

EPEEC for Veterans

Education in Palliative and End-of-life Care for Veterans

Trainer's Guide

Module 14

Managing Sudden Illness

Emanuel LL, Hauser JM, Bailey FA, Ferris FD, von Gunten CF, Von Roenn J, eds. EPEC for Veterans: Education in Palliative and End-of-life Care for Veterans. Chicago, IL, and Washington, DC, 2012.

EPEC® was created with the support of the American Medical Association and the Robert Wood Johnson Foundation. Subsequent funding has been provided by the National Cancer Institute and the Lance Armstrong Foundation. The EPEC for Veterans Curriculum is produced by EPEC and the EPEC for Veterans Work Group through funding provided by the US Department of Veteran Affairs. Acknowledgment and appreciation are also extended to Northwestern University's Feinberg School of Medicine, which houses EPEC.

Special thanks to the EPEC for Veterans team and all other contributors and reviewers.

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Module 14 trainer's notes

Principal message

In the face of sudden illness with uncertain prognosis, clinicians need to be competent in all aspects of good end-of-life care.

Module overview

Sudden illness, particularly when it is severe and unexpected and has an uncertain prognosis, challenges everyone. Structured communication is especially important when the prognosis is uncertain. Goals of care may change rapidly as prognosis changes. Discussions should include the possibility of time-limited trials. Sociocultural differences may need rapid and sensitive appreciation to keep care consistent with the Veteran's values.

Preparing for a presentation

1. Assess the needs of your audience

Choose from the material provided in the syllabus according to the needs of your expected participants. It is better for participants to come away with a few new pieces of information, well learned, than to come away with a deluge of information, but remembering nothing.

2. Presentation timing

Allow sufficient time to collect participants' demographic data and complete the pre-test.

The suggested timing for each part of this module is:

Introduction	2-3 minutes
Trigger tape & discussion	5-7 minutes
Presentation	35 minutes
Summary	2-3 minutes
<u>Post-test & Evaluation</u>	<u>5 minutes</u>
Total	49-53 minutes

3. Number of slides: 19

4. Preparing your presentation

The text in the syllabus was not designed to be used as a prepared speech. Instead, the slides have been designed to trigger your presentation. Although the slides closely follow the text of the syllabus, they do not contain all of the content. Their use presumes that you have mastered the content. You may want to make notes on the slide summary pages to help you prepare your talk in more detail and provide you with notes to follow during your presentation.

Practice your presentation using the slides you have chosen, and speaking to yourself in the kind of language you expect to use, until it is smooth and interesting and takes the right amount of time.

5. Preparing a handout for participants

The syllabus text and slides in the **Trainer's Guide** were designed to be reproduced and provided to participants as a handout, either in its entirety, or module by module. If the entire curriculum is not being offered, please include the following in each handout:

- **EPEC for Veterans Front Cover Page**
- **EPEC for Veterans Acknowledgment Pages** (to acknowledge the source of the material)
- Syllabus and slides for **Module 14**

6. Equipment needs

- computer with DVD capability or separate DVD player
- flipchart and markers for recording discussion points

Making the presentation

1. Introduce yourself

If you have not already done so, introduce yourself. Include your name, title, and the organization(s) you work for. Briefly describe your clinical experience related to the information you will be presenting.

2. Introduce the topic

Show the title slide for the module. To establish the context for the session, make a few broad statements about the importance of developing clinical skill in the setting of sudden illness with poor or uncertain prognosis. Tell participants the format and time you will

take to present the session. Identify any teaching styles other than lecture that you intend to use.

3. Review the session objectives

Show the slide with the session objectives listed. Read each objective and indicate those that you are planning to emphasize.

4. Show the trigger tape or present the clinical case

After reviewing the objectives for the session, consider showing the trigger tape or present the clinical case below. It has been designed to engage the audience and provide an appropriate clinical context for the session. It was not designed to demonstrate an ideal interaction, but to ‘trigger’ discussion.

