

Hospice Referral Role Play Exercise

Adapted from:

IMPROVING END-OF-LIFE CARE A RESOURCE GUIDE FOR PHYSICIAN EDUCATION

3rd Edition

**David E. Weissman, MD
Director, Palliative Care Program
Medical College of Wisconsin
Milwaukee, Wisconsin**

**Bruce Ambuel, PhD
Waukesha Family Practice Program
Medical College of Wisconsin
Milwaukee, Wisconsin**

**James Hallenbeck, MD
Stanford University
VA Palo Alto Health Care System
Palo Alto, California**

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DISCUSSING HOSPICE CARE AND REFERRALS

TEACHING WORKSHOP/ROLE PLAYING EXERCISE

Faculty Guide

1. Ask participants to list three common reasons why a patient or family would be resistant to enrolling in home hospice care?
2. List participants to list three reasons why it is beneficial to the physician, for his/her dying patient to be enrolled in a home hospice program.
3. Review the outline—**Hospice Care and Referrals**.
4. Divide the group into triads (patient, wife and physician) and ask each pair to practice discussing a hospice referral using the **Role Playing** case; after about 5-10 minutes, prompt the pairs to switch roles.
5. In a large group ask for feedback on the interview. How did it go? What challenges do they anticipate incorporating this information into their interview? Does anyone have a particular way of discussing hospice care they want to share with the group?

CASE BLUEPRINT

Purpose of Case: Discussing the option of home hospice care

Training Level: Medical students, post-graduate trainee, or faculty

Simulated patient name: Mr./Mrs. Adams

Diagnosis: Pulmonary Fibrosis

Setting: The patients' hospital room

Reason for Visit: To discuss home hospice care.

Time allotted: 7 minutes

PATIENT PROFILE

MEDICAL HISTORY

I am Mr./Mrs. Adams, a 68 y/o patient in the hospital for the past four days—admitted with end-stage pulmonary fibrosis. This is my fourth hospital admission in the past three months, all for dyspnea. With high-dose steroid treatment and respiratory treatments I get a little better, but only for a short time. My functional ability is bed to chair with assistance; with a twenty pound weight loss in the past four months. I have previously expressed a wish to my doctor for No Code status and no ICU admissions.

SOCIAL HISTORY

I live at home with my spouse of 41 years who is in good health; I live in a two-story home. I have two grown children, both married with children, who live in the metropolitan region. I am a non-observant Catholic, not connected with a church. I am a retired accountant, my spouse works part-time at a hardware store.

SETTING

I am in a chair, next to the hospital bed, my spouse is with me when the doctor comes in the room.

TASK

Your doctor will be coming to discuss a referral for home hospice care.
Some questions you may pose to the doctor:

- Does this mean you will no longer care for me?
- Does this mean I can not come back to the hospital?
- What happens if my breathing gets bad at night—do I just call 911?
- I'm not sure I want someone coming into my home.

As the physician talks to you about hospice care, think about these questions:

1. what emotional reactions are elicited by the term *hospice*?
2. what are your concerns / fears about home hospice care?

INFORMATION FOR PHYSICIAN

MEDICAL HISTORY

Mr./Mrs. Adams is a 68 y/o patient on your inpatient service for the past four days—admitted with end-stage pulmonary fibrosis. You have cared for him/her for the past seven years. This is his fourth hospital admission in the past three months, all for dyspnea. He/she has severe hypoxemia and mild hypercarbia. With high-dose steroid treatment and respiratory treatments there is some short-term improvement in the dyspnea. His/her functional ability has declined over the past six months dramatically—currently it is bed to chair with assistance; there has been a twenty pound weight loss in the past four months. The patient has previously expressed a wish for No Code status and no ICU admissions.

SOCIAL HISTORY

The patient lives at home with his spouse of 41 years who is in good health. When you last spoke with the spouse he/she was very anxious, asking about newer experimental treatments. They live in a two-story home. They have two grown children, both married with children, who live in the metropolitan region. They are non-observant Catholics, not connected with a church. The patient is a retired accountant, the spouse works part-time in a hardware store.

SETTING

The patient will be sitting in a chair in the hospital room, the spouse is with him/her.

TASK

You will role-play the physician who enters the patient room to discuss home hospice care. Your task is to bring up the subject of hospice care, tell the patient/spouse that you think it is time to begin home hospice services and answer any questions they have.

EVALUATION FORM

ROLE-PLAYING EXERCISE--HOSPICE

Use a 1-3 scale to rate your partner's performance as the physician where 1=poor and 3=excellent.

- _____ Greeting--Greet the patient
- _____ Comfort-- Assures comfort and privacy
- _____ Assumes a comfortable inter-personal communication distance
- _____ Eye contact-- Makes appropriate eye contact
- _____ Open posture-- Maintains an open posture
- _____ Uses language that is clear and understandable; no jargon
- _____ Attends-- Allows patient to respond fully to questions.
- _____ Attends-- Shows attention by nodding head and with verbal cues ("yes", "hmm", "I see").
- _____ Reflects cognitive meaning—thoughts & ideas
- _____ Reflects emotional meaning
- _____ Paraphrases and summarizes patient's concerns
- _____ Gives client/patient opportunities to ask questions
- _____ Answers questions in a straightforward manner
- _____ Asks client/patient to explain their understanding of the disease
- _____ Uses meta-communication skills (e.g. establishes an agenda, solicits feedback from patient about agenda, establishes a game plan for future visits, etc.)
- _____ Uses touch appropriately
- _____ Discussed the role of hospice care within the context of the particular case and prognosis
- _____ Indicated a clear recommendation about hospice care
- _____ Recommended hospice care in a manner that respected patient autonomy

Overall Impression—was the physician able to discuss hospice care in a compassionate manner so as to do no harm?

YES or NO, Needs more training

If you feel additional training is needed, please indicate what problems need to be addressed (circle all that apply):

- basic communication skills (eye contact, rate of speech, personal space)
- professional attitude (sullen, not empathic, angry, giggles) other: please describe: _____
- Other: