ENABLE II
Nurse Educator Intervention Manual

An Intervention for Patients and Families Living with Cancer

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Foreword

Welcome to the nurse educator training manual for the ENABLE II project. This manual will provide the problem solving training information, treatment protocol, and patient education information designed to assist patients and families living with cancer.

Nursing with its tradition of caring holistically for the bio-psychosocial aspects of individuals and by definition, its concern for "the human response to actual or perceived health concerns", serves as the ideal health care professional to provide problem solving treatment (PST). The nursing discipline has uniquely prepared nurses to provide care for the multi-faceted nature of human beings and their life experiences.

PST may seem like a complete paradigm shift in how nurses care for patients since giving advice, recommendations, and instructions are an ingrained part of nursing practice. Rather, the Nurse Educator role in PST is to facilitate the process of patients learning and applying problem solving in their own daily lives.

Becoming competent as a PST provider can be a challenge. However, you will derive great satisfaction once you have mastered teaching this invaluable and complex skill. The success patients feel in their ability to control and effect changes in their lives can be very dramatic.

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Introduction to Nurse Educator Intervention

This manual has been developed to assist nurse educators who are preparing to provide problem solving treatment and care coordination to patients enrolled in the Enable II grant.

OVERALL INTERVENTION GOALS:

The goals of the nurse educator are two-fold:

1) To provide a psycho-educational intervention to patients and their primary caregiver with a main focus on Problem Solving Treatment (PST) and pertinent palliative care focused topics from "Charting Your Course", and

2) To provide coordination of palliative care, the cancer center, and community resources.

Intervention Content:

The patient intervention will include:

A) Coordination of care by a nurse educator to help match resources to needs.
B) Training in problem-solving skills to reduce distress and help with decision making around a number of issues such as symptom management, life planning, and quality of life.
C) Education about many of the problems and concerns the person may be coping with when they have cancer.
D) And finally, participation in the Drop In Group Medical Appointments which will address a broad array of physical and emotional symptoms. These appointments will be held once a week, for 1 1/2 hours on Friday afternoons. They will include 10-12 people and will be led by Dr. Fran Brokaw and Marie Bakitas, Nurse Practitioner of Pain and Palliative Care at DHMC.

Introduction to Problem Solving Therapy

When experiencing a serious illness one can be faced with difficult decisions about health care, as well as trying to solve new life problems that may have never been encountered before. It can be very useful to have an organized method to think through ones' options and to ultimately make more informed decisions. This problem-solving process can help move a person through the many difficult decisions that must be made toward the end of life.

Unresolved problems can also cause emotional distress, and cause or worsen depression. In turn, this distress or depressed mood leads to physical changes in the body that can increase physical symptoms such as pain and fatigue. By learning ways to "cope" with stress, one can gain more control over mood and physical symptoms.

Problem solving is a structured method to help cope with the stress from everyday problems, symptom-related problems or other problems that may arise from changes in health. By changing the way one handles problems they can reduce distress and ultimately gain more

control over physical and mental health symptoms. Problem solving is not only useful for current life problems but also in the future as problems arise.

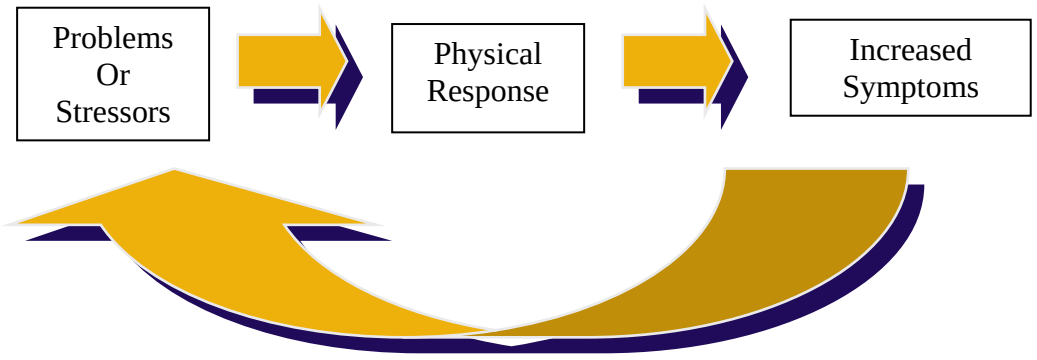
Problem Solving, Stress and Symptom Management

Understanding the relationship between stressors and physical response is central to improving symptom management. The visual representation below is introduced to patients in the first session and is reinforced throughout the treatment sessions.

Stress leads to physical changes in the body (i.e., fight or flight response) that can increase the intensity of physical symptoms and, in turn, the physical symptoms become a greater stress on the body. For example, when a cancer patient is feeling emotionally stressed, they may notice increased bodily pain or disrupted sleep. These symptoms can be a physical stressor themselves but also may trigger worry about loss of function, concern about progressing illness, or irritability. This emotional reaction can intensify the physical stress response, which can lead to greater pain and sleep problems. This is sometimes called the "vicious cycle" of stress.