Clinical case

Michael Sullivan is a 68-year-old Veteran who has a history of atrial fibrillation on warfarin who was admitted after falling from a ladder while fixing his roof and hitting his head. He presented with a sudden change in his mental status that has progressively worsened. On evaluation, he was found to have an intracranial bleed. His prognosis for survival is uncertain; the chance of significant neurological impairment even with treatment is great.

An additional case of a mother of a teenager who is injured in a bicycle accident is available on the EPEC Trigger Tape DVD.

Discussion

If the discussion is slow to start, you may want to ask more direct questions, like:

- Have they had similar patients?
- How did the mother react to the clinician’s questions?
- How did the clinician start? What was well done? What was missing?
- What did the clinician do to foster a comfortable atmosphere?
- How did the physician address the mother’s concerns?

Use the discussion to set the stage for the material to follow. Don’t let the discussion focus on a critique of the technical quality of the trigger tape or how ‘real’ the players seemed. If the participants don’t like something that was said or done in the trigger tape, ask them how they would do it themselves.

Setting limits to discussion time

Limit discussion of each scene of the trigger tape to no more than 5 minutes, then move on to the presentation. To help move on if the discussion is very engaged, try saying something like:

- Let's hear two last points before we move on.
- Now that you have raised many of the tough questions, let's see how many practical answers we can find.

5. Present the material

Recommended style: Interactive lecture

An interactive lecture will permit you to engage your audience, yet cover the material within 45 to 60 minutes. First, provide an overview of material. Indicate that the focus is on developing practical skill in negotiating decision making in the setting of acute sudden illness where death is quite possible. Then, use the case of Kevin Robinson to illustrate the elements of the content. Because communication skills are essential, you may want to ask participants how they would phrase or say things. This is a constructive way to refocus a chatty crowd—it is a challenging exercise that requires their concentration and engagement.

Alternative style 1: Case-based

If you have mastered the material and the method, a case-based approach to teaching this module can be very effective. Start by presenting an overview of the domains and key take-home messages from the module. You can do this briefly with a few slides or on a flipchart.

Then, use and expand on the case of Kevin Robinson, or another case that you have developed. Raise the teaching points in relationship with solving the clinical problems presented by the case. Use a flipchart or overhead project to capture the major discussion points. Use the discussion to interweave the key take-home points from the syllabus.

Alternative style 2: Role-play

If you feel comfortable directing a role-play exercise and leading the subsequent discussion, this technique can be a valuable way to illustrate to participants the complexity, yet importance, of the skills needed in sudden illness.

Start the session by summarizing the overall approach and either by using a few slides or by listing the main issues on a flipchart or overhead projector.

Ask participants to divide into physician, parent, and observer groups. One way to do this is to ask them to “count off” from 1 to 3. Then, tell the “1s” they are physicians, “2s” they are parents, and “3s” they are observers.

Ask the physicians to take 10 to 15 minutes to conduct the interview. More time may be needed if participants are relatively unskilled.

After 10 to 15 minutes, stop the interview and invite the small groups to discuss their experience. Ask the parent to comment on the questions and how they made him or her feel. Ask the physician to comment on the substance of the answers and on his or her feelings. Ask the observer to comment on the substance and the nature of the interaction.

After the small group discussion, lead the larger group in a discussion of the results. Ask for feedback first from the physicians, then from the parents, then from the observers. Use the flipchart or overhead projector to capture the important discussion points. Use the discussion to interweave the key take-home points from the syllabus.

6. Key take-home points

7 guiding principles

1. Unlike many settings of chronic illness, Veterans and families who experience sudden illness will often be much less prepared to make decisions.
2. At each step of care, communicate a range of potential outcomes. This can help families formulate appropriate and realistic goals of care.
3. Identify potential decision points in advance with families.
4. Time-limited trials of specific interventions may help to provide more prognostic information in the setting of sudden illness.
5. The setting of sudden illness may be especially powerful in eliciting feelings of stress and helplessness in clinicians.

