Palliative Care: Cancer End of Life Care - An Interprofessional Education (IPE) Approach in the COVID-19 Era (Part II VIDEO)

Part of the JHUSON Interprofessional Education and Simulation Online Program

Brief Summary

The purpose of this simulation is to identify the role of an interprofessional palliative care team in delivering cancer care. Additionally, this simulation will provide a tool to help learners develop skills for conducting difficult conversations and supporting a patient and family members during complex cancer decision making and end-of-life care.

Learning Objectives

Pre-licensure nursing students

By the end of this simulation, the learner will be able to:

1. Identify strategies for engaging in difficult conversations with cancer patients and family members.
2. Recognize patient/family cues when responding to difficult conversations.
3. Feel more confident and prepared for difficult conversations with patients/family coping with cancer.
4. Recognize the importance of silence when engaging in difficult conversations.
5. Provide support for patients/families during difficult conversations
6. Identify a framework to discuss end-of-life treatment options and goals of care with patients/family coping with cancer.
7. Recognize the importance of discussing code status with patients/family coping with cancer.
8. Identify strategies to evaluate/manage pain and other symptoms with patients/family coping with cancer.
9. Discuss the roles of palliative team members in delivering current therapies.
10. Address social, spiritual and emotional needs of patients and families.
11. Recognize the value of having an interdisciplinary team to assist with care of patients with acute and critical illness.

Nurse practitioner students

By the end of this simulation, the learner will be able to:

1. Apply strategies for engaging in difficult conversations with cancer patients and family members.
2. Assess patient/family cues when engaging in difficult conversations.
3. Acknowledge confidence in preparation to engage in difficult conversations with cancer patients and family members.
4. Engage in silence appropriately when sharing news with patients/family coping with cancer.
5. Promote support among team members for patients/families during difficult conversations.
6. Apply a framework to discuss end-of-life treatment options with patients/family coping with cancer.
7. Apply strategies to discuss code status with patients/family coping with cancer.
8. Employ strategies to evaluate/manage pain and other symptoms
9. Collaborate with palliative team members in determining efficacy of current therapies.

10. Develop strategies to address social, spiritual and emotional needs of patients and families.
11. Establish an interdisciplinary team to assist with care of patients with acute and critical illness.

Discuss the following core competencies for Interprofessional Collaborative Practice (2016):

A. Values/Ethics sub-competencies

VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
VE6. Develop a trusting relationship with patients, families and other team members.
VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.
VE10. Maintain competence in one's own profession appropriate to scope of practice.

B. Roles and Responsibilities sub-competencies

RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
RR2. Recognize one's limitations in skills, knowledge, and abilities.
RR3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
RR5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.

C. Interprofessional Communication sub-competencies

CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
CC3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies
CC4. Listen actively and encourage ideas and options of other team members.
CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

D. Teams and Teamwork sub-competencies

TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.
TT4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
TT10. Use available evidence to inform effective teamwork and team-based practices.
TT11. Perform effectively on teams and in different team roles in a variety of settings.

Key teaching/debriefing points:

In addition to interprofessional communication, teamwork, roles and responsibilities, and values/ethics included on the debriefing tool, include the following important discussions points:

Pre-licensure nursing and nurse practitioner students:

1. Discuss how a palliative care team initiate/conduct difficult conversation, considering team member roles.
2. Discuss how team members, in their various roles, assess and manage pain and other symptoms.
3. Describe how teams initiate end-of-life care conversations and coordinate care with community services.
4. Explain the following components of difficult conversation and end of life discussions:

a. Introduce new team members who are part of the care team and their roles.
b. Ask patients and family members how they prefer to be addressed (if not known already).
c. Speak to patient at eye-level (sit or raise the bed).
d. Ask who else the patient wishes to be present for a discussion(s).
e. Ask for permission to share news.
f. Use of "headline" by team members to let patient know that the situation is in a difficult place (e.g., "I have some difficult news"; "I wish I had better news").
g. Allow for silence.
h. Use a personal NURSE statement to address the patient's and family member's emotion (e.g., "This is so hard. I'm sorry"; "I see that your family is very important to you"; "I can't imagine what you are feeling right now").
i. Recognize when a question is actually an emotion (e.g., "How can I have cancer?"; "Why?")
j. Recognize patient cues about when to move forward with conversation. (e.g., "okay, what's next?")
k. Reframe and address patient value and goals.
l. Assess and manage pain symptoms.

Nurse practitioner students only:

a. Discuss deprescribing medications at the end of life
b. Recommend appropriate route of medications depending on a patient's clinical status
c. Coordinate care with community services

Case Overview

This simulation depicts a structured interprofessional palliative care team conversation with a patient diagnosed with cancer and his family member. Palliative care team members who are participating include a nurse, nurse practitioner, palliative care physician, pharmacist, social worker, and chaplain. They discuss a patient, Mr. M., a 53-year-old male and his wife, who visit a primary care office to discuss laboratory results, and a nurse practitioner shares the potential diagnosis of cancer. Following the conversation at the primary care office, Mr. M had appointments with an oncologist and radiology, and a biopsy revealed small cell lung cancer. A month later, an interprofessional palliative care team at the inpatient hospital setting met with Mr. M and his wife to discuss the disease progression and current symptoms. With a poor prognosis, the palliative care team met further with Mr. M and his wife to discuss a treatment plan, end-of-life care and transfer to hospice care.

Curricular information

Educational Rationale and Need

The World Health Organization (WHO) defines palliative care as "*an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment*

of pain and other problems, physical, psychosocial and spiritual" (World Health Organization, 2018). Palliative care which is integrated, person-centered care at all levels of care, aims at relieving suffering by addressing uncontrolled pain and distress, symptom management, psychosocial care, communication, complex decision-making, and end-of-life care in patients with cancer and other serious illnesses (Institute of Medicine, 2014). Palliative care for patients living with cancer integrates palliative care with cancer-directed care throughout the continuum of a person's disease, regardless of whether it is early or late in the course of the disease (Partridge et al., 2014). Research evidence shows that palliative care and its components are valuable to patient and family health and well-being. In recent years, studies have found that integrating palliative care into a patient's usual cancer care early after a diagnosis of advanced cancer can improve their quality of life and may prolong survival (Ferrell et al., 2017; Temel et al., 2010). Hence, The American Society of Clinical Oncology recommends that all patients with advanced cancer receive palliative care (Ferrell et al., 2017).

The growing need for palliative care among patients with serious illness is outpacing the supply of palliative care specialists. This mismatch calls for the competency of all healthcare providers in primary palliative care, including communication, management of pain and other symptom and interprofessional teamwork (Kozhevnikov, Morrison, & Ellman, 2018). The delivery of palliative care to patients with cancer and family requires patient-centered communication. Excellent communication skills by clinicians can introduce patients and family to palliative care, build patient trust, enable pain and symptom control, strengthen coping and guide decision making (Back, 2020). Communication is a two-way, rational process that is shaped by context, culture, words and gestures and is one of the most important ways that clinicians influence the quality of medical care receives by patients and family members (Back, 2020). Content-specific to evidence-based strategies for delivering bad health news and supporting patients during decision-making and end-of-life care is limited in the nursing, social work and other medical curricula in the US (Pastor, Cunningham, White, & Kolomer, 2016). Using simulations and building competencies in palliative care and difficult conversations in nursing and other interprofessional medical curricula will improve these skill sets and strengthen the care we deliver to patients with serious illness and families (Kozhevnikov et al., 2018; Pastor et al., 2016).

Reference Materials

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