

# Community-Based Primary Palliative Care Community of Practice Series 4

Communication Part 1



Facilitator: Dr. Nadine Gebara

Guest Speakers: Dr. Jennifer Moore, Dr. Sarah Torabi

Date: February 26, 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 and their families.

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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.



# LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by the CFPC and Royal College.



Learn more about the course and topics covered by visiting

[www.pallium.ca/course/leap-core](http://www.pallium.ca/course/leap-core)

# Objectives of this Series

**After participating in this series, participants will be able to:**

- Augment their primary-level palliative care skills with additional knowledge and expertise related to providing a palliative care approach.
- Connect with and learn from colleagues on how they are providing a palliative care approach.

# Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Pain Management in the Delirious Patient	January 22, 2025 from 12 to 1pm ET
Session 2	Communication: Part 1	February 26, 2025 from 12 to 1pm ET
Session 3	Communication: Part 2	March 27, 2025 from 12 to 1pm ET
Session 4	Palliative Care for those Living with Dementia	April 23, 2025 from 12 to 1pm ET
Session 5	AYA	May 28, 2025 from 12 to 1pm ET
Session 6	Gastrointestinal Symptoms in Palliative Care	June 25, 2025 from 12 to 1pm ET
Session 7	Interventions for symptom management; tubes and drains	July 3, 2025 from 12 to 1pm ET
Session 8	Intimacy and Sexuality in Advanced Serious Illness	August 27, 2025 from 12 to 1pm
Session 9	Tissue Donation at End of Life	September 24, 2025 from 12 to 1pm ET
Session 10	Supporting Caregivers	October 29, 2025 from 12 to 1pm ET

# Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function to ask questions and add comments throughout the session
- 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 **10 Mainpro+** credits.

# Disclosure

Relationship with Financial Sponsors:

## **Pallium Canada**

- Not-for-profit
- Funded by Health Canada



# Disclosure

## **This program has received financial support from:**

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

## **Facilitator/ Presenter:**

- Dr. Nadine Gebara: Nothing to disclose
- Dr. Jennifer Moore: No disclosures
- Dr. Sarah Torabi: No disclosures

# Disclosure

## Mitigating Potential Biases:

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

# Introductions

## Facilitator:

### **Dr. Nadine Gebara, MD CCFP- PC**

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

## Panelists:

### **Dr. Haley Draper, MD CCFP- PC**

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

### **Dr. Roger Ghoche, MDCM CCFP-PC, MTS**

Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

### **Jill Tom, BSN CHPCN ©**

Nurse Clinician for palliative Home Care

Mount Sinai Hospital, Montreal

# Introductions

## Panelists (continued):

### **Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)**

Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care

IH Regional Palliative End of Life Care Program

Pallium Canada Master Facilitator & Coach, Scientific Consultant

### **Thandi Briggs, RSW MSW**

Care Coordinator, Integrated Palliative Care Program  
Home and Community Care Support Services Toronto  
Central

### **Claudia Brown, RN BSN**

Care Coordinator, Integrated Palliative Care Program  
Home and Community Care Support Services Toronto  
Central

### **Rev. Jennifer Holtslander, SCP-Associate, MRE, BTh**

Spiritual Care Provider

## **ECHO Support**

### **Diana Vincze**

Palliative Care ECHO Project Manager, Pallium Canada

# Introductions

## Guest Speakers:

### **Dr. Jennifer Moore, MD ABIM**

Palliative Medicine Staff Physician, Sunnybrook Health Sciences Center

Assistant Professor, Departments of Medicine and Family and Community Medicine, University of Toronto

### **Dr. Sarah Torabi, MD FRCPC ABIM**

Head of the Division of Palliative Medicine, Sunnybrook Health Sciences Center

Palliative Medicine Staff Physician, Sunnybrook Health Sciences Center

Assistant Professor, Departments of Medicine and Family and Community Medicine, University of Toronto

# Communication Part 1

# Session Learning Objectives

**Upon completing the session, participants will be able to:**

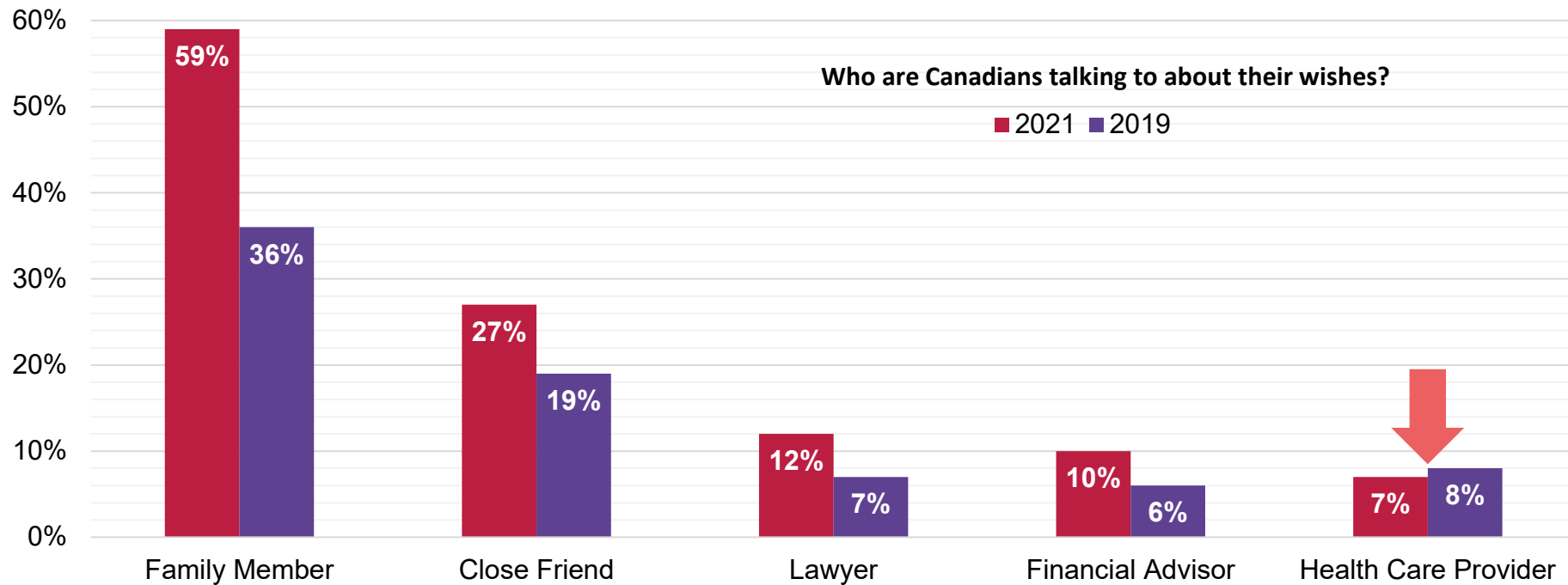
- Reflect on one's own communication skills
- Become familiar with how to structure a serious illness conversation
- Explore tools to help recognize and respond to emotions of patients and families when having a serious illness conversation.

# What makes these conversations so difficult?

- Perception that these conversations “take too much time”.
- We haven’t been trained
- Fear of upsetting patients and families
- Discomfort when patients and families are emotional