7. Summarize the discussion

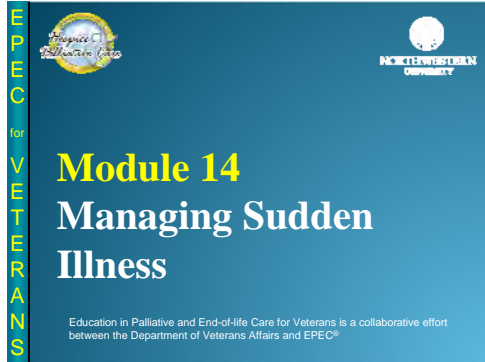
Briefly review each part of the presentation. Recap 2 or 3 of the most important points that were discussed.

8. Post-test/evaluation

Ask the participants to evaluate the session.

Abstract

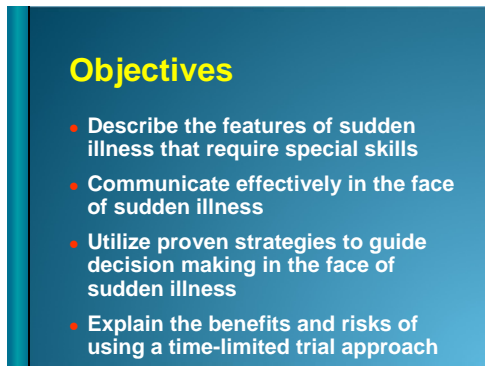
Slide 1



Sudden illness, particularly when it is severe and unexpected and has an uncertain prognosis, challenges everyone. Structured communication is especially important when the prognosis is uncertain. Goals of care may change rapidly as prognosis changes. Discussions should include the possibility of time-limited trials. Sociocultural differences may need rapid and sensitive appreciation to keep care consistent with the Veteran's values.

Objectives

Slide 2

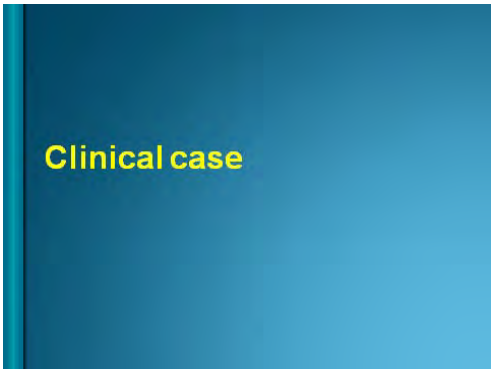


After studying this module, clinicians will be able to:

- describe the features of sudden illness that require special skills;
- communicate effectively in the face of sudden illness;
- utilize proven strategies to guide decision making in the face of sudden illness; and
- explain the benefits and risks of using a time-limited trial approach.

Clinical case

Slide 3

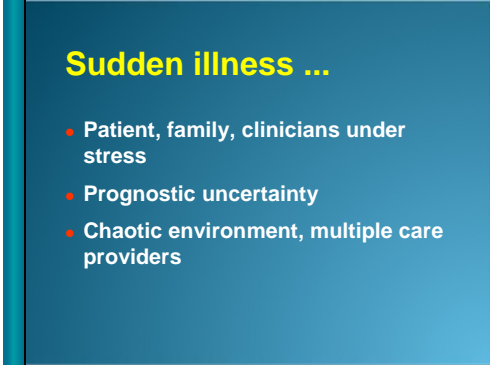


Michael Sullivan is a 68-year-old Veteran who has a history of atrial fibrillation on warfarin who was admitted after falling from a ladder while fixing his roof and hitting his head. He presented with a sudden change in his mental status that has progressively worsened. On evaluation, he was found to have an intracranial bleed. His prognosis for survival is uncertain; the chance of significant neurological impairment even with treatment is great.

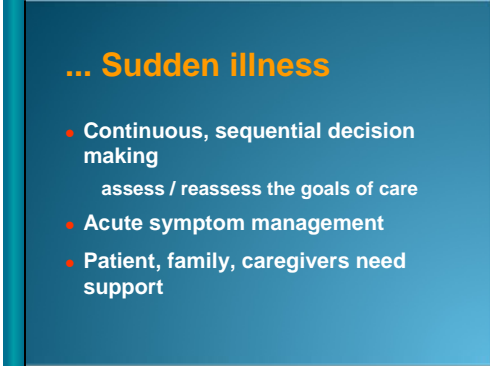
An additional case of a mother of a teenager who is seriously injured in a bicycle accident is available on the EPEC Trigger Tape DVD.

