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Background and Purpose



- Effective communication is essential for delivery of quality cancer care
- Few clinicians receive formal communication skills training and report lack of funding and education as significant barriers
- Need for communication training tailored towards interdisciplinary team's role in patient-centered care and addressing communication across all aspects of care
- **Purpose**: describe the Interprofessional Communication Curriculum (ICC) program, a train-the-trainer course for oncology clinician dyads and provide pre-and-post course data evaluation on two cohorts

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PROJECT AIMS

Interprofessional Communication Curriculum (ICC)

NCI Grant Funded Project

<u>AIM #1</u>:

Apply a pilot-tested Interprofessional Communication Curriculum for both online and classroom instruction format.

AIM #2:

Deliver ICC in 5 national workshops to competitively selected participants from NCI-designated and comprehensive and community cancer centers.

AIM #3:

Evaluate impact of ICC by measuring the process and outcomes of participants' integrating training to advance communication in oncology.

<u>AIM #4</u>:

Disseminate findings and develop a network of course participants to share experiences in improving communication at cancer institutions.

ICC Principles, Development, and Course Materials Principles Principles Principles Skills-building exercises & interactive discussions Train-the-trainer and goal-oriented Curriculum Development Evidence-based curriculum Diverse team of specialists NCP Guidelines as foundation Course Materials Syllabus, supplemental materials, lab session materials, & vignettes

Commui	nication
Domain 1: Structure an Processes of Care	Domain 2: Physical Aspects of Care
Improved communication skills training will be provided with an emphasis on improving structures	Focus is on the communication skills used in assessment of physical symptom management.
Domain 3: Psychological and Psychiatric Aspects of Care	Domain 4: Social Aspects of Care
Focus is on communication of psychosocial concerns common in cancer for patients and family caregivers	Address communication of social aspects associated with cancer and address effective communication approaches to access and respond to social concerns.
Domain 5: Spiritual, Religious and Existential Aspects of Care	Domain 6: Cultural Aspects of Care
Assessment of spiritual needs for patients and family caregivers and address effective communication approaches to encourage expression of spiritual needs.	Assessment of cultural factors in diverse populations and address effective communication approaches that will facilitate attention to cultural diversity.
Domain 7: Care of the Patient Nearing the End of Life	Domain 8: Ethical and Legal Aspects of Care
Communication of physical, psychosocial and spiritual needs as patients transition to end of life.	Focus on discussion and initiation of advance directives for care at the end of life and discussion of ethical or legal issues that may impact patient decisions and care.

Communication Needs of Patients

- Information for informed choices
- Synthesize information
- Disclosure of feelings
- Verbalization of fears



- Sense of control
- Discussion about meaning of life
- Maintain hope
- Reassurance of pain/symptom management

Seccareccia et al., 2015; Stajduhar & Dionne-Odom, 2019

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Communication Needs of Family

To be with the patient

Information and frequent updates

Permission to speak and be listened to

Changes in patient's condition

Assurance of comfort

Open and honest communication

Provide a safe space

Seccareccia et al., 2015; Stajduhar & Dionne-Odom, 2019

Most Difficult Areas of Communication

- Discussing bad news
- Speaking with physicians about palliative care
- · Discussing spiritual concerns
- Talking with patients/families from different cultures

Baile & Parker, 2017

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Assessing the Whole Person



- "Before we start, tell me a little about yourself..."
 - · Goal:
 - To learn about their values, what gives them meaning and strength
 - To help them feel valued, heard, and respected



Communication Skills for Symptom Management





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NURSE – Addressing Emotions

- · Naming -normalizing
 - "Pain can make us feel anxious or worried and this is normal."
- Understand validating their emotions
 - "Pain can be overwhelming and even frightening."
- Respect recognizing their effort
 - "This is not easy and you are working really hard."
- Support they are not alone
 - "We are here to help you this is a team effort."
- Explore examine strengths
 - "You have managed your pain in the past. What was helpful then?"

(Adapted from Back et al 2014)

Culture Defined

- · System of shared symbols
- · Provides security, integrity, belonging
- · Constantly evolving
- Making meaning of illness
- · Not limited to race or ethnicity
- Influences response to illness



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Culture Defined

- Cultural humility: Admitting that you do not know about every cultural group and how this can affect patient care
- Three principles:
 - Self-reflection and lifelong learning
 - Patient-focused interviewing and care
 - Community-based care and advocacy
- "... a change in overall perspective and way of life"

Foronda et al., 2016; Rosa & Morin, 2017

Communication Regarding Spirituality as an Aspect of Culturally Respectful Care

"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience connectedness to the moment, to self, to others, to nature, and to the significant or sacred."

Puchalski, 2009

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Living With Questions...

- "Tell me more about that..."
- "That must be difficult for you..."
- "I wonder what that is like for you?"
- ...an Invitation to Go Deeper

FICA Spiritual Assessment

F – Faith, Belief, Meaning

• Is spirituality or faith important in your life? If so, how? If not, what gives your life purpose and meaning? For example, family, work, relationships, nature, the arts, ethics...?

