Communicating with Patients' Families and Physicians About Prognosis and Goals of Care

By Michelle M. Milic, MD, Kathleen Puntillo, RN, PhD, Kathleen Turner, RN, BSN, Denah Joseph, MFT, Natalie Peters, RN, MSN, Rio Ryan, RN, MSN, Cathy Schuster, RN, BSN, Holly Winfree, RN, Jenica Cimino, BA, and Wendy G. Anderson, MD, MS

Background Integrating palliative care into intensive care requires active involvement of bedside nurses in discussions of patients' prognosis and goals of care.
Objective To improve critical care nurses' skills and confidence to engage in discussions with patients' families and physicians about prognosis and goals of care by using a focused educational intervention.
Methods An 8-hour-long workshop was developed for critical care nurses. Key roles and skills of nurses in communication about prognosis and goals of care were defined. Participants practiced skills during facilitated role-plays. A reflection session addressed burnout, distress, and self-care. Participants completed surveys before, immediately after, and 3 months after their workshop, rating their confidence and skill in performing key tasks. Use of a participant focus group and open-response items in the surveys further elucidated the impact of the workshop.
Results Between March 2011 and April 2013, a total of 82 critical care nurses completed a workshop. Compared with before the workshop, after the workshop, nurses reported greater skill and confidence for 14 survey items ($P < .001$), including assessing families' understanding of prognosis and goals of care, addressing families' emotional needs, and contributing to family meetings. Increases were sustained 3 months after the workshop.
Conclusion Defining roles and providing opportunities for skills practice and reflection can enhance nurses' confidence to engage in discussions about prognosis and goals of care. (*American Journal of Critical Care.* 2015;24:e56-e64)

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One-fifth of patients in the United States die during or shortly after receiving care in an intensive care unit (ICU),[1] and many patients who survive prolonged ICU stays have poor functional outcomes and quality of life.[2] Yet, a patient's family members are not well informed about the patient's prognosis, and goals of care are often not discussed.[2,3] These findings have raised concerns that many patients receive invasive treatments that are not in accord with the patients' wishes. Furthermore, patients' families experience psychological distress during and after patients' ICU stay.[4,5]

Palliative care interventions in the ICU provide emotional support to patients' families and communication about prognosis and goals of care; this improved communication is associated with shorter ICU length of stay and lower costs.[6,7] A key step in translating proven interventions into practice is multidisciplinary collaboration that includes the active involvement of nurses.[8,9] Nurses' training and roles uniquely position them to ensure that communication about prognosis and goals of care occurs, to interpret and clarify information presented by physicians, to support patients' families emotionally, and to provide continuing support at the bedside after family meetings.[10,11] However, nurses often are not involved in discussions of prognosis and goals of care.[12] For seriously ill patients, the omission of nurses' involvement deprives physicians, patients, and patients' families of nurses' input and results in uncoordinated care, job strain, and moral distress.[13]

Despite the wide success to date of educational programs for nurses on palliative care,[14,15] a need still exists for training in communication skills for critical care nurses so that they can actively engage in discussions of prognosis and goals of care with patients' families and physicians.[16,17] To address this gap at the University of California San Francisco Medical Center, we built on previous work[10,18,19] to design a training workshop on communication skills for critical care nurses.

About the Authors

Michelle M. Milic is an associate professor of pulmonary, critical care, and sleep medicine, MedStar Georgetown University Hospital, Washington, DC. **Kathleen Puntillo** is a professor emerita, Department of Physiological Nursing, University of California San Francisco School of Nursing, San Francisco, California. **Kathleen Turner, Cathy Schuster,** and **Holly Winfree** are critical care bedside nurses and **Denah Joseph** is a chaplain and associate director of the palliative care program at University of California San Francisco Medical Center, San Francisco, California. **Natalie Peters** is a nurse practitioner in the interventional pulmonology service at Stanford Hospital and Clinics, Palo Alto, California. **Rio Ryan** is a critical care bedside nurse, University of California San Diego Medical Center, San Diego, California. **Jenica Cimino** is the coordinator for the IMPACT-ICU (Integrating Multidisciplinary Palliative Care into the Intensive Care Unit) program, University of California San Francisco. **Wendy G. Anderson** is an attending physician in palliative care and an associate professor in hospital medicine and physiological nursing, University of California San Francisco.

