
PALLIATIVE CARE COMMUNICATION

ELAINE WITTENBERG-LYLES, JOY GOLDSMITH, AND CHRISTINE SMALL PLATT

OBJECTIVES: *To summarize the challenges of teaching, practicing, and learning palliative care communication and offer resources for improving skills and educating others.*

DATA SOURCES: *A theoretically grounded, evidence-based communication curriculum called COMFORT (Communication, Orientation and opportunity, Mindful presence, Family, Openings, Relating, and Team).*

CONCLUSION: *The COMFORT curriculum is available for free through a Web site, a smartphone/iPad application, and online for continuing education units.*

IMPLICATIONS FOR NURSING PRACTICE: *The COMFORT curriculum provides resources to support the expansion and inclusion of palliative care practice not only in oncology, but also in a wide variety of disease contexts.*

KEY WORDS: *Palliative care, communication, communication education, nurse communication*

INTEGRATING palliative care into oncology requires sensitive communication about diagnosis, discussing factors influencing treatment decision-making (employment, financial, familial), relaying and mediating communication among family members, and psychosocial counseling about difficult topics. A series of randomized controlled trials have recently demonstrated the benefits of palliative care in pa-

tients with advanced cancer integrated into standard oncology care.¹ Language is critical to facilitating access to services because most Americans do not understand the term *palliative care*,² making it necessary for providers to be skilled at defining and describing the scope of palliative services.³ Articulating goals of care is an essential element of these conversations, so that this information can be shared with the oncology team who works with the patient and family to choose appropriate care plans.⁴

When appropriate words are used to describe palliative care, consumers respond positively and want palliative care services.² However, few nurses are prepared for or feel adept at facilitating discussions about palliative topics and most report receiving little to no education about palliative care communication.⁵ Yet, as our population continues to age and the number of individuals with life-limiting illness increases, it is necessary for all clinicians to be able to approach patients and families about the services and benefits of

Elaine Wittenberg-Lyles, PhD: *Division of Nursing Research and Education, City of Hope, Duarte, CA.* Joy Goldsmith, PhD: *Department of Communication, University of Memphis, Memphis, TN.* Christine Small Platt, MBA: *Department of Communication, University of Memphis, Memphis, TN.*

Address correspondence to Elaine Wittenberg-Lyles, PhD, Division of Nursing Research and Education, City of Hope, 1500 E. Duarte Road, Pop Sci Bldg 173, Duarte, CA 91010. e-mail: elyles@coh.org

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palliative care. This article presents an overview of the challenges of teaching, practicing, and learning palliative care communication, and offers resources, tools, and training programs for improving individual skills and educating others. The experiences of a pediatric oncology nurse, Jeremy, are used to feature moments in the practicing life of a nurse and the communication training needs encountered. Jeremy's experiences depict communication difficulties and demonstrate the application of specific resources in clinical education and practice.

THE CHALLENGES OF PALLIATIVE CARE COMMUNICATION

For nurses, palliative care communication can be challenging for two primary reasons. First, healthcare systems create complex communication environments for patient access and delivery of palliative care. A lack of knowledge about palliative care still exists for some providers,³ making it necessary for palliative care clinicians to provide system-level education about the specialty to establish referral networks.⁶ This lack of understanding is convoluted by the debate over the name *palliative care*, with oncologists reporting palliative care as a distressing term that reduces hope for patients and families.⁷ Patient and provider education is needed to help patients and families understand palliative care and the scope of services provided by palliative care teams.²

In addition to these system-level influences on communication, nurses also face challenges with palliative care communication topics and complex clinical situations. Nurses report being uncomfortable discussing prognosis, hospice, advanced care planning, referring a patient to hospice, and telling a patient that he/she will die from cancer.⁸⁻¹¹ In a national study, 46% of oncology nurses described that they sometimes, often, or always avoided talking with patients because they were uncomfortable giving bad news.¹⁰ Team communication can also be problematic because of a lack of clearly defined responsibilities among team members, reliance on informal channels of communication, and conflict caused by social circumstances.¹²

COMMUNICATION AND CLINICAL EDUCATION

Less than 10 years ago, nurses only received one or two lectures on palliative care as part of their

nursing program education.¹³ Today, advances in curricular development in undergraduate and graduate nursing programs remain negligible.¹⁴ Graduate student nurses have limited knowledge about palliative care¹⁵ and there are few interprofessional learning opportunities for undergraduate and graduate nurses and even less through continuing education forums.^{12,16} Overall, there is a general need for further education about palliative care in graduate and undergraduate nursing programs.

While symptom management is consistently reported as a top content area for palliative care education, instruction on communication and how to communicate with patients and families about death and dying is also a well-documented need.^{15,17} Nurses need and want more education on communication.¹⁰ Nurse communication training has yielded significant results in the assessment of immediate outcomes (confidence, knowledge); however, retention of confidence and skills has not been successfully demonstrated.¹⁸ The interdisciplinary structure of the palliative care team also requires nurses to have exposure to interprofessional education to develop leadership skills and gain clarity on the nursing role within a team-based approach to care.¹² Aside from the 1-hour module on communication in the End-of-Life Nursing Education Consortium, which is offered as a continuing education course and not required by all nurses, most nurses learn communication skills from on-the-job training, preceptors, and colleagues.¹⁹ However, these skills may or may not be evidenced-based communication strategies that ensure quality patient and family care or effective team practice.

APPROACH TO COMMUNICATION

The majority of nurse communication training has been modeled after approaches taken in medicine. Training workshops have included adapted versions of ONCO-Talk²⁰ or EPEC²¹ which provide traditional sender-receiver models of communication and primarily depict and address the role of the physician. These programs prioritize information exchange and ensure receipt of messages.²² In contrast, the nurse's communication role is transactional in nature, which means that both nurse and patient/family simultaneously and reciprocally design, deliver, and interpret messages and create meaning together.²³ In this transactional model of communication, information is not

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