

A Novel Approach on Breaking Bad News NONPF 2014

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End of Life Care in the Acute Care Setting

- ICUs historically save lives
- Technology provides more options for patients
- At times, conflicting with patient's wishes
- Goals of care may change
- Curative mode changes to comfort measures
- Sometimes the mode never changes, but the patient expires despite all efforts
- *Who is there to explain it all?*



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Where are the gaps?

- Expansion of role as APNs without proper preparation
- Crowded curriculums
- Lack of qualified educators
- Negative attitudes toward death/dying
- Lack of resources
- All lead to difficult communication and possible conflicts in goals of care



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AG-ACNP Program at Drexel University

- Hybrid program with online and on-campus visits
- End of life care/communication incorporated into curriculum
- On campus intensives
 - ✓ High fidelity simulation
 - ✓ Standardized patient experiences
 - ✓ Workshops
 - ✓ Procedures in critical care

Importance of Delivering Bad News Experience

- Death leaves lasting memories for those left behind
- First experience breaking bad news can be constructively evaluated
- Provides the students with a “first” experience without involving a grieving family
- Allows for mistakes without the lasting impressions
- Skills are learned in this “safe” environment

Objectives of Breaking Bad News Learning Experience

- Observe and discuss the meaning of a ‘good death’
- Experience delivering bad news in a combined high fidelity simulation and standardized patient encounter.
- Participate in a debriefing session with roundtable discussion based on common themes from reflective journaling.
- Describe examples of prior experiences in practice with delivering bad news and end of life decisions


Reflective Journaling

"I felt helpless when I first arrived on the scene since there was not much backup"

"I was uncomfortable speaking to the daughter because I wasn't sure which words to use."

"It was difficult to say or explain what had happened"

"I kept wanting to say 'passed' because using the word 'dead' or 'died' was really hard"




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Themes derived from student journaling

- Didn't know what to say
- Torn in trying to explain what happened
- Felt helpless
- Uncomfortable situation
- Felt pulled: Didn't agree with coding patient vs. honoring wishes of patient
- How far do we go? Felt badly that we 'gave up'
- Comparing: prior experiences with physicians in similar situations
- Being in charge was hard
- Hard to control self when speaking with family
- Not prepared
- Bundle of nerves




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Standardized Patient General Feedback to Group

- They appreciated strong eye contact
- Some physical contact was positive- hand holding or shoulder
- Wanted a calm and direct approach
- Many different approaches were evident to SP's
- Smiling was perceived as a negative
- 'Passed' and 'expired' are confusing terms
- Authentic connection vs. feeling abandoned
- Fill up space with talking vs. silence




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Key Points of Roundtable Discussion


- Viewing death as a failure
- Discussing death is easier when the provider has a relationship with the patient/family
- Paying attention to the non-verbal behavior of the spouse
- Providing a death that is good for the patient
- How we as providers take care of ourselves after a difficult day

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Faculty Roles and Implementation


- Emphasize the importance of securing a safe environment
- Understand that for some students this will be emotional, be prepared to handle that
- Anticipate religious and cultural differences
- Make sure that the team understands that the focus is not on the resuscitation process
- Keep the case simple
- Properly train the SP

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Future Direction

- Collaborative approach using psych mental health colleagues and students to participate in the simulation experience.
- Interdisciplinary education with medical school students
- Development of an online based 'delivering bad news' educational series
- Further data collection from this years students

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