Corresponding author: Wendy G. Anderson, MD, MS, University of California, San Francisco, 521 Parnassus Ave, Ste C-126, Box 0131, San Francisco, CA 94143-0131 (e-mail: Wendy.Anderson@ucsf.edu).

Methods

Design and Setting

An educational workshop was developed for critical care nurses at the University of California San Francisco Medical Center. All critical care nurses who provided care for adult patients in the medical-surgical, cardiac, and neurological ICUs, as well as nurses on the rapid response teams and in the emergency department, were eligible to participate. The workshop was free to nurses, and participants received continuing education credit. The hospital's institutional review board determined that as quality improvement the project did not require review.

Workshop on Communication Skills

The communication workshop was developed at the request of the critical care bedside nurses, who expressed interest in taking an active role in communicating with patients' families and physicians about prognosis and goals of care. An interdisciplinary working group within the hospital's ICU-Palliative Care Committee, a special interest group focused on improving palliative care in the ICU, was created to design and implement the workshop. The working group was composed of ICU bedside nurses (K.T., N.P., R.R., C.S., H.W.), a critical care nurse researcher and educator (K.P.), a palliative care physician (W.G.A.), a critical care and palliative care physician (M.M.), and a palliative care chaplain and psychologist (D.J.). During the needs assessment, nurses identified numerous challenges in communicating about prognosis and goals of care,

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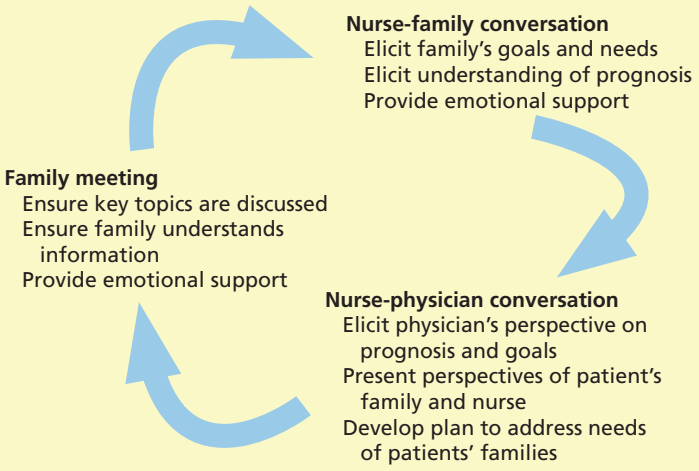

Figure 1 Roles for bedside nurses in discussions of prognosis and goals of care with patients' families and physicians. The goal of nurses' involvement in these discussions was defined to ensure that patients' families, physicians, nurses, and other clinicians heard each others' perspectives about a patient's prognosis and goals of care and that patients' families received clear information and emotional support. Nurses practiced each of these discussions in role-plays during the workshop.

including bridging gaps between patients' families and clinicians across multiple specialties and disciplines, lack of adequate skills to support and comfort patients' family members, and poorly defined roles of bedside nurses in this communication.

On the basis of the needs assessment and previous scholarly work,[8,10-12] a model was developed for beside nurses to facilitate communication about prognosis and goals of care among patients' families and other clinicians (Figure 1). The objectives of the workshop are to assess understanding of prognosis and goals of care by patients' families; communicate the needs of patients' families to physicians; advocate for family members' informational and emotional needs in a family meeting; and develop skills for coping with stress, moral distress, and compassion fatigue. These objectives are met by using evidence-based methods to help learners acquire new skills: a small-group format, a learner-centered approach, and facilitated role-play.[18-20] The resulting curriculum is an 8-hour workshop with 15 nurse learners.

A communication workshop was conducted at the request of critical care bedside nurses.

