

Heart Disease Community of Practice Series 3

Challenging conversations



Facilitator: **Diana Vincze, Pallium Canada**

Presenters: **Dr. Leah Steinberg, MD, CFPC, FCFP, MA**

Date: **05 February 2025**

Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



Introductions

Facilitator

Diana Vincze

Palliative Care ECHO Project Manager, Pallium Canada

Presenter

Dr. Leah Steinberg, MD, CFPC, FCFP, MA

Palliative Care Clinician, Sinai Health System

Assistant Professor, Division of Palliative Care, University of Toronto

Introductions

Panelists

Dr. Caroline McGuinty, MD FRCPC

Cardiologist, Advanced Heart Failure and Transplantation, Cardiac Palliative Care

University of Ottawa Heart Institute

Assistant Professor, University of Ottawa

Drew Stumborg, RN

Saskatchewan Health Authority

Dr. Michael Slawnych, MD FRCPC

Clinical Assistant Professor

Department of Cardiology, St Paul's Hospital

University of British Columbia

Shannon Poyntz, NP-PHC, MN

Nurse Practitioner, Supportive Care

Dr. Lynn Straatman, MD FRCPC

Clinical Assistant Professor, UBC

Department of Medicine (Cardiology and Palliative Care)

Department of Pediatrics (Adolescent Health)

Medical Director, Cardiac Function Clinic

Morgan Krauter, NP, DN(C), CCN(C)

Nurse Practitioner, Heart Function Program

Royal Victoria Regional Health Centre, Barrie, ON

Adjunct Faculty Member, Lawrence S. Bloomberg

Faculty of Nursing, University of Toronto

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada
- Boehringer Ingelheim supports Pallium Canada through an in-kind grant to expand interprofessional education in palliative care.

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Pallium Canada generates funds to support operations and R&D from Pallium Pocketbook sales and course registration fees
- An educational grant or in-kind resources from Boehringer Ingelheim.

Facilitator/ Presenter/Panelists:

- Diana Vincze: Palliative Care ECHO Project Manager at Pallium Canada.
- Dr. Leah Steinberg: Pallium Canada (education material), HPCO (clinical advisory committee, educator).
- Morgan Krauter: Novartis, Pfizer (speaker fees); Alleviant (consulting fees).
- Dr. Michael Slawnych: Novartis.
- Dr. Caroline McGuinty: Servier (consulting fees), Novartis (speaker fees).
- Dr. Lynn Straatman: Servier, Novartis, Astra Zeneca, BI, Medtronic, Pfizer, Eli Lilly, Bayer, Merck (clinical trials).
- Shannon Poyntz: None to disclose.
- Drew Stumborg: None to disclose.

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of program content

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion.
- Please use the Q&A function to ask questions.
- Add comments or to let us know if you are having technical difficulties via the Chat!
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session.
- This 1-credit-per hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **6 Mainpro+** credits.
- This event is also an Accredited Group Learning Activity through the Royal College of Physicians and Surgeons of Canada. You may claim a maximum of **6.00 hours**.

Objectives of this Series

After participating in this program, participants will be able to:

- Describe what others have done to integrate palliative care services into their practice.
- Share knowledge and experience with their peers.
- Increase their knowledge and comfort around integrating a palliative care approach for their patients with advanced heart failure.

Overview of Topics

Session #	Session title	Date/ Time
Session 1	Collaboration Building: How to build collaboration with teams in your setting	October 2, 2024 from 12-1pm ET
Session 2	Diuretic management in an outpatient setting	December 11, 2024 from 12-1pm ET
Session 3	Challenging conversations	February 5, 2025 from 12-1pm ET
Session 4	De-prescribing cardiac and other medications: palliative care in people with advanced heart failure	April 30, 2025 from 12-1pm ET
Session 5	Non ischemic causes of heart failure	June 25, 2025 from 12-1pm ET
Session 6	Interaction of heart failure and lung disease	August 20, 2025 from 12-1pm ET

Objectives of this Session

After participating in this session, participants will be able to:

- Identify barriers to clinicians and patients engaging in conversations.
- Recognize skills that will enhance empathic communication
- Have opportunity to discuss challenging situations.

Challenging conversations



Share your challenges

Why are they challenging?

Why?

