COMPASSIONATE CONVERSATIONS

The Standard of Care

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Why?

Our team was concerned about the way difficult prognoses are delivered to the patient. You will not have to look far to find stories that demonstrate the problem.

"There's an elephant in the room and no zookeeper."

Why?

- Physicians are not trained in empathic conversations.
- Physicians have limited time.
- And when traumatic news is given, we know that our stress response kicks in; our sympathetic nervous system is activated and our hearts speed up, blood pressure rises, and the ability to process information cognitively is impaired. This is one reason why patients and family members need support when bad news must be delivered. After the news is digested, a course of treatment must be chosen. But compassionate conversations don't begin just when a devastating illness is detected. We believe they should begin at the first visit with clinicians in our organization.

Every patient needs and deserves a compassionate conversation

We believe this should be the standard of care

Convey

- Care and compassion
- Value for the patient as a person
- Patients have dignity and worth

From the first encounter to the last

- Physicians can convey compassion
- Stress a team approach
- We modeled 5 encounters where the physicians' interactions took less than 10 minutes
- The patient was connected to the case manager, social worker, chaplain, and other professionals on her care team.
- The following slides contain selected exemplars. See the script for more ideas.

First Encounter: Doctor and Patient

- The Doctor asks what the patient has been told
- Performs the appropriate history and physical and when completed
- Be certain that the patient is comfortable and sitting facing the doctor.
  - The setting is one where the patient and doctor have privacy
  - The doctor sits in front of the patient on a low chair so that her eye level is slightly below the patient's
  - She reports her findings from history, physical and other easily available data and ends with
- Whoever (family /friend) came to the visit with the patient and the patient wants present is in the first visit as pt's support.

Second Encounter with Case Manager

1. “I am quite concerned that something serious is going on.”
2. Then convey
    a)“We will be doing multiple studies to arrive at the diagnosis. Some will be done while you are in Emergency and some after you arrive on the ward.”
    b)“We” will provide the care that you need
    c)“We” will be available to answer your questions and those of your family
    d)I use the word “we” because we are a team to care for and support you
3. Ask, “Would you tell me what you just heard me say?”
4. Ask, “What other questions do you have”?

Third Encounter: Case Manager and Social Worker

- "Valerie, a final diagnosis is emerging, its exact nature is not yet certain"
- "Whatever it may be we will treat you and support you and your family"
- "What further questions do you have"?

If the patient asks, "Is it cancer"?

- "That is a good question. It is more likely than when I talked with you last"
- "We will do further testing (identify endoscopy, biopsy, etc) so we can give you a definitive answer."
- "If it is cancer, our team is ready to treat and to support you and your family. We are with you all the way on this journey."

Fourth Encounter: Diagnosis Known

- We have the definitive diagnosis, the patient has not asked about cancer
- The doctor waits for the assimilation of what is being shared as she states:
  - "This is a tumor," pause giving a chance to ask questions
  - *If the patient has not yet asked about cancer, I will not yet use the word*
  - If the patient doesn't ask a question, the doctor states "I will be back in a little bit to listen to what you are thinking"
  - Members of the team engage the patient and family in conversation about what they are thinking and their concerns. Doctor returns in 15 minutes.

Pre-Surgical Visit

- "How are you doing"?
- "What is your source of support? To whom do you turn in times like this"?

Depending on the conversation, I might add:

- "Would it be helpful to you if I prayed before I leave"?

Parting conversation

- "You are in good hands, I am confident in our surgical team."
- "I will see you following surgery."
- "The team will continue to support you and your family."

COMPASSIONATE CONVERSATIONS

THE STANDARD OF CARE

Compassionate Care Teams Include:

EVERYONE!

Compassionate Care Requires

- A system-wide approach
- Top down implementation
- Training programs
- Assessment procedures

Goals of the Program

- Enhance communication about illness whether or not the implications are considered "serious"
- Make sure patients and their families understand communications about (loved one's) health status and its mortality implications
- Support patients and families as they respond to health care crises
- Development of patient care teams that work with clinicians when they need to report difficult news to patients and their families
- Maintain the dignity of the patient at all times

Implementation Involves

- CEO and Board
- Top Administrators
- Chairpersons
- Clinicians

Directing Committee

- CEO
- Chief of clinical services
- Chief of nursing services

Develop policy describing this new Standard of Practice

Education and Oversight Committee

(1) Each service will be represented on this larger committee

(2) Each service will be responsible to develop their practices in harmony with the overall policy

Compassionate Communication Training

- For all staff and clinicians
- Service area specific
- Documentation

Lapses in compassionate patient care

- Review
- Change procedures
- Modify training
- Counseling for individual employee
- Follow-up documentation

Benefits of Compassionate Communication

(1) Shorter hospitalizations

(2) Lower frequency of ER and clinical visits for those with chronic disease

(3) Patient satisfaction

(4) Lower frequency of legal complications

(5) Less clinician burnout or dissatisfaction

Costs of compassionate care

(1) Extra time/personnel required

(2) Offset by savings in terms of benefits listed above

(3) Offset by effect on community approval of hospital (clinic)

(4) Offset by effect on community support

Like the idea?

- Develop a presentation for your CEO
- Enlist the support of a clinician who champions the approach
- Review our attached bibliography and full narration as a resource when creating your presentation!