



# Communication Pearls for Navigating Difficult Conversations

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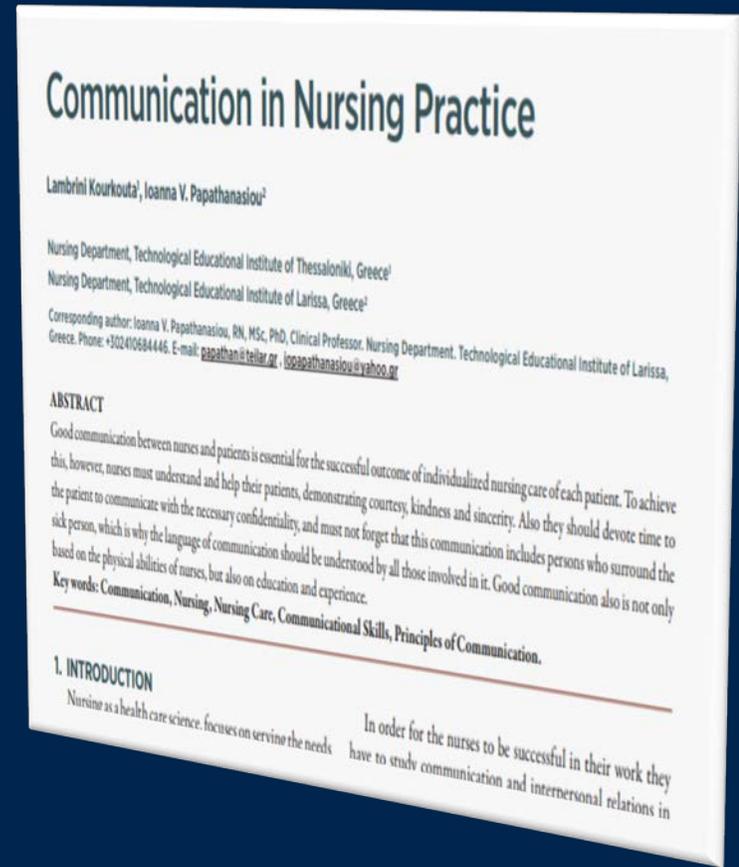
# Learning Objectives

At the conclusion of this activity, the participant should be able to:

- Describe three tools that can be used to navigate difficult communication with patient and families
- Identify the impact of culture and spirituality in communication.

# Why focus on communication

- Effective communication requires an understanding of the patient and their experiences
- It requires skill and at the same time, sincere intention
- It influences both the patient and nursing experience
- It is a procedure and a skill that can be learned