Introduction

Slide 4



Slide 5



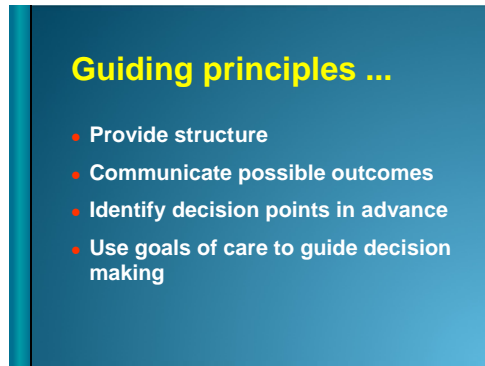
Situations of sudden illness are often caused by an unexpected event, such as an accident or a sudden change in the Veteran's health status. Frequently, the Veteran and family members find themselves in a turbulent environment - such as the emergency department or intensive care unit - where there are many people involved, the situation is constantly changing, and critical decisions need to be made rapidly. Sudden illness may be different than other more typical palliative, end-of-life or hospice situations, because there has not been time to prepare for it for the Veteran, his or her family and even his or providers.

During these times, clinicians may be simultaneously working to save the Veteran's life, manage symptoms, and prepare the Veteran and/or family for the possible outcomes and the hard decisions they will need to make. The uncertainty and chaotic nature of these situations can make it difficult for Veteran, families, and the health care team alike. This combination of issues makes these situations different than times when palliative care may be a more predictable goal.

The goal of this module is to enable clinicians to facilitate decision making in situations of sudden illness where a Veteran's condition may be changing quickly and where there is initial prognostic uncertainty. The module discusses principles and steps to optimize communication, provide structure in an atmosphere of uncertainty, and ensure that decisions are based on informed consent and identified goals of care.

Guiding principles

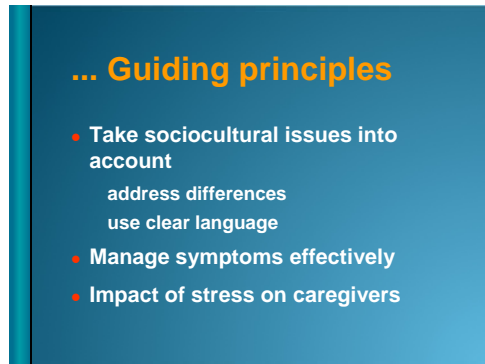
Slide 6



Guiding principles ...

- Provide structure
- Communicate possible outcomes
- Identify decision points in advance
- Use goals of care to guide decision making

Slide 7



... Guiding principles

- Take sociocultural issues into account
 - address differences
 - use clear language
- Manage symptoms effectively
- Impact of stress on caregivers

An understanding of the characteristics common to stressful situations involving sudden illness will help the clinician guide care. Although each situation will differ, there are

seven guiding principles that can aid decision making during these situations. They are outlined below and discussed in detail in the sections that follow.

Provide structured interaction. Establish regularly scheduled communications between the family and clinicians. Although ideally this would be same individual each time, this may not be realistic. Therefore, share this burden among members of the clinical team. This reduces confusion and avoids misunderstandings. It helps to keep things on track and breaks activities down into steps that can be taken one at a time. As this is done, it is critical to make sure all clinicians are coordinated in what they are communicating.

Communicate a range of possible outcomes. In situations of prognostic uncertainty, do not wait to communicate, even if there is little known information. Discuss what is known as soon as possible. Discuss a range of possible outcomes, including the possibility of death, as clearly and directly as possible.

Identify decision points in advance. Identify points in the future when additional information will be available that will help with decision-making. It is important to begin to prepare the family early in the process for possibly difficult decisions.

Use the general goals of care to guide decision making. Discussion of goals of care should be ongoing. Decisions about treatment priorities should be based on these goals and values (see EPEC for Veterans Module 1: Goals of Care).

