ACHPN®
Review Course
Education and Communication

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Education and Communication
This module focuses on processes used to exchange information, ideas and emotions. An overview of education focuses on adult learning principles and the process of designing and evaluating educational programs for patients, families and those that influence health care. A review of communication principles focuses on interactions with patients and families that arise commonly in palliative care such as advance care planning and breaking bad news.
Objectives

1. Describe the application of adult learning principles in the provision of patient/family/professional education
2. Describe the integration of communication principles into professional practice

Education and Communication

A. 16% of examination content
   • Approximately 28 questions
B. Content focus
   1. Education
      A. Patient/family
      B. Colleagues
      C. Others
   2. Communication
      A. Patient focused
      B. Team focused
Education

- Provisions of information to change attitudes and behaviors
- Occurs in all settings including: clinical, academic, administration, quality, research, and policy
- Education may be formal or informal
- Facilitator of learning is a core competency for APRN

Educational Audiences

- Patients
- Families
- Professional colleagues from all settings and disciplines
- Insurers
- Local, state, and national
  - Professional or consumer organizations
  - Policy makers or legislators
- Healthcare communities
- General public

Educational Initiatives

- Advance hospice and palliative care
  - Information
  - Research
  - Policy
- Differentiate palliative care from hospice care
### Patient/Family Education

- Overall goal is to enhance self care and informed decision-making
  - Information such as illness/condition, treatment options, prognosis
  - Behavior change such as self injection, healthier lifestyle, decision-making
- Interdisciplinary team roles in assessing and attending to the patient/family education needs

### Assess the Learner

- Learning need: information/knowledge, skill, or behavior
- Motivation/willingness to learn: wanting to know, the need to know, required to know
- Non-judgmental assessment of the learner’s ability to understand and learn
- Mode of learning: visual, auditory, kinesthetic
- Cognitive and emotional state; cultural, spiritual, or religious factors; age; developmental level
- Visual, auditory, sensory, cognitive strengths and deficits

### Adult Learners

- Have experience and knowledge from life
- Need to be respected
- Are autonomous and self-directed
- Are goal and relevancy oriented
- Education needs to be applicable to real life situations
Educational Planning

1. Topic – specific or general
2. Goal – for session
3. Audience – who is it
4. Learning objectives – measurable and time bound
5. Format – formal (slides), interactive (group work)
6. Resource/materials
7. Learning environment
8. Evaluation – goal attainment, learning environment, teaching strategies
   a. Should be more complex than objectives met or not met

Question # 47

The family accompanying one of your cardiac patients in clinic asks about cardiopulmonary resuscitation (CPR) and heart failure. They appear to be well informed about the disease and its progression. You respond that CPR is reasonable in patients with:

A. End stage cancer
B. Early heart failure
C. Advanced pulmonary disease
D. A do not resuscitate order

Question # 48

Organ donation should be a routine area of assessment for hospice and palliative care patients. For the patient in the ICU, the potential for organ donation should be suggested:

A. Once death has occurred
B. When an organ donation policy exists
C. When interdisciplinary team members can be present
D. If organ viability can be guaranteed
Palliative Specific Resources

- Hospice and Palliative Nurses Association (HPNA)
- End-of-Life Nursing Education Consortium (ELNEC)
- Center to Advance Palliative Care (CAPC)
- National Hospice and Palliative Care Organization (NHPCO)
- American Academy of Hospice and Palliative Medicine (AAHPM)

Other Professional Resources

- American Nurses Association (ANA)
- American Association of Colleges of Nursing (AACN)
- American Association of Critical Care Nurses (AACN)
- American Cancer Society (ACS)
- National Comprehensive Cancer Network (NCCN)
- Oncology Nursing Society (ONS)
Communication

- Is a process of mutual influence that is ongoing, dynamic
- All processes by which one mind influences another
- Exchange of information, emotions, values, attitudes


APRN Communication Competency

- Utilizes knowledge of communication theory and principles to communicate effectively with patients, families, healthcare professionals, and the general public
- Communication is a part of all competencies:
  - Assessment
  - Advocacy
  - Leadership
  - Education
  - Collaboration
  - Negotiations
  - Policy development


Professional Communication

- Self-awareness in style (verbal and nonverbal)
- Awareness of cultural, ethnic, linguistic, and religious influences for self and others
- Familiarity with adult learning theory
- Attention to literacy, numeracy, setting, and environment
- Attention to goal of communication – supportive, listening, information, education, and advocacy

Professional Palliative Care Communication

• Interview techniques
• Consultation etiquette
• Therapeutic presence and communication
• Teaching
• Advocating
• Collaborating

Why is Patient Communication Important?