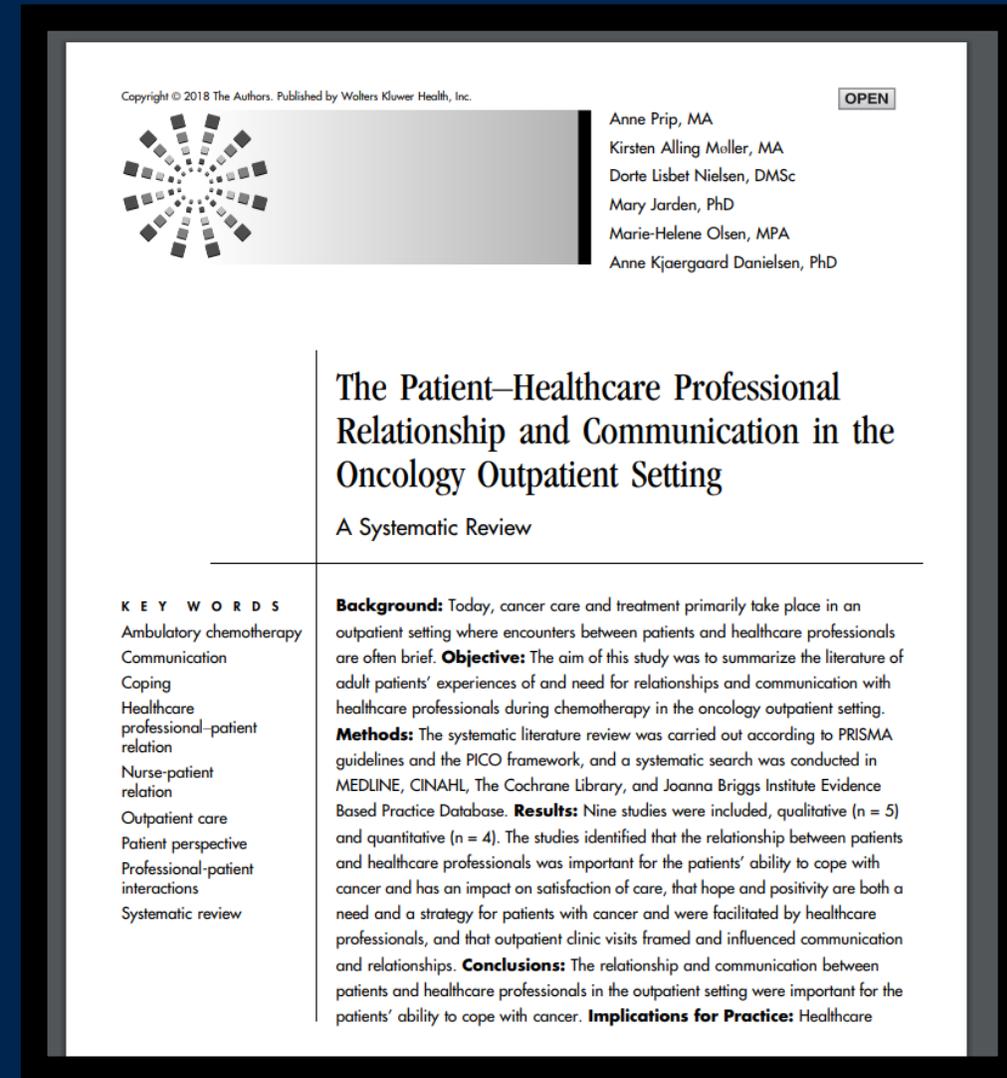
Kourkouta, L., & Papathanasiou, I. V. (2014). Communication in nursing practice. *Materia socio-medica*, 26(1), 65–67.



## Celeste Headlee/TED Talk

# Why is communication important?

- The relationship between the patient and HCP is important for the patient's ability to cope and the relationship impacts care satisfaction
- It was important for the HCP to be trustful and have good listening skills
- People valued being addressed by their 1<sup>st</sup> name
- Valued information given in an understandable language
- Patients want information delivered compassionately



Cancer Nursing. 41(5):E11-E22, September/October 2018.

# A few things we have learned in palliative care

- *Listen more, talk less.*
- *It's hard because when we are talking we are in control*
- *We are hardwired to listen*
  - *The average person can speak 125-225 words per minute , but we can listen up to 500 words per minute.*