Take sociocultural differences into account. Explain concepts in clear language that is free from jargon. Use words like “worse” rather than “progressing.” Check understanding regularly. When language is a barrier, use a skilled medical interpreter (see EPEC for Veterans Module 3: Delivering Difficult News).

Manage symptoms effectively. Sudden illness, particularly trauma, is accompanied by multiple symptoms. Ensure that symptoms are managed throughout this time. Effective communication will be hindered if symptoms are not addressed.

Consider the impact of stress on clinicians. The chaos and stress of situations involving sudden illness can have considerable impact on clinicians. They experience a range of emotions during any given case of sudden illness. These may be manifested in a clinician’s personal and professional life and may affect clinical decision making.

Provide structured interaction

Slide 8

Provide structured interaction

- Encourage one spokesperson
- Identify regular communication times
- Prepare early for future decisions
- Set expectations for future communication
- Communicate the plan

Provide structured interactions in the otherwise chaotic environment by establishing regularly scheduled communications between the family and the health care team. This has been shown to increase family satisfaction and information uptake in the ICU environment.¹

Often, this is a confusing time. The Veteran’s family and friends are trying to cope with the shock of the situation, things may be happening very quickly, and there may be a need to involve multiple members of the family at a moment’s notice. At the same time, there will probably be multiple clinicians providing different aspects of care. Coordinating information about the Veteran’s condition and potential decisions can become a challenge.

A structured communication process can help reduce confusion and facilitate effective decision making. Encourage one person on each side (clinician/team and Veteran/family) to act as the primary spokesperson and communicator. Sometimes this may be challenging. Given the reality of call schedules and work rules, it is helpful to have many representatives of the clinical team attend family meetings so that if communication needs to occur when the primary team spokesperson is not available, there will still be continuity of message. Depending on the situation, the primary clinician who serves as spokesperson could be the primary care provider, the intensive care unit physician, or another provider.

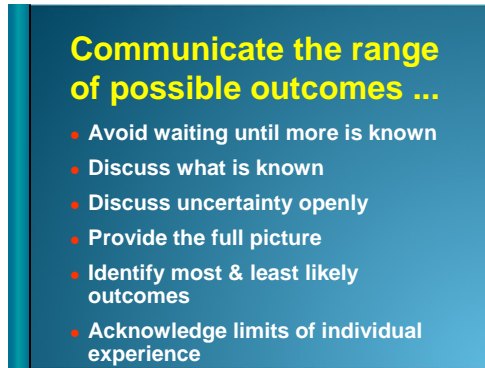
The spokesperson for the family does not necessarily have to be the decision-maker. However, if there needs to be a health care proxy, identify that person early (see EPEC for Veterans Module 2: Advance Care Planning, and EPEC for Veterans Plenary 2: Ethics and Law in End of Life Care in the VHA).

It is helpful if everyone on the health care team understands the communication process that has been established. Tell all the family members and members of the health care team about the communication plan, including all of the consultative teams involved in the care of the Veteran. Identify regular times when you will communicate with everyone who wishes to be present.

In general, use good communication skills from other settings (see EPEC for Veterans Module 3: Delivering Difficult News). This includes such things as: get the setting right for the information, find out what family members know before sharing new information, respond to their feelings, and finish with a concrete plan.

Communicate the range of possible outcomes

Slide 9



Communicate the range of possible outcomes ...

- Avoid waiting until more is known
- Discuss what is known
- Discuss uncertainty openly
- Provide the full picture
- Identify most & least likely outcomes
- Acknowledge limits of individual experience

Slide 10



... Communicate the range of possible outcomes

- Discuss what is likely to happen next
- Be specific and use examples
- Discuss what is known
- Use evidence-based information
- Use gentle repetition
- Identify immediate and future decisions

In situations of prognostic uncertainty, communicate the range of possible outcomes.

Clinicians sometime wait until they have more information before they meet with the Veteran and family. Waiting can heighten Veteran and family anxiety. It is better to identify what is known early, even if such information is incomplete and there is uncertainty.^{2,3}

At times, clinicians choose to provide information in terms of extreme outcomes, rather than discussing the full range of possibilities. As optimism is common among physicians and health care workers, sometimes the discussion is limited to only one extreme outcome: the possibility of full recovery. While it is a natural impulse to provide statements of hope when speaking with distressed family member, it is important to recognize the potential pitfalls of providing overly optimistic assessments. Families and Veterans need accurate information to make fully informed decisions.