I – Importance and Influence

 How does your faith or spirituality influence your life? Do your beliefs help you cope with stress? Is there anything you want us to know about how your faith or religion might influence your healthcare decisions?

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FICA Spiritual Assessment

C – Community

 Are you part of a spiritual or religious community? If so, is this community a support to you and how? If not, is there a group of people who are important to you for nurture and support?

A – Address/Action in Care

 What do you want us to keep in mind regarding your beliefs as we provide healthcare and support to you and your family? We have a chaplain who I think you would enjoy meeting. May I ask her/him to stop by?

Spiritual Assessment (Non-Religious) Vignette





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Interprofessional Communication Curriculum (ICC) Course Details Course Objectives 2.5-day courses (2021-2025) 1. Identify the 8 domains of quality palliative care applicable across all stages of cancer. Nationwide Interprofessional Communication 2. Demonstrate skills in key clinical Train-the-trainer + online areas of communication through six lab learning modules Curriculum sessions. • 2021• Teams of two adult oncology clinicians (100 per course) 3. Develop goals for implementing the skills training in practice through **COURSE SYLLABUS** RNs, SWs, and Chaplains only process improvement, staff education, and clinical care.

Course 1 (Virtual Jan 2021) Course 2 (Washington, DC August 2021) Course 3 (Portland, OR August 2022)

- Representing 24 states + DC
- 220 Participants (121 teams)
 - RNs = 51%
 - SWs = 34%
 - Chaplains = 15%
- Hospitals/oncology units represented 35%
- NCI Designated Cancer Centers represented 25%



Day 1	Wednesday August 25, 2021	
Time	Module	Faculty
8:00 - 9:00	Welcome: NCP Guidelines as a Framework for Interdisciplinary Communication and Domain 1: Structure & Process of Care	Betty Ferrell
9:00 - 10:00	Domain 2: Physical Aspects of Care	Judith Paice
10:00 - 10:15	BREAK	
10:15 - 11:15	Lab Session: Communication Skills for Domain 2	All Faculty
11:15 - 12:15	Domain 3: Psychological and Psychiatric Aspects of Care	Myra Glaiche
12:15 - 1:15	LUNCH	
1:15 - 2:15	Lab Session: Communication Skills for Domain 3	All Faculty
2:15 - 3:00	Domain 4: Social Aspects of Care	Myra Glajche
3:00 - 3:15	BREAK	
3:15 - 4:00	Lab Session: Communication Skills for Domain 4	All Faculty
4:00 - 4:15	Dismiss/Evaluations	Haley Buller
Time	Module	Faculty
Day 2	Thursday August 26, 2021	
8:00 - 8:15	Welcome	Betty Ferrell
8:15 - 9:15	Domain 5: Spiritual, Religious and Existential Aspects of Care	Trace Hayth
9:15 - 10:00	Domain 6: Cultural Aspects of Care	Trace Hayth
10:00 - 10:15	BREAK	
10:15 - 11:15	Lab Session: Communication Skills for Domain 5 & Domain 6	All Faculty
11:15 - 12:00	Domain 7: Care of the Patient Nearing the End of Life	Judith Paice
12:00 - 1:00	LUNCH	
1:00 - 1:45	Lab Session: Communication Skills for Domain 7	All Faculty
1:45 - 2:30	Domain 8: Ethical and Legal Aspects of Care	Myra Glajch
2:30 - 2:45	BREAK	
2:45 - 3:15	Responsible Conduct of Research	Betty Ferrell
3:15 – 4:00	Quality Improvement Strategies and Measuring Outcomes of Improved Communication	Betty Ferrell
Day 3	Friday August 27, 2021	1
Time	Module	Faculty
8:00 - 8:15	Welcome	Betty Ferrell
8:15 = 9:00	Implementation of Communication Skills into Practice	Haley Buller
9:00 - 10:00	Lab Session: Implementation of Communication Skills into	ALL FACUL
	Practice	ALL I ACOL
10:00 - 10:15	BREAK	
10:15 - 11:15	Presentation of Team Goals	ALL FACUL
11:15 - 11:45	Summary, Evaluations, and Next Steps	Betty Ferrell

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1. Pre-Course Institutional Assessment Survey 2. Post-Course Evaluation

Pre-Course Institutional Assessment

Overall, how important do you believe communication content is to oncology care?

• Average = 8.6

(0=Not Important 10 =Very Important)

How frequently in the past month did you provide spiritual care to a patient?

• Average = 2.7

(1=Not Often 5=Very Often)

What do you consider to be the greatest challenge to improving communication in your institution?

- Lack of knowledge in communication
- Lack of resources to teach communication
- Lack of funding for education

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Post-Course Evaluation

- Course met participant's expectations (4.8) & is useful to their practice (4.9)
- 6-and-12-month Follow-up:
 - 1,802 additional healthcare professionals trained
 - 1,083 nurses
 - 220 social workers
 - 87 chaplains,
 - 176 physicians
 - 236 others
- Pre-Course Goals
 - o Staff education, training and mentorship
 - Institution-wide system changes involving communication
 - o 54% completed or in-progress

Sample Evaluation Comments

"Great way to review & strengthen my communication skills and practice speaking about difficult subjects, especially religion and spirituality."