# Setting the stage

- Create Safe Environment

- Quiet space, no distractions, no judgement, no personal agenda

- Attentive Body Language

- Posture, gestures, facial expressions, eye contact

- Skills

- Door openers: Let the patient/family tell their story in their own words

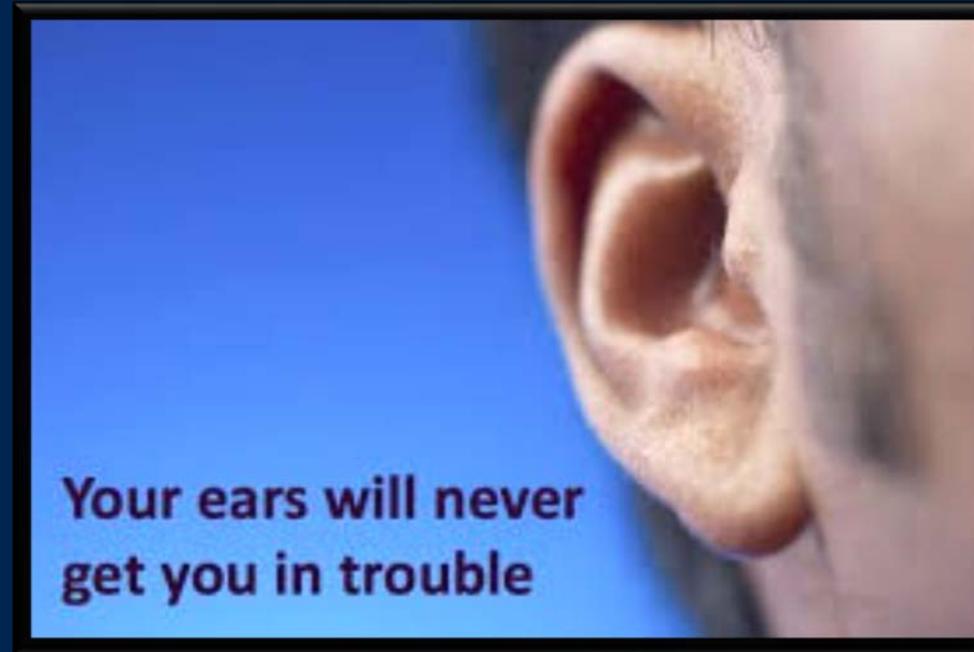
- Attentive silences: minimize interruptions

- Respond to nonverbal signals

# Barriers to effective communication

- Using over-complicated, unfamiliar language.
- Lack of attention, distractions (on both sides)
- Physical or cultural barriers
- False assumptions or stereotyping

# Active Listening



"If your mouth is open  
you are not learning"

# Importance of active listening

- What is the foundation of clinical rapport?

TRUST

- What builds trust? FEELING HEARD

- How does one feel heard? ACTIVE

LISTENING

“They always stress to parents that we need to be strong advocates, but they never teach the medical team how to be strong listeners.”

TCH Parent

## Tips on active listening

“Most of us don’t listen with the intent to understand,  
*we listen to reply.*”

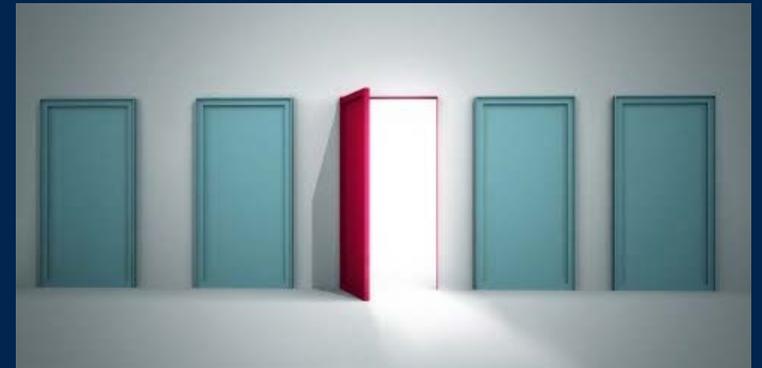
Stephen Covey

“Enter every conversation assuming that you have  
something to learn”

Celeste Headlee

# Tips on active listening

- “There is no reason to show you are paying attention if you are, in fact, paying attention”
- Minimize verbal encouragers: Yeah, Totally, Wow etc.
- Avoid: I know how you feel. Your experience doesn't equate with theirs.
- Try: I can't imagine what that must be like, but I'd like to see how I can help



# Roadblocks to active listening

## Judging

- Family not realistic or in denial
- Not compliant

## Interrupting to suggest solutions

- You should... or What about trying...