By learning ways to "cope" with this "vicious cycle" of stress, patients can gain improved symptom management related to disease and treatment side effects. Problem solving is one structured way to cope with the stress that may come from everyday problems or symptom-related problems. By changing the way one handles problems, distress can be reduced and the person can ultimately gain more control over symptoms.

The Stress-Symptom Management Model



Conceptual Frameworks for Problem Solving Treatment

There are three theoretical models that provide the foundation for successful implementation of Problem Solving Treatment (PST) with cancer patients. It is important for nurses to have an appreciation for Lazarus' Theory of Coping, The Symptom Management Model and The Cognitive-Behavioral Model.

Lazarus' Theory of Coping serves as the conceptual framework for our Problem Solving Treatment (PST) because of its emphasis on problem solving skills as a coping resource. Lazarus defines coping as a process of "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person". Effective coping in part results from the appropriate use of problem solving skills as a personal resource. Our goal is to teach problem solving as a "life-skill" that patients can use for symptom management before their problems become overwhelming.

The Physical Stress Model explains the positive interaction between a person's physical response to stressors (such as increased muscle tension, heart rate and blood pressure) and a person's ability to manage their symptoms. When patients experience problems, the stress that results produces a physiological response which in turn can decrease a person's ability to manage their physical symptoms. By teaching patients to solve their problems we can actually help them to physically reduce and better control and manage their symptoms.

The Cognitive-Behavioral Model serves to explain the dynamics between engaging in behaviors and the impact it has on how one thinks and feels. When patients establish and carry out clear behavioral goals and solutions to their problems they acquire positive feelings and beliefs about themselves and their world. These cognitions improve self-esteem and reinforce a patient's problem solving behaviors.

Stages of Problem Solving

Stage 1: Explanation of the rationale

A) State that when a person experiences a serious illness they can be faced with difficult decisions about healthcare, as well as trying to solve new life problems they may have never encountered before. It can be very useful to have a simple step-by-step approach to think through ones options and to ultimately make more informed decisions. The problem solving process can help move a person through the many difficult decisions that must be made with serious illness.

- Rationale for PST is to teach patients a simple step-by-step approach to solve their problems so that they can apply this approach in their daily living before problems become overwhelming. You don't need to wait for your concerns to become problems before starting to use PST.

- Recognize that unsolved problems can cause or worsen depression and distress. Stress and depressed mood can increase physical symptoms such as pain and fatigue [stress → physical response → pain/fatigue]. Therefore, in order to gain more control over mood and physical symptoms, one must begin to solve the problems causing the emotional distress. The focus of this treatment is on developing a new way of working through health-related concerns by creative problem solving.

B) Recognition of health-related and other stressful problems. Have the patient complete the problem grid at the end of the patient handout to identify current problems.

Typical problems patients may report are:

1) Concerns about health and physical symptoms such as pain or fatigue,
2) Relationship with partner/spouse,
3) Money,
4) Change or decrease in recreational activities,
5) Relationship with friends,
6) Family's acceptance of physical limitations,
7) Alcohol or non-prescribed drugs,
8) Sleep,
9) Change in ability to do daily chores or ADL's,
10) Preparation for loss of function or death,
11) "Unfinished" Business,
12) Distressing symptom identification and strategies for getting help,
13) Meaning in life and hope and,
14) Communication with health care providers.

C) Acceptance of link between problems, mood/stress, and physical symptoms. Feeling stressed or depressed does not just come out of the blue but is a result of feeling that the demands of a situation are greater than ones' ability to solve it.

Stage 2: Explain the method

(PST trainer's description of how to do problem solving following the format on the patient handout)

Stage 3: Working through the problem and setting a goal.

A) Help the patient to identify a problem. Problems must be current real life issues and need to be broken down into very clear, workable parts. The greater the difficulties (problem areas) the smaller the steps should be.
B) The patient should set at least one goal for the following week. Goals must be clear, measurable, objective, realistic and behavioral.
C) The patient should do most or all of the solution generation, pros/cons, and final selection of the action plan in order to benefit from the process. Do refer the patient to the resource guide starting on page **68** to assist with solution generation.
D) The last steps and tasks chosen by the patient to be performed must be reasonable to accomplish and not be overwhelming. Each time, thereafter, the patient needs to take more and more responsibility for coming up with the problems and solutions. The primary job of the PST trainer is to coach the person to the next step and NOT to solve the problem for the patient.

Stage 4: Continue to facilitate problem solving.

Use existing problems while shifting the focus to using PST to handle problems as they arise rather than waiting until they become overwhelming.

