Instructing APNs to Deliver Bad News (DBN) to Patients and Families in the Millennial Generation

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Disclosures

I do not have any disclosures nor any relevant financial relationships to disclose.

Objectives of the Presentation

- The presentation will pinpoint key evidence base studies for educators to use in instructing how to communicate relation crisis to patients/families to APN students
- The presentation will discuss the methods utilized to translate evidence and the results
- The presentation will convene the significance and implications of the evidence of instructing APNs on how to deliver bad news or relational crisis

Introduction

Delivering Bad News (DBN)

- **Definition** : An oncologist described bad news as any news that has adverse and grave disturbances on an individual's view of the future (Buckman, 2005).
- Communication is a vital part of health care that comprises the discussion of information between providers, patients, and caregivers.
- Advance Practice Providers (APNS) will be accountable for the higher level of communication with patient and families. They need to build upon their primary communication skills acquired through their prior education and orientation to practice
- Healthcare providers regularly recognize a need for further education in the communication of difficult information
- The consequence of poor deliverance of bad news is highlighted by the fact that it can be very impressionable to the family and impact their coping skills

Concern for Educators

See one , do one, teach one does not apply here!

- Creating a patient-centered environment, which is characterized by mutual respect, understanding, empathy and collaboration is a particular competency established by National Board of Nurse Practitioners (Nurse Practitioner Core Competencies, NONPF 2012).
- Nurse educators need innovative pedagogical strategies for teaching therapeutic communication skills to graduate APN nursing students such as delivering bad news or relational crisis.
- Various simulated models have provided high level of communication skills to effectively work with patients, families, and other professionals.

Purpose

The DNP project postulated and mentored innovative pedagogical models for teaching therapeutic communication skills to APN nursing students with the use of various simulation models.

Project Question:

What forms of simulated curricula can assist faculty to prepare APN students to communicate bad news or relational crisis with patients- families effectively?

Methodology: Carper's Theory of Knowing

- Carper's Theory of Knowing in the simulation framework will strengthen the student's level of engagement.
- Carper's (1978) describes four patterns of knowing in nursing: empirical knowing, aesthetic knowing, ethical knowing and personal knowing.
- It provides a baseline for effective communication, and identify the strengths and needs of clients, and evaluate outcomes
- Utilizing Carper's theoretical model in various simulation models for DBN does not solely focus on biomedical component of nursing knowledge, but rather integrating interpersonal aspects

Methodology: Review of the Literature

- An ample search of digital databases was executed using the *keywords* such as delivering bad news, communication, pediatric, simulation within the period of 1996- 2015.
- Databases searched included CINHAL, Ovid, ProQuest, & Pub Med).
- A total of 1050 articles were found initially. After an analytical review, seventy-five articles were found to be relevant and considered for appraisal.
- Majority of the literature appraised were from the **medical discipline**