## Avoiding

- Ignoring the emotion underneath the story and jumping to medical explanations
- Being overly optimistic, it probably isn't as bad as described

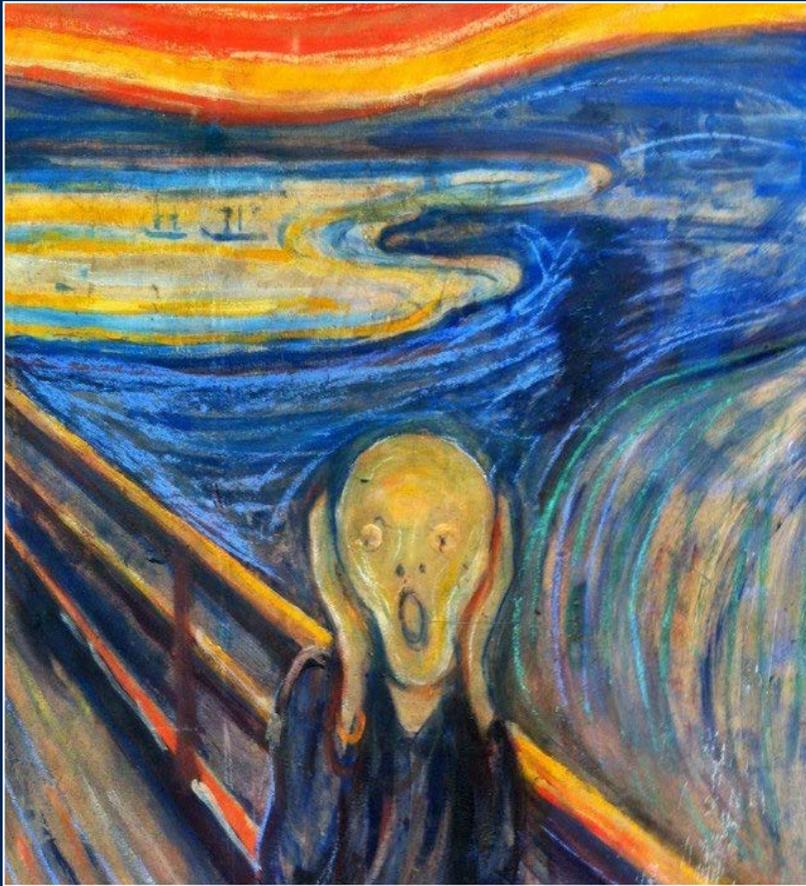


# Communication

“The single biggest problem in communication is the illusion that it has taken place.”