At the beginning of the workshop, each learner states the challenges that he or she faces in communicating with patients' families and other clinicians about prognosis and goals of care and the learner's main goal to accomplish in the workshop. Next, a brief didactic session and discussion are presented by nurse leaders on the roles and responsibilities of bedside nurses to patients and patients' families and within the health care team. On the basis of previous research,[10] the role of a bedside nurse is outlined as The Four Cs: convening and identifying the needs of each patient's family members for communication and bringing the team together to discuss concerns at a family meeting, checking and assessing the informational needs of the patient's family and clarifying information exchanged between the team and the family, caring and assessing the emotional needs of the family and responding with empathy, and continuing and following up with the family after the meeting to address questions and provide support.

The next part of the workshop includes 3 role-play discussions, modeling a bedside nurse's discussions with a patient's family member, a physician, and in a family meeting (Figure 1). Table 1 presents the skills that participants practice during role-play sessions, also modeled after previous research.[21] A case of a patient with worsening respiratory failure is used for all of the role-play sessions, in which participants play the bedside nurse, a patient's family member, and a physician. Before beginning the role-play, learners are provided an overview of its rationale and the ground rules to keep the role-play sessions nonthreatening and productive. A safe, positive environment is created for the learners, and time-outs are allowed if a learner is uncomfortable and would like to ask the faculty or colleagues for suggestions. In addition, faculty members give a learner time-out after he or she has mastered a skill or if he or she is struggling. Observers are encouraged to write down specific phrases, descriptions of nonverbal body language, and the effect of the skills used in the discussion. Each learner works toward his or her personal "learning edge" and is encouraged to practice a new skill or work on an area the learner finds challenging. The discussion after a time-out focuses on the positive: "What went well?" Each learner troubleshoots with the facilitator and observers on what the learner would like to do differently and reenters the role-play.

Each of the 3 role-play sessions is 60 to 70 minutes long and begins with a review of the goals of the discussion and the specific skills that will be practiced. Before the learners engage in role-play for each session, faculty members present a 2-minute model role-play to illustrate the use of these skills in each conversation. In the first role-play, the bedside nurse meets with the wife of a critically ill patient and practices using open-ended questions and providing emotional support. The second role-play focuses on communication with physicians to address the

Table 1
Core communication skills that participants practice during role-plays of discussions with patients' family members and physicians and within family meetings

Skill	Function	Example
Open-ended questions	Elicit another person's perspective	"What do you understand about your husband's illness?" "Doctor, what have your discussions been with Mrs Ames about prognosis and goals of care?"
Reflection statements	Show that you want to understand another person's perspective	"It sounds like this has been a really stressful week for you." "If I understand correctly, you're worried she may not regain the ability to care for herself."
Tell me more	Learn more about another's perspective	"Tell me more about what your mom liked to do with her time before she got sick." "Doctor, could you say more about the care she may need after discharge?"
NURSE mnemonic	Show empathy in response to expressions of emotion	Family states: "It's been a very hard week." Nurse responds: Name: "You sound frustrated." Understand: "I can only imagine how hard it is." Respect: "I really respect how much you have been here at your husband's side." Support: "I and the other staff are here to help you through this." Explore: "What has been the hardest part?"
Ask-tell-ask	Get permission to present information Present information clearly Check understanding or agreement	Family inquires: "What do you think—is she going to make it?" Nurse (ask): "That's an important question. I'd be happy to discuss it. First, may I ask you what your sense of things is?" Family: "She seems more peaceful today—maybe that's a good thing?" Nurse (tell): "I also see her being more sleepy—I'm worried it's because we've had to increase the medications so she is more sedated." Nurse (ask): "I think it would be important for us to discuss your daughter's status with her doctors. Would it be OK if I arranged a time later today?" Family: "Yes—that would be good I think."
Hope/worry statements	Honestly present information while aligning with family or doctor	"We're hoping that she gets stronger too. We're also worried that her kidneys are showing signs of worsening."

needs of patients' family members. The learner is encouraged to elicit the physician's understanding of prognosis and goals of care, share the information gleaned from the earlier discussion with the patient's family, and collaborate with the physician to make a plan for further discussions or a family meeting. The purpose of the third role-play session is for the learner to advocate for a family's informational and emotional needs within a family meeting.