In general, it is best to be specific about all possible outcomes. Discuss the current situation, the immediate future, and what is likely to happen next. Where possible, use evidence-based information to support discussions. For example, APACHE (Acute

Physiology and Chronic Health Evaluation) and SAPS 3 (Simplified Acute Physiology) scores have validity as prognostic estimates in the ICU setting.^{4,5} By design, these types of prognostic indexes generally make judgments based on populations of patients, and families should be counseled in this regard.

Acknowledge the limits of individual experiences, both yours and the family's. Try to avoid vague statements like, "It doesn't look good" or "I don't think the outcome will be good." Instead, be more specific by talking about the current information: what you are looking for as positive signs or signs of a worsening condition, what is more likely or less likely.

Ask frequently what the Veteran and family understand in order to check what information they have heard. Remember, Veterans and families may need gentle repetition in order to take it all in (see EPEC for Veterans Module 1: Goals of Care; EPEC for Veterans Module 3: Delivering Difficult News).

Use the full interdisciplinary team to help support the Veteran and family as well as to reinforce the information that has been given. Spend the time to tell appropriate clinicians the substance of what you have told the Veteran and family so that mixed messages and confusion are minimized.

Identify decision points in advance

Slide 11

Identify decision points in advance

- Signs that a decision may be near
- Time course expected before next decision
- Prepare for changing goals
discussion of informed consent

It is helpful to identify decision points in advance. Clarify which decisions need to be made immediately and those that will need to be made in the near future. For instance, a Veteran may need immediate ventilatory support and vasopressors for stabilization, but the possibility of hemodialysis may not become an issue until later. In such a case, let the family know what kind of information you will be giving them about dialysis if it becomes relevant.

Even when the situation is uncertain, clinicians should be clear that there will be decisions that need to be made.

Begin preparing the family early for decisions to be made in the future. Helpful phrases include:

- “We’ve talked about what we know at this point. Now let’s talk about the future and what we can expect to happen.”
- “I’ll talk to you again in the morning. At that point we should have more information from the tests and can talk better about whether dialysis is a good choice.”

The earlier the family knows what decisions will be needed, the better they can organize themselves psychologically and logistically for the decisions they may need to make. At each meeting, set expectations about when you will meet again, and what information you will need to discuss.

Use goals of care to guide decision making

Slide 12

Use goals of care to guide decision making

- Goals of care determine the treatment plan
values, preferences help determine goals
- Identify the degree of recovery that would be acceptable
certainty recovery could be achieved

As prognosis changes and decisions arise, use the general goals of care to guide decision making about treatment priorities and interventions.

Assessing or reassessing goals of care is an important step in all medical decision making, since these goals provide the basis for further decisions about specific treatment priorities (see EPEC for Veterans Module 1: Goals of Care).⁶ In situations of sudden illness, radical readjustment of goals of care may need to occur. Someone for whom complete recovery was a goal at the start of admission may over the course of days change to focus on comfort exclusively.

The clinicians, Veteran, and family need to work together to assess and reprioritize the goals of care in light of the recent developments, the Veteran’s values, advance directives, and the range of possible outcomes. This is often a gradual process and may occur for several days or longer. Given that sudden illness is a particularly dramatic change, it is important not to force this to happen too quickly.

Steps in decision making

Slide 13

Informed consent

- Nature of the illness
- Recommended treatment
- Reasonable alternatives
- Chance of each alternative achieving its intended goal
- Burdens, benefits of each alternative

Veterans and their families need to know the nature of the illness, recommended treatment, reasonable alternatives, the chance of each choice achieving its intended goal, and the burdens and benefits of each option. These are the basic elements of informed consent.⁷

Clarifying the nature of the illness serves to verify that the Veterans and surrogates have an accurate understanding of the situation. Discussing the recommended treatment includes a description of what is recommended and how it will be done. This information could also include the rationale for the treatment based on the Veteran’s current medical condition. When clarifying the chance of each alternative achieving its intended goal, give information on what the most likely outcomes of each alternative are, and the evidence on which the statements are based.

