

Vignette Overviews

To Be Used in Conjunction with Various ELNEC Modules

These vignettes have been developed to assist you in teaching various communication skills for participants attending an ELNEC course. By seeing these scenarios, participants will have opportunities to witness the importance of excellent communication. We learn by watching and hearing others communicate well.

Vignette #	Title and Length (Minutes/Seconds)	Recommended Modules	Overview
#1	Goals of Care (11/46)	Introduction, Communication	A nurse listens to a patient who needs clarification about her disease and prognosis, so she can make future plans.
#2	Communication with Resistant Pediatrician About Palliative Care (8/41)	Communication	The nurse speaks to a pediatrician who is resistant to consider palliative care for a sick child she is caring for.
#3	Pediatric Communication Between Oncologist and Family (8/28)	Introduction, Communication	Oncologist shares with the mother of a seriously ill child her grave concerns about the child surviving.
#4	Bad News (11/03)	Communication, Loss, Grief, & Bereavement	A patient has just received bad news and the nurse is now following up with the patient.
#5	Cultural Assessment (10/01)	Culture	A cultural assessment is vital in providing the best care possible for a patient. This vignette provides the keys in doing a cultural assessment.
#6	Loss/Grief/Bereavement (10/18)	Loss, Grief, & Bereavement, Final Hours	The palliative care nurse visits with a woman whose husband died 6 months ago. They discuss two common questions that many families ask after the death of a loved one.
#7	Symptom Assessment and Management (6/37)	Symptom Assessment and Management	Many believe a thorough symptom assessment can take extensive time. This short vignette shows a brief assessment of numerous symptoms of a seriously ill patient.
#8	Spiritual Assessment (13/30)	Culture	While many patients may grieve over physical losses, many also suffer from spiritual and existential angst. This vignette provides the keys to doing a spiritual assessment.
#9	Speaking to Physician Who Refuses Palliative Care For Seriously Ill Patient (11/9)	Introduction, Communication	This common occurrence provides guidance in speaking directly to a physician who is resistant to palliative care, keeping the patient in focus throughout the entire conversation.
#10	Pain Assessment and Management (10/15)	Pain Assessment & Management	This short vignette shows the skills needed to provide an excellent pain assessment and then thought processes of management.



ELNEC Communication Vignettes
Post-Review: Discussion Questions, Communication Pearls, Key Communication Phrases

Vignette #1: Goals of Care

Description Overview: A nurse listens to a patient who needs clarification about her disease and prognosis, so she can make future plans.

Length of Video: 11 minutes, 46 seconds

Recommended ELNEC Modules: Introduction to Palliative Care; Communication

Discussion Questions:

1. *Describe at least two characteristics of how you knew the nurse was listening to the patient?* (Include in discussion: Body language showed nurse was aligned at the same level of the patient; nurse nodded as though she understood what the patient was saying; nurse reflected back what she heard the patient say in order to check that she understand—“How would you describe your ‘spirits?’”).
2. *How was the nurse able to assess how the patient’s family was coping with this difficult news?* (Include in discussion: The nurse asked how the family was coping with this news and listened to the patient describe the family’s concerns. The nurse offered opportunities to have family meetings to discuss future goals/care).
3. *How is the best way to support a patient who is thinking of withholding/withdrawing treatment?* (Include in discussion: Remember, this is a process and it takes time to synthesize information).
 - Listen to the patient—where are they in the process? Many times, patients have been thinking about withholding/withdrawing care for a long time.
 - How do you support the patient in this process?
 - What treatments does the patient want and what do they want discontinued? Sometimes the patient’s thoughts about care are different from the family. So listening to both parties is essential.
 - Most of all, the nurse must establish a safe and trusting environment for the patient and family to openly discuss difficult goals and options for care.

Communication Pearls:

1. Listen to the patient (don’t have your own agenda for the meeting).
2. Consider where the patient is today regarding his/her understanding of the disease, its trajectory, and help them to identify what they have control over.

3. Obtain an accurate understanding of what the family understands about their loved one's illness.
4. Provide a safe, trusting, and supportive environment for the patient and family to share their fears, concerns, and hopes.
5. Understand that several meetings may need to be held with the family and/or patient.