Patient Problem Solving Module (Page 7 of the Patient Manual)

When experiencing a serious illness one can be faced with difficult decisions about health care, as well as trying to solve new life problems that may have never been encountered before. It can be very useful to have a systematic method to think through ones options and to ultimately make more informed decisions. This problem-solving process can help move a person through the many difficult decisions that must be made toward the end of life.

Unsolved problems can also cause emotional distress, and cause or worsen depression. In turn, this distress or depressed mood leads to physical changes in the body that can increase physical symptoms such as pain and fatigue. By learning ways to “cope” with stress, one can gain more control over mood and physical symptoms. Problem solving is one structured way to cope with the stress that may come from everyday problems or the problems that may arise with changes in health. By improving the way you handle problems you can reduce your distress and ultimately gain more control over your physical and mental health. Problem-solving will not only be useful for current life problems but also in the future as problems arise.

There are six important stages in problem-solving (**Page 8** in Patient manual):

Stage 1. Write down a clear description of the main problem. What is the nature of the problem? When does it occur? Where does the problem occur? Who is involved? What leads up to it? What happens afterward? Do you have all the information you need to address the problem? Try to break up complicated problems into several smaller problems and consider each separately. Be sure to consider what your role is in the development or continuation of the problem.

Stage 2. Choose your goal. Be sure that your goals are definite and reasonable. An attainable goal is measurable and usually a behavior you can do rather than a vague result like "feeling better". For example, if you want to manage fatigue better you may set a goal of using at least one energy conservation strategy per day.

Stage 3. List as many alternative solutions as you can, even if they seem far out, before considering the pros and cons for each one. Try to be as creative as possible and list as many as possible. You may want to look over the list and combine some of your ideas to come up with the best plan**. Please refer to Appendix A – Resources in the Patient Education Manual if you need some ideas of where to get information**.

Stage 4. Consider the pros and cons of each solution. What are the likely positive and negative factors related to each solution. Be sure to consider how you will feel if you choose a particular solution, how much time and effort it will take, your likelihood of doing it, any problems you anticipate in carrying it out, possible financial costs, who else might be involved, or if that solution will likely solve the problem.

Stage 5. Choose your best solution after considering all your options. Try to pick something that you will feel good about and that you are likely to be able to accomplish. It's important to keep an optimistic "can do" attitude, but be realistic.

Stage 6. Set out clear steps to achieve the solution then do it! Specify exactly what you are going to do and when. Once you have your plan, the final step is to make your solution work. If your plan works the first time--great! If there is a problem, you may have to go back to your solution list and try a new plan.

(**Page 9** of Patient manual)

To start the problem-solving process, first fill out the table below as it applies to you. Write in the spaces below the possible problems you are currently facing or anticipate facing soon.

1. Problems with relationships: spouse or partner- family members- friends- other-	7. Problems with loss of function:
2. Problems with work or volunteer activities:	8. Problems with finding meaning in life or hope:
3. Problems with money or finances:	9. Problems preparing for end of life:
4. Problems with living arrangements:	10. Problems with unfinished business:
5. Problems with health or physical symptom management:	11. Problems with families acceptance of illness or physical limitations:
6. Problems doing pleasant activities:	12. Problems with medications:

Example of Problem Solving (Page 10 of Patient manual)

1) Problem:
Fatigue—especially in the afternoon

2) Achievable Goal:
Use at least one energy conservation strategy per day to decrease fatigue

3) Solutions:	4) ***Pro's (+)**	4) ***Con's (-)**
a) Pace morning routine, that is, take rest breaks between morning chores even if not tired yet	• Will probably conserve energy	• Takes too much time
b) Consult Palliative Care Team at next drop-in GMA about ways to decrease fatigue	b) Pro's (+) • Can get answers from experts and other patients who have same problem	b) Con's (-) • Might be embarrassing to admit fatigue
c) Regular exercise, especially walking, even when I don't feel like doing it	c) Pro's (+) • Will have more energy	c) Con's (-) • Hard to do it every day
d) Make sure I eat breakfast and lunch every day to boost energy	d) Pro's (+) • Makes sense and good for general health	d) Con's (-) • I often don't feel like eating
e) Take a 20 minute nap at noon and review sleep hygiene rules on page X.	e) Pro's (+) • Likely to boost energy in the pm	e) Con's (-) • Will waste time I would rather spend with family • I never had to take a nap before—hate to give in

5) Choice of solution:
C—regular exercise

6) Steps to achieve solution:
a) contact a friend who likes to walk and who will join me

b) buy a pedometer to help me keep track of distance and increase gradually

c) get good walking shoes

d) define a route outside to walk; and one inside for bad weather days.

*** In weighing the Pros and Cons, consider the amount of effort, time, money, emotional impact, and who else may be involved as you compare solutions.**

Example of Problem Solving (Page 11 of Patient manual)

1) Problem:
Scheduling family activities and responsibilities around medical appointments. Specifically, time with grandchildren, childcare for grandchildren.

