



Government of **Western Australia**
Department of **Health**



Goals of Care – Quality of discussions and processes

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Simulation GoPC communication training – RPH pilot: May to July 2020

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(in Collaboration with
CCWA)





Goals of patient care (GoPC)

› What are GoPC?

- Discussion with patient/family member about goals and values which guide treatment recommendations

› Beneficial to patient outcomes

- Fewer unwanted intensive medical interventions
- Reduced hospitalisation
- Less CPR and increased hospice utilisation at the end-of-life
- Better quality of life near death
- No evidence end-of-life discussions increase emotional distress or psychiatric disorders

Mack et al., 2012, Wright et al., 2008



Lack of GoPC communication training

- Survey of junior doctors perceptions regarding inpatient GoPC discussions
 - Most doctors have not received GoPC communication skills training
 - Only 9% received GoPC teaching during their current clinical term
 - 82% responded that not enough training in communication was a barrier in GoPC discussions sometimes or often
 - 100% of responders would like to have dedicated time for GoPC communication training



Aims:

- › Improve clinicians' skills and confidence in GoPC conversations
- › Proof of concept: ICE-REMAP framework and facilitation method is effective in teaching GoPC communication

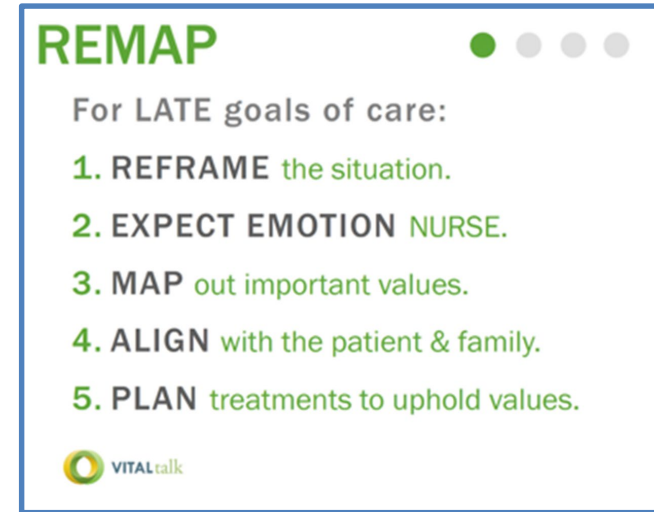


Design of the pilot workshops

- › COVID-19 funding, briefing note, executive sign-off, collaboration with CCWA
- › 8 weeks – 8 workshops
- › Pre- workshop: 2 videos recorded at RPH of ICE-REMAP framework - a lecture and a demo
- › Workshop: Half Day, 8 registrars, Simulation with 2 clinical cases
- › Post- workshop: questionnaire, take home pack, MS Teams channel

Key teaching strategies:

1. Evidence based frameworks: ICE & REMAP (Childers et al., 2017)
2. Simulation
 - Very high fidelity using professional actors
 - Two experienced clinician facilitators
3. Expert feedback
 - Agenda-led outcome-based analysis (ALOPA) (Kurtz et al., 2005)
 - Encourage self-reflection, problem solving, observing others, providing feedback
 - Reinforce new skills, consolidation of learning



REMAP

For LATE goals of care:

1. REFRAME the situation.
2. EXPECT EMOTION NURSE.
3. MAP out important values.
4. ALIGN with the patient & family.
5. PLAN treatments to uphold values.

VITALtalk



VITALtalk

Click here for COVID Resources

VitalTalk makes communication skills for serious illness *learnable*.

Our evidence-based trainings empower clinicians and institutions.