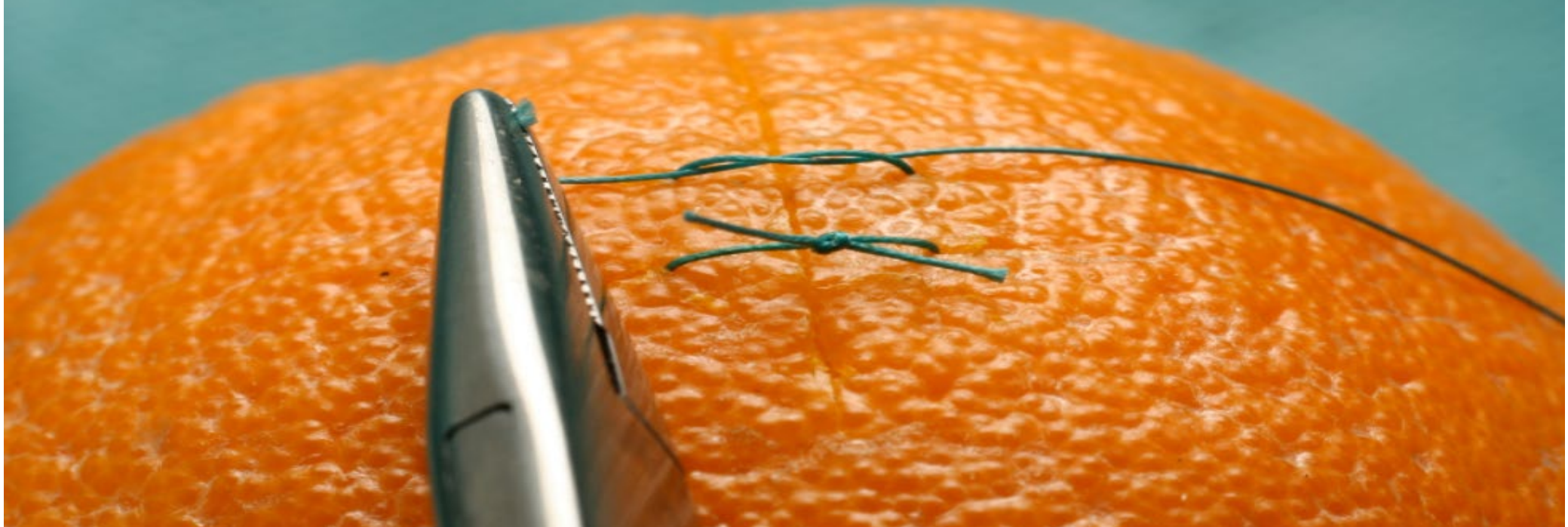


# We're not talking about what matters



Source: Canadian Hospice Palliative Care Association, Feb 2021 Nanos Poll of >3000 Canadians

“Difficult communication is really a procedure, and learning its skills is surprisingly similar to learning surgical skills.”  
(Nakagawa, S. JAMA Int Med. 2015)



# GOC/ACP Conversations as Procedures

## Conversation Guides

- Improves patient outcomes<sup>1,2</sup>
- More, better<sup>2</sup>, earlier<sup>3</sup> documented conversations
- Improves surrogate and clinician outcomes<sup>4</sup>

## Communication Skills

- Increased clinician empathy<sup>5,6</sup>
- Increased patient trust in provider<sup>5</sup>
- Decreased patient anxiety<sup>7</sup>



# Serious Illness Conversation Guide

## CLINICIAN STEPS

- Set up
  - Thinking in advance
  - Is this okay?
  - Hope for best, prepare for worst
  - Benefit for patient/family
  - No decisions necessary today
- Guide (right column)
- Act
  - Affirm commitment
  - Make recommendations about next steps
    - Acknowledge medical realities
    - Summarize key goals/priorities
    - Describe treatment options that reflect both
  - Document conversation
  - Provide patient with Family Communication Guide

## CONVERSATION GUIDE

Understanding      What is your understanding now of where you are with your illness?

---

Information preferences      How much information about what is likely to be ahead with your illness would you like from me?

FOR EXAMPLE:  
Some patients like to know about time, others like to know what to expect, others like to know both.

Prognosis      *Share prognosis as a range, tailored to information preferences*

Goals      If your health situation worsens, what are your most important goals?

---

Fears / Worries      What are your biggest fears and worries about the future with your health?

---

Function      What abilities are so critical to your life that you can't imagine living without them?

---

Trade-offs      If you become sicker, how much are you willing to go through for the possibility of gaining more time?

---

Family      How much does your family know about your priorities and wishes?

(Suggest bringing family and/or health care agent to next visit to discuss together)

