

# Welcome to EMTalk!

<program name>

<date>



# Faculty Introductions

- ▶ Dr. <> (institution)
- ▶ Dr. <> (institution)



## Primary Palliative Care for Emergency Medicine (PRIM-ER)

Grant funded by the National Institutes of Health and housed at NYU School of Medicine focusing on delivering multiple intervention components across 33 Clinical EDs across the United States

1. Evidence-based, multidisciplinary primary palliative care education (EPEC-EM, ELNEC);
2. **Simulation-based workshops on communication in serious illness (EM Talk); Course curricula taught today was developed by EM Physicians**
3. Clinical decision support; and
4. Provider audit and feedback.



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POWERED BY  
**VITAL**talk

# Agenda

*Paste a screenshot of your agenda here*

## Dying in America is complicated

- ▶ **The healthcare system doesn't always work for patients with serious illness or at the end of life**
  - ▶ Most people die of chronic diseases
    - ▶ >80% of patients with chronic diseases say they want to avoid hospitalization and intensive care when they are dying
  - ▶ 70% of Americans would prefer to die at home
    - ▶ 25% of Americans actually die at home

**TIME**

Source: CDC, NIH, National Vital Statistics System, Mortality

Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life (2015)

**Americans getting older, new Census figures show**  
BY REID WILSON - 06/20/19 10:30 AM EDT 54 COMMENTS  
The New York Times

**A Cancer Conundrum: Too Many Drug Trials, Too Few Patients**  
The New York Times

**New biomarker-guided strategy has potential for liver cancer treatment**  
July 16, 2019  
Science News from research organizations

**Promising novel treatment against Alzheimer's disease**  
Date: September 25, 2018  
Science News

**America to face a shortage of primary care physicians within a decade or so**  
The Washington Post

**A Shortage Of End-Of-Life Doctors Is Coming**  
June 3, 2019, 04:00pm  
The Washington Post  
Bruce Japsen Senior Contributor  
Healthcare  
I write about healthcare business and policy

**cardiology**

**nephrology**

**oncology**

**primary care**

**It can feel like medicine is happening in silos and the big picture gets lost.**

Shouldn't \_\_\_\_\_ be doing this?

Yes!

Every patient with serious illness should be surrounded by clinicians trained to elicit what matters most.

## Why the ED?

- ▶ We have the “breakpoint” conversations
- ▶ Families gather in times of crisis
  - ▶ *(not at the day to day appointments)*
- ▶ We set the stage and decide trajectories
- ▶ We are the place where your advance directive might get carried out

## Why it's hard

*“So you're giving up?”*

*The opposite of “doing everything” feels like  
doing nothing.*

## Not just a “soft skill”



**effective communication  
facilitates decision making**

**“Good communication takes time,  
bad communication takes longer.”**

-Bob Arnold



## DEFAULT STRATEGY FOR FAILED RSI IN ADULTS

**Plan A: Initial tracheal intubation plan**

- maximum 2 attempts in 2 mins
- re-oxygenate if SpO<sub>2</sub> < 95% with 2 person BVM + OPA + NPA
- CALL ANAESTHETICS IF PLAN A FAILS (text: 3186)

**Plan B: Secondary tracheal intubation plan**

- maximum 2 attempts in 2 mins
- re-oxygenate if SpO<sub>2</sub> < 95% with 2 person BVM + OPA + NPA

**Plan C: maintenance of oxygenation/ventilation**

- maximum 2 attempts in 2 mins
- re-oxygenate if SpO<sub>2</sub> < 95%

**Plan D: rescue techniques for "can't intubate can't ventilate" situation**

**RSI CHECKLIST**

- pre-oxygenate
- position: "ear to sternal notch"
- "RAMP" if obese
- "analys" & sedation for all
- "cricoid pressure for all initially but release if poor view and apply External Laryngeal Manipulation
- "bougie for all"

**Equipment Checklist:**

- Physio Issues (HOP) Considered
- Induction Agent/Muscle Relaxant
- Post-Tube Analgesia/Sedation
- Push-Dose Epi
- Failed Plan Verbalized
- Critic Evaluation

**Checklist 2:**

- Denitrogenated ≥ 3 minutes
- ApOx with NC @ 15
- Oxygenated ≥ 95% (± CPAP)
- Look in Mouth - Dentures - Range Neck
- Positioning
- Pulse Ox Visible or Audible
- Access - Reliable & Tested

**Checklist 3:**

- Kit Dump on Table
- BVM (± PEEP Valve) on Oxygen
- Waveform Capnograph on BVM
- Video Laryngoscope
- Backup Laryngoscope
- OPA, Bougie, SGA, Scalpel
- Suction x 2

## How did you learn these conversations?

**THE HORRORS**

AND THEN... WE CRACK YOUR RIBS!!