- Emotions
 - Yours and theirs!
- Expectations – whose expectations?
- Illness understanding
- Health literacy
- Trust

Skillful Communication

Is a lifelong skill

1. Principles of skillful conversations
2. Three important components of conversations
3. Communication skills

Not a script or checkbox routine

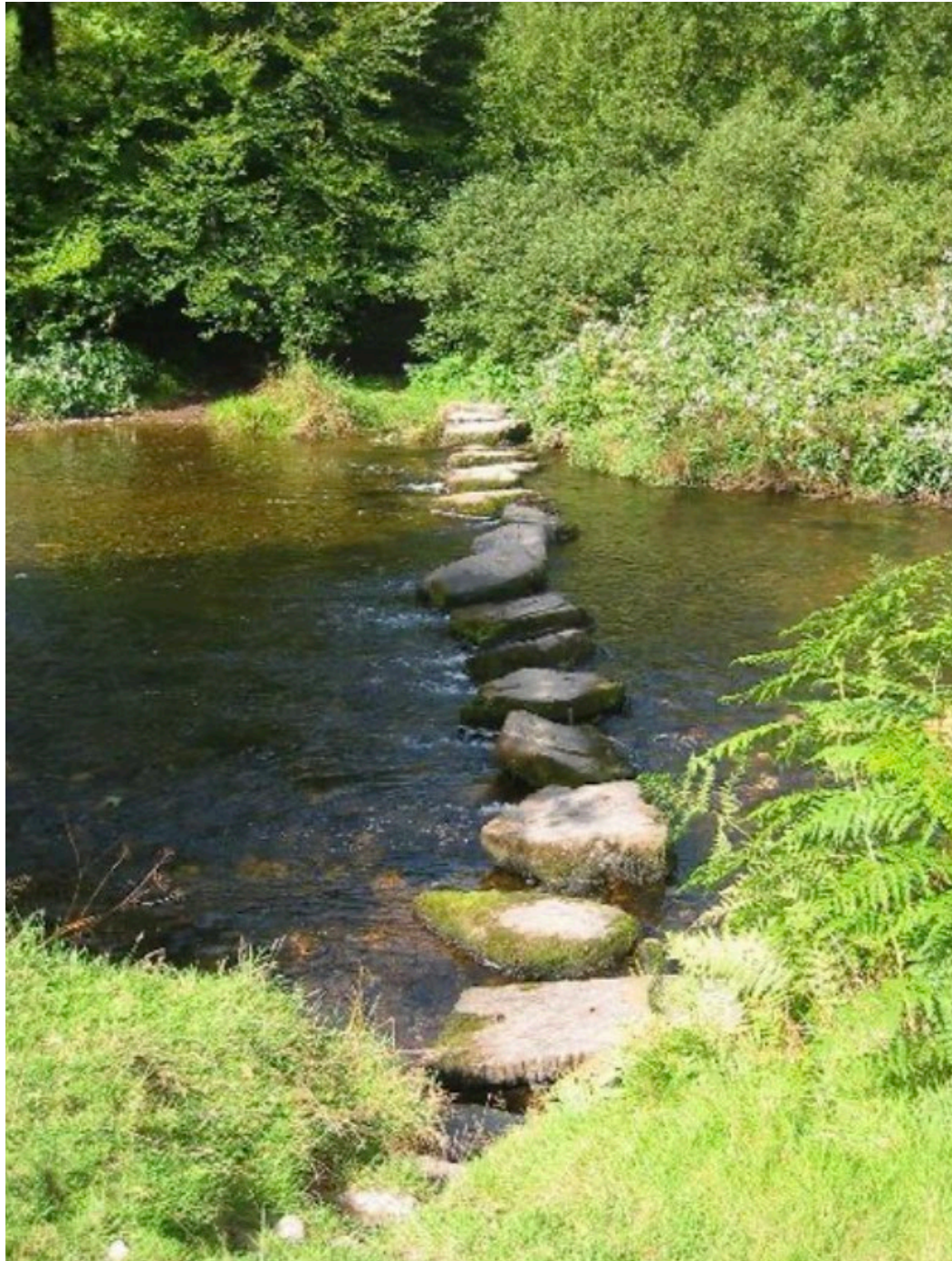
- Not a set of phrases or words
- It takes an attitude of openness and willingness to let your patient express themselves.
- It is a dance – back and forth – responding to what is happening in the moment, not where you want it to go...you will guide there if possible, but it has to be one step at a time
- It takes openness to invite this information and work with your patient starting from what they understand rather than simply tell them what you want them to know.