Key Communication Phrases:

1. "Did they tell you why you were here today?"
 2. "How would you describe your 'spirits?'"
 3. "My role is to help empower you. How can we help you have control?"
 4. "I support your decision to....."
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Vignette #2: Speaking with a Resistant Physician About Pediatric Palliative Care

Description Overview: The nurse speaks to a pediatrician who is resistant to consider palliative care for a sick child she is caring for.

Length of Video: 8 minutes, 41 seconds

Recommended ELNEC Module: Communication

Discussion Questions:

1. *Describe at least two characteristics of how you know the nurse was advocating for her patient and his family.*
(Include in discussion: She went directly to the physician to share her concerns. Those concerns were focused squarely on the patient and his family. She was specific: "They believe their preferences and goals have not been considered." "They had questions about the treatment options." "They did not feel they had been listened to." She did not want to put her concerns in the nursing notes, hoping that the physician would see them the next day. Instead, she sought out the physician, to talk personally with her about her desire for a palliative care consult for her patient/family).
2. *Recommending a family meeting, the nurse believed that certain questions needed to be answered. What were some of those questions?*
(Include in discussion: "It's not uncommon for patients and families to be confused about the proposed treatment plan. Do you have any questions about the plan?" "Michael, you stated yesterday that you are worried about what your future holds. You said you feel isolated because you are unable to be with your friends at school. Please share with me more about your feelings of isolation").

Communication Pearls:

When speaking to a physician or any other member of the healthcare team, be prepared to share your concerns and ideas in a short, concise way.

1. Be specific about what you are advocating for.
2. Be prepared to 'ask' for what you want.
3. Use actual statements from patients and families that support your efforts to advocate for them. (i.e. "Why are things being done TO him instead of FOR him?").
4. Keep all conversations patient and family centered.
5. Openly discuss issues related to quality of life.

Key Communication Phrases:

1. “We need to have a family meeting so the family can sit down and discuss their wishes.”
 2. “Let me know what you feel about this...” (proceeded to talk about having a family meeting, discussing future treatment and quality of life issues).
 3. “Communication is key in order to meet the unique needs of patients and their families.”
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Vignette #3: Pediatric Conversation Regarding Goals of Care (Vanessa, Cheryl, and Pam)

Description Overview: Oncologist shares with the mother of a seriously ill child her grave concerns about the child surviving.

Length of Video: 8 minutes, 28 seconds

Recommended ELNEC Modules: Introduction to Palliative Care; Communication

Discussion Questions:

1. *What were ways that the nurse in this vignette showed empathy to this mother and her friend?* (Include in discussion: The nurse came in without an agenda. She was there to listen, to be present, to bear witness, and to clarify any questions/thoughts the mother may have). Questions by the nurse that gave the mother an opportunity to talk included:
 - “Can you tell me what you understand about your daughter’s condition?”
 - “This must be very difficult for your husband and other family members. How is he doing?”
 - “If getting Sara home is important for you, we can work with you to do that through home hospice.”
 - “We do not want to see Sara suffer. We have grown to love her. “
 - The mother stated, “I just want to do what is right.” The nurses responded, “So far you have made all decisions out of love and that is so clear.”
2. *How did the nurse respond to difficult comments/questions from the mother, who was still hopeful that Sarah would survive?* (Include in discussion: The nurse spoke the truth. While it was difficult, she was able to do it gently, but still realistically). For example:
 - “I say that some of Sarah’s tests are better today, but I use that word cautiously. “
 - “We are very concerned.”
 - “I am worried that we may not be able to extubate Sarah.”

Communication Pearls:

1. Talking to parents about goals of care for a child that is near death is very difficult, as it is against nature for parents to think about their children dying.
2. It is important to leave your agenda outside the door and meet people where they are.
3. When difficult news is given to family, it is best that someone be with them—another family member or friend. There is so much information given, we want to make sure there is someone else there who can help remember and clarify next steps.