2) Achievable Goal:
Set aside at least 6 hours during the next week for family.

3) Solutions:	4) ***Pro's (+)**	4) ***Con's (-)**
a) Negotiate treatment schedule with oncology team	• Treatment scheduled conveniently for me and family	• Might not be possible or convenient for team • Team might get angry that I asked
b) Plan family time ahead during high energy times (morning)	b) Pro's (+) • Will enjoy family time more	b) Con's (-) • Energy level is sometimes unpredictable
c) Call friend (Ted) to mow lawn while I spend time with grandkids	c) Pro's (+) • More fun/less work • Ted will enjoy helping me	c) Con's (-) • Feel like I am imposing
d) Turn off phone during family time	d) Pro's (+) • Able to really use time well if not interrupted	d) Con's (-) • Might miss important call
e) Get calendar/day timer to plan weeks in advance for treatment and family	e) Pro's (+) • Better planning ability • Feel in control of something	e) Con's (-) • Planning takes time • Too much work

5) Choice of solution:
Will start with solutions A and E

6) Steps to achieve solution:
a) Buy calendar at store today
b) Call oncology team tomorrow and ask for specific treatment times. If not available, then ask what times are available and pick out best ones for me
c) Talk with daughter to plan out family times, especially with grandkids.
d) Put all treatments and family plans in calendar.

* In weighing the Pros and Cons, consider the amount of effort, time, money, emotional impact, and who else may be involved as you compare solutions.

Problem Solving Worksheet (Page 12 of Patient manual)

1) Problem:		
2) Achievable Goal:		
3) Solutions: **a)**	***4) Pro's (+)**	***4) Con's (-)**
b)	**b) Pro's (+)**	**b) Con's (-)**
c)	**c) Pro's (+)**	**c) Con's (-)**
d)	**d) Pro's (+)**	**d) Con's (-)**
e)	**e) Pro's (+)**	**e) Con's (-)**
4) Choice of solution:		
5) <u>Planned steps to achieve solution:</u> **a)** **b)** **c)** **d)**		**7) <u>Write down the tasks that you completed.</u>**

* In weighing the Pros and Cons, consider the amount of effort, time, money, emotional impact, and who else may be involved as you compare solutions.

Nurse Educator PST Worksheet

This worksheet can be used by the nurse as a prompt to work through the problem solving. It may not be necessary to use once the routine is familiar. This is not a data gathering tool.

Update on progress during last week.

Administer Holland Distress Thermometer.

Review tasks
Praise success
Explore Failure
Impact on success to improved mood

1) Problem: *Specific, feasible*
Described in objective terms
Explored, clarified
Complex-broken down

2) Achievable Goal: Objective, described in behavioral terms, achievable, set by patient, complex broken into short, mid range and long term goals

3) Solutions: *Withhold judgment* *Patient generates solutions*	Pro's (+)	Con's (-)
a)	•	•
b)	Pro's (+) •	Con's (-) •
c)	Pro's (+) •	Con's (-) •
d)	Pro's (+) •	Con's (-) •
e)	Pro's (+) •	Con's (-) •

4) Choice of solution:
Decision making guide.
Compare solutions.
Consider pros and cons.
Resources addressed.
Potential negative impact addressed.
Self and others solution satisfies goal, within patient's repertoire.
Negative impact limited.

* In weighing the Pros and Cons, consider the amount of effort, time, money, emotional impact, and who else may be involved as you compare solutions.

5) Steps to achieve solution:
Specific tasks identified.
Task relevant to solution.
Realistic behavior requirements.

a)

b)

c)

d)

Planned Assignment for next session;

Read and do exercise in following chapter:
_____ Social Support
_____ Symptom Management
_____ Unfinished Business

Notes

Next Phone Appointment:

Date_____ Time_____

Tips for Successful PST Sessions

- PST helps patients learn that they have control and choices over problems in their life.

- Most people use problem solving in their daily life; it's just that people with cancer or depression are often too overwhelmed to carry out the process.

- PST involves a complete change in mindset in how nurses generally care for patients. Giving advice, prescribing, and providing instruction is often ingrained in the usual practice. PST involves providing support, while teaching the patient the approach to resolve their own problems. The nurse educator does not provide advice nor tell them what to do.

- PST is a collaborative process between the patient and the nurse educator. The nurse educator acts as a coach. Goals, solutions, and plans come from the patient.

- Link problems or stressors to any increases in physical symptoms or intensity (it's not "all in your head").

- Be brief. Keep it simple when possible. Application of the problem-solving model depends on the complexity of the problem area. Some problems may require more detailed review of the problem area in order to determine a simple goal that would be helpful to accomplish. Other problems, or patients, may only require brief and to-the-point problem solving.