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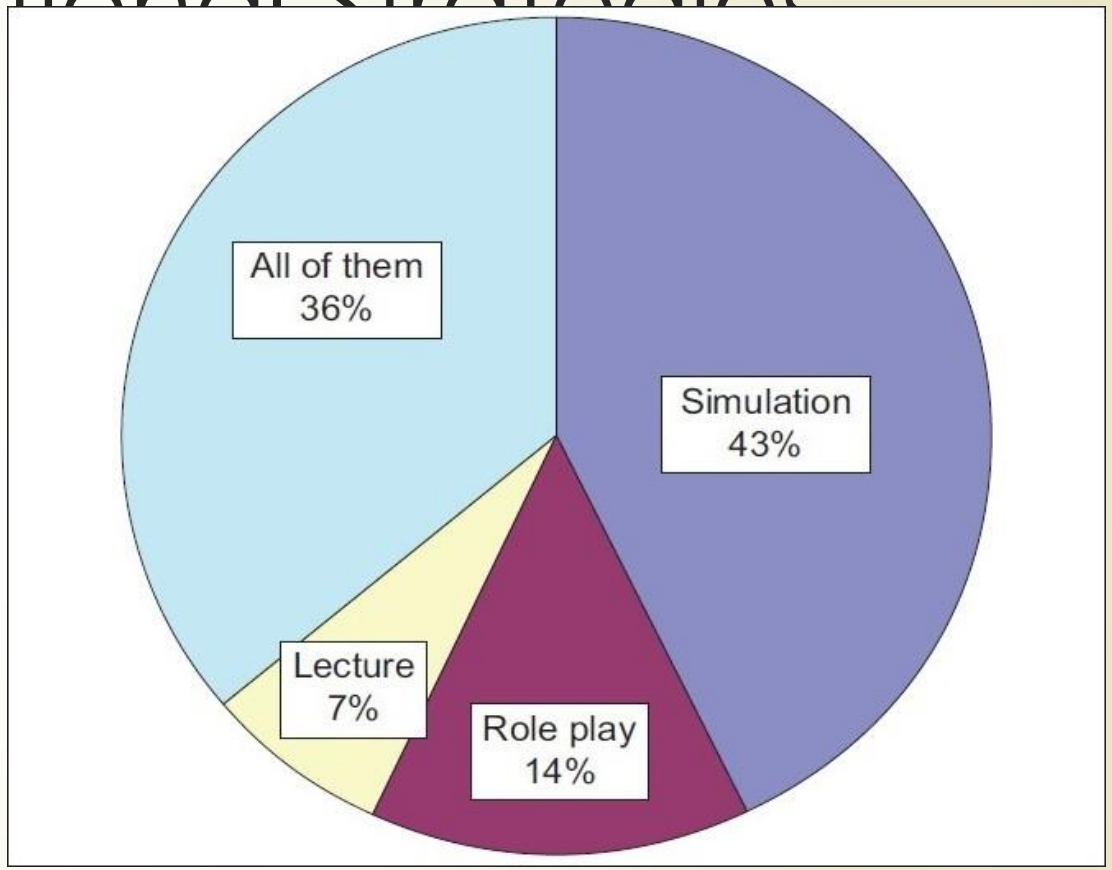
Methodology: Evidence Base Practice Educational Strategies

- **Shannon and colleagues (2011),** conducted an interactive workshop for a collection of seventy-eight acute care nurses that were presented with three communication tools using short didactics.
- The researchers operated theater style and paired role SP simulation that included communication tools such as,"Ask-Tell-Ask, Tell Me More and Situation-Background-Assessment-Recommendation (SBAR)" with debriefing. The methods supported compassionate and therapeutic dialogue
- **Fisher and colleagues (2014)** performed a mixed method study with 35 licensed RNs randomized control first and then qualitative component
- Compared with the controls, the intervention group improved significantly in four of five areas: preparation, communication skills, relationships, and confidence; experience level had minimal effect on anxiety of the participants
- **Peterson and colleagues (2012)** performed an **interdisciplinary simulation workshop** for delivering bad news workshop with 99 participants.
- Comparison of pre and post-session participant questionnaires were conducted using the Wilcoxon Signedrank test and produced a statistically significant change in participants' pre- and post-curriculum **self-reported perceptions of skill** ($P < .001$)

Methodology: Evidence Base Practice Educational Strategies

- **Parks and colleagues (2010)** devised an educational program to improve confidence and competency in delivering bad news and death notification to patients and families utilizing the SPIKES protocol , lectures and HFS
- The simulation component of the program was alleged to be the most valuable (43%), with role play 14%, and lecture 7% (Parks, et al., 2010)
- **Tobler and colleagues (2014)** performed a similar study amongst 39 medical trainees.
- The study provided a pre-workshop utilizing a various method such as input from social workers, advice from expert medical personal, videos, and the SPIKES tool.
- The study was statistically examined with a mixed-design analysis of variance, and the researchers found a significant improvements in communication skills and confidence in the ability to DBN



Park, et. Al, (2010). Breaking bad news education for emergency medicine residents: A novel training module using simulation with the SPIKES protocol. *Journal of Emergency & Trauma Shock*, 3(4): 385–388. doi: 10.4103/09742700.70760