Key Communication Phrases:

1. When asked a very difficult question, begin your sentence with: “That’s a very good question.” “To be frank with you.” “To be quite honest.”
 2. “If getting your child home is important for you, we can work with you to do that through home hospice.”
 3. “Because you have received so much new information today, I do not want us to make any decisions right now. I am happy to speak with your husband tomorrow.”
 4. Acknowledge these are very difficult decisions for parents to make. “So far you have made all decisions out of love and that is so clear.”
 5. “I want to give you a little bit of space. Process what we have talked about. We will plan to have a family meeting tomorrow morning.”
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Vignette #4: Bad News

Description Overview: A patient has just received bad news and the nurse is now following up with the patient.

Length of Video: 11 minutes, 3 seconds

Recommended ELNEC Modules: Communication; Loss, Grief, & Bereavement

Discussion Questions:

1. *Describe at least two characteristics of how you knew the nurse was listening to the patient?* (Include in discussion: Body language showed nurse was aligned at the same level of the patient; nurse nodded as though she understood what the patient was saying. When the patient stated she could not believe she had cancer, “How could I have lung cancer—I never smoked!” The nurse replied, “What is your understanding of cancer in general?”).
2. *Discuss the importance of listening to patients who have just received bad news.* (Include in discussion: The patient in this vignette was in shock. She had come to the clinic that day, thinking she was just getting therapy for her painful shoulder. Instead, she received a diagnosis of metastatic lung cancer).
 - Introduce yourself and where you are from.
 - The nurse started the conversation by using an open-ended statement, “Tell me what has been going on.” This allowed the patient an opportunity to share important information with the nurse).
 - Other questions such as, “
 - How long ago did the symptoms appear?”
 - “So what is your understanding of cancer in general?”
 - “Does your family know what is going on?” provides information that is critical for the nurse to understand about the patient. Knowing about the patient’s support systems is critical.
 - When someone is in shock after receiving bad news, the nurse, or other healthcare provider, must outline “next steps.” At this point, the patient and family are unable to make immediate decisions without further information because of their emotional state. The nurse outlined steps that would be taken over the next few days in order to obtain information to know how to move forward.

Communication Pearls:

1. Listen to the patient's fears, disbelief of the bad news, possible grief (don't have your own agenda for this initial meeting).
2. Obtain an accurate understanding of the patient's support system, so you know who to speak with and who should attend a family meeting.
3. Provide a safe, trusting, and supportive environment for the patient and family to share their fears, concerns, and hopes.
4. While this patient has aggressive metastatic disease, it is important to give the patient one to two days to absorb the information they have received, to notify their support system(s), and to then learn about options for care.
5. Where is the patient at? Meet them on their emotional trajectory.
6. Everyone reacts differently when getting bad news. Some will be in shock, some may be more talkative, may not want to talk. Be respectful.
7. Finally, there is so much they have heard and they are in shock. They will have trouble processing all the info they have received. They may need help in talking to their family or more time asking questions, so they won't be able to focus clearly on details.

Key Communication Phrases:

1. "Tell me what has been going on."
2. "How long ago did the symptoms appear?"
3. "So what is your understanding of cancer in general?"
4. "Tell me what your family knows about this pain you have been having."
5. "Let's take a step back. Today you heard some very difficult news. I think the first step is to give you information so you can talk to your family. We don't need to think about treatment right now. Let's take this one step at a time. In terms of today, I am concerned about you getting home safely. Could you get a family member to come and get you? Would your family want you to be here by yourself? Do you think they would want to be with you during this difficult time?"
6. "Today has been a very big day to get difficult news. I really don't think you could make good decisions at this point."

Vignette #5: Cultural Assessment

Description Overview: A cultural assessment is vital in providing the best care possible for a patient. This vignette provides the keys in doing a cultural assessment.

Length of Video: 10 minutes, 1 second

Recommended ELNEC Module: Cultural and Spiritual Considerations

Discussion Questions:

1. *Describe at least two characteristics of how you knew the nurse was listening to the patient?* (Include in discussion: Good eye contact, asked for clarification about some statements the patient made, empathized with her as the patient told her story. The nurse realized/verbalized that there were many difficult issues the patient was going through at this time [i.e. primary caregiver to mother who has Alzheimer's, mother of two small children, husband is unemployed, works in order to hold on to health insurance, dealing with cancer diagnosis]).