"Expertly instructed and organized. Rich content and materials that are highly comprehensive".

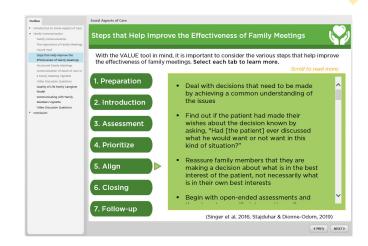
"The environment is safe and non-judgmental which allows us to learn, share, & participate in role playing." "Invaluable information on assessing and managing the effects of psychological and psychiatric aspects. Attending students are all professionals. I feel empowered to go back to train others."

"Excellent speakers! Learned very useful tools in communication with patients, family. Can utilize similar tools on behavioral patients."

"The speakers provided really insightful and concrete information. Syllabus is very useful and practical."

ICC Online Modules Development

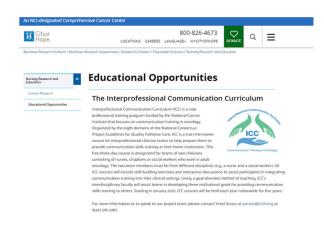
- Supplement the in-person learning
- · Six Modules
 - o 30+ vignettes
 - o Quizzes
- Free access for participants
 - Available for others to purchase
- Developed via Relias Academy
 - https://reliasacademy.com/r ls/store/



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ICC Course at NCI July 17-19, 2023

Thank you!



- Please visit us at the ICC Website: www.cityofhope.org/ICC
 - Course Information
 - Resources
 - Application
 - Learning Modules
- · Want more information?
 - Email us at: ICC@coh.org

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References

- Ferrell, B., Buller, H., & Paice, J. (2020). Communication skills: Use of the interprofessional communication curriculum to address physical aspects of care. Clinical Journal of Oncology Nursing, 24(5), 547–553. doi:https://doi.org/10.1188/20.cjon.547-553
- National Consensus Project (NCP) for Quality Palliative Care. (2018). Clinical practice guidelines for quality palliative care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care. Accessed September 7, 2020 from: https://www.nationalcoalitionhpc.org/ncp/
- Seccareccia, D., Wentlandt, K., Kevork, N., Workentin, K., Blacker, S., Gagliese, L., Grossman, D., & Zimmermann, C. (2015). Communication and quality of care on palliative care units: A qualitative study. Journal of Palliative Medicine, 18(9), 758-64. https://doi.org/10.1089/jpm.2014.0408
- 4. Stajduhar, K.I. & Dionne-Odom, J.N. (2019). Supporting families and family caregivers in palliative care. In: B. R. Ferrell & J. Paice (Eds.), Oxford textbook of palliative nursing. Oxford University Press.
- Baile, W.F. & Parker, P.A. (2017). Breaking bad news. In D.W. Kissane, B.D. Bultz, P.N.Butow, C.L. Bylund, S. Noble & S. Wilkinson (Eds.), Oxford textbook of communication in oncology and palliative care. Oxford University Press.
- Back, A.L. & Arnold, R.M. (2014). "Yes it's sad, but what should I do?" Moving from empathy to action in discussing goals of care. Journal of Palliative Medicine, 17(2), 141-44. https://doi.org/10.1089/jpm.2013.0197
- Puchalski, C., Ferrell, B., Virani, R., et al. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. Journal of Palliative Medicine. 12(10), 885-904. https://doi.org/10.1089/jpm/.2009.0142
- 8. Cormack, C.L., Mazanec, P., & Panke, J. (2019). Cultural considerations in palliative care. In: B.R. Ferrell and J. Paice (Eds.), Oxford textbook of palliative nursing. Oxford University Press.
- Foronda, C., Baptiste, D.L., Reinholdt, M.M., & Outsman, K. (2016). Cultural humility: A concept analysis. Journal of Transcultural Nursing, 27(3), 210-17. https://doi.org/10.1177/1043659615592677
- 10. Mazanec, P., & Panke, J.T. (2015). Cultural considerations in palliative care. In: B. Ferrell (Ed.), Spiritual, religious, and cultural aspects of care. Oxford University Press.
- Neubauer, K. Dixon, W., Corona, R., & Bodurtha, J. (2016). Cultural humility. In: E. Wittenberg, B.R. Ferrell, J. Goldsmith, T. Smith, S.L. Ragan, M. Glajchen, & G. Handzo (Eds.), Textbook of palliative care. Oxford University Press.
- 12. Rosa, W., & Morin, K.H. (2017). Transforming our world by 2030: Leadership requisites to guide the global village. In: W. Rosa (Ed.), A new era in global health: Nursing and the United Nations 2030 agenda for sustainable development. Springer Publishing Company.