The final session of the day is a reflection session led by the palliative care chaplain. This interactive session addresses coping with the daily stressors that affect ICU bedside nurses. Faculty members facilitate a discussion about compassion fatigue, burnout, and personal practices of self-care to combat these effects. Then a narrative reflection practice is used in which each learner reflects on an experience involving communication with a patient or a patient's family in which the learner was moved, surprised, or distressed. After approximately 10 minutes of writing about this encounter, volunteers are sought to share their reflection with the group. Note cards are handed out so each learner can write an encouraging message to himself or herself and identify a plan to use a new skill. This card is mailed 1 month later as a reminder of this session and the learner's commitment to incorporating new techniques into practice.

The workshop closes with a discussion of lessons learned, and participants share their take-home points from the session. An open question-and-answer session is used to address any issues that were inadequately addressed during the day.

Evaluation

The workshop was evaluated by using surveys of the participants and discussions with a focus group. Participants completed 14- to 22-item surveys, modeled after previous research,[10] before, immediately after, and 3 months after the workshop. Each survey assessed participants' confidence (rated on a 4-point Likert-type scale, from not very confident to very confident) and skill (rated on a 5-point Likert-type scale, from poor to excellent) to engage in specific tasks in communication with patients' families and physicians about prognosis and goals of care (Figures 2 and 3). Additional items in the evaluations completed immediately after the workshop and 3 months later included rating the overall impact of the workshop, the awareness of the nurses' role in communication, and the frequency with which the nurses use the skills in the tool kit. The focus group