Participant demographics

Specialty of participant

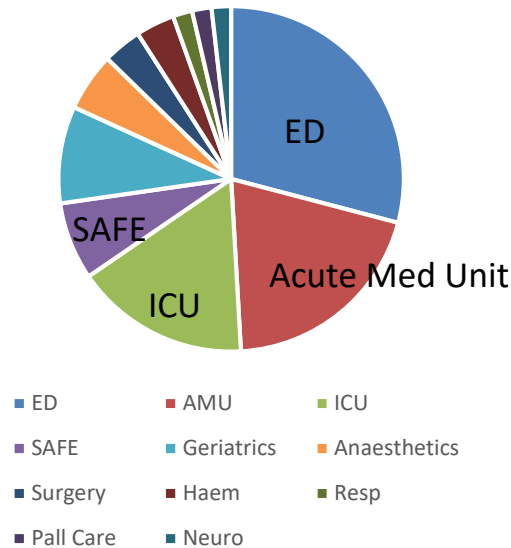
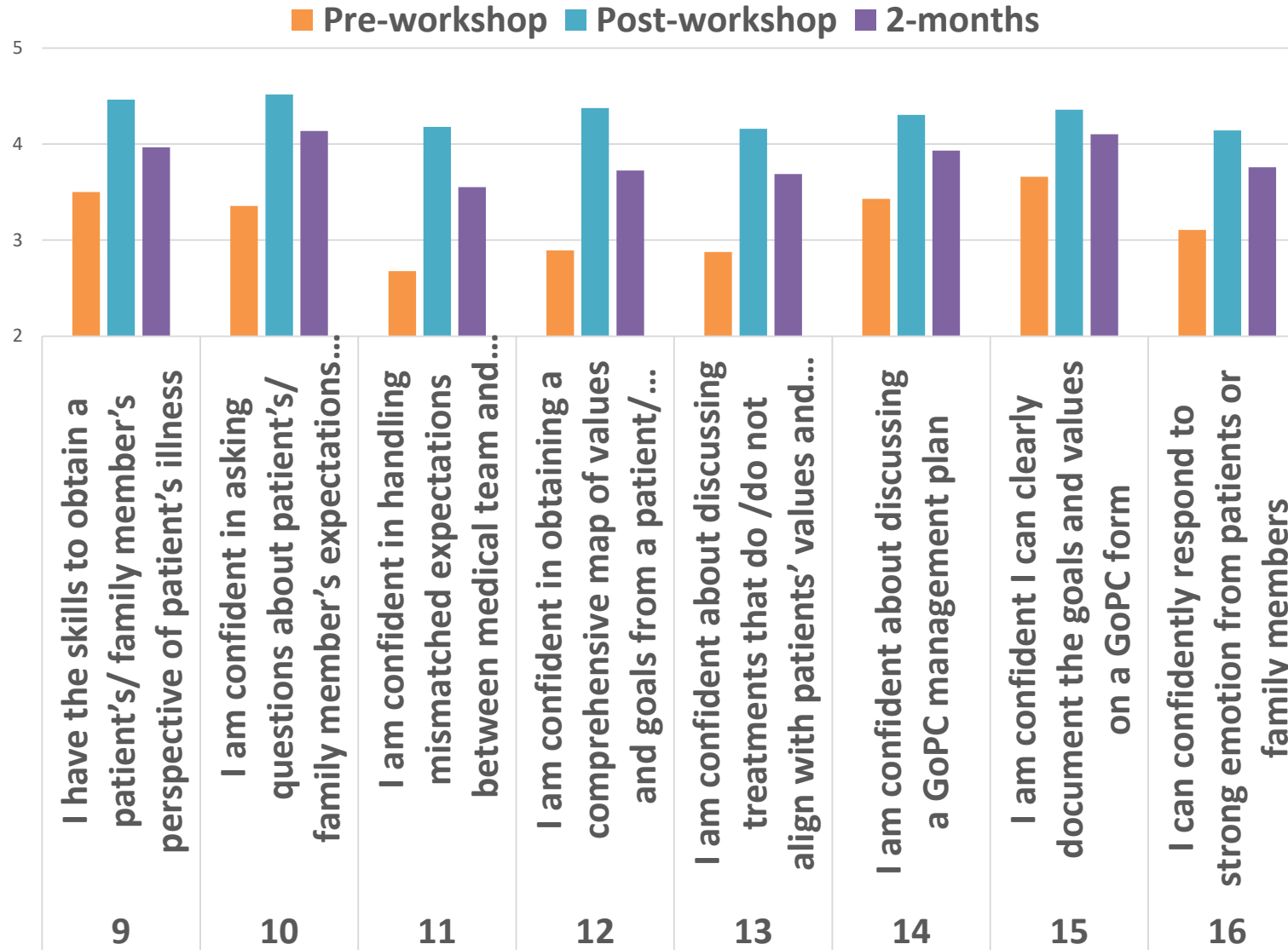