2. *Why is a cultural assessment important?*

(Include in discussion: It allows the healthcare team to have a better idea of what is important to the patient and how certain decisions may be made from a cultural/traditional standpoint. It also provides information about cultural traditions that are important to patients and their families. This allows the healthcare team to provide unique and respectful culturally-centered care).

Communication Pearls:

1. Listen to the patient (don't have your own agenda for the meeting and avoid checklists of questions).
2. In just a few short minutes, much information can be learned about patients.
3. Ask about what is important to them.
4. Where do they obtain much of their healthcare information? Many from the younger generation receive information from social media (ie, internet).
5. Everyone has a story. Listen, be present, bear witness to the patient's story. By doing this, you will receive important information to share with the healthcare team in an effort to provide the best care to this patient and her family.
6. Provide a safe, trusting, and supportive environment for the patient and family to share their fears, concerns, and hopes, in an effort to respect and honor their culture.
7. Finally, faith was important to this patient. She sought her faith-based community for assistance. She shared that she received spiritual oils from her priest, which gave her comfort and hope. This must be a part of her plan of care.

Key Communication Phrases:

1. "This is the first time we have met, so it is important for me to get to know you and to hear what is important to you."
2. "I understand you have been through a lot."
3. "Tell me about the role faith has in your life."
4. "Tell me about the support you receive from your faith-based community."
5. "I hear that you do not want treatment because of the side effects and issues with body image."
6. "I am glad to hear that you are interested in researching treatment options on the internet. I am happy to review some of these sites with you to avoid learning about inappropriate treatments that would offer false hope for a cure or any that might be a financial burden to you."

Vignette 6: Loss, Grief, Bereavement

Description Overview: The palliative care nurse visits with a woman whose husband died 6 months ago. They discuss two common questions that many families ask after the death of a loved one.

Length of Video: 10 minutes, 18 seconds

Recommended Modules: Loss, Grief, & Bereavement; Final Hours

Discussion Questions:

1. *What did the nurse do at the beginning of the meeting to show that she was available to speak with the wife?*

(Include in discussion: Nurse positioned herself to speak—same eye level with wife. Key quotes from the beginning of the conversation show willingness to listen and to bear witness: “It is so lovely to see you. I can’t imagine what it must be for you.” “It was such a privilege for you to let us take care of you and your family.” “We are here to support you.”)

2. *When the wife showed anguish about perhaps overdosing her husband, how did the nurse show she was listening?*

(Include in discussion: Key words, “showing” and “relating” compassionately are important. The nurse used the following words: “You kept him comfortable.” “You did what you were supposed to do.” “You listened to how he was doing and gave him the pain medicine.” “It was not the pain medicine that killed him. It was the disease that killed him.”)

3. *It is common for families to “second-guess” decisions made about the care of their loved one after the death. In this vignette, the wife shared how her son was angry that his dad was not fed during his last days of life. How did the nurse positively respond to this disagreement?*

(Include in discussion: “It’s a really difficult decision. When we step back and allow for natural death, the part of that natural dying process includes patients not wanting to eat or drink. This is a very normal process. It is not associated with any discomfort.” The nurse offered to speak with the son personally. “I think it would be good for Tyler to follow-up with me.” I am happy to call him and set-up a date/time to talk.”)

Communication Pearls:

1. Listen to the patient (don’t have your own agenda for the meeting).
2. Realize that loss and grief can begin at the time of diagnosis of a serious illness. Patients may be fearful of losing body part(s)/bodily function, control, job, finances, relationships, dreams, ultimately, their very life. Family is frightened about finding a ‘new normal.’
3. Bereavement services must be provided to the family after the death of their loved one. Everyone grieves and copes differently. It is important to realize and respect this.
4. Provide a safe, trusting, and supportive environment for the patient and family to share their fears, concerns, and hopes.
5. Understand that several meetings may need to be held with the family after the death of their loved one. Be sure family has, in writing, persons they can talk to (including contact information).

Key Communication Phrases:

1. “What a privilege it was to care for your husband.”
2. “Thank-you for giving us the opportunity to care for your husband.”
3. “I can not imagine how difficult the loss of your husband has been for you and your family.”
4. “We are here to support you and your family.”
5. “You did your best in keeping him comfortable.”