- PST is a step-by-step approach to identify a life problem, set concrete behavioral goals, explore all possible solutions, their pros and cons, and then choose a solution that will meet the goal and begin to solve the problem. The beauty of PST is that it helps to see the big picture of the problem and possible solutions rather than just responding with the first solution, when faced with a problem.

- It's the process of starting to problem solve that's important, not solving monumental problems at once. The patient's success provides positive reinforcement for them.

- Transferring the focus of the patient and nurse from the emotional/cognitive arena to behavioral/ concrete arena can be challenging but it's essential to the PST process.

- Remember structure and re-focusing is therapeutic. Allowing the patient to vent beyond a reasonable point is not. Don't feel as though you're being heartless or rude; you're actually helping the patient to solve their problem.

- Laughing behavior can be a mask for feeling uncomfortable in talking about problems. Sometimes PST causes patients emotional distress during the assessment phase of the intervention. If so, remind patients that PST is a very action-oriented and behavioral based so that dredging up these feelings is not the focus of the intervention.

If confusion sets in or you don't know where to head/if all else fails → Review PST process!

Helpful Ideas/Buzzwords

Once the patient becomes familiar with the PST process it is essential for the patient to take responsibility for generating the structure of PST and the information to complete the exercise. Therefore, when patients become stuck, or do not seem to be actively participating, it may be helpful to use open-ended questions such as "Ok, then what is the next step in problem solving" or "So where do you want to go with this" If the patient cannot seem to generate a problem to work on you could ask "What are some other areas of concerns in your life" or "let's review the problems you indicated on the distress thermometer" . If they have trouble generating solutions you can ask "How have your friends/family handled this problem?" or "What advice would you give a friend about possible solutions if they asked you for help?" Try to avoid closed-ended questions that only require a "yes" or "no" response.

Tips to help "walk" the patient through PST:

This time I want you to take the lead...
What's the first step in problem solving...
What's step #2...
What's the next step....
What should your goal be...
What things about goals do you need to take into account when setting a goal?

Additional techniques that may be helpful include:

- Validation
- Summarization/review
- Refocusing
- Positive reinforcement
- Silence (helps patients do the work themselves and puts the PST "ball back in their court"—it is important to avoid the temptation to jump in!

When rephrasing, its helpful to have on hand a list of synonyms, such as follows:

- Fear - Frightened, terrorized, anxious, have misgivings, concerned, feel a sense of dread, alarmed, apprehensive, worried.
- Anger - Frustrated, offended, resentful, bitter, hostile, displeased, injured, insulted.
- Sadness - Depressed, overwhelmed, rejected, defeated, unhappy, mournful, anguished
- Confusion - Mixed up, don't understand, can't remember, forgot.
- Happiness - Relieved, comfortable, okay, glad, satisfied, content, feel lucky, pleased.

Pre-Session Check Points

- Make sure tape recorder and tapes for sessions are ready. This includes labels for tapes with pt id#, session #, nurse initials, date of session, etc.
- Set up Folder/Notebook or File in the Database for the patient. Each folder will include the:
- Improve Your Medical Care (IYMC) Survey, Current Situation and Action Plan Personalized Letters (see examples below)
- Nurse Educator PST Worksheet (page 13)
- Call record (page 43)
- Holland Distress Thermometer

Examples of the IYMC Current Situation and Action Plan

Improve Your Medical Care – HowsYourHealth.com Survey
Prior to the initial session with the nurse educator, the patient and the caregiver will have done the IYMC Survey on http://www.howsyourhealth.com website. They should start the survey from "To help someone very sick or frail". This specific survey is more focused on advanced illness, rather than the general "How's In Your Health" survey, which is applicable to any person. The website survey will take the patient approximately 20 minutes to complete and they will be given the option of printing out a copy of their "Current Situation" and "Action Plan"; both of which will be helpful in the initial assessment and on-going identification of problems and concerns.

The purpose of the survey results is to engage the patient (and caregiver) in a dialogue with the nurse educator to establish rapport and a common understanding of the patient's current concerns. It will also to be used to clarify what the possible problem areas may be in the patient's life. During the first session the nurse educator will use the IYMCs "Current Situation" and "Action Plan" to explore the patient's current health and psychosocial concerns. The information can be used in conjunction with the information from the Holland Distress Thermometer, to form the problem list in session 1. Make sure the patient has a copy of these two documents to take home to review as needed.

In addition, encourage the patient and caregiver to take a copy of the IYMC "Current Situation" and "Action Plan" with them to the next appointment with their physician. These documents can be useful both to the patient and the physician in beginning a dialogue about a current medical concern or issue. The next few pages are examples of the Current Situation and Action Plan personalized letters that result from taking the "How's Your Health" survey.