An image to consider





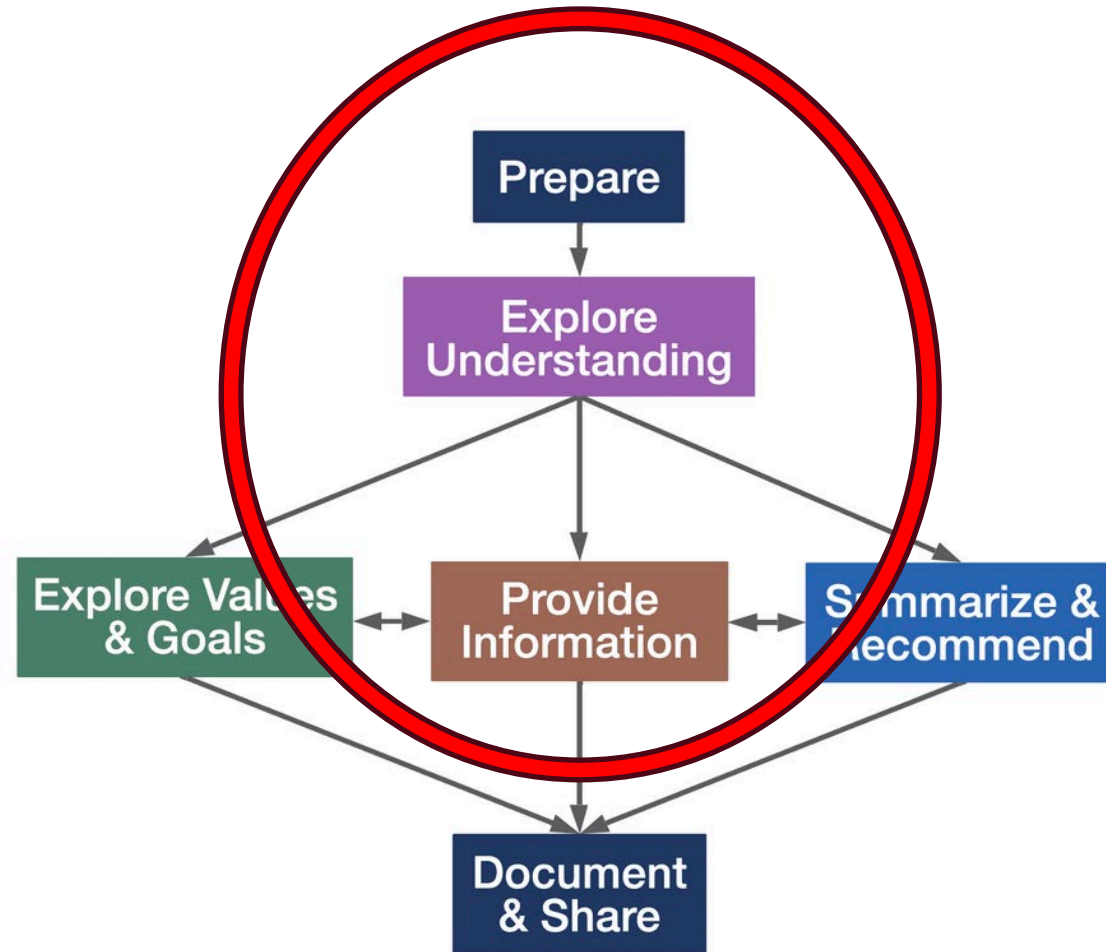




There are several principles of conversations

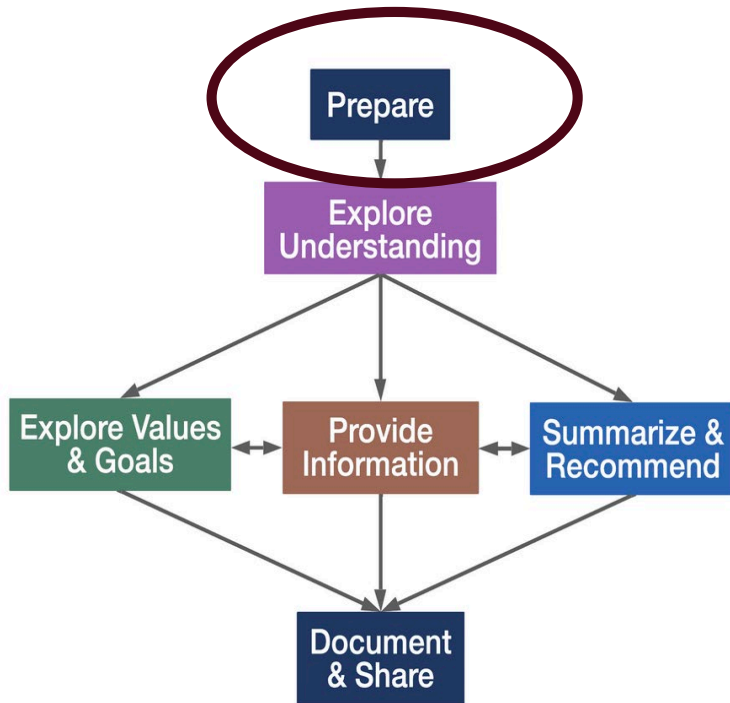
- Relational
 - it is a dialogue;
 - it is about growing your appreciation about the other person in the room;
 - it is two experts learning from each other
- Complexity
- Iterative
- Non-judgmental
- Be led by curiosity

Components of a conversation



Prepare yourself and invite some conversation

- Become aware of yourself – your emotions, values, expectations.
- Avoid entering discussion with specific agenda or outcome (e.g. get DNR, etc)