Vignette #7: Symptom Assessment

Description Overview: Many believe a thorough symptom assessment can take extensive time. This short vignette shows a brief assessment of numerous symptoms of a seriously ill patient.

Length of Video: 6 minutes, 37 seconds

Recommended Modules: Symptom Assessment and Management

Discussion Questions:

1. *Describe at least two characteristics of how you knew the nurse was listening to the patient?*
(Include in discussion: Body language showed nurse was aligned at the same level of the patient; nurse nodded as though he understood what the patient was saying; nurse stated, "I can hear the frustration in your voice.")
2. *In this short assessment (6 minutes), what knowledge did the nurse gain that would be helpful in working with the patient on her goals of care and care plan?*
(Include in discussion: OBSERVATION: "I've been hearing you are having some challenges in your breathing. It looks like you are working hard to breathe.") Further questions:
 - "Are there things that make your breathing worse?"
 - Anything that makes it better?"
 - When asked about oxygen use, the patient stated she still wants to smoke and if she can't smoke, she "does not want to continue living."
 - The nurse asked if her feet swell. The nurse wants to assess what medications the patient is on. Perhaps remove fluid from around her heart or lungs.
 - The patient stated that her family was important to her, but the family "does not get it." The nurse wants to schedule a family meeting.
 - The nurse asked if the patient was depressed. Patient assumed most people were depressed with this condition. She went on to say that she does not want to eat or be around her family at times. All of these questions by the nurse allowed the patient to share information that was important in her care.
3. *Sometimes patients will not want to take advice in stopping certain behaviors in an effort to relieve a symptom(s). In this case, the patient does not want to quit smoking. How did the nurse deal with this refusal to take his advice?*
(Include in discussion: Reminded the patient that she and the healthcare professionals will need to work together. "We are going to have to talk about some options that you may not like as much"). The nurse wants to bring the family in for a meeting, to discuss how sick their loved one is and to hopefully get some support from them.

Communication Pearls:

1. Every patient is unique.
2. You must adapt in these conversations and pay attention to what their goals of care are.
3. There are going to be barriers and challenges.
4. Your job is to offer the best advice and interventions, knowing patients may chose things you would not recommend.
5. Not all things can be fixed.
6. Your primary purpose in communicating well: Working towards the goal of improving comfort.

Key Communication Phrases:

1. "I can hear the frustration in your voice."
2. "We are coming to a point with challenging choices for you."
3. "Let's look at what we can do right now and will come back to the smoking issue later."
4. "We have a lot to work on in a short period of time."

5. “Let’s get everyone together so we can design a plan for where this illness is going, so we can make good decisions as we go forward.”
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Vignette #8: Spiritual Assessment

Description Overview: While many patients may grieve over physical losses, many also suffer from spiritual and existential angst. This vignette provides the keys to doing a spiritual assessment.

Length of Video: 13 minutes, 30 seconds

Recommended Modules: Cultural and Spiritual Considerations

Discussion Questions:

1. *Mark is 46-years-old and confides in you that religion/spirituality have never been important to him. While his parents were both self-proclaimed atheists, he always rejected that, but never felt comfortable going to a church. How could the nurse continue this conversation, in an effort to solicit further information?*

(Include in discussion: Know that everyone is unique, everyone has had different experiences in life). While Mark may not think he is religious or spiritual, it would be good to ask,

- “What gives your life meaning?”
- “What is important to you?”
- “Is there anything you do that gives you a sense of peace?”
- “Is there anything you do that gives you meaning?” “If so, what?”

2. *Lois’ faith has always been important to her and she has been very active in her local synagogue. But, since her devastating and life-threatening illness (heart and kidney failure) she has become very depressed and wonders “where is God?” What are some ways the nurse can support this patient?*

(Include in discussion: Acknowledge that this is a very difficult time in the patient’s life. Her question is one heard frequently from patients who are very ill).

- Ask if she has spoken to anyone in her faith community about her feelings.
- Ask if she would like to speak with someone from her synagogue or speak to the chaplain on the palliative care team. If so, offer to call them and request a visit.
- Ask what has always given her life meaning? Has that changed since she became ill? Remember, not everything can be fixed—listen, pay attention, bear witness to what they share.