The SPIKES Protocol

S Getting the **SETTING** right

P Assessing what the patient **PERCEPTION**

I Obtaining an **INVITATION** to share the news

K Giving the **KNOWLEDGE** and information

E Addressing the patient's **Emotions** or **Empathy**

S **STRATEGY** and **SUMMARY**

Clinical communication skills check list

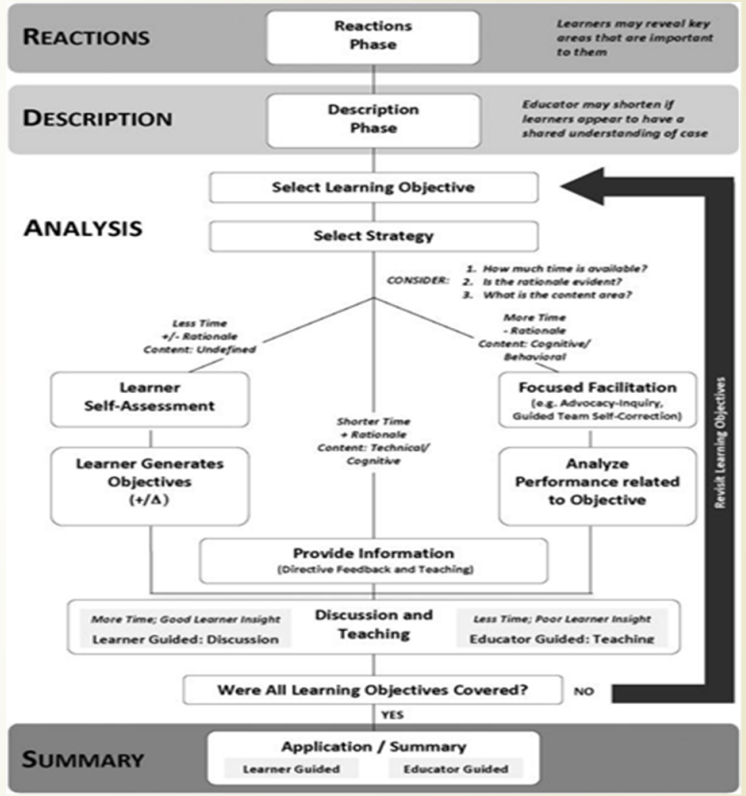
Communication Skills Observed in Delivering Bad News Simulation

- Greets the parent and obtains the parent's and child's name and uses them.
- Introduces themselves and their role.
- Explains the nature of the interview.
- Assesses the parent's starting point.
- Makes it clear that serious/important information is to follow.
- Uses parent's response to guide the next steps in moving forward.
- Discovers what other information would help them and responds to this.
- Gives explanation in an organized manner using ''bite-size pieces.''
- Uses clear language and avoids jargon and confusing language.
- Picks up and responds to parent's nonverbal cues.
- Allows parent time to react (use of silence), allows for time to think.
- Encourages parent to contribute reaction, concerns, and feelings and then responds to them. Acknowledges parent's concern and feelings as well as values and accepts legitimacy
- Uses empathy to communicate appreciation of the parent's feelings or predicament. Demonstrates appropriate nonverbal behavior.
- Provides support.
- Summarizes at the end with a plan to follow up

Note. Communication Skills Observed in Delivering Bad News Simulation. Adapted from, "Evaluation of the Impact of a Simulation-enhanced Breaking Bad News Workshop in Pediatrics", by Tobler, K., Grant, E., &, Marczinski, C. (2014). Simulation in Healthcare,9(4), p.217.

Debriefing Model: PEARLS Tool

- PEARLS tool (Promoting Excellence And Reflective Learning Simulation)
- PEARLS outlines four distinct phases of the debriefing process, and the four stages include the reactions, description, analysis, and summary phases
- The objectives of the model include clinical decision making, improving communication skills, teamwork, and interprofessional collaboration
- Structured and scripted debriefing in clinical contexts and simulation-based education may counter the variability in debriefing style and structure, faculty development and debriefing skills
- (Eppich, W., & Cheng, A. (2015).



Adapted from "Promoting Excellence and Reflective Learning in Simulation (PEARLS): Development and Rationale for a Blended Approach to Health Care Simulation Debriefing" by Eppich, W., & Cheng, A., (2015). Simulation in Healthcare 10(2), p. 110. Printed with permission.