Your Name:_____

CURRENT SITUATION

Date: 07/18/03
Age: 50-69
Gender: Female

Overall Health and Function
Difficulty with daily activities *Difficulty with feelings* *Difficulty with social activities* *Difficulty with social support* *Difficulty with physical fitness* Difficulty getting to places Cannot shop without help Cannot prepare meals Cannot do housework without help Cannot handle money without help Difficulty with personal care Difficult last four weeks

Resource Limitations
Limited funds for food, clothing, and housing No one to count on to provide help Difficult stair-climbing in the home In-house care services unavailable

Serious Medical Issues
Bothered by cancer Bothered by breathing trouble or lung disease Trouble sleeping Dizziness or weakness Trouble thinking or remembering Dry mouth Takes 5 or more medications per day Possible medication-induced sickness

Pain Level
Difficulty with pain level

Fears

Has concerns or fears about being a burden Has concerns or fears about families issues Has concerns or fears about fear, is just afraid Has concerns or fears about getting medical care when I need it Has concerns or fears about financial issues Has concerns or fears about legal issues Has concerns or fears about losing control Has concerns or fears about pain Has concerns or fears about not having enough help when I need it Has concerns or fears about where I might die Has concerns or fears about who I will leave behind Has concerns or fears about 911: when and when not to use it
Support and Communication
Communicates a little of the time with health professionals Talks with friends about important feelings a little of the time Talks with friends about important feelings none of the time Has had trouble in the household most of the time Not prepared for managing future illness Expects little bother from illness in the future Friends and neighbors helped in the past week Overall, you received only a little of the help that you needed
Italics = Clinician Unaware

HowsYourHealthHorizon.com

Your Name:_____

ACTION PLAN

Date: 07/18/03
Age: 50-69
Gender: Female

Advance Care Planning
I do not know who will speak for me if unable I am not sure if they know that they will speak for me No, what I want is not in writing

Information and Services Requested	
Wants informations about: Chaplain services/clergy Equipment such as wheelchairs and eating tools Feeding tubes Hospice Legal help Meals on Wheels Respite care Safe home checkups Senior services Sexual issues Support groups	*Needs help with:* Exercise Home health services Homemaking and chore services Nursing services Relaxation treatment Transportation services 911: When and when not to use

Future Hopes and Spiritual Importance
Religion is a source of strength and comfort

Suggested Readings
• Advance Care Planning • Common Problems for Patients and Caregivers • Communications • Emotional Care • Financial Concerns • Managing Daily Activities • Pain Control • Symptom Management • Spiritual Issues

Comments:

Enable II Session Protocols

The following structured session modules are provided to guide the nurse educators through the research protocol. The "Initial Session" must be done first to establish a problem-solving orientation and the basic skills with the patient. The 3 modules that follow the initial session are in the recommended order but can be done in any order, depending on patient preference.

Caregiver Involvement: The nurse educator should request that a spouse or caregiver come to the first session and be part of the telephone follow-ups whenever possible. The caregiver can participate in the problem identification and solving process but care must be taken to make sure the patient learns and applies the skills, rather than relying on the caregiver. It is a matter of balancing the participation to include both. The primary goal of problem-solving intervention is to make sure the patient increases his or her ability to identify and proactively manage problems.

Initial Session: Problem Solving Orientation and Skills

CHECK POINTS

- Set up the tape recorder and tape
- Introduce the project objectives and interventions.
- Have patient complete Holland Distress Thermometer.
- Discuss IYMC Survey's Current Situation and Action Plan personalized letters
- Distribute educational materials to patient.
- Introduce the concept of problem solving
- Assign Social Support reading and completion of activity designating support network (another module can be selected if patient has a specific need).
- Schedule three 60-minute phone appointments with patient (to be completed within 6 weeks after the first session).

Session I Objectives:

1) The focus of this session is to build rapport with the patient and caregiver and to facilitate the identification and clarification of a patient driven problem list.

2) To teach and encourage the use of problem solving skills as an important tool to improve symptom management.

Session I Protocol:

Introduce Self and Project's Objectives and Interventions:

The purpose of the project is to improve the supportive care and the quality of life of patients with cancer and their families. Palliative care can improve symptom management and help with emotional, physical, spiritual and financial issues. To do this, we have developed a multi-focused intervention that incorporates an educational problem-focused approach with services

that currently exist at DHMC. The goal of this study is to determine if these additional services improve patient care and quality of life.
We are presenting all of these interventions to you in this first session so that you have an understanding of what we can do to help you. Together you and the nurse educator will identify which service is most needed during the individual visit. Our goal is to assist you in your needs as you go through this process of living with cancer. The intervention we will provide includes:

A) Coordination of care by a nurse educator to help match resources to your needs.
B) Training you in Problem-solving skills to reduce distress and help you with decision making around a number of issues such as symptom management, life planning, and quality of life.
C) Education about many of problems and concerns you may be coping with when you have cancer.
D) And finally, your participation in the Drop In Group Medical Appointments which will address a broad array of physical and emotional symptoms. These appointments will be held once a week for 1 1/2 hours on Friday afternoons. They will include 10-12 people and will be led by Dr. Fran Brokaw and Marie Bakitas, Nurse Practitioner of Pain and Palliative Care at DHMC.