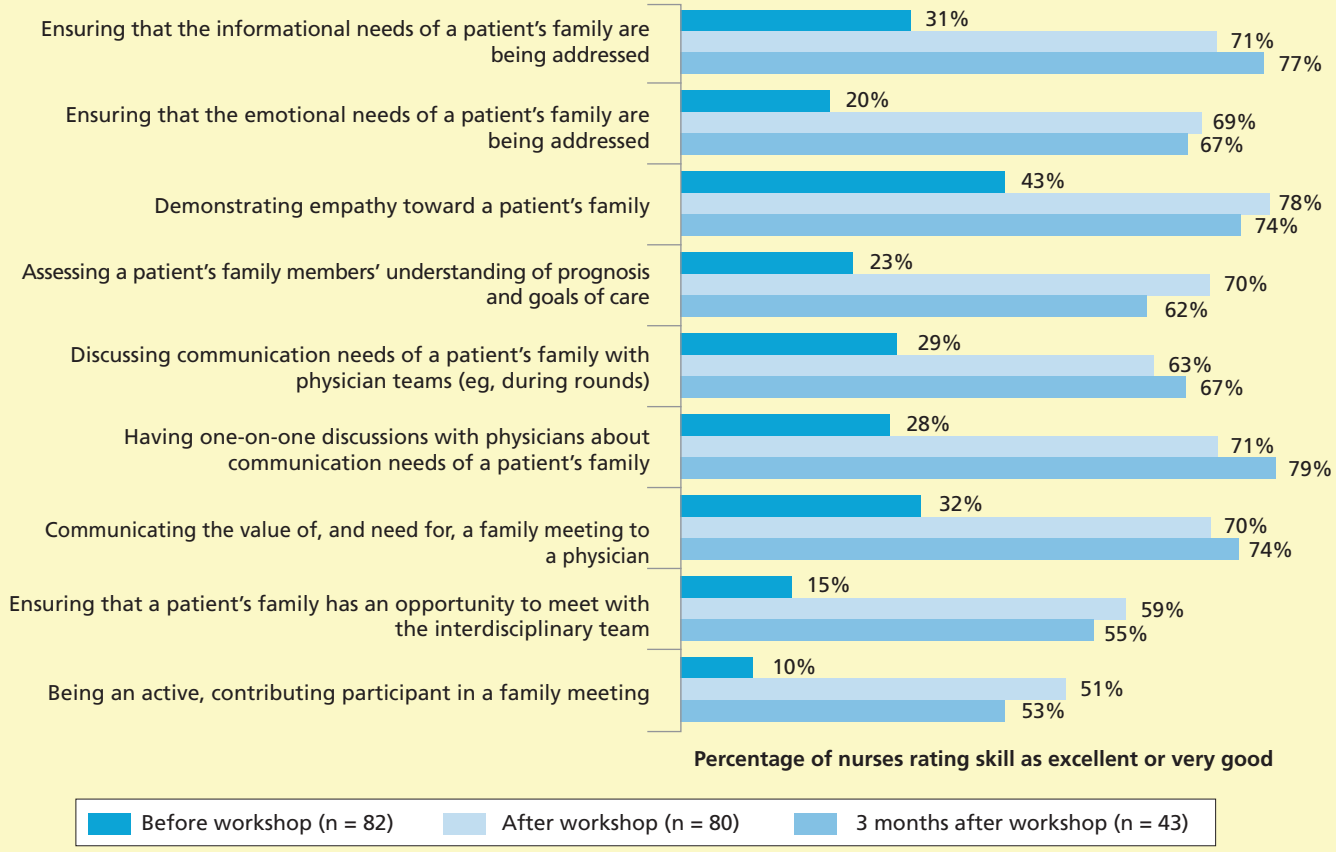

Figure 2 Percentage of nurses reporting an excellent or very good level of skill in communicating with patients' families and physicians about prognosis and goals of care. Skill was measured as excellent, very good, good, fair, or poor. The percentage of participants reporting an excellent or very good level of skill was higher immediately after and 3 months after the workshop than the percentage before the workshop ($P < .001$ for all skills shown).