Table 1 Participant demographics	Pre/post workshop survey	2-month post-workshop survey
Sex	N = 50	N = 26
Male	38% (19)	10 (38%)
Female	62% (31)	62% (16)
Age	Years	
Mean age	31.7 ± 3.54	32.9 ± 3.43
Range	27 – 41	29 – 45
Maximum age	41	45
Clinical experience	Years	
Mean	6.94 ± 2.88	7.04 ± 2.36
Range	2.5 – 18	2.5 – 12
Clinician cohort		
Registrars	92% (46)	100% (26)
Residents	8% (4)	0 (0)
Clinical area		
AMU	20% (10)	19.2% (5)
SAFE & ICU	24% (12)	11.5% (3)
ED	30% (15)	34.6% (9)
Other	26% (13)	34.6% (9)

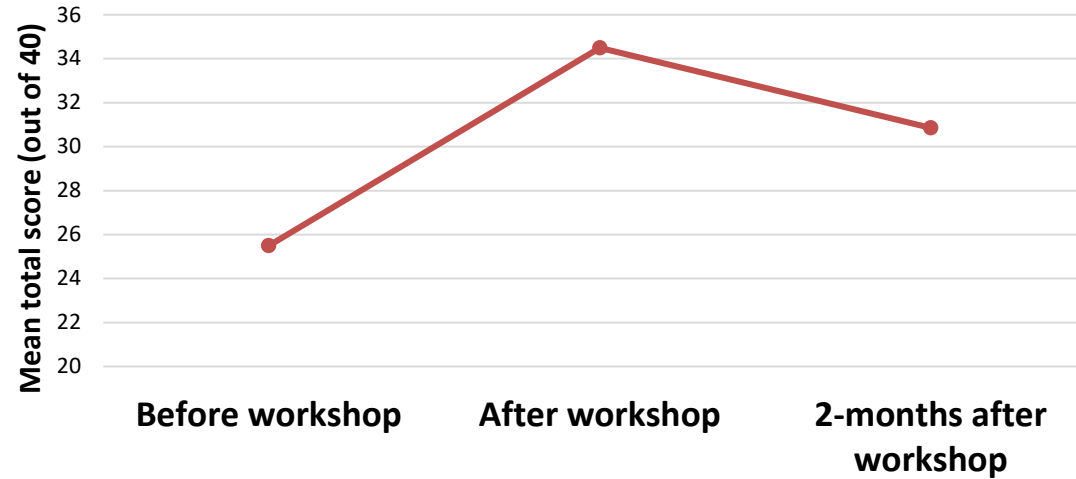


Mean communication skills confidence rating: pre- and post-workshop & 2 months post





Self-assessed communication skills confidence rating



Cumulative confidence rating (score out of 40)	Score	95% CI	p value
Mean total score pre-workshop	25.56 ± 4.05		
Mean total score post-workshop	34.58 ± 2.70		
Mean total score 2-month follow-up	31.69 ± 3.30		
Mean change in score pre vs post-workshop			
All participants	9.02 ± 3.72	7.96 to 10.08	<0.001
Mean percentage change	35.3%		
Mean change in total score 2-months vs pre-workshop	6.1	4.6 to 7.8	<0.001
Mean change in total score 2-months vs post-workshop	-2.89	-4.67 to -1.47	<0.001

