- Prognostic Awareness
- Symptom Management
- Moral Distress & Resiliency

WINTER
Team
- Facilitating Family Conferences
- Implicit Bias
- Workshop 2 TeamTalk 3 days
- Conflict Management
- Hospice & End of Life Care
- Cultural Humility
- Spirituality
- Ethics
- Caregivers
- Integrative Therapies

SPRING
System
- Stakeholder Engagement
- Design Thinking
- Change Management
- Proposal Development
- Quality Metrics
- Workshop 3 Making your Pitch 2.5
- Documentation and Billing



IMPORTANT DATES

Applications Due
May 1, 2020
July 15 (space allowing)

Workshop dates for Cohort: 2020-2021

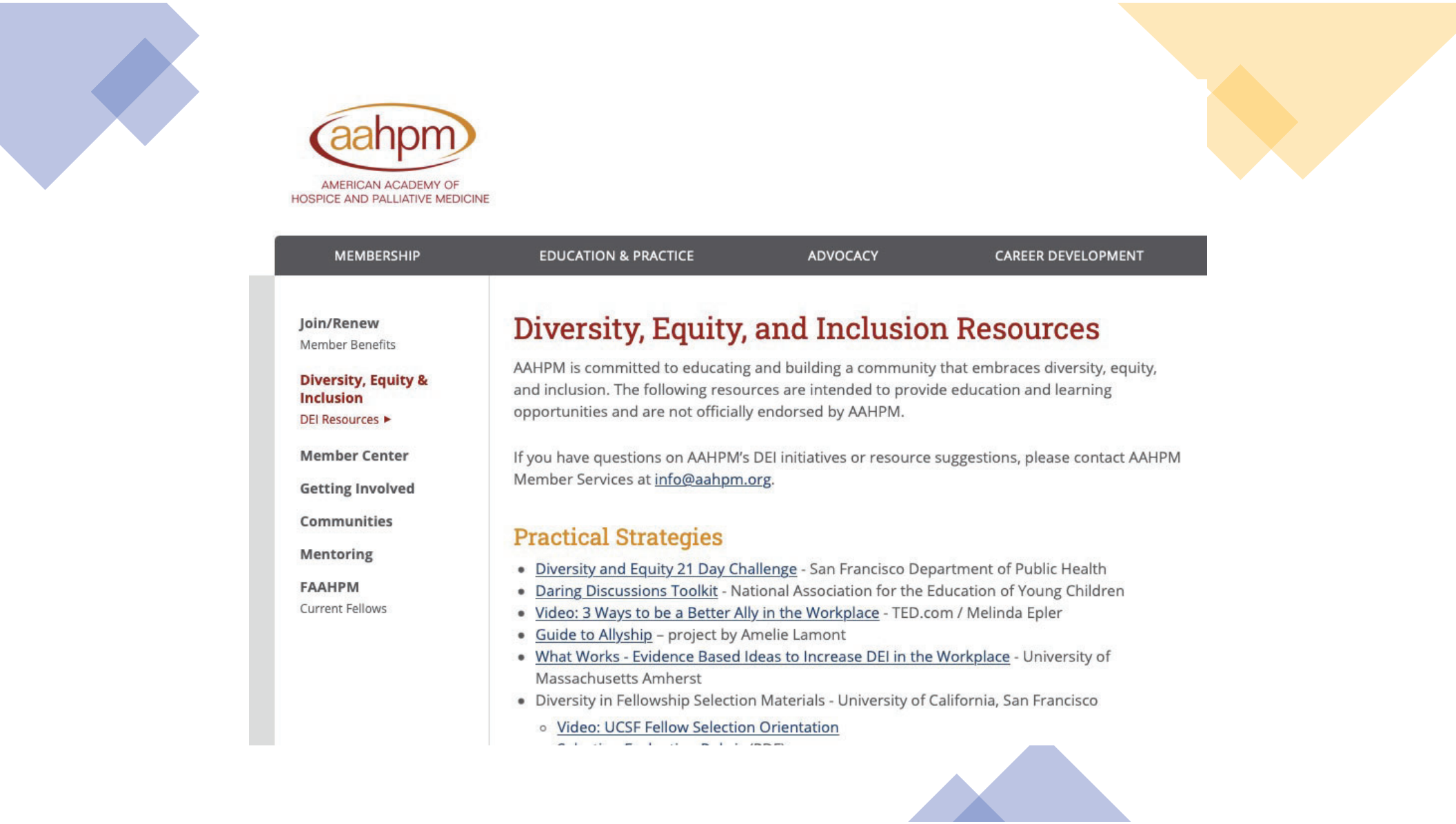
Seattle (Adult track):
October 15-17, 2020
January 21-23, 2021
May 13-15, 2021

Portland (Adult or Pediatric track):
October 15-17th, 2020
January 21-23, 2021
May 13-15, 2021

Boise/Tricities (Adult track):
October 22-24th, 2020
January 28-30, 2021
May 20-22, 2021

Contact Us
pctc@uw.edu

www.uwpctc.org


aahpm
AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE
MEMBERSHIP
EDUCATION & PRACTICE
ADVOCACY
CAREER DEVELOPMENT
Join/Renew
Member Benefits
Diversity, Equity & Inclusion
DEI Resources ▸
Member Center
Getting Involved
Communities
Mentoring
FAAHPM
Current Fellows
Diversity, Equity, and Inclusion Resources
AAHPM is committed to educating and building a community that embraces diversity, equity, and inclusion. The following resources are intended to provide education and learning opportunities and are not officially endorsed by AAHPM.
If you have questions on AAHPM's DEI initiatives or resource suggestions, please contact AAHPM Member Services at info@aahpm.org.
Practical Strategies
Diversity and Equity 21 Day Challenge - San Francisco Department of Public Health
Daring Discussions Toolkit - National Association for the Education of Young Children
Video: 3 Ways to be a Better Ally in the Workplace - TED.com / Melinda Epler
Guide to Allyship – project by Amelie Lamont
What Works - Evidence Based Ideas to Increase DEI in the Workplace - University of Massachusetts Amherst
Diversity in Fellowship Selection Materials - University of California, San Francisco
Video: UCSF Fellow Selection Orientation

Other References

- Childers et. al. J Oncol Pract, 2017 Oct;13(10):e844-e850. REMAP: A Framework for Goals of Care Conversations
- Anderson et. al. A multicenter study of key stakeholders' perspectives on communicating with surrogates about prognosis in intensive care units. Ann Am Thorac Soc. 2015 Feb;12(2):142-52.
- Cooper RS, Ferguson A, Bodurtha JN, Smith TJ. AMEN in challenging conversations: bridging the gaps between faith, hope, and medicine. J Oncol Pract. 2014 Jul;10(4):e191-5. doi:

Action Plan

Thank You

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