GOALS OF CARE CONVERSATIONS: AN EVALUATION

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PROBLEM
Physicians frequently do not engage in conversations about goals of care with their seriously ill and dying patients.

BACKGROUND
➢ When physicians engage in conversations about goals of care with their seriously ill and dying patients, patients benefit by experiencing:
  - Improved quality of life
  - Improved quality of dying
  - Decreased end-of-life intensity of care
➢ However, these conversations frequently do not occur.
➢ This is despite the fact that many seriously ill and dying patients wish their physicians would discuss goals of care and end-of-life issues with them openly and honestly.
➢ Researchers have called for new approaches to increase the frequency and quality of such conversations.
➢ The “Teaching Primary Palliative Care” training offered through Aurora’s Continuing Professional Development Office aims to equip physicians with the skills needed to increase the frequency and quality of goals of care conversations.
➢ The learning objectives of the training are to help physicians to:
  - Enhance basic communication skills for end-of-life care, particularly delivering bad news.
  - Develop strategies for working with patients who present challenging personality or cultural differences.
  - Understand resources within the system that can assist the patient in making choices.
  - Incorporate accepted standards of palliative care and evidence-based decision-making into discussions and the practice of caring for dying patients and their families.
  - Utilize specific resources available to assist with care of terminally ill patients.

OBJECTIVE
To determine whether after completing the “Teaching Primary Palliative Care” training physicians are more comfortable engaging in goals of care conversations with seriously ill and dying patients than they were prior to completing the training.

METHODS
The Teaching Primary Palliative Care training occurs in three stages:

Stage A:
Online learning component including a first self-assessment. Participants rate their comfort level engaging in various communication circumstances related to the management of seriously ill and dying patients and their families.

Stage B:
In-person training where participants can practice communication skills they learned online in Stage A, using their own words and phrasing.

Stage C:
Online component completed after participants have had a chance to apply skills taught in Stage B to their own practice. Participants again complete the same self-assessment they completed as part of Stage A.

The assessment tool:
The following questions pertain to your role in the management of seriously ill and dying patients; patients who are typically at or near the transition point where decisions need to be made about a shift in care goals from care directed towards life prolongation to goals of comfort/hospice care.

Rate your comfort level in various circumstances:

<table>
<thead>
<tr>
<th>Very uncomfortable</th>
<th>Somewhat uncomfortable</th>
<th>Somewhat comfortable</th>
<th>Very comfortable</th>
</tr>
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<tbody>
<tr>
<td>Delivering bad news</td>
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<tr>
<td>Discussing CPR/DNR</td>
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<td>Discussing hospice</td>
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<tr>
<td>or palliative care referral</td>
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<tr>
<td>Discussing artificial hydration or nutrition (e.g., PEG tubes)</td>
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<tr>
<td>Discussing prognosis specific</td>
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</tbody>
</table>

RESULTS

% of Physicians Who Report Being Somewhat or Very Comfortable in Goals of Care Conversations

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>p value</th>
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</thead>
<tbody>
<tr>
<td>Delivering bad news</td>
<td>10 (27.0%)</td>
<td>0.1509</td>
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<tr>
<td>Discussing CPR/DNR</td>
<td>12 (32.4%)</td>
<td>0.0176</td>
</tr>
<tr>
<td>Discussing hospice or palliative care referral</td>
<td>15 (40.5%)</td>
<td>0.0003 **</td>
</tr>
<tr>
<td>Discussing artificial hydration or nutrition (e.g., PEG tubes)</td>
<td>19 (51.4%)</td>
<td>0.0015 **</td>
</tr>
<tr>
<td>Discussing prognosis specific</td>
<td>18 (48.6%)</td>
<td>0.0022 **</td>
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CONCLUSIONS
➢ These findings suggest that the Teaching Primary Palliative Care training does increase the comfort level of physicians to engage in goals of care conversations with seriously ill and dying patients.
➢ Next steps for this project include a longer term evaluation to determine whether physicians continue to be more comfortable in these circumstances 6-9 months after completing the training.

REFERENCES
Curtis et al. 2013. Effect of a patient and clinician communication-training intervention on patient reported goals of care discussions between patients with serious illness and clinicians: A randomized clinical trial. JAMA Internal Medicine, 173(7):930-940.