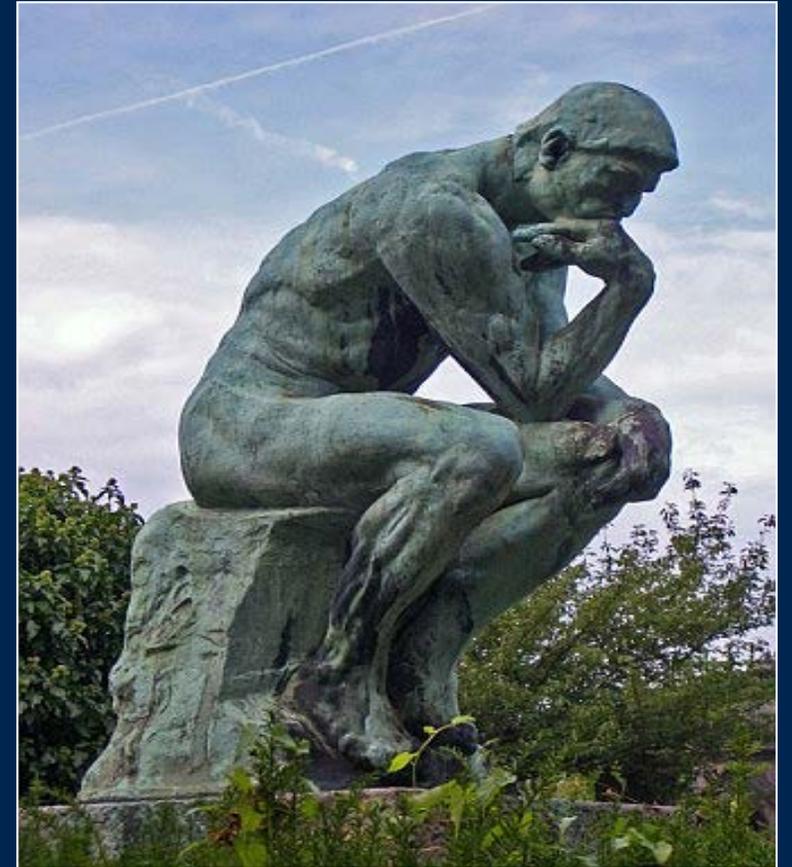
- George Bernard Shaw

# When you speak, two channels are activated



Emotion

Faster & more powerful



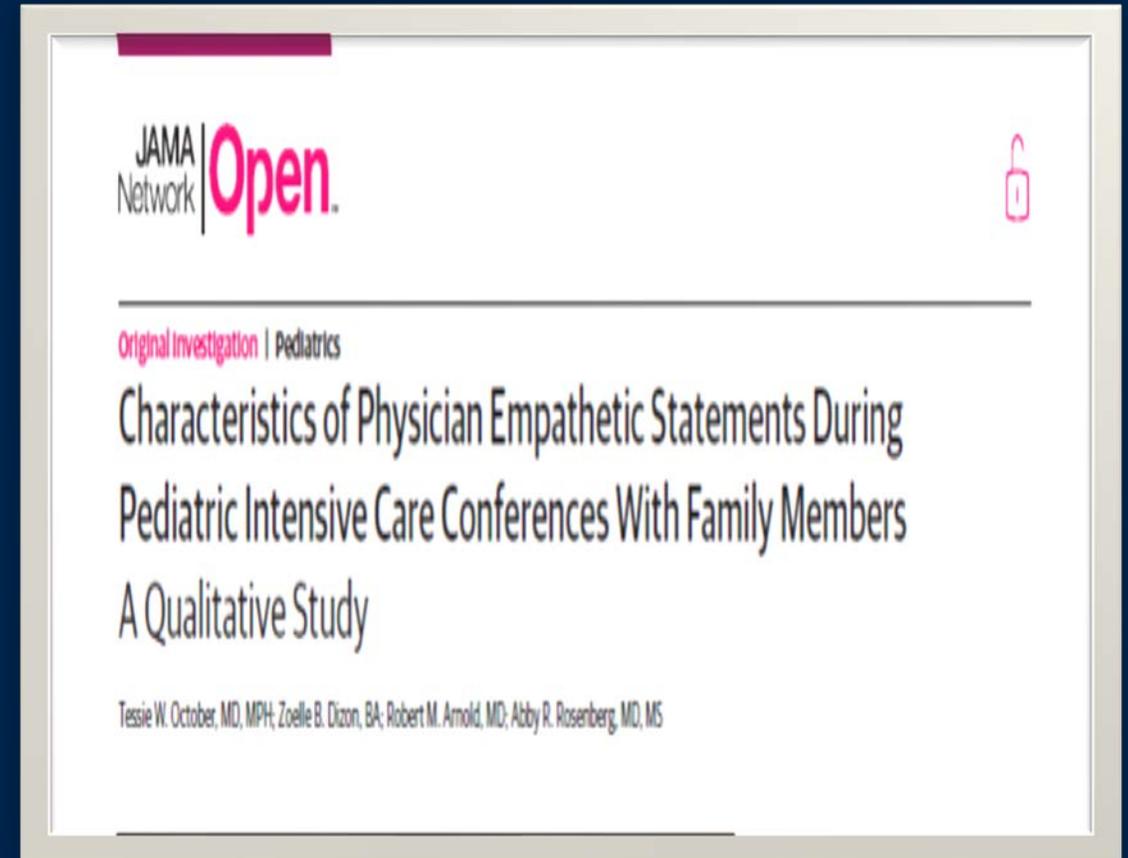
Cognition

# Clarify how people like to receive information?

- Some want all the details
- Some want just the big picture, bullet points
- Some want to hear the best and worst scenarios
- Some like to have just trusted providers giving them difficult news

