

Simulating End-of-Life Scenarios: Interprofessional End-of-Life Communication

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BACKGROUND

- Approximately 30% of all deaths in the US occur in the hospital setting
- Few caregivers practice or simulate difficult conversations, and many do not receive formal training or feedback on these skills.
- Distress is high among those caring for the dying, especially trainees and those early in their career.
- Communication and interprofessional collaboration are identified by multiple healthcare and educational organizations (AHA and ACGME) as major deficiencies in training programs nationwide.
- EOL conversations are typically led and dominated by physicians...

OBJECTIVES

- 1) Teach difficult communication skills
- 2) Teach interprofessionalism skills
- 3) Teach how to communicate difficult news as an interprofessional team

*What is a Difficult Conversation?

High Stakes
High Emotions

EDUCATIONAL DESIGN

- 1) Participants
 - A. PA, Nursing and SW students
 - B. Pediatric Residents, Nurses and Psychosocial Providers OR RT
- 2) Pre-Activity Survey: Background, experiences and comfort
- 3) Pre-Activity Reading: Literature and Pocket-resources
- 4) 2h Didactic: Communication (SPIKES & NURSE) and Interprofessional Skills
- 5) Simulation (via Zoom): Breaking bad news to a standardized patient family member as an interprofessional team
- 6) Post-Activity Survey
- 7) Simulation 2

SIMULATION DESIGN

- **Interdisciplinary Team:**
 - Provider (NP, PA, MD/DO Resident or Students)
 - Nurse/Nursing Student
 - Psychosocial Support Worker (Social Work, Child Life Specialist, Chaplain) or Social Work Student
- **INTERDISCIPLINARY CASE** – Each professional will receive slightly different information about the case
- **Pre-Meeting Huddle:** 10 minutes to plan for the meeting as a group & share what you know with the group
- **Simulation:** 15 minutes to break the news and have an EOL conversation with the family member (standardized patient)
- **SP Feedback:** 5 minutes to give feedback on 1) Information sharing and 2) Emotional Support
- **Debrief:** Structured, self-guided debrief
- **Structured Feedback:** Using either the Gap-Kalamazoo tool or the IECTT

SIMULATIONS THUS FAR

- **Pilot:** 12 team simulation sessions in November 2020, conducted exclusively via Zoom, with social work students and nursing students
- **Student Simulations:** ~ 42 student simulation (84 simulations) teams with PA students, Nursing students and Social Work students, February – April 2021
- **Pediatric Resident Simulations:** ~ 29 simulation (58 simulations) teams with pediatric residents (PGY1-2), Pediatric Nurses and Psychosocial providers (SW, Chaplaincy, Child Life and Case managers) or Respiratory Therapy January – June 2021.

REFERENCES



RESULTS

15. I better understand the roles, responsibilities, and skills of other professionals (nurses, physicians, respiratory therapists, social workers, etc.) in end-of-life care.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neutral	1	4.0	4.8	4.8
Valid Agree	8	32.0	38.1	42.9
Valid Strongly Agree	11	44.0	52.4	95.2
Valid N/A	1	4.0	4.8	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

16. I understand the benefits of interprofessional care.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	4	16.0	19.0	19.0
Valid Strongly Agree	17	68.0	81.0	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

17. I benefitted from the opportunity to practice interprofessional teamwork/facilitation.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neutral	1	4.0	4.8	4.8
Valid Agree	3	12.0	14.3	19.0
Valid Strongly Agree	17	68.0	81.0	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

18. After this activity, I am more likely to collaborate with caregivers from other professions when having end-of-life conversations.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	8	32.0	38.1	38.1
Valid Strongly Agree	13	52.0	61.6	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

19. After this activity, I am more likely to speak and/or speak more during an end-of-life conversation or care conference.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neutral	2	8.0	9.5	9.5
Valid Agree	7	28.0	33.3	42.9
Valid Strongly Agree	12	48.0	57.1	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

20. This activity stimulated my interest in interprofessional care.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	1	4.0	4.8	4.8
Valid Neutral	1	4.0	4.8	9.5
Valid Agree	4	16.0	19.0	28.6
Valid Strongly Agree	15	60.0	71.4	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

7. The feedback from the faculty was specific.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	7	28.0	31.8	31.8
Valid Strongly Agree	15	60.0	68.2	100.0
Total	22	88.0	100.0	
Missing System	3	12.0		
Total	25	100.0		

8. The feedback provided will change my communication at EOL.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	4	16.0	19.0	19.0
Valid Strongly Agree	17	68.0	81.0	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

9. After this activity, I am confident I can lead (a portion of) an end-of-life conversation.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neutral	1	4.0	4.8	4.8
Valid Agree	14	56.0	66.7	71.4
Valid Strongly Agree	6	24.0	28.6	100.0
Total	21	84.0	100.0	
Missing System	4	16.0		
Total	25	100.0		

FUTURE DIRECTIONS

- 1) ONGOING DIFFICULT CONVERSATION SIMS
 - A) HOUSING IN IPE
 - B) DIFFERENT 'DIFFICULT CONVERSATIONS'
 - C) EXPAND TO OTHER PROFESSIONS AND POPULATIONS (FACULTY?)
- 2) MOCK EMERGENCY + COMMUNICATION SIM
- 3) VALIDATING FEEDBACK TOOL

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