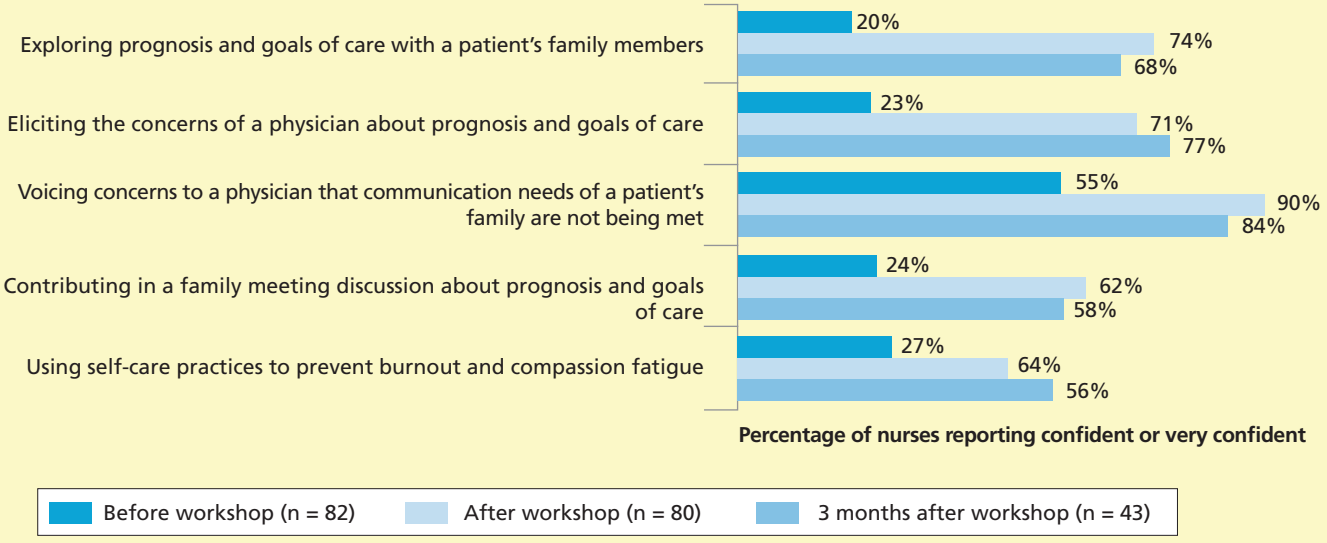

Figure 3 Percentage of nurses reporting that they felt confident or very confident to perform key tasks in communication about prognosis and goals of care. Confidence was rated as very confident, confident, somewhat confident, or not very confident. The percentage of participants reporting that they felt "confident" or "very confident" was higher immediately after and 3 months after the workshop than the percentage before the workshop ($P < .001$ for all tasks shown).

was led by 1 of the workshop faculty (K.P.) and included 11 nurses who had completed the workshop. The purpose of the discussion was to elicit participants' perspectives on the impact of the workshop on their practice. The discussion was collected via a sound recording and was transcribed for analysis.

Analysis

Differences between participating nurses' skills and confidence before, immediately after, and 3 months after the workshop were compared by using ordered logistic regression in Stata 12.1 (StataCorp LP) software. This approach allowed use of a single model to assess trends for the 3 time points for each participant. Results are reported as dichotomized ratings of skill and confidence as the percentage of participants reporting a certain level of skill or confidence before, immediately after, and 3 months after the workshop. Confidence was dichotomized as not very confident or somewhat confident vs confident or very confident; skill, as poor, fair, or good vs very good or excellent.

Participants' written comments on the evaluations obtained immediately after the workshop and 3 months later and the focus group transcript were analyzed qualitatively by using a thematic approach.[22,23] A total of 4 investigators independently assessed these data sources and then collaboratively developed a list of 5 themes to categorize the impact of the workshop on participants (Table 2).

Results

A total of 6 workshops with 12 to 15 participants each were conducted between March 2011 and April 2013. During this period, 82 critical care nurses completed the workshop, all 82 completed the survey done before the workshop, 80 (98%) completed the survey done immediately after the workshop, and 43 (52%) completed the 3-month follow-up survey. Demand for this workshop was high; each session filled up within days of its announcement, and a waiting list of nurses requesting participation in the next workshop was established. For all 9 skill survey items, the percentage of nurses who reported very good or excellent levels of skill after the workshop was higher than the percentage who did before the workshop ($P<.001$ for all items; Figure 2). Participants who completed the 3-month follow-up survey also rated their skill in all items higher than they did before the workshop ($P<.001$). Similar increases were noted in participants' reports of their confidence to engage in 5 tasks related to communication about prognosis and goals of care; confidence was higher for all items immediately after the workshop and 3 months later than it was before the workshop ($P<.001$; Figure 3).

In the survey immediately after the workshop, 78 participants rated the degree to which the workshop increased their awareness of their role and responsibilities in ICU communication with patients' families about prognosis and goals of care; all 78 reported that the workshop had either increased or greatly increased their awareness. In the 3-month follow-up survey, 22 of the 41 responding participants (54%) reported that they used the skills presented in the workshop on either every shift or most shifts. Also, in the 3-month follow-up survey, 33 of 36 responding participants (92%) agreed or strongly agreed that the skills presented in the workshop enhanced their ability to ensure that patients' families and providers communicated about prognosis and goals of care.

Table 2 is a summary of the themes from qualitative analysis of open-response items in the surveys done immediately after the workshop and 3 months later and from the focus group. The themes included clarification and reinforcement of nurses' role in discussions, empowerment, increased empathy and feeling more connected to patients' families and to colleagues, and fostering a culture in which nurses are centrally involved in communication about prognosis and goals of care.

Discussion

We designed, implemented, and evaluated an educational intervention to enhance bedside nurses' communication skills in addressing goals of care of patients and patients' family members, communicating with physicians about the needs of patients' family members, and participating in a family meeting. The participants reported an increase in awareness of their roles and responsibilities and increases in skill and confidence to engage in discussions of prognosis and goals of care with patients' families and physicians that were sustained 3 months after the workshop. Qualitative analysis indicated that the workshop helped empower nurses and created a culture of support in the ICU.