**THE MENU**

...And How MANY SHOCKS WOULD YOU LIKE WITH THAT?

**THE TRANSCENDENT**

WOULDN'T YOU RATHER GO PEACEFULLY INTO THAT GREAT VOYAGE BEYOND??

**THE NUMBERS**

I CALCULATE A 0.0079% CHANCE YOU'LL SURVIVE CPR...

## Instead of winging it, bring a map



## Top 5 Tips for EMTalk Success

- ▶ 1. Come curious. This is a cool opportunity to coach each other.
- ▶ 2. Learn to name your skills. You can give better feedback!
- ▶ 3. Play. Try something that you think you will never do again. Failure is where the learning happens.
- ▶ 4. Observe the teaching structure, you might use it later.
- ▶ 5. Think about some new tools for your toolbox.



## EM Talk: REMAP for Goals of Care

<site name>

<date>



## What is the indication for the procedure?

(who needs a goals of care conversation in the ED?)

- progressive, life-limiting illness & functional decline
- acute unexpected illness
- current hospice/limited treatment
- “no” to the surprise question

## How do you approach “the conversation”

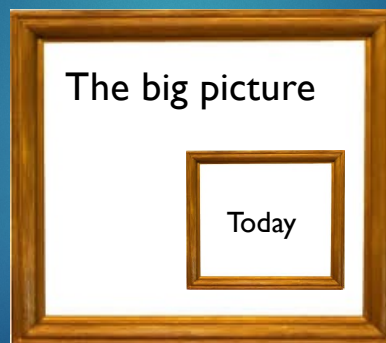


# REMAP

1. **REFRAME** Get on the same page
2. **EXPECT EMOTION** NURSE.
3. **MAP** out important values.
4. **ALIGN** with those values (show your work)
5. **Propose a PLAN** of treatment to match values

## 1: REFRAME

We are in a different place.





## Balancing empathy and truth...

- ▶ I wish
- ▶ I hope
- ▶ I worry
- ▶ I wonder

*"I wish I had different news, I'm worried that she might not recover."*

## Say the news, then stop

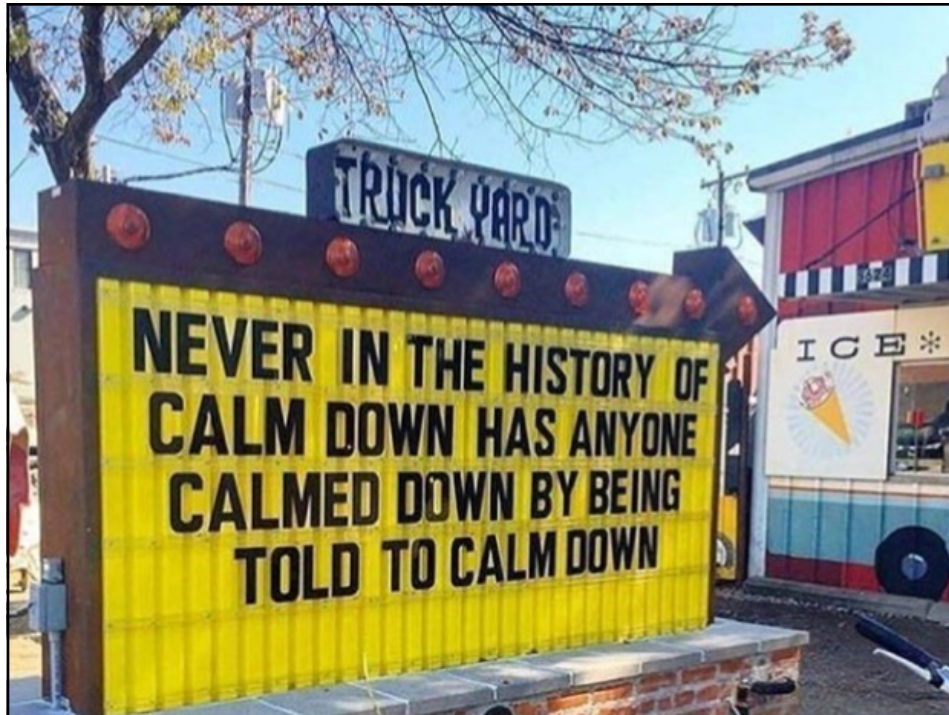


## 2: Expect Emotion

**Emotion happens faster than rational thinking.**

Your "lizard brain" is involuntary and it takes time for your cognitive brain to catch up.