When the Veteran lacks capacity

If the Veteran does not have the capacity to make an informed decision, then the clinician’s next step is to work closely with the surrogate decision maker. The surrogate is either the person whom the Veteran has designated as his or her health care proxy (see EPEC for Veterans Module 2: Advance Care Planning) or the person designated by state law that indicates order of surrogacy. The VA has a well defined hierarchy, which designates the following order of surrogacy in situations where a patient has not selected a health care proxy: guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate.⁸ Focus on what the Veteran would want if the Veteran were able to speak for himself or herself (see EPEC for Veterans Plenary 2: Ethics and Law in End of Life Care in VHA).

Avoid asking the surrogates, “What do you want us to do?” Instead, use words like, “Can you help me identify what he (or she) would want in this situation?” or “What would she say if she could speak right now?” During these interactions, try to help families make decisions based not on what they would want, but on what they believe the Veteran would want (substituted judgment). Frequently, families will not have had experience with the specific situation they now find themselves in (See EPEC for Veterans Module

1: Goals of Care) and it is important in that case to try to ask about similar situations or examples of the Veterans values.

Benefits and burdens of time-limited trials

Slide 14



Benefits and burdens of time-limited trials

- Use while more information is gathered
- Can stop life-sustaining treatment
- Provides structure, helps families
- May result in a poor outcome
- Decision to stop may be more difficult

Often in situations of prognostic uncertainty, there is the perception that the choice is limited to either initiating a treatment or not. Characterizing treatment in terms of a time-limited trial offers another option that allows treatment to continue while time allows the prognosis to become clearer.^{9,10} A time-limited trial means a specific intervention (i.e. ventilation support, hemodialysis) will be used for a certain specified time and then re-evaluated.

A time-limited trial can provide structure to situations of uncertainty. It is important to establish clear guideposts or criteria for decision making in advance to prevent a difficult future decision-making process. Otherwise, a time-limited trial may result in an undesired outcome and a decision to stop treatment may seem more difficult.

When discussing, use terms like, “We’re supporting your family member very aggressively, but in 48 hours we may find that it’s not working.”

Focusing on the degree of recovery that would be acceptable to the Veteran can help families cope with confusion and guilt in situations of prognostic uncertainty. By identifying the desired and acceptable degree of recovery, and comparing this with the markers of recovery, it is possible to outline decision points. For example, “If it becomes clear that the goal of significant recovery of mental function is not possible, then we will consider withdrawing mechanical ventilation” or “If we don’t see an improvement in x, y, and z in 1 week, then I would recommend that we discontinue the medications maintaining blood pressure.”

Consider the role of palliative care simultaneous with traditional intensive care

When considering reasonable alternatives, aggressive palliative care should always be discussed. Clinicians often inadvertently leave the impression that they will either “do everything” or “do nothing.” Aggressive relief of suffering is not an alternative to

medical care, the opposite of medical care, or what we do when we decide we “don’t want to do anything.” It can be included in curative approaches to sudden illness. When aggressive attempts to maintain comfort are included in the care plan from the beginning, it permits these aspects to be continued when other treatments are discontinued.

Sociocultural differences

Slide 15

Sociocultural differences ...

- Mistrust of the medical system or physicians
- Unrealistic expectations of the medical system or physicians
- Any life, no matter how compromised, is worth living

Slide 16

... Sociocultural differences

- Belief in miracles
- Death is “the enemy”
- Death should not be discussed openly
- Veteran as a “warrior and a fighter”

Identify, acknowledge, and address differences in values and beliefs with care and sensitivity. Each Veteran, family member, and clinician will have a unique set of values, beliefs, and experiences related to the health care system and unique choices about the type of health care that is appropriate for him or her. In addition, each individual will experience a given situation from his or her social, cultural, and spiritual perspective.^{11,12}

When discussing important medical decisions with Veterans and families, it is important for everyone to be sensitive to these differences, and acknowledge and address them openly. In the end, the final decision about treatment remains with the Veteran and family. However this does not mean that clinicians should offer treatments that they know are not effective and force the family into having to make decisions regarding every aspect of treatment. Shared decision-making is always the goal.