> For all skill items, nurses reported greater skills after the workshop.

This workshop encourages bedside nurses to be stronger patient advocates and to avoid the potential harm of providing care that is inconsistent with the goals and values of a patient and the patient's family. We highlighted the unique contributions of the bedside nurse because he or she spends the most time with patients and patients' families, liaises with multiple consulting services, and often has the most insight into the concerns of a patient's family. By means of the tool kit, evidence-based methods are used to practice skills and focus on clear clinical applications of skills in nurses' daily practice. This curriculum builds community around shared

Table 2
Impact of the workshop on participants' involvement in communication about prognosis and goals of care[a]

Theme	Exemplar quotations
Clarification and reinforcement of nurses' role and responsibilities in discussions of prognosis and goals of care	"Pointing out that it is our responsibility to focus communication and advocate for our patients makes me feel more brave in navigating these conversations."—Survey comment "It is within our scope of practice to bring up the subjects of prognosis and outcomes."—Survey comment "I think I have forgotten how important my role is at the bedside and how much this type of communication can make a difference—even if it is just in [increased] understanding [among families and clinicians].—Survey comment "It is very powerful to have doctors moderate this class and reassure us that nurses have a strong role at the bedside." —Survey comment
As a result of practicing communication skills during role playing, nurses have a "tool kit" to actualize their role in discussions with patients' families and physicians	"I take that toolbox kit [of communication skills] . . . when I talk to the families and use the NURSE [mnemonic for responding to emotions]… I can [also] use it to help me communicate with the physicians."—Focus group comment "There are some tools [communication skills] we can use to simplify [information] for the patient and be more of a patient advocate."—Focus group comment "Sometimes going to a complex family can make the shift [away from a curative focus] so much more stressful—now with these resources I can be a support icon."—Survey comment "I found my weakness in myself and worked my way through it [in the role-play session]. I think that is very effective."—Focus group comment
Nurses feeling empowered to voice concerns and participate in discussions about prognosis and goals of care	"[Feeling that I can] reach out to the family and allow them time to respond. Feeling empowered to request [family] meetings with the team."—Survey comment "I have been very comfortable initiating and talking with doctors and families at the bedside, but then when it came to the family meeting, no one asked me to come. And because I was not invited I did not feel like I could go. Now after this whether I am invited or not, I am going to go."—Focus group comment "I feel like I have more confidence in family meetings—just having the physicians hear [my input] and hearing that my input is valued makes me feel confident in sharing that."—Focus group comment
Nurses have increased empathy for and feel more connected with patients' families, physicians, and each other	"It was nice to realize was that, even if we work on the same unit, we all are vulnerable—we all have the same insecurities, the same struggles. . . . Sometimes we put up fronts and don't let other people see what we struggle with. [In the workshop] we were able to let that all out. Others are struggling with the same thing."—Focus group comment "I think it is so powerful with 3 people up there playing the roles: the physician, the nurse and the family member. I can put myself in everybody's shoes."—Focus group comment "It felt good to get together with colleagues and know that my concerns weren't just "rookie ICU" concerns."—Survey comment "I feel much less alone."—Focus group comment
As a result of the workshop, the culture in the medical center is changing so that nurses are centrally involved in communication	"Now with the workshop and workshop alumnae [working in the unit], we [nurses] know what our role is [in communication about prognosis and goals of care], and we know our tools [the communication skills]."—Focus group comment "I think our awareness in our unit has really improved in the last year … one [nurse] at a time changing things. It is happening slowly, but it is happening."—Focus group comment "One of the things I have seen change is, when I am charge nurse and I go around and make my rounds and ask the nurse 'what is happening?' If there is a family meeting, and I ask the nurses are you going, everybody says yes. That has been a change because [in the past] it was not expected that nurses would go to family meetings.—Focus group comment "I feel like I can be a part of the new culture in our hospital that really embraces interdisciplinary communication."—Survey comment

[a] Themes with exemplar quotations are from qualitative analysis of open-response items in follow-up surveys done immediately after the workshop and then 3 months later, and from discussion in focus group of nurses who had completed the workshop.

educational experiences and personal reflections. Setting up a safe environment for role-play, providing positive feedback, and observing colleagues successfully use the skills bolsters the group dynamic and confidence of the participants. As others[24] have found, use of an interdisciplinary faculty enhanced the educational experience and reinforced the team-based nature of palliative and critical care. This workshop continues to strengthen our ICU culture as the network of participants grows and new nurse champions expand this program into their units.