These four points are outlined in the introduction of your manual on page 3. Do you have any questions so far?

Session Structure

- *"We will be talking together for at least 4 sessions, this face to face session lasting approximately one hour and then 3 subsequent telephone sessions each lasting about one hour. These calls will be scheduled at your convenience over the next few weeks.*

1) Give the patient educational material.
"*This is a booklet that has been compiled to assist cancer patients in gaining more information about the issues they may face during there illness. This booklet will touch briefly on varied topics related to issues of social support, symptom management and advance care planning. There are additional resources available upon request if you need other questions or concerns answered." I encourage you to utilize the information in this book to gain more knowledge about a specific area of concern or interest. The resource section provides a wealth of information that may also be helpful.*

2) Begin a discussion with patient about what is the patient's understanding of his/her disease and treatment.
" So, before we start talking about possible problem areas, and what to do about them, please tell me briefly a little bit about your understanding of your illness and the treatment that is planned."

3) Have patient complete the Holland Distress thermometer.
"You previously completed the IYMC before and now this survey which gives me, and you, some information about the concerns you are dealing with. We will use this survey each time we speak to update and clarify your healthcare needs and concerns.

Problem Table.

This table is another tool that we use to help identify any specific areas that you are having a problem with. Think of this table as a master list of problems or issues in your life and something that we can refer back to throughout the sessions.

So, it looks like the primary areas of difficulty for you are…., which would you say is the most troublesome concern you face right now? …..…Ok, we will come back to this a little later today, but now that we have a general idea of the areas of concern let's move on to what the intervention is going to be."

(Nurse Educator: Use the Holland Distress Thermometer, "Current Situation", and "Action Plan" here to start the discussion. These documents can be used later in this session to formulate the problem list.)

1) Introduce problem solving approach.

"*When experiencing cancer one can face difficult decisions about treatment, as well as trying to solve new life problems that one may have never been encountered before. This is in addition to the usual life problems everyone struggles with from time to time. I had you complete that on-line survey and distress thermometer to help us identify some of the possible problem areas that cancer, and the treatment, can cause and may interfere with your quality of life. Now we will talk about one way you can work through these concerns, and any new problems that arise in the future, with a positive straightforward method. We will do this by taking the problems (or areas) that you identified and then apply a structured problem-focused approach to address them or to manage them as much as possible.*

If problems build up, they can depress your mood and make it even more difficult to make good decisions. Managing problems effectively can help improve your mood and minimize the impact of any physical symptoms you may experience. The goal here is to keep your overall quality of life as high as possible, given the difficulties you will be facing.

Let me just briefly explain about how problem solving ties in with managing physical symptoms as well as helping you with decision making…

The basic model we work from is that physical symptoms are affected by tension and stress from unresolved problems. That is, the more stress and tension from problems and worries, the more intense physical symptoms can be. Of course, when you have a serious illness, that is a physical stressor that feeds into the on-going cycle of stress (Interviewer: use any personal examples the patient may have already disclosed during the Holland assessment to highlight your point). *By reducing the stressfulness of problems by either solving them or managing them the best you can, you can gain better control over your physical symptoms, such as fatigue and pain.*

*Please turn to **pages 8** in your manual which describes the problem solving approach in detail. We will go through a problem today and start working on it. Then the idea is that you will start applying the problem solving to the other problem areas you identify. I will help you with this process.*

*There is also a resource page for you to use starting on **page 68**. This information may help you generate possible solutions to problems as you are making decisions and trying to figure out how to handle problems or symptoms as they arise. Please look at that page if you need to when you are problem solving.*

Let's start by reviewing the stages of problem solving briefly and then identifying specific problem areas or concern that we will address. We can also look at the Current Situation List from the on-survey survey that you did from HowsYourHealth.com.

(Nurse Educator: Turn to page 8 and explain the stages as written and then have patient complete the problem area boxes on the handout Page 9 of patient manual. Assist the patient in selecting one of those areas and work through a problem together using the resource guide.)

Do you have any questions regarding the structure of the problem solving technique?

I want you to understand that his is only one part of the intervention for this research study. I am here for you as a resource. This means that you can contact me for any questions or concerns regarding your care here at DHMC or for any other reason as well.

I'll call you next week and we will pick another problem to focus on from this list. I encourage you to use the blank outlines and use this approach as often as possible now so you can gain practice and I can assist you with any questions you might have. The idea is that we want you to use a problem solving approach now and in the future as you are facing difficult decisions and issues. During the phone calls I will also be asking you to read specific chapters about symptom management, communication and social support, and advanced planning decisions, etc. It is important to complete the session activity before we talk next week. Please also feel free to ask me if you need any coordination of care with your health care team or resources.
Do you have any questions?