- Take a breath... Be ready to listen and support



Explore Illness Understanding

Find out where they are – and then listen!

Why?

- a great way to see what they need
- to appreciate their health literacy
- to build rapport by letting them tell their story!

It isn't the time to tell them anything

Resist the urge to correct at this point

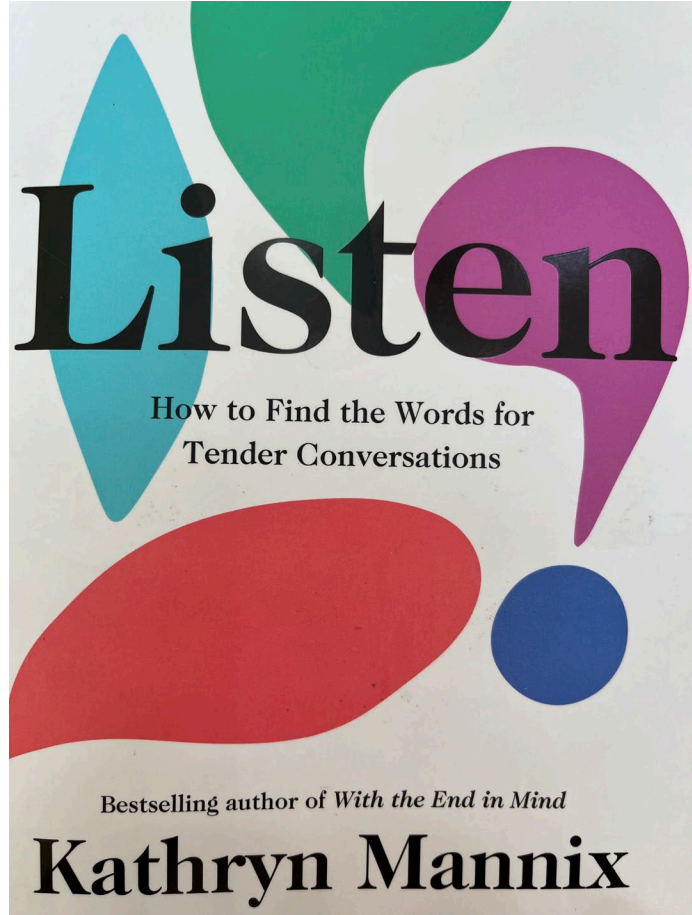


Exploring Illness Understanding

- “Let’s start by you telling me what you already know – then I can add in and we can work together to make sure we both understand each other...”

