What Defines a Win in Palliative Care

Cultivating Resiliency in Uncertainty

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Why this topic:

Why would you want to do this job?
Why this topic:

Why would you want to do this job?

“I could never do your job, my heart is just too big.”
No disclosures.
Learning Objectives

Participants will reflect on Palliative Care provider resiliency by defining/reviewing what is unique about Palliative Care patient/family/team interactions and outcomes.

Participants will be able to identify tools to cultivate resiliency.

Participants will be able to identify organizational culture change that cultivates resiliency.
Burnout

“…a prolonged response to chronic emotional and interpersonal stressors on the job, which is defined by the three dimensions of exhaustion, cynicism, and inefficiency.”

Maslach, 2001
Burnout

*Personal:* compulsiveness, neuroticism

*Situational:* career stage, patient population served

*Organizational:* hours spent at work, income, structure of shift work, quantity of paperwork

DesCamp and Talarico, 2016
62% of Palliative Care providers surveyed experienced at least 1 symptom of burnout.

Predictors:

- Age (younger = higher risk)
- Discipline (non-physicians higher risk)
- Work >50 hours per week
- Work weekends
- Working with fewer colleagues

Kamal et al, 2016
Resiliency

“...a good adjustment across different domains in the face of significant adversity.”

Masten, 2012

“...in terms of energy dynamics, as in reducing energy expenditure and building a reserve to be utilized in the face of adversity or stress.”

Dunn, 2008
Factors Affecting Clinician Well Being and Resilience
What tools do we use to keep us resilient?

- Being aware of our personal and healthcare biases
- Using a narrative approach in palliative care work
- Using the Measures that Matter
- Impacting institutional culture change
What is it that we do in Palliative Care?
A Cross Cultural Experience

- The ill person
- The family/caregiver
- The healthcare team

Farber, Egnew, Farber 2004
Bias

“…unwarranted inclinations or one-sided perspectives that dispose (a person) to certain judgements.”

Kopelman, 1994
Callaghan and Fanning, 2018
Bias in Palliative Care

- Against Aggressive Treatment
- Distorted Narrative Preconceptions
- Excessive Efficiency

Callaghan and Fanning, 2018
Provider Bias: The impact on patient care

- Against Aggressive Treatment
  - “This person is 92 with 5 chronic medical issues, and this family wants to continue aggressive support and wants to put him through all these things. What are they thinking?”

- Distorted Narrative Preconceptions

- Excessive Efficiency

Callaghan and Fanning, 2018
Against Aggressive Treatment

Distorted Narrative Preconceptions

“I just see so much that we come in with what we think is important to them, and then we get into the conversations, and we realize oh, that wasn’t really important to them”

Excessive Efficiency

Callaghan and Fanning, 2018
Provider Bias: The impact on patient care

- Against Aggressive Treatment

- Distorted Narrative Preconceptions

- Excessive Efficiency
  - “Once I talked with a family and I said, ‘Can you tell me what’s been going on?’ And he started talking about when he was 14 and his work history. I think there’s a part of you, that very efficient hospital part, which says..., where in the world are we going with this?”

Callaghan and Fanning, 2018
Managing Bias

- Self-recognition of bias
- Clinician openness
- Create space for discussion of biases
- Focus on particular patient’s story

Callaghan and Fanning, 2018
Navigating the Culture and Bias Gaps: A Narrative Approach
Narrative Approach

“I use the term narrative medicine to mean medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness. As a new frame for health care, narrative medicine offers the hope that our health care system, now broken in many ways, can become more effective than it has been in treating disease by recognizing and respecting those afflicted with it and in nourishing those who care for the sick.”  

Rita Charon
Narrative Approach

Our job is not to write the patient’s story but to be a good editor. A good editor helps you tell your story better. A bad editor tells your story for you.

Dr. Stu Farber
Narrative Approach

- How do you see your situation?
- What are you hoping for?
- What are your concerns?
- What is an acceptable quality of life for you?
- Where do you draw strength from?
- What are your communication preferences?
- What are your experiences with serious illness?
- Is there anything else to know about you or your family that will help me take better care of you?
Palliative Care = Respectful Care

- Elicit patient values and preferences in order to transform their medical plan of care to one that respects their story

- The patient and their family are experts
Palliative Care Macro
Outcomes are Resiliency Tools
Comprehensive Assessment
Screening for Physical Symptoms
Pain Treatment
Dyspnea Screening and Management
Discussion of Emotional or Psychological Needs
Discussion of Spiritual/Religious Concerns
Discussion of Surrogate
Treatment Preferences
Care Consistency with Documented Treatment Preferences
Global Measure: patient and/or family assessment of the quality of care—feeling heard and understood

Dy et al, 2015
What does a win look like?

Patient Stories
Screening for Physical Symptoms and Pain Management

Emotional Needs (Patient and Family Coping)

Exploration of Spiritual Needs

Comprehensive Assessment

Global Measure
Treatment Preferences
from GOC conversation

Emotional Needs
(Legacy Work)

Religious Concerns

Global Measure:
Bearing Witness after Death

Comprehensive Assessment
Emotional and Psychological Needs

Spiritual Concerns

Treatment Preferences

Discussion of Surrogate
What does a win look like in the medical center?

Organizational Culture Change
Increased palliative care involvement in all ICUs

Comfort Care Carts

Staff education days and support debriefings
Debriefs:

A Successful Debrief Program for House Staff
Leff, Kelment, and Galnos 2017

Promoting Resiliency among Palliative Care Clinicians: Stressors, Coping Strategies, and Training Needs
Perez, et al 2015

A Call for Action: Cultivating Resilience in Healthcare Providers
Rakesh, Pier, and Costales 2017
- Palliative Care automatically consulted on all inpatients being evaluated for Advanced Heart Failure Therapies

- Palliative Care presence at weekly transplant selection committee meetings

- Increased appreciation between palliative care and cardiology services
Collaboration Between Palliative Care and Mechanical Circulatory Support Teams

- Improvement in the relationship between providers
- Facilitating advance care planning
- Referrals to hospice for LVAD deactivation
- Emergence of dedicated heart failure palliative care teams
- Impartial voice in complex decision making
- Extra support for the MCS team
- Perception of improved patient and family experiences

Sagin et al, 2016
Schwartz Center Rounds Impact

- Enhanced likelihood of attending to psychosocial and emotional aspects of care
- Enhanced beliefs about importance of empathy
- Better team work—more appreciation of colleagues
- Decrease in perceived stress
- Improvement in ability to cope with psychosocial demands of care
- Changes in institutional culture and greater focus on patient-centered care and institution-specific initiatives

Lown and Manning, 2010
“Discovering more joy does not save us from the inevitability of hardship and heartbreak. In fact, we may cry more easily, but we will laugh more easily too. Yet as we discover more joy, we can face suffering in a way that enables rather than embitters. We have hardship without becoming hard. We have heartbreaks without being broken.”

Desmond Tutu and Dalai Lama
Summary

Our Resiliency Tools
- Being aware of our personal and healthcare biases
- Using a narrative approach in palliative care work
- Using the Measures that Matter
- Impacting institutional culture change

Our Outcomes
- Increased self awareness (our biases)
- Narrative impacts patient and family experiences
- Tangible outcomes impact our job satisfaction
- Organizational culture is transformed
References

Thank You!

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