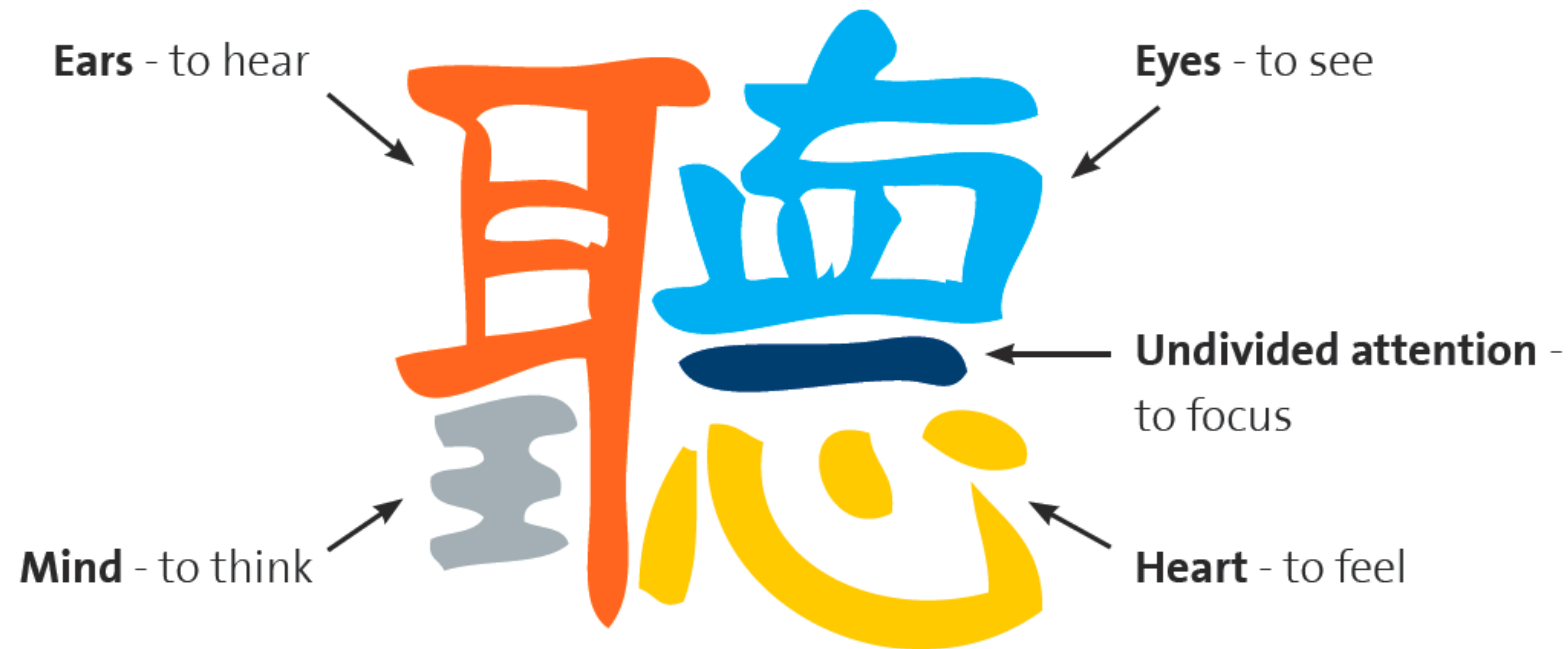
Draft R4.3 4/14/15

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# Skill

Listening

# Listen to understand



# Listen to understand

Ask open-ended questions

Use reflections

Use silence

Avoid correcting

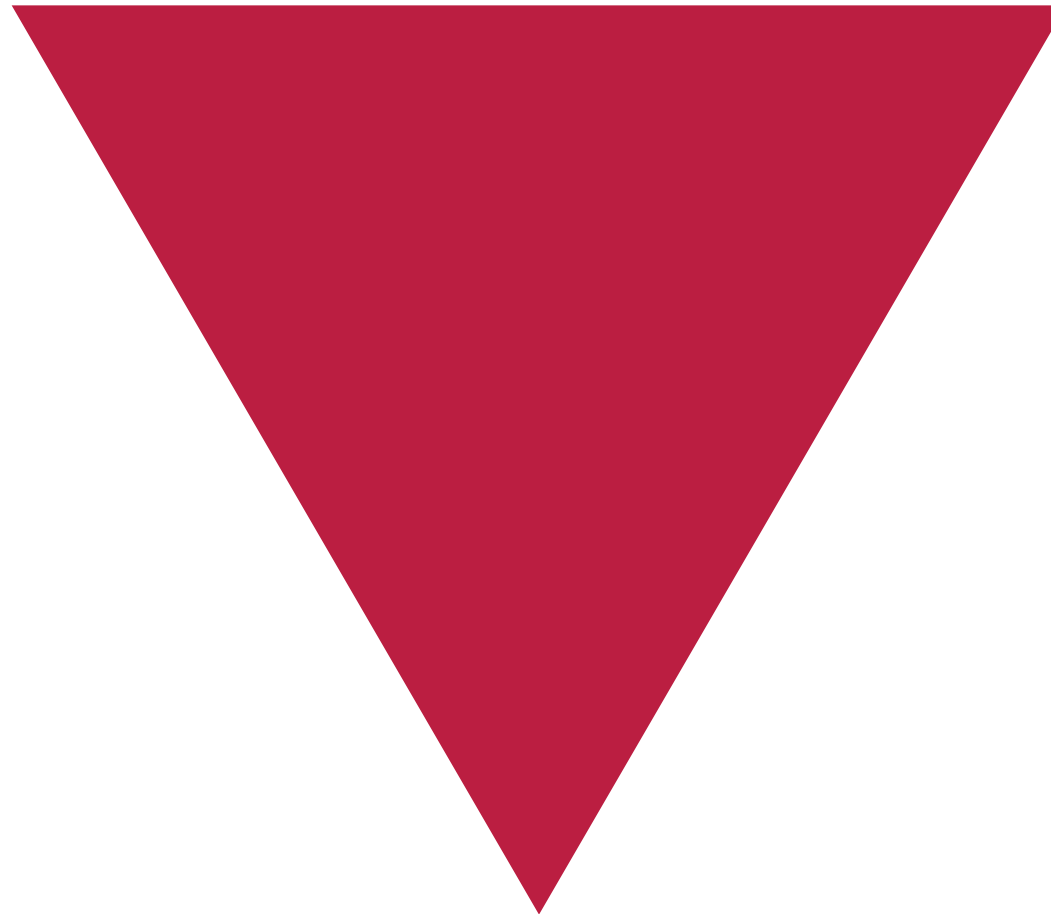
# Skill

## Sharing difficult news using a HEADLINE



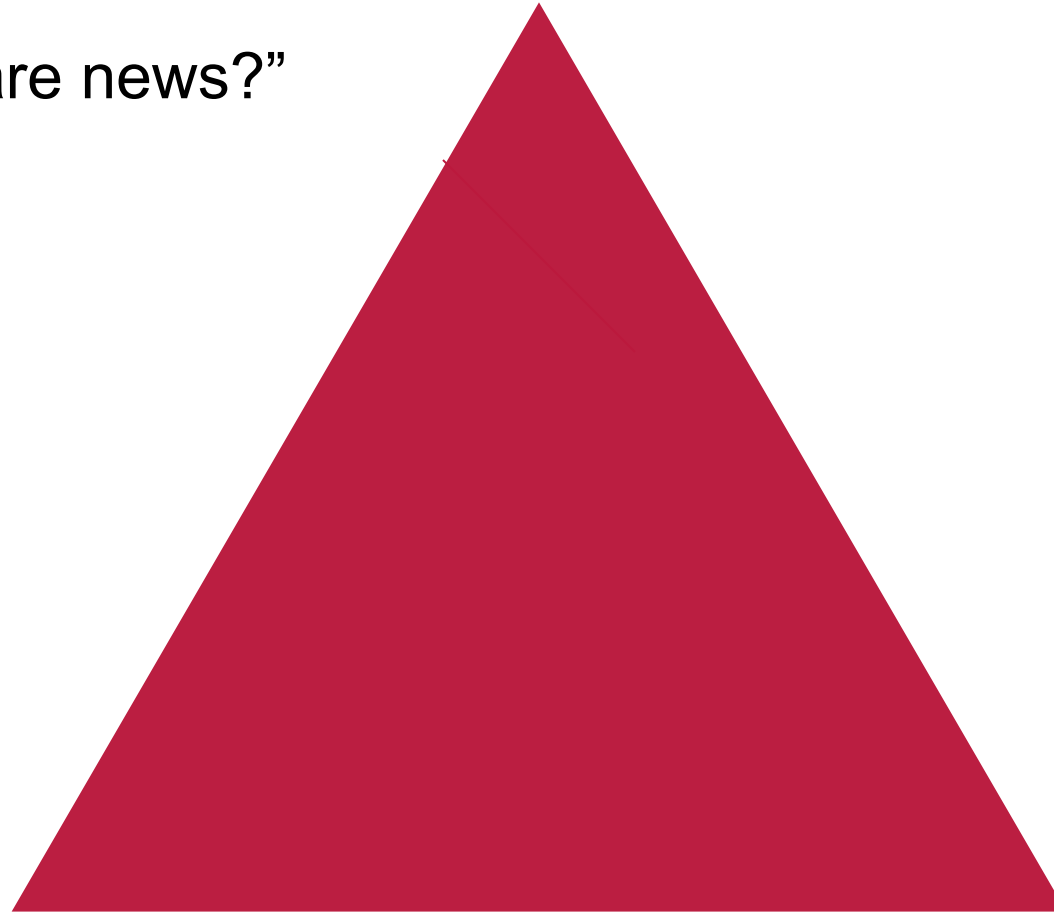


# HEADLINE



# HEADLINE

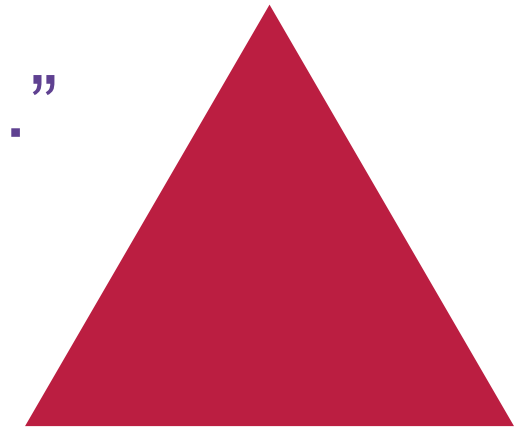
“Would it be okay if I share news?”



# HEADLINE

- A way to succinctly share difficult health information
- Pairs (1) **information** with (2) its **associated meaning**

“... and what this means is that...”



# Case: 66M w/ metastatic lung cancer

- Admitted with progressive weakness
- Able to get up to toilet, but very slowly and gets breathless upon return
- Now requiring 1L oxygen via NP
- No obvious reversible cause on imaging
- He is wondering when he will be started on his next chemotherapy
- CT Chest, Abdomen, Pelvis shows increase in number and size of metastases in his lungs, liver, bone and lymph nodes

# Headline = information + meaning

Your scans show that your cancer is worse. This explains why you've been feeling weaker.

# Headline = information + meaning

Your scans show that your cancer is worse. This explains why you've been feeling weaker.

# Headline = information + meaning

Your scans show that your cancer is worse. **This explains why you've been feeling weaker.**

**TIP**

Link a symptom to health-related information

# Skill

## Responding to emotion with empathy using NURSE Statements





# Responding to emotions

Emotions are processed faster than cognitive information when under threat.

1<sup>st</sup> Expect emotions

2<sup>nd</sup> Respond with empathy

3<sup>rd</sup> Be silent



4<sup>th</sup> Support vs give information



# Empathy - NURSE Statements

“I’m glad you’re here”

“Hi, my name is \_\_\_\_\_ and I am a doctor caring for your mom. I wanted to talk with you about the benefits of referring your mom to our palliative care team.”

“Palliative Care?! She isn’t dying.”

“Well, they help people feel comfortable at home and to avoid the ER if they get sicker.”

“It feels like you guys are giving up on my mom?”

“No, we want them to help improve her quality of life.”

# Empathy - NURSE Statements

It feels like you guys are giving up on my mom!

~~No, we want them to help improve her quality of life.~~

# NURSE Statements

It feels like you guys are giving up on my mom!

Phrases that articulate empathy in response to emotion

- N** NAME It sounds like you are upset to hear this news
- U** UNDERSTAND I can't imagine how difficult it must be to hear this information
- R** RESPECT I admire how much you have done for your mother
- S** SUPPORT Our team will do everything that is in our power to support and care for you
- E** EXPLORE Tell me more... / Tell me more about what you mean when you say...

Back, Arnold, and Tulsky. Mastering Communication with Seriously Ill Patients. Cambridge Univ.Press.

- 1<sup>st</sup> Expect emotions
- 2<sup>nd</sup> Respond with empathy
- 3<sup>rd</sup> Be silent
- 4<sup>th</sup> Support vs information

It feels like you guys are giving up on my mom!

## NURSE Statements

An approach to responding to emotions with empathy



Try using a NURSE statement after sharing serious news to acknowledge emotion and then stay silent to see how the patient responds to it. These statements help us focus on the patient's needs before moving ahead with our agenda.