## NURSE

### statements for articulating empathy

<b>Name</b>	"I can see this is overwhelming" "I can see you're upset"
<b>Understand</b>	"I can't imagine what this is like...."
<b>Respect</b> (and praise)	"She is so lucky to have you here." "You are doing such a good job." "I can see how important he is to you."
<b>Support</b>	"We are here to help you."
<b>Explore</b>	"Tell me more ...."

### 3: MAP preferences and values

*“Given this situation, what is most important?”*

“As you think about the future, what worries you most?”

“...what are you hoping for?”

“...what else? ...what else?”

### 3: MAP

*[surrogate]*

*“If your father could see this & understand the situation, what would his reaction be?”*

### 3: MAP

*"Have you ever talked about what would happen if you/they got sicker?"*

*"Any paperwork? Decision makers?"*

*"Have you ever had a similar experience with another family member?"*

### 4: ALIGN *show your work*

*"As I listen, a couple of things stand out..."*

*"I can help you with these important things."*

## 4: ALIGN

Affirming their values explicitly shows you listened.



## 5: PLAN

*"Is it OK if I talk about where to go from here?"*

*"Here are things we can do now that match your values."*

## 5: PLAN

Talk from the positive frame first, so they know the plan.

Then you can talk about what you might withhold.

### Tips

- ▶ This doesn't always happen in a single encounter
- ▶ If you get stuck or can't get to a plan right away, suggest a timed treatment trial
- ▶ You can set up the next team for success!
- ▶ Always maintain alignment

## Summary

1. Reframe why status quo isn't working.
2. Expect emotion, respond with empathy.
3. Map out what's important.
4. Align with patient values.
5. Plan to match values.

## Demonstration

Put your "fishbowl" case here if you're doing one

# Small Groups

## EM Talk: Taking Skills Back Home

<hospital>  
<date>



## Local Resources

How does it look when we learn something new?



# Reflecting on today

- ▶ One thing that surprised you
- ▶ One way to practice these skills on a shift
- ▶ One phrase you will add to your toolbox
- ▶ One thing you're still noodling on

The image shows a screenshot of the VitalTalk website and its mobile app interface. The website header includes the URL [www.vitaltalk.org](http://www.vitaltalk.org) and the VitalTalk logo. The navigation menu lists: CLINICIANS, FACULTY, INSTITUTIONS, RESOURCES, COURSES, BLOG, and ABOUT US. The main content area features a testimonial from a woman and a man, with the text: "VitalTalk makes communication skills for serious illness *learnable*. Our evidence-based trainings empower clinicians and institutions." Below this are three call-to-action buttons: "Grow as a CLINICIAN", "Join our FACULTY", and "Strengthen your INSTITUTION".

The bottom section of the image displays "iPhone Screenshots" of the mobile app. One screenshot shows a "VitalTalk Tips" card with a green and white circular graphic and the text: "VitalTalk Tips", "Vital Talk", "★★★★☆ 4.8, 6 Ratings", and "Free". Other screenshots show the app's content, including a "Conflict" section with the text: "Conflict is inescapable, it's how you handle it that matters." and "The steps are: Notice; Prepare; Start softly; Invite; Hold judgment; Empathize; Create new options." Another screenshot shows a question: "If you're debating, you tend to focus why you're right, but in a tough conflict, you need to be open, and principled." and a link: <http://www.ncbi.nlm.nih.gov/pubmed/2319971>. A final screenshot shows a question: "If the family says, please don't tell the patient..." and a sub-question: "Could we ask the patient together about how to proceed?"

## PRIM-ER Housekeeping

- ▶ CME credit
  - ▶ In the next few weeks you will be receiving an e-mail from "NYU Continuing Medical Education [cme@nyulangone.org](mailto:cme@nyulangone.org)" with instructions on how to claim your 5 CME credits
  - ▶ Please complete the course evaluation
- ▶ \$67 electronic Amazon gift card will be e-mailed to you in the coming weeks

Thank you!