Communication Pearls:

1. LISTEN! Ask questions that open opportunities for the patient to talk.
2. Don’t be afraid to ask tough questions, but be respectful. Be open to what the patient wants to share.
3. As nurses, we try to “fix” things. But, some things simply can not be fixed. The goal in performing a spiritual assessment is to have the patient share who they are.
4. As with other nursing skills, performing a spiritual assessment takes practice.
5. Include spiritual assessments into your plan of care for all patients.

Key Communication Phrases:

1. "I have a sense that spirituality may be important to you."
 2. "For many people facing serious illness, faith and religion play an important part of their care." "Do faith and religion/spirituality play an important role in your life? If so can you share with me the importance of this role?"
 3. "Our goal is to help and support you and your family—not only physically, psychologically, socially, but also spiritually."
 4. "When we think about faith, we think about religion and being a part of a faith community—broad brush of spirituality may be a link to more existential thinking, "What gives your life meaning?" "What is important to you?"
 5. "We want to support you in what it is you want to do that gives your life meaning."
 6. "We know this is such a difficult time for you and your family. We want to address all aspects of your life."
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Vignette #9: Speaking with a Physician Who Refuses Palliative Care for A Very Sick Patient

Description Overview: This common occurrence provides guidance in speaking directly to a physician who is resistant to palliative care, keeping the patient in focus throughout the entire conversation.

Length of Video: 11 minutes, 9 seconds

Recommended Modules: Introduction to Palliative Care; Communication

Discussion Questions:

1. *What were some ways the nurse validated the important role this physician colleague had with the patient?*

(Include in discussion: The nurse was not intimidated by the physician. She remained an advocate for both the patient and the physician. The nurse clearly articulated that the patient was having pain and dyspnea and she was concerned about the patient's quality of life. The nurse believed the palliative care team could work with the physician and provide better care. The nurse included some comments of concern from other nurses on the unit, as well as the patient's daughter.) Some key sentences the nurse said to the physician to validate her work, when the nurse sensed possible conflict include:

- "You have cared for her for some time."
- "Sounds like you know this patient very well."
- "What a great benefit for her to have the continuity of your care for these past several years."
- "I want to honor the relationship you already have with this patient."

2. *What were some of the common misconceptions this physician had about palliative care services?*

(Include in discussion: It is important that nurses understand what the misconceptions are about palliative care, so they are ready to respond in an accurate and professional way. Here are some misconceptions from the physician.

- Physician was aware of palliative care being provided for patients with cancer—“Yes, I know you do a great job up in oncology.” Nurse clarified that palliative care can be provided to anyone with a serious disease.
 - “I’m surprised you are thinking she [the patient] would qualify for palliative care. She’s [the patient] not about to die.” Nurse clarified that palliative care can assist with pain and symptom management, grief/bereavement issues. “We, too, want to see her [the patient] live longer with better quality of life.”
 - “I want to take care of her. I don’t want you dragging in a whole team of people.” Nurse clarified “We will work with you—as we discuss what the patient’s goals of care are.”
3. *From this short vignette, what qualities did the nurse possess that possibly caused the physician to agree to the nurse seeing the patient?*
(Include in discussion: The nurse’s conversation was about the patient. She was advocating for quality care and sharing an additional level of care that the physician had not thought of with this patient).
- The nurse was honest.
 - The nurse was not intimidated by the physician and kept reassuring the physician that she was doing a good job with caring for this patient.
 - The nurse assured the physician that no one would interfere with the care she was providing; but rather, offering to provide another layer of care that included pain and symptom management.
 - While the nurse felt it was important to address pain and other symptoms, she also thought it was vital to talk with the patient about her goals of care.
 - But the physician requested that at this time, only the pain be assessed. The nurse stated that she would only assess the patient’s pain, and the nurse would not bring in the entire team, and promised to call the physician once the pain assessment was completed.
 - By the nurse verbalizing to the physician what the nurse heard the physician say, both parties had an understanding of what the expectations were at this time.