Then listen and explore

- Spend time here – let someone talk without being corrected
- You will find that people often know more than you think
- Don't expect it to be how health care teams talk about illness
- You have to explore and listen to the cues and the underlying meaning



Provide information



- At some point, you may need to give information
- Make a careful transition at this point to make sure someone is ready to hear information
- Don't move quickly from listening to giving information as it may be hard for a person to adjust to taking in information

Speak to be understood

- Providing illness education is a skill!
- Means being able to explain trajectories of chronic, progressive illness
- Do you know how to describe illnesses, trajectories, complications?



Speak to be understood

Ask permission

Don't start with details

Pace the information

Use simple language

Why? To be sure patient is able to listen and to judge her readiness

How?

“Thank you for telling me what you have been through...you seem to have a lot of good information...” PAUSE

“There is some additional information that I have – it might clear up some of the confusion about what has happened...” PAUSE

“Would it be okay if I told you those now?”

Ask permission

Don't start with details

Pace the information

Use simple language

Start with the big picture and be concise

Don't start with medical details.

Start with a succinct statement of the information

For example, say:

"your heart isn't pumping your blood well enough"

"that it why you are so tired"

Ask permission

Don't start with details

Pace the information

Use simple language

Why? Patients and caregivers are usually overwhelmed and can't absorb much information.

How?

Slow down

Pause frequently and check in

After a short while:

"Is this information surprising?"

"Is the first time you are hearing this?"

"What questions do you have so far?"

Ask permission

Don't start with details

Pace the information

Use simple language

Fun example: Asquith to his Cabinet

“Before we proceed, I wonder if it might be helpful if I set out six basic statements of fact...”

He read them out, pausing after each sentence, giving an opportunity for objection.

Robert Harris “Precipice”

Always check your language –
we often use medical
terminology, even when we
think it isn't...

Ask permission

Don't start with details

Pace the information

Use simple language

Pearl

- Jenga game

Respond to Emotions

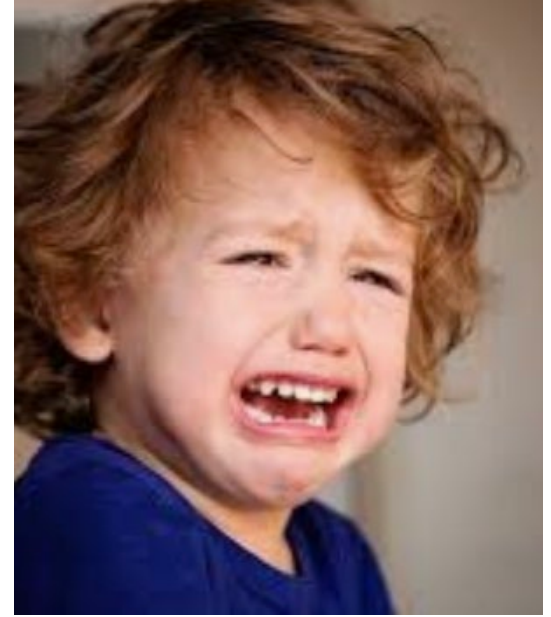


- When someone is feeling a strong emotion, they can't think, absorb new information or make informed decisions
- Sometimes what seems like a “cognitive” gap is also an emotional gap
- Even just taking a few moments to give space for a person to express their emotion may help someone move through a conversation

Emotions are important and common

We should expect them and be present to them

- very few health professions are trained to “lean in” when patient and/or their loved ones have emotional reactions.
- we want to make someone feel better – and we think that by staying with the emotion that it will make everything worse



Respond to Emotion



Recognize an emotion

Pause and avoid giving info

Respond with empathy

Recognize

- Some emotional responses are easy to recognize, but others are more hidden... they seem more like information seeking
- *“This can’t be happening...”*
- *“But he is a fighter...”*
- *“We are hoping for a miracle...”*

Recognize an emotion

Pause and avoid giving info

Respond with empathy

Pause

- Whenever you recognize an emotion, it is best to pause so you avoid giving information right away

Recognize an emotion

Pause and avoid giving info

Respond with empathy

How?

- Name
- Explore
- Silence
- Reflection

- Pay attention to it

Recognize an emotion

Pause and avoid giving info

Respond with empathy

Questions/Discussion

Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat.
- A recording of this session will be e-mailed to registrants within the next week.
- Please join us for the next session in this series on **De-prescribing cardiac and other medications: palliative care in people with advanced heart failure on April 30th, 2025 from 12–1:00 p.m. ET.**

Thank You



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