Examples of values and beliefs that could potentially impact discussions about prognostic uncertainty and life-threatening illness include:

- mistrust of the medical system or providers;

- unrealistic expectations of the medical system or providers;
- any life, no matter how compromised, is worth living;
- belief in miracles;
- death is “the enemy”;
- death should not be discussed openly; and
- Veteran as a "warrior and a fighter."

When language is an issue, ensure that information is communicated through a medically trained interpreter who is sensitive to the cultural nuances of the Veteran and family members.^{13,14} Subtleties in language can lead to significant differences in understanding. Try to avoid using a family member to translate since the severe stress of the situation impairs the ability to convey information accurately, particularly when emotions are heightened (see EPEC for Veterans Module 3: Delivering Difficult News).

Manage symptoms

Slide 17

Manage symptoms

- Essential to quality of life
- Relieve symptoms throughout
- Permits continuation of a portion of the treatment plan

Stress that the provision of comfort and relief of symptoms is part of the management plan. Practice good symptom management in order to maximize quality of life even during periods of maximum effort to restore full function and health. Assure family members that comfort-oriented care and efforts to extend life can go on in a parallel fashion.

Many Veterans and family members unnecessarily remember their periods of acute health crisis as miserable. Approaching the relief of suffering in this way permits the providers to convey accurately to the family what aspects of the plan are going to continue, even if other treatments will be stopped.

The impact of stress on clinicians

Slide 18

Impact of stress on clinicians

- Stressful working conditions
- Burnout common
- Communication, common goals help
- Provide support systems

Clinicians have their own responses to sudden illness in the Veterans they are caring for. Unrecognized, these responses may lead to occupational stress and burnout. This has been examined for intensive care clinicians and oncologists, among others.^{15,16,17,18} All members of the health care team may feel stress, loss, and grief in relation to their needs, values, and hopes for Veterans. Particularly when the outcome is not what was initially hoped for, clinicians may experience unrealistic feelings of guilt and fear of rejection (by Veterans, families, or colleagues) and may project these feelings in unhealthy ways.

Careful negotiation of goals of care with Veterans and families in light of the situation, the prognosis, and the likely outcomes will make these distressing reactions less likely and will enhance the possibility of meaningful human interactions that can sustain rather than stress the clinician.

Nonetheless, many clinicians find additional support necessary in order to continue functioning effectively. Routinely debriefing these experiences, such as in the interdisciplinary team meeting, Schwartz Rounds¹⁹ or other venues allows an outlet for clinician distress related to a Veteran’s death. Support may come in the form of professional counseling or it may come informally from family members, from religious advisors, or from supportive colleagues, some of whom may meet regularly in small groups to discuss their feelings.²⁰ See EPEC for Veterans Module 15: Professional Self Care for more information.

Summary

Slide 19



Confusion, chaos, and stress often accompany sudden illness. With carefully structured communications the clinicians often can bring order to very distressing situations. Meet with the Veteran and family frequently, communicate clearly, and discuss all of the available information that might shed light on the Veteran's prognosis. Identify expected decision points and develop a timely plan for care. Reassess the goals and plan for care regularly, especially as the prognosis becomes clearer. Conduct informed consent discussions with particular attention to the merits and burdens of time-limited trials. In all situations consider the influence of Veteran and family values, beliefs, and experiences and adjust discussions accordingly. Clinicians should learn to recognize their own need for care and set up supports that allow them to continue to function throughout these stressful situations.

Key take-home points

1. Unlike many settings of chronic illness, Veterans and families who experience sudden illness will often be much less prepared to make decisions.
2. At each step of care, communicate a range of potential outcomes. This can help families formulate appropriate and realistic goals of care.
3. Identify potential decision points in advance with families.
4. Time-limited trials of specific interventions may help to provide more prognostic information in the setting of sudden illness.
5. The setting of sudden illness may be especially powerful in eliciting feelings of stress and helplessness in clinicians.

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