Our work highlights the importance of training interventions to enhance communication skills in palliative care for bedside nurses; previous investigators[18,25,26] focused largely on physicians. Nurses play a central role in optimizing interdisciplinary communication in the ICU,[8,11] yet many nurses have not received sufficient communication training to

act in this role.[17] Similar to the results of Krimshtein et al,[10] our evaluation indicated that a key piece of our program's ability to empower nurses is to clarify nurses' scope of practice by using discussions of prognosis and goals of care. The role nurses take in these discussions may be different and complementary to the roles of members of other disciplines. Previous research[11,12] indicated that although patients' families look to physicians for information about prognosis, they seek interpretation and reinforcement of information as well as emotional support from nurses; the purpose of our curriculum was to empower nurses to serve these roles in individual discussions with patients' families and physicians and in family meetings.

Our work also highlights the importance of self-care and reflection as components of training for ICU nurses. A full-day workshop separated from clinical duties, the open discussions of personal challenges and goals, the shared experiences of participants in a safe and nonthreatening learning environment set the stage for camaraderie and support. Gordon et al[24] had similar success with an interactive, day-long session focused on communication and sources of moral distress. The reflection session embedded in our workshop is a powerful way to express the many emotions that accompany work as a critical care nurse, such as joy, sadness, and grief. The workshop has resulted in a culture change in our ICUs; nurses are more involved in conversations with patients' families and physicians and in family meetings. Furthermore, the findings of the focus group indicate that nurses and coworkers support each other in their daily practice.

Our study has some limitations. First, our outcomes evaluation was limited to surveys of the participants and did not include observations of the participants' communication or assessment of the impact of the program on the patients, patients' families, and physicians with whom our participants worked. Second, our interventions consisted of an intensive yet single classroom session, a format that may limit the capability of the workshop to change participants' practice. Third, although results of the 3-month follow-up evaluation indicated that increases in skill and confidence were sustained after the workshop, the response rate to this survey was low, a characteristic that limits interpretation of our data. Finally, we conducted our study at a single academic medical center. We are currently disseminating this program to other hospitals.

Our experience suggests several directions for future work. Future interventions may be more effective if they include longitudinal components. In order to support translation of these types of programs into practice, evaluation of future implementations should include the effect on the satisfaction of patients' families and on resource utilization. On the basis of the local success and support of this program, we have expanded it to 4 additional hospital centers in our system throughout California. We have implemented a train-the-trainer program that is being conducted at each university medical center; our goal is to train 600 nurses during a 2-year period. This second phase of the program includes having an advanced practice nurse or a nurse educator do rounds in the ICUs where participants work to support incorporation of the skills learned in the workshop into the participants' clinical practice. This second phase also includes more detailed assessment of the impact of the program, including its effect on patients' outcomes and resource utilization. We learned from participants' feedback that nurses would like to have additional training with physicians, so we are developing a curriculum in which nurse and physician graduates of communication training workshops will practice collaborative interprofessional communication skills within a simulated family meeting.

> The workshop helped empower nurses and created a culture of support in the intensive care unit.

Conclusion

Communication is an essential part of quality care within all areas of health care and especially in the ICU. Bedside nurses provide not only physical care to their patients but also informational and emotional support to patients, patients' family members, and colleagues. To be part of an interdisciplinary team and to have a strong voice that is respected, nurses require communication skills that will enable them to succeed in this more active role in discussions of prognosis and goals of care. This evidence-based educational workshop and reflection session provide those tools.

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