

## Communication and DNACPR

Acute Care Block 2011-12

1.30 to 3.00pm and 3.30 to 5.00pm

Intro - Hello, etc.

Engagement material – Homeopathic ER (Mitchell and Webb) if you want to use it. You will need access to internet, obviously. Needs to be quick as I suspect the FYs will want to get away on time.

<http://www.youtube.com/watch?v=HMGibOGu8q0>

Introduce session

Learning objectives

Explore communication issues around DNACPR and end of life

Method

Clips produced by NES for helping to learn about communication and DNACPR  
(*DNACPR – A training resource DVD for Healthcare professionals*)

Small group discussion

Plan to use two scenarios (or three?)

For each scenario, in turn -

1. Describe clinical background to scenario (there is a basic clinical intro at the start of each clip)
2. Small group discuss issues prior to watching each clip
  - a. Content - What information needs to be shared? (CONTENT)
  - b. Process - How will we share the information? (PROCESS)
  - c. Perception - What might the doctor be thinking about? Management, Attitudes, Biases: Knowledge of patient, family, or their wishes, knowledge of clinical disease process, situational factors..
3. Discussion/didactic teaching on specific issues if needed (swot up on these!)
  - a. What info
    - i. DNACPR
    - ii. Organ donation
  - b. How to share info
    - i. Skills of Breaking Bad News
    - ii. Skills of Explanation and Planning
4. Set up feedback/small groups as you see fit – possibly based on Content, Process, Perception
5. Run video
6. Facilitate feedback – in one group or split into sub-groups to discuss.

Video clips

I suggest using clips 3 and 5 from the NES DNACPR materials – but please feel free to choose.

### Clip 3

Junior doctor asked to speak with relatives of lady with terminal disease who has a DNACPR signed in the notes. This has not been discussed with the family as CPR was deemed 'futile'. The son has seen the DNACPR form.

The junior does a fairly good job in terms of process skills, but there may have been a lot of room for more content here. I suspect he has left the family with the feeling that the doctors 'are still doing everything possible'. The obvious distinction between 'treatment phase' and 'palliation phase' has been left hanging rather.

#### Clip 5

Consultant paediatrician talking with parents of boy, 5, who has chronic lung disease and is deteriorating. Decisions are needed about whether transfer to ITU is appropriate, whether he should be cared for in the hospital or elsewhere, whether any form of resuscitation is appropriate. Consultant, Dermot Murphy, does a good job – obviously not the first time for him – but perhaps there are some issues which remain untouched, such as how far should we go with managing acute deterioration at home? What are the disadvantages of taking him home?

At the end

Ask the students what they have learnt.