Teaching end of life communication in the Emergency Department using high-fidelity simulation scenarios

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Conflict of interest

- I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization
Background: the issue

• EDs face growing numbers of palliative patients

• End of life communication (EOL) in ED is challenging:
  – Urgency
  – need to simultaneously care for patients + communicate with families
  – ED MDs lack of comfort in communicating prognosis

• Typical EOL training:
  – didactic modules
  – workshops
  – simulated encounters with standardized patients in stable environments
Background: the need

• No specific EOL curriculum for EM residents at University of Toronto

• Recent survey found EOL training is limited across Canadian EM programs:
  – Many residents described themselves as ‘somewhat uncomfortable’ with EOL care
  – Minority of residents (<20%) completed a rotation in palliative care
  – Top barriers to ideal EOL care in ED: lack of knowledge and skills (60%); lack of time; lack of resources
  – Preferred methods for receiving EOL training: ‘real life’ interactions, bedside teaching and simulation
Objective

Design, deliver and evaluate (for feasibility) a simulation session that realistically reflects EOL encounters in the ED and prepares trainees for clinical practice
Methods

• Designed and implemented high-fidelity simulation training for residents on the EM rotation
  – participants to manage the medical scenario while communicating with the family

• Hybrid scenarios were incorporated into existing simulation-based resuscitation training

• Evaluation:
  – feasibility
  – participant satisfaction
  – Self-perceived effect on practical skills in EOL communication
Scenarios

Phone call to family member (SDM) while resuscitating cardiac arrest patient

Objectives:
1. Demonstrate appropriate management of PEA arrest
2. Implement termination of resuscitation
3. Communicate with family in a compassionate and effective way about death of a patient

Assessment and management of a lung cancer patient with acute dyspnea + establish goals of care with substitute decision maker (SDM)

Objectives:
1. Demonstrate appropriate steps in assessment of palliative patient with dyspnea
2. Communicate with patient or SDM about goals of care and resuscitation status
3. Demonstrate effective communication techniques with team, patient and SDM
Results

- Scenarios ran for 25 months (2014/1-2016/2)
- 69 PGY-1 and PGY-2 trainees participated
  - Most had limited prior exposure to EOL training
- The overall level of satisfaction was high
- Trainees self-perceived knowledge on ED EOL care increased
Trainees learned new clinical skills

Did the scenario teach you new skills that you can apply in your practice? (mean +/- SD)

- Scenario 1
- Scenario 2
Participants positively rated sessions

- “Very useful and helpful sims, first time practicing goals of care in sim”
- “Excellent teaching tool, would love to do this more often”
- “Great cases, good mix of medical and communication skills”
- “Realistic scenarios, very useful for clinical management and communication. We would like to participate in more sessions like this”
- “It was great to have scenarios that were not entirely about the diagnosis”
Discussion

- ED EOL communication often occurs during management of high acuity patients
- This situation is not addressed by current training
- Our novel simulation scenarios address this training gap and were feasible and well-received
- High-fidelity simulation can be used to teach EOL communication in the acute care environment
Next steps

• In-depth scenario evaluation
• Objective assessment of resident performance post training
• Effects on family and patient satisfaction
• Development of a formal EOL curriculum for the acute care environment
Questions?

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“Cure sometimes, treat often, comfort always.”
Hippocrates
References (upon request)