PEARLS Model for Debriefing Script

Setting the scene

‘‘I’ll spend about XX minutes debriefing the case with you. First, I’ll be interested to hear how you are feeling now that that case is over; second, I’d like someone to describe what the case was about to make sure we are all on the same page. Then, we’ll explore the aspects of the case that worked well for you and those you would manage differently and why. I’ll be keen to hear what was going through your mind at various points in time. We’ll end by summarizing some take-home points and how to apply them in your clinical practice”

Reaction

‘‘How are you feeling?’’ Potential follow-up question: & ‘‘Other reactions?’’ or ‘‘How are the rest of you feeling?’’

Description

‘‘Can someone summarize the case from a nursing point of view so that we are all on the same page?’’; ‘‘From your perspective, what were the main issues you had to deal with?’’ Potential follow up questions: & ‘‘What happened next?’’; ‘‘What things did you do for the patient? Where you supportive?’’

Analysis

Signal the transition to the analysis of the case and frame the discussion: & ‘‘Now that we are clear about what happened, let’s talk more about that case. I think there were aspects you managed effectively and others that seemed more challenging. I would like to explore each of these with you.’’

Learner self-assessment

What aspects of the case do you think you managed well and why?’ What actions you felt should have been altered and why?

Directive feedback and teaching Focused facilitation

Provide the relevant knowledge or tips to perform the action correctly

‘‘I noticed you [behavior]. Next time, you may want to I [suggested behavior] I because [provide rationale].’

Application/summary

Are there any outstanding issues before we start to close?

Eppich, W., & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation. (PEARLS) Development and Rationale for a Blended Approach to Health Care Simulation Debriefing. *Simulation in Healthcare*, 10:106-115

Role Play/SP-HPS Simulation

- Reed and colleagues (2015) evaluated performance of first-year pediatric residents in the delivery of bad news after an educational intervention and to measure if changes in performance were sustained over time
- Communication skills of 29 residents were assessed via videotaped standardized patient (SP) encounters at 3 time points: baseline, immediately post-intervention, and 3 months post-intervention.
- Educational intervention used was the previously published "GRIEV_ING Death Notification Protocol
- Performance scores significantly improved from baseline to immediate post-intervention.
- Researchers concluded that breaking bad news is a complex and teachable skill that can be developed in pediatric residents. Improvement was sustained over time, indicating the utility of this educational intervention
- The studies brings attention to the need for improved communication training, and the feasibility of an education intervention in a large training program. Further work in development of comprehensive communication curricula is necessary in pediatric graduate medical education programs.

“GRIEV_ING” Protocol by Cherri Hobgood, MD

- G gather
- R resources
- I identify
- E educate
- V verify
- _ space
- I inquire
- N nuts and bolts
- G give
- GRIEV_ING© protocol developed for EPs and residents under a grant from the US Department of Justice
- https://www.youtube.com/watch?v=Mde2aMtbov8

Protocol by Cherri Hobgood, MDGRIEV_ING Competence Instrument

Short Form

Directions: Please indicate whether the physician completed the stated actions, with
Y = completed (Yes) **or** **N = did not complete (No)**

The Physician…

G—Gather
___1. Ensured that all important survivors were present prior to delivery of the death notification.

R—Resources
___2. Facilitated access to supportive resources.

I—Identify
___3. Clearly stated the name of the patient.
___4. Clearly stated his/her role in the care of the patient.

Check for Understanding
___5. Determined the level of knowledge the survivors possessed prior to their arrival in the waiting room.

E—Educate
___6. Clearly indicated the cause of death in an understandable manner.

V—Verify
___7. Avoided using euphemisms.

Space
___8. Paused to allow the family to assimilate the information before discussing details.

I—Inquire
___9. Encouraged the survivor to summarize important information to check for understanding.

N—"Nuts and bolts"
___10. Explained and addressed post-mortem details, including organ donation.

G—Give
___11. Established personal availability and provided contact information to answer questions for the survivor at a later time.