- N** | **Name**  
**State the emotion you observe**  
"It sounds like you are upset/worried/angry/relieved to hear this news."
- U** | **Understand**  
**Acknowledge their emotion**  
"I can't imagine how difficult it must be to hear me say this."
- R** | **Respect**  
**Tell them you admire their hard work**  
"I admire how much you are doing for your mother."
- S** | **Support**  
**Show unconditional support**  
"I'll be here with you every step of the way."
- E** | **Explore**  
**Ask more about what you heard**  
"Tell me more about that."

Visit [theconversationlab.org](https://theconversationlab.org) to learn more  
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# Responding to emotions



Skill \_\_\_\_\_

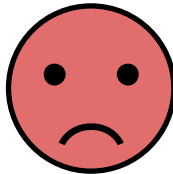
Skill \_\_\_\_\_

Skill \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



# Skill

Using “I wish” statements to convey empathy  
(instead of I’m sorry)

# “I wish” statements

- Another way to articulate empathy is to align yourself with patient hopes
- I wish statements:
  - “I wish more Lasix was an option to improve his function.”
  - “I wish I had better news for you.”
  - “I wish things were different.”
- Alternatively, I had hoped...”
  - “I had hoped she would have qualified for the procedure too.”
  - “I had hoped for a different results.”



# Skill

Using 'wish/worry' statements to respond to unrealistic treatment options

# “Wish/Worry” statements

- **When patient or family’s goal/hope does not align with what is being recommended**
- **“I wish** there were more medicines to make them stronger.  
“Unfortunately, given how weak the heart is, **I worry** that more treatment will only make them feel lousy.”
- **Can be helpful if people are uncomfortable having a GOC discussion**
- **“I wish** we didn’t have to have this conversation.” **“I’m worried** that if we don’t, we won’t know how to provide your mom with the care that she’d want as she gets sicker.”

# Skill

Using 'I wonder' statements to move a conversation forward

# “I wonder” statements

- When trying to move a conversation forward
- **A way to gently ask if it’s okay to think about the ‘what-ifs’**
- **“I wonder** if it’s possible to imagine a time when the treatment may stop working?”
- **“I wonder** if you’re okay to have me share my understanding of what’s likely to come as their heart gets weaker?”

# W Statements - Practice

**Wish**

**Worry**

**Wish/Worry**

**Wonder**

**Wish/Worry/Wonder**

**She's a fighter. She'll get through this.**

**We're praying for a miracle.**

**I can't believe this is happening.**

**Why do we have to talk about this now?**

# Skills Summary

Skill		When to use
1	<b>Headline</b>	To share health information
2	<b>NURSE</b>	To convey empathy
3	<b>Wish</b>	To align yourself with their hopes
4	<b>Wish/Worry</b>	To respond to unrealistic expectations
5	<b>Wonder</b>	To move the conversation forward

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Draft R4.3 4/14/15

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# Illness Understanding

- Ask a lot of question
  - What illness does the patient know they have
  - What extent/stage/severity does the patient think their illness is
  - What treatments are they on
  - What is the patient's expectation of their illness moving forward  
ie. What does the patient understand about the **trajectory of their illness**
  - What does the patient know about their prognosis  
Do they want to know their prognosis?

LISTEN: Resist the urge to jump in with answers. Likely YOU already know many of the answers. The point is to assess what the patient and their SDM know.

Use “Tell me more about....” questions



# Giving Information

Speak to be understood

Ask permission

Give a summary and meaning  
HEADLINE

Pace the information

Use simple language

# Values and Goals

**Is not wanting to be hooked up to machines a value?**

**Is wanting everything done a value?**

What a person values...  
is the **POTENTIAL OUTCOME** of a treatment  
not the treatment itself

For some it might be acceptable or tolerable if the outcome is  
**losing physical abilities**

For some it might NOT be acceptable or INTolerable if the outcome  
is **losing mental abilities**

# PEARLS

- Communication skills can be learned- you don't need to be “born” with them!
- Active Listening and Silence are crucial
- Expect Emotion
- Practice, practice, practice skills

# Case based discussion

# Case: 38 year-old woman with ovarian cancer

- Admitted with a new bowel obstruction.
- She has been treated with “last line” chemotherapy.
- She is now bedbound and unable to eat.

Questions?

# Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- Join us for our next session on March 27<sup>th</sup> 2025 from 12-1pm ET for **Communication Part 2.**

# Thank You



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