# Communication

- Good News: Emotional cues recognized  $\frac{3}{4}$  of the time
- Bad News:  $\geq \frac{1}{3}$  of these statements were buried in medical talk
- Families are more likely to align with providers when empathetic statements are unburied (followed by silence NOT medical talk)
- When physicians respond using unburied empathetic statements and allowed time for family members to respond, they were more likely to learn important information about the family's fears, values, and motivations.



# Communication Pearl #1 Ask-Tell-Ask

- **Ask:** “What do you think about...”
- **Tell:** “Here’s what the tests show...”
- **Ask:** “Can you share with me what you understand about...”

# Communication Pearl #2 Nurse

NURSE	Example	Notes
Naming	"It looks like you are sad."	Turn down intensity when you name the emotion
Understanding	"This helps me understand what you are thinking."	Acknowledgement without suggesting you understand everything (you don't).
Respecting	"I can see you have really been taking excellent care of your baby."	Praise fits here Recognize good parent
Supporting	"We will do our best to make sure you have what you need."	Creates trust
Exploring	"Could you say more about what you mean when you say..." or "Help me understand..."	Ask a focused question for better understanding. Pt. feels listened to.

# Emotions

- You are returning to the patient's bedside after sharing some difficult news during rounds. You notice the family is very angry and upset.
- What do you say?

# When you notice an emotion, use NURSE

*Parent: I can't believe we're in the intensive care unit again*

- Naming

"You sound worried"

- Understanding

" I can understand why you feel that way"

- Respecting

" You've been such an advocate for your child and so strong during this entire admission"

- Supporting

"We will be here for you every step of the way"

- Exploring

"Is there something that I can help with right now"

# Emotional Overload

- <https://vimeo.com/153238570>

# Communication Pearl #3 Wishes and Worries

## I wish...

“I wish I could say that chemotherapy always works...”

Enables you to align with the patient while acknowledging the reality of the situation.

## I worry...

“I worry that Johnny’s lungs are not responding to the therapy...”

Enables the patient to hear the seriousness of the situation

## Tell me more...

When you are not sure what someone is talking about, use “tell me more” rather than jumping to a conclusion