GRIEV_ING© protocol developed for EPs and residents under a grant from the US Department of Justice

Virtual Simulation

- Educators may elect to use this ground-breaking method in the classroom to enhance lecture, or perform virtual simulations online web platform (Foronda, et al. 2014).
- Using a simulated environment with standardized patients could prepare students' communication skills in a safe environment.
- Examples:
- Archie MD **TM,** CliniSpace **TM,** Second Life **TM,** TINA **TM,** vSIM **TM,** I Human

CliniSpace™/www.clinispace.com (2014). Reprinted with permission

Example of Simulation Planning Tool

Course	Course Content	Topic	Objectives	APN Core Competencies	Evaluation Plan
N649 Acute Care PNP	Professional Communication	Delivering Bad News (DBN)	1. Understand the significance of delivering bad news to patients and families 2. Apply the	Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making. 4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4.b Creates a climate of patient- centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and	SPIKES Protocol Skills check list PEARLS Debriefing Model

Results: APA Program Evaluation TOOL

Presentation Categories	Responses	Categories scale of 1 (low) through 5 (high).
Objectives: This program met the stated objectives	10 responses	Results 5 for the 3 objectives stated
SPEAKER(S) (generally), content area , and teaching methods	10 response	Results 5 for knowledgeable, content, consistent with objectives and teaching methods clarified content and appropriate
Relevancy	10 responses	Results 4.9 for gain one specific idea, change practice, acquired new knowledge Result of 5 – learned a new practice
Webinar	10 responses	Result 5- was adequate & appropriate
Program enhanced professional expertise Recommend to others	10 responses 10 responses	Result – (10) substantially Result – (10) yes

Methodology: Webinar

- Faculty in the nursing practitioner, undergraduate program, and alumni of the graduate programs at Drexel University were invited to the Delivering Bad News simulation workshop even though the workshop focused on graduate education.
- A two-hour lecture was provided to teach the faculty on how to communicate difficult information or ‘‘bad news’’ to patient and families.
- The lecture was incorporated into the faculty development schedule to allow full participation. The participants consisted of a total of ten faculty members and alumni
- The webinar consisted of a variety of evidence base technology and instructional tools found in the literature that enhanced communication with patients and families with DBN.
- All permissions for the Tools presented in the project were obtained.
- The last phase of the project consisted of mentoring a new clinical faculty with the simulation process utilizing some of the tools presented

Comments

- Comments: 9/10 participants
- **Please share a skill you learned in this workshop that you plan to apply in your practice:**
- "incorporating SPs"
- "creative use of simulation"(2)
- "how to give bad news" (2)
- "SPIKE protocol"
- "I did know about some of the tools that can be utilized when delivering bad news or the debriefing tool that can be used for simulation"
- "Take this idea and implement a simulation scenario for student nurses"

Discussion

- The DNP project was an example of critical appraisal of the literature and applying research findings in clinical practice to lessen the gaps between research and clinical practice
- The project contributed to the educational pedagogical models by proposing an innovative use of technology that has been supported as an effective method to teach communication in relational crisis to in various clinical settings.
- Various simulation models are examples of constructivism (active learning), which aids students in the development of critical thinking and decision- making
- The proposed methods presented to faculty provide potential nurse practitioners the opportunity for clinical practice through a safe simulation-based environment
- Mentoring new faculty is a form of leadership that raises the quality and efficiency of student outcomes by fostering self-awareness, knowledge and empowerment of individuals

Implications

- There is universal agreement that communication skills are necessary for APNs and should be included in any NP program curriculum and an APN Core Competency
- Many curriculum are moving toward competency based.
- The SPIKES protocol complements the educational simulation process and the basis to evaluate competencies
- The PEARLS model and debriefing script was excellent model for simulation process especially for novice faculty
- The focus of the project was graduate education but could be applied to all levels of nursing and other health professionals
- Simulation methods afford the opportunity for the student to "practice" in a controlled setting and then provide an occasion to employ these skills in a preceptor clinical setting.
- Interdisciplinary simulation methods would align with IOM (2010) recommendations

Acknowledgments

- *(photo Betania, Venezuela with permission)*
- *The LORD himself goes before you and will be with you; he will never leave you nor forsake you. Do not be afraid; do not be discouraged."*
- Deuteronomy 31:8

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