• Consistent, effective communication associated with improved patient satisfaction and safety, better health outcomes and lower costs of care
  - 2001 IOM Crossing the Quality Chasm

• Improved patient clinician communication reframes unrealistic expectations regarding outcomes and survival that drive treatment decisions and costs of care
  - 2013 IOM Delivering Affordable Cancer Care in 21st Century

• Nurse-Patient communication strongly influences patient satisfaction, outcomes, and costs of care

Results of Early Palliative Care for Patients with Metastatic Cancer Study

• Higher rates of advance care planning (ACP)
• Better quality of life, less depression
• Less aggressive care during the last period of life
• Earlier hospice referrals
• Better disease understanding
• Patient and family better prepared

Temel et al. 2010
Communication Needs

• A patient needs information to foster self care and decision-making; manage symptoms; and obtain support from family, friends, and the healthcare system.
• Similar to the needs of the patient, the family needs to communicate with the patient, each other, and the healthcare team, as appropriate or as determined by the patient, and culture and/or familial values.

Grant, Communication, Core Curriculum, 2013.

Family Considerations

• Acknowledging their need for information
  • May be different than the patient’s needs
• Clarifying their roles as caregivers and the inherent stressors
• Supporting decision-making

General Communication Guidelines

• Gentle but honest discussions
• If you don’t know, find out
• Allowing the patient/family time – to be heard
• Develop a therapeutic relationship
  • Mutual regard
  • Respect
  • Warmth
  • Genuineness
  • Unconditional acceptance
Difficult Communication

- Advance care planning
- Diagnosis
- Goals of care/treatment planning
  - Consideration of treatments
  - Resuscitation status
  - Initiation, withholding, or withdrawal of life-sustaining therapies
- Bad news discussions
  - Disease progression
  - Poor prognosis
  - Hospice
- The dying process
- Family meetings
- Conflict resolution

Interventions for Effective Communication

- Ask permission
  - To talk with patient/family
  - May not be up to it:
- Explore
  - Open ended questions
  - Learning stance
  - Silence
- Provide information
  - Ask, tell, ask
- Breaking bad news
  - Warning shot
  - Allow for reflection
  - Listen to response
- Provide support
  - Listen
  - Presence
  - Non-judgmental stance

Conversations with Patients who have Life-Limiting Illness

- Discussing disease status, progression, and expected prognosis
  - Hope and realism: "Hope for the best, yet plan for the worst"
  - Acknowledge chronic, progressive, and ultimately fatal illness
  - In oncology half of those who have cancer die from it
- Transitions and changing the face of hope
  - Cure → stabilization of disease → slowing progression → end-of-life care
  - Focus on quality of life at all stages
- Promote informed patient preferences
- Respect the patient’s wishes about involvement in decision-making
Question # 49
Developing caring relationships includes providing patients with access to information, fostering the ability to set attainable goals, and promoting a positive attitude. Which concept best describes this process?

A. Creating boundaries  
B. Creating trust  
C. Creating hope  
D. Creating compassion

Question # 50
The APRN’s communication should meet the needs of a patient and family. Communication with the patient and family should:

• A. Use clear language and simple terminology  
B. Use appropriate medical terminology and acronyms  
C. Meet the expectations of the APRN for the encounter  
D. Provide rote repetitive information to avoid confusion

Question # 51
Palliative communication is grounded on the following principles:

A. Prognosis, bad news, and conflict resolution  
B. Honesty, timeliness, and compassion  
C. Advance care planning, code status, and medical orders  
D. Collaboration, comprehensiveness, and conflict
The COMFORT Initiative:  
Centrality of Communication

Communicate – person centered  
Orientation & opportunity – introduce palliative care  
Mindful presence – no agenda, times of silence  
Family – whoever the patient says they are  
Oversight – coordination of care  
Radically adaptive messages – difficult conversations  
Team – interdisciplinary collaboration


Question # 52
Advance care planning includes which of the following?  
A. Medical orders for life-sustaining treatment and directions for dispersal of belongings  
B. Written designation of a proxy healthcare decision-maker and prepaid funeral plan  
C. Legal wills and designation of legal power of attorney  
D. Advance directives and designation of surrogate decision-maker for healthcare