# Cultural and Spiritual Considerations

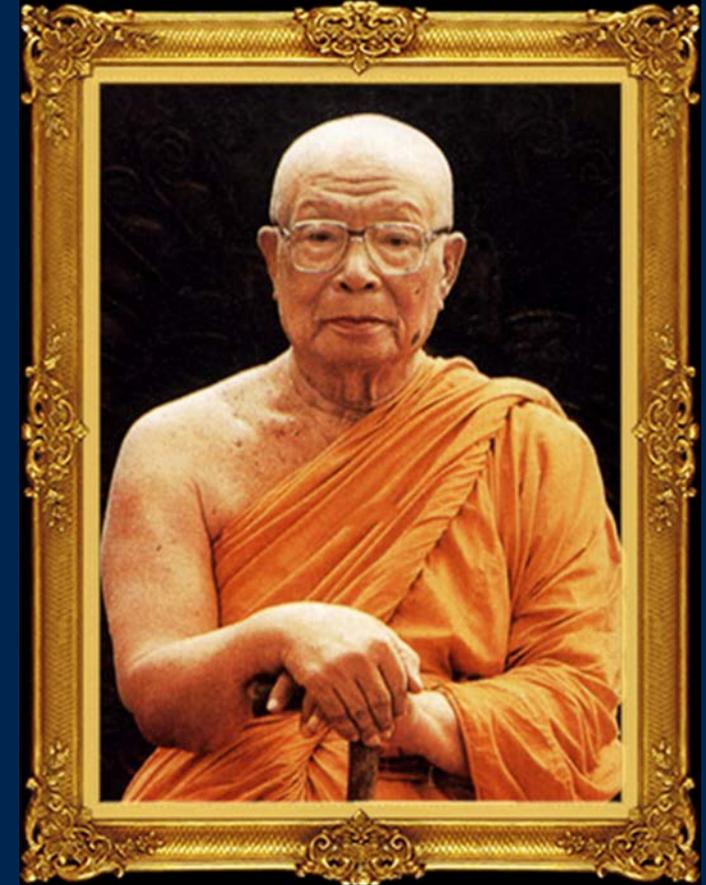
# Navigating Differences

- Curiosity
- Confrontation
- Collaboration
- We have more shared values than differences

Rosenberg, et al, (2017), Truth telling in the setting of cultural differences and incurable pediatric illness, a review. JAMA Pediatrics

# Case study – Lee

- 3 year-old female, 4 year-old brother
- Relapsed, refractory ALL. Admitted to the ICU
- Hospitalized almost continuously in her last year
- Parents immigrated from Cambodia; speak English as a second language
- Parents of Buddhist faith
- Father works at a donut shop; mother is a homemaker
- Limited family support in the U.S., rely on help from father's coworker



# Culture and Spirituality



# Staff concerns

“I could lose my license.”

“My job is to treat the patient, not the parent.”

“They gave her WHAT?”

“It’s not medicine, and we shouldn’t use that word with the family.”

“I know they think I’m silly.”

# Lessons Learned

- Ask what are the family's beliefs and practices
- Prepare the interpreter for the content of sensitive conversations, particularly at end of life
- Gently explore implicit biases with floor staff and discuss non-verbal communication
- Always check your culture resources

# Religious Considerations

- 4 y/o with recurrent brain tumor. Family told that there were no more curative options.
- Mother agreed to have hospice involved at home
- 2 weeks after hospice enrollment, patient coded at home, brought to ER in the community and resuscitated
- Transferred to quaternary center and on vent where he remains
- Family hoping for a miracle

# AMEN

- **Affirm** the patient/families beliefs: “I am hopeful too”.
- **Meet** the patient/family where they are: “I join you in hoping for a miracle. It is God’s role to bring the miracle”.
- **Educate:** and “I want to make sure you have all the new information that may help in our decision making.”
- **No matter what:** assure the family/patient you are committed to them: “No matter what, we will be with you every step of the way.”

# Communication in Practice

- Goals of care should align with the patient/family values
- “What is most important to you?”
- “What are your priorities?”
- Concept of “re-goaling & re-framing”



# What are you hoping for, re-framing hope

- Hope is not a noun, it's a verb or a process
- Hopes can be many and diverse
- Parents have multiple hopes for their children



*“This breadth of hopes, ranging from the miraculous to the mundane...”*

• Feudtner C. The breadth of hopes. *N Engl J Med.* 2009 Dec 10;361(24):2306-7. doi: 10.1056/NEJMp0906516. PubMed PMID: 20007559.

# Use values to help with goal-setting

## Identifying values

What is most important regarding your child's care?  
Where do you find support and strength?  
Is religion and/or spirituality important?  
Does your family make decisions privately or with others?

## Exploring options

What are your hopes and fears regarding your child's illness?  
What trade-offs are you willing to make for more time?

## Putting it all together

Based on where we are and what you've shared with me, I would recommend we do.....does that sound right to you?

# *We want everything done*

- Unpacking “everything”
- Chances are everything is being done
- The truth is we can't do everything, there are trade-offs

## The Darkening Veil of “Do Everything”

Chris Feudtner, MD, PhD, MPH; Wynne Morrison, MD, MBE

» [Author Affiliations](#)

*Arch Pediatr Adolesc Med.* 2012;166(8):694-695. doi:10.1001/archpediatrics.2012.175

# Family isn't getting it

- You're having a meeting to discuss poor prognosis and advance disease. You've been told *the family isn't getting it*. There have been multiple discussions regarding code status. The family feels everyone is giving up.
- *What do you think is going on here?*

# Paula's Story

- Paula is an 18 y/o with relapsed AML. Referred to palliative care for symptom management – pain
- Over time she has had multiple transfers to PICU for sepsis
- GOC - She told us that she is hoping to get on the Phase 1 study and then go to HSCT. She is engaged and planning to get married in 3 months.
- How would you respond to her?