Comments about this workshop

- A fantastic workshop. Very safe learning environment to practice difficult conversations with patients and their family members.
- Brilliant using real actor. Excellent feedback from facilitators. Safe environment. Invaluable being able to practice on the actor. Being given key phrases to use is extremely helpful.
- Very useful workshop. It will definitely transform my approach to discuss goals of patient care. One of the best workshops I've ever attended.
- A highly regarded and engaging interactive session which not only gives a useable framework but also provides personal feedback for development of interpersonal skills, improving patient centred care.
- An absolute essential for all doctors, but also highly recommend for nursing and allied health staff involved in patient care. I would also strongly recommend that refresher courses be mandatory for all medical staff - these are essential skills for providing high quality, appropriate and patient centred care.





Durable impact of workshop

- › 100% of respondents (56/56) responded that they would recommend the workshop to a colleague.
- › 100% of respondents (29/29) were interested in attending a further workshop or advanced session on GoPC communication skills.
- › 65.5% of respondents (19/29) had shared their learning or taught other clinicians skills developed in the workshop.



Conclusion:

- Evidence-based teaching framework and methodology improves clinician confidence in GoPC communication skills and behaviours

- Where to next?
 - Measure impact on patient outcomes & experience
 - Expanding a sustainable program through Sim Grant Funding (DoHWA) – other sites, allied health and nursing staff



Acknowledgments

- › Jillian Abraham & Katie Bellini, Jessica Casado
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- › Grace Buchanan and team at Cancer Council WA



Patient centred communication – I.C.E.

- Ideas:
 - Dr: What do you think is going on? why do you think that?
 - Patient: I must have COVID because I have all the symptoms they talk about
- Concerns:
 - Dr: What worries you most about having COVID?
 - Patient: I don't want to pass it to my wife and family.... I would feel terrible if she gets sick because of me....
- Expectations:
 - Dr: so what do you think the plan is for the next two days?
 - Patient: ...get my results back and test my wife too. You should start us both on treatment....

Goals of patient care discussion framework

REMAP



For LATE goals of care:

1. **REFRAME** the situation.
2. **EXPECT EMOTION** NURSE.
3. **MAP** out important values.
4. **ALIGN** with the patient & family.
5. **PLAN** treatments to uphold values.





Maggie Dukes

- Daughter of John Dukes.
- Widower, retired mechanic, with emphysema
- Home oxygen 12 months
- 3rd admission in 3 months with pneumonia – on Tazocin for 24 hrs
- Currently on airvo 35L/min, FiO2 40%.
- Oxygen sat 80% but CRP 55, WCC 8

- You have requested a special meeting with Maggie and she doesn't know what this is about.
- You think John might die in the next few days. He certainly will not get home.

Doctor's task:

- **Check what Maggie thinks and discuss Goals of Patient Care**

Alison Vandiver

- Dental Nurse, Mother of 2 Children, divorced/separated
- Diagnosis: 8 months ago Alison was diagnosed with triple negative breast cancer and treated with surgery, radiotherapy and chemotherapy (completed 6 months ago).
- She was diagnosed with recurrence/metastatic disease in the bones and axillary lymph nodes 2 months ago and recommenced chemotherapy.
- She presents with neutropaenic sepsis again on her second cycle (also spent time in hospital on IVAB's after cycle 1).
- **This time she is unstable, low BP, tachycardic and on the verge of septic shock.**
- Oncologist at SCGH – Dr White thinks the prognosis is grim - may be less than 6 months as her disease is very aggressive and she is not tolerating treatment. Chemotherapy may need to be stopped.
- **Doctor's task:**
- **Take a focused history and discuss Goals of patient care.**
- **If her prognosis is 6 months or less would she be a candidate for ICU? inotropes?**