

ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION
CONSORTIUM

Palliative Care For Veterans

Module 5 Communication

CASE STUDIES

Module 5: Communication Case Studies

Module 5 Case Study #1 Mr. Oliver Jones

You have received a palliative care referral for Oliver Jones, a Navy Veteran, age 54, who has amyotrophic lateral sclerosis (ALS). He retired from the Navy after a 26 year career as a Yeoman. He proudly states that “I spent most of my career at sea.” He has TRICARE insurance and has never used the VA system, and receives no additional benefits other than his pay as a retired Master Chief. He is with his family, comprised of his current wife and 3 of his children—ages 9, 16, 19. They listen to you as you provide information about ALS. They tell you they have heard of ALS from the “Ice Bucket” challenge and think he will survive many years. You call Mr. Jones’ family physician who assures you that he talked to Mr. Jones about his illness. You determine that Mr. Jones and his family first need more specific information from the neurology team. However, later, Mr. Jones asks you to help him break the reality of his poor prognosis to his family.

Discussion Questions:

1. What is your role now?
2. What communication gaps do you recognize?
3. What strategies would promote continuity of care and improve team communication?
4. How might a family meeting be helpful with the palliative care team in this case?
5. What special needs would you perceive the children having at this time? How would you meet these needs?

Module 5
Case Study #2
Mrs. Cindy Moss
Disagreement

Cindy Moss is a 36-year-old female Army Veteran with pancreatic cancer who has been hospitalized for two weeks. She has been in the intensive care unit for the past 5 days. Her physical deterioration and suffering have created anguish in her husband and in the healthcare team. The attending physician, Dr. Jay, discussed the likelihood of his wife's having a cardiac and/or respiratory arrest to Mr. Moss, Cindy's husband. Dr. Jay further described the actions the team would take for a full resuscitation, as well as the varying levels of resuscitation approved by the treatment setting, which included a do-not-resuscitate option, and asked the husband to express his preferences regarding resuscitation. Mr. Moss initially chose the do-not-resuscitate status (DNR) for his wife and completed all of the official paperwork to implement that decision. During the next 12 hours, the husband actively queried the nurses and the consulting physicians how they interpret do-not-resuscitate orders. Mr. Moss then called Dr. Jay to rescind his decision, choosing instead to have a full resuscitation order in place. He explained his decision change as, "When I saw that the nurses and doctors had different perspective of do-not resuscitate orders, I decided that I would not leave that in their hands. I am my wife's husband and I will be her husband to the end." New orders were written for full code status. Over the next four days, Ms. Moss showed clear signs of dying. Mr. Moss stayed with her and witnessed the changes in her physical appearance. He began commenting on those changes and on his wife's obvious suffering. Within two hours of her death, Mr. Moss informed the nurse that he no longer wanted his wife to be resuscitated. This information was immediately conveyed to the healthcare team, A brief discussion among Dr. Jay, Mr. Moss and the nurse affirmed this decision and a new order was placed for DNR.

Discussion Questions:

1. What were the barriers to effective communication in this case?
2. How might these barriers have been eliminated?

Module 5
Case Study #3
Max Klein: Communicating Sudden Death

(This case study could be changed to a patient with cancer for oncology nurses)

Max Klein is an 84-year-old Marine Corps Veteran who has brought his 83-year-old wife, Mary Klein, to the emergency department complaining of chest pain. Over the course of 3 hours, Mary's condition declines and she goes into cardiac arrest. As she is full code, resuscitation is initiated.

During this a social worker is assigned to support Mr. Klein. During this time, Max communicates to the social worker and chaplain that "This just can't be. Mary is healthy as an ox, I saw people die in Vietnam and I just can lose her, she is my ROCK, and she was the reason I stopped drinking." He declines to notify his children who live out of town "until she's stable." "I know they'll get her straightened out - they're really good here at Methodist Hospital." Mr. Klein seems anxious but distracted and talks incessantly about how Mary's been sick before but "always gets better before you know it." After 2 hours of resuscitation procedures and CPR, Mary Klein dies. The ED physician informs Mr. Klein of his wife's death; the social worker is in attendance while he received this news.

Discussion Questions:

1. What communication strategies are important to a family member while a patient is being treated in the emergency department?
2. What is the role of the interprofessional team?
3. How should Mr. Klein be told of Mary's death?
4. What support should he be given before he leaves the ED?

Module 5
Case Study #4
Mr. Valenzio Quartera Has A Question

Valenzio Quartera is a 56-year-old Marine Corps Veteran who served in Operation Enduring Freedom (OEF). He spent 8 years total in the Marines, most of that time they were stationed at Camp Lejeune in North Carolina but had several deployments. He has widely metastatic prostate cancer. He is currently undergoing radiation therapy for bone metastasis. His wife died one year ago from breast cancer. He currently lives at home with his twin daughters, who are 15 years. As you, the radiation oncology nurse, enter the treatment room, Mr. Quartera says, “I need your opinion, you don’t think I’m going to die do you?” “I can’t die, what will happen to my daughters if I die?”

Discussion Questions:

1. How would you respond?
2. What other information do you need?
3. How would you address his concerns about his daughters?
4. How would you support him in discussing his situation with his daughters?
5. What other members of the healthcare team would be helpful in this situation?

Module 5

Case Study #5

Mr. Ahmed Hadid: Active Treatment and Palliative Care?

Ahmed Hadid is a 49-year-old Army Veteran who served as a linguistic specialist in the Army. He joined the Army and gained his citizenship and later brought his family to live with him in the U.S. He had a high security clearance and states “If I told you what I did I would have to kill you,” then smiles. He has a recurrent brain tumor and is currently hospitalized after experiencing seizures. Diagnosed at age 44, he had undergone extensive surgery, chemotherapy, and radiation therapy. Three months ago, his oncology team informed Mr. Hadid and his family that there were no further treatment options and recommended palliative care. The family was not interested in palliative care; they requested that “everything be done.” Mr. Hadid has experienced weight loss, increasing severe headaches, nausea, and now seizures. Following a severe seizure last week, his wife brought him back to the cancer center seeking possible new treatments and wonders if he can receive palliative care as well. As Mr. Hadid waits in radiology for a scan, you, the oncology nurse is informed he is there and go visit him. He tells you he is so tired of treatment and being away from home. He just wishes his family would “give up and just let me be at home.”

Discussion Questions:

1. How would you respond to Mr. Hadid?
2. Is it possible for Mr. Hadid to receive treatment and palliative care at the same time? If so, how would you describe this to Mr. and Mrs. Hadid?
3. In meeting with Mr. and Mrs. Hadid, how would you perform a culturally sensitive assessment and use attentive listening and presence?
4. Role play several aspects of this case study
 - a. Role play the scene of how you would respond to Mr. Hadid’s last statement.
 - b. Role play how you would describe palliative care to this family.
 - c. Role how you would elicit Mr. Hadid’s end-of-life goals (see Figure 3: Exercise to Elicit End-of-Life Goals and Figure 4: Questions to Ask Patients and Families to Elicit End-of-Life Goals).