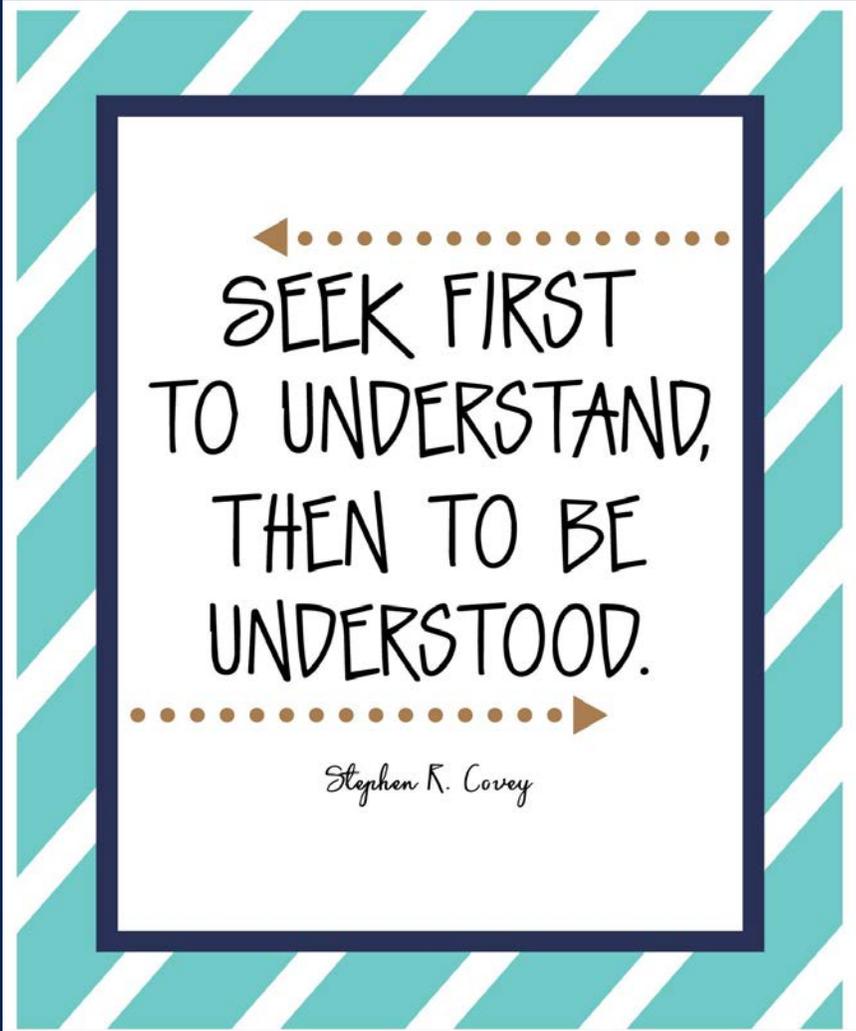
# Possible responses to keep the door open

- I hope you are able to get to transplant too but I worry about the Phase 1 trial
- Tell me what your understanding is of the Phase 1 studies
- I worry that if you proceed with a Phase 1 study that you may not be able to achieve your goal of getting married in 3 months

# Some Final Pearls

- Active listening is essential to effective communication
- When you are stuck, use the communication tools
- Ask permission to give serious news.
- Align and acknowledge patient goals and emotions
- Watch for and respond to emotional cues





SEEK FIRST  
TO UNDERSTAND,  
THEN TO BE  
UNDERSTOOD.

*Stephen R. Covey*

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