Question # 53
A family has asked to meet with you about their sister Sophie who has dementia and a do not resuscitate (DNR) order. They ask about the disease trajectory of dementia. What is the most important area of focus for the APRN in the meeting?  
A. The benefits and burdens of life-sustaining treatments for patients with dementia  
B. Exploring what they understand of her condition and her wishes for life-prolonging measures  
C. Providing prognostic information based on FAST score and PPS  
D. Discussing signs of decline toward death

Question # 54

John has been home with hospice services for 4 weeks with progressive hepatorenal syndrome in the setting of a failed liver transplant. His family is concerned about recent changes noting that he is spending more time in bed, requires more help to move, eating little and sleeping more. He is also extremely jaundiced. He denies specific symptoms except that he is weaker. The most appropriate response to these concerns is to:

A. Acknowledge that John is entering the actively dying phase
B. Instruct the family about funeral planning
C. Arrange for hospital admission to rule out infection and anemia
D. Notify John’s primary care physician about the changes


Question # 55

Judith is a 76-year-old with end stage heart failure and COPD. Her family understands that her death is imminent but expresses concerns that they will not know when she has died. The APRN responds by reviewing which of the following?

A. Process of death pronouncement
B. Common symptoms seen in actively dying patients
C. Plans for funeral and burial
D. Physiological indicators of death

Question # 56

When performing a patient centered interview, the APRN should:

A. Use open-ended questions to elicit information
B. Provide reassurance to reduce negative emotions and response
C. Avoid silence to decrease discomfort
D. Use nonverbal responses to establish boundaries
Family Meetings

- Creation of appropriate meeting space and time
- Preparation for meeting with patient, family, and staff
  - Patient/family
  - Staff
    - Who to attend
    - Who to lead
  - Facts
- Goal of meeting
- Introduce all participants

State goal of meeting
- Clarify medical information and provide missing information
- Elicit patient and family values, preferences, and beliefs
  - Interview with open-ended questions
  - Listen, attend to emotion
  - Encourage discussion
  - Answer questions of patient and family


Family Meetings

- Make any necessary decisions
- Provide a summary of the meeting and plan for follow-up
- Close meeting
- Review meeting with colleagues


Question # 57

When preforming notification about a loved one’s death to a family who is in the room, what is the best process for the APRN to follow?

A. Offer condolences, explain the process for death pronouncement, and then post-mortem care
B. Introduce oneself, explain the signs and symptoms of death, and determine that death has occurred
C. Confirm that death has occurred, offer condolences, and discuss funeral planning
D. Ask if any rituals need to be honored, confirm death, and determine autopsy

**Question # 58**

Which of the following statements should the APRN use when informing a family of the death of a family member?

A. State “I am sorry, your loved one has died.”
B. Ask the family “Do you understand what has occurred?”
C. State “Your relative has expired and passed on.”
D. Ask, “How do you feel now that your loved one is gone?”

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**Conflict Negotiation**

1. Expected and healthy
2. Step back from situation to reflect
3. Separate and identify the facts and emotions
4. Identify the goal of conflict resolution – should be about patient and his/her care
5. Address conflict by discussing perceptions and feelings
6. Problem solve and find area of agreement – patient care

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**Question # 59**

Millie’s family has met with specialists and they are now deciding on treatment goals. Two of the family members want “everything done” but Millie’s healthcare POA wants to honor Millie’s wishes not to prolong her life. The APRN should:

A. Support the family majority so they do not loose hope.
B. Consult the ethics committee to assure the family is heard.
C. Meet with the entire family to have an open discussion about Millie’s wishes.
D. Speak privately with the healthcare POA to support her decision.
### Summary

- Education and communication are critical aspects of palliative care and form the foundation to care.
- By the nature of their role, APRNs are teaching all the time both formally and informally.
- APRNs will be asked to participate in a range of educational opportunities.
- To be effective, it is important to use educational principles and include the essential strategies appropriate to different ages.
- Communication occurs all the time with patients, families, and colleagues.
- APRNs need to understand their personal style and gain skills and knowledge in all areas of communication.

### Additional Reading

The National Consensus Project for Quality Palliative Care: *Clinical Practice Guidelines for Quality Palliative Care 3rd edition 2013*

  - Chapter 5 – Communication
  - Chapter 29 – The Older Adult Population
  - Chapter 32 – Care of the Actively Dying Patient
  - Chapter 36 – National Guidelines and APRN Practice

*Communication in Palliative Care*