Communication Pearls:

1. Physician colleagues are always busy, and they may not be focused on the same issues when someone approaches them about a patient. Acknowledge that you know they are busy and assure them that you have something very important to share with them in just a few short minutes.
2. Acknowledge and honor the relationship physicians have with their patients. They may have personal issues “she reminds me of my grandmother.”
3. Always maintain a very professional relationship with the physician (no exception to this rule). Never become angry (even though the physician may be disrespectful and/or disagreeable). Respect and honor their requests for what you can and cannot with their patient.
4. Be specific about the reasons for the “ask.” Build the case for why this physician should consider a palliative care consult. For example, the nurse said the following to the physician:
 - “The nurses on the floor state she has pain and dyspnea.”
 - “When the nurses turn her, the patient reports pain.”
 - “The patient and her daughter feel functional status is declining.”
 - “I’m wondering if in the clinic setting you ever talked about goals of care?”
5. Palliative care can support the work of attending physicians.

Key Communication Phrases: Nurse to attending physician regarding palliative care

1. “What a great benefit for her to have the continuity to have you as her physician.”

2. "I'm wondering if in the clinic setting you ever talked about goals of care?"
 3. "We will focus on pain and symptom management. We will work with you and communicate all of our recommendations directly to you."
 4. "We want to work with you to provide quality care and to help her live better with her disease."
 5. "We work WITH you. We do not TAKE over."
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Vignette #10: Pain Assessment

Description Overview: This short vignette shows the skills needed to provide an excellent pain assessment and then thought processes of management.

Length of Video: 10 minutes, 15 seconds

Recommended Modules: Pain Assessment & Management

Discussion Questions:

1. *Describe at least two characteristics of how you knew the nurse was listening to the patient.* (Include in discussion: Body language showed nurse was aligned at the same level of the patient; nurse nodded as though she understood what the patient was saying; nurse reflected back what she heard the patient say in order to check that she understood—"I would like to know more about your 'pain'?"")
2. *Describe the various components of a pain assessment.* (Include in discussion: Questions/inquiries of pain assessment include):
 - Patient description of pain (location, intensity, quality). Patients may use the following words to describe their pain: Squeezing, aching, dull, radiating, burning, etc.
 - Ask patients how the pain is interfering with their quality of life. For example, in the vignette, the patient stated the pain woke her at night, thus, preventing her from having good, uninterrupted sleep.
 - What relieves the pain?
 - What aggravates the pain? The APN further asked if the patient had trouble falling asleep or did the pain awaken her.
 - What is the patient currently taking for pain?
 - What happens to the pain one hour after taking the pain medication? Does it affect the pain level?
 - Does the pain medication cause negative effects (i.e. confusion, dizziness, etc)?
 - The nurse wanted to know if there was a need to repeat the pain medications at night.
 - Has the patient taken other pain medications for this specific pain or other unrelated issues (i.e. acetaminophen, non-steroidal anti-inflammatory drugs [NSAIDs], etc)?
 - Has the patient tried any complimentary therapies (i.e. massage, meditation, acupuncture, etc)?
3. *The patient in the vignette was afraid of addiction. How would you assess a patient as being high-risk for addiction?* (Include in discussion: People at risk for addiction are those with a history of addictive practices [i.e. smoking, drinking excessively, drug abuse], people with a strong family history of addictive behaviors, history of sexual abuse [especially in early adolescence]).

4. *Why is writing down all instructions so important?*

(Include in discussion: Patients are given a tremendous amount of information. They can be overwhelmed with so much data that new information may not be processed or even heard. By writing down all instructions, this provides a safety net for not only the patient, but for family/friends that may be overseeing her care, too. In this vignette, the nurse was going to write instructions for taking the new pain medication, as well as for medications preventing constipation. She also was going to write down next steps for assessment and management, as plans for the next visit).

Communication Pearls:

1. Listen to the patient (don't have your own agenda for the meeting).
2. After a patient has described their pain, always verbalize back to the patient what you heard.
3. Elicit comments about how the pain affects their quality of life, as well as those who care for them.
4. Provide a safe, trusting, and supportive environment for the patient and family to share their fears, concerns, and hopes.
5. Understand that several meetings may need to be held with the family and/or patient.
6. Significant and important information can be obtained in a short period of time.

Key Communication Phrases:

1. "Because you have just received complex information, I will give you a written plan of care that you can take home with you."
2. "Assessing pain thoroughly is essential in promoting better quality of life for patients."