Now its time to schedule our next phone session. I would like it to be about a week from now so you will have time to work on implementing your solution. What day and time would you like to schedule this for?

Ok, we will talk again on _____ at_____.

Have a good week. I look forward to talking with you again.

Follow-Up Module: Communication and Social Support

CHECK POINTS

- Set up tape recorder and tape
- Have patient complete Holland distress thermometer over the phone.
- Review PST homework.
- Review reading on Social Support.
- Have patient describe support network.
- Have patient identify problem from family issues and do PST.
- Have patient do reading and activity about symptom management (or next selected module).
- Reconfirm next appointment and invite to attend a DIGMA.

Session Objective:

- The focus of this session is to teach and encourage the use of the PST as an important tool to deal with family-related or support-network problems.

Session Protocol

1) Establish patient's Holland Distress Thermometer level.

2) Discuss prior problem and solution selection (Did the patient reach their goal?)

3) Review barriers and success of prior week's goal (reinforce success, minimize failure and focus on what could be done differently). Modify the solution and/or tasks needed to resolve/manage this problem.

4) Introduce communication and social support.

5) Assign the activity for the next module "symptom management"

In our emphasis on personal strength and independence, many of us forget that we are part of a network of support. We spend a good bit of time helping others, and we may need to remind ourselves that others are happy to help us out when we need it. In times of challenge and stress it may be our turn to accept that help and support.

Last week I requested that you do an activity that would help you identify your support network with family and friends. Shall we take a few minutes and just review how this activity worked for you? Who are your sources of support? Who else would you like to have support from? What surprised you as you played with shapes and colors, with people and relationships? Are there individuals or caregivers you forgot to put on your page? Do you need to help some people in your family or friends to see that you could use their support, or to see how they might be of help to you at this time? How easy is it for you to ask for, and receive support? Is there some problem with your support system that we can address using the problem solving approach?

If more than one of you did this exercise (e.g., spouse), were there differences between your perceptions of a support network?

Please take out a "problem-solving" worksheet and we will go through a problem today that you have identified in relation to an issue surrounding a need of support or communication. Remember, you can always look back to the first module on problem solving for help.

Let's start by reviewing the stages of problem solving briefly and then identifying specific problem area or concern that you would like to address.

Work thru the problem using PST guidelines. If patient has no problem with support system then ask the patient to identify a problem from the initial list (Page 9) or any new problem identified today with the Holland Distress Thermometer. Make sure the patient has a clear plan to carry out the chosen solution before closing the session.

"For the next week I would like you to read about the symptoms you've experienced or heard about in Chapter #. Then complete the activity included in the module. Although you may not be experiencing any symptoms from your disease or treatment it is still an important activity to complete.

Our next schedule telephone call is _____ I look forward to talking to you then.

Follow-Up Module: Symptom Management

CHECK POINTS

- Set up tape recorder and tape
- Have patient complete Holland distress thermometer.
- Review PST homework.
- Review reading on Symptom Management.
- Have patient identify symptoms they have had or feared.
- Discuss strategies to effectively monitor and report symptoms so that they are heard and prioritized consistent with patient-defined priorities to Health Care Provider (HCP).
- Have patient identify symptom-related problem (or other) and do PST.
- Have patient read advanced care module and do activity (or next selected module.
- Reconfirm next appointment and invite to attend a DIGMA.

Session Objective:

- The focus of this session is to teach and encourage the use of the PST as an important tool to communicate about disease and treatment-related symptoms and improve symptom management.

Session Protocol

1) Establish patient's Holland Distress Thermometer level.

2) Discuss prior problem and solution selection (Did the patient reach their goal?)

3) Review barriers and success of prior week's goal (reinforce success, minimize failure and focus on what could be done differently). Modify the solution and/or tasks needed to resolve/manage this problem.

4) Assist in identifying symptom management issues for patient and caregiver.

5) Assign activity for next module "advanced directives/unfinished business"

The symptoms of cancer and the treatment for this illness can be as confusing as they are overwhelming. We often feel lost in midst of the confusion and discomfort. Last week I requested that you do an activity that would help you identify any past or current symptoms and how you have managed them. I would like at this time to review that activity with you.

I see that you have identified _____ as an issue you have had in dealing with your symptom management. Please take out a "problem-solving" worksheet and we will go through a problem today that you have identified in relation to symptom management.

Work thru the problem using PST guidelines. If patient has no problem with symptom management then ask the patient to identify a problem from the initial list (Page 9) or any new problem identified today. Make sure the patient has a clear plan to carry out the chosen solution before closing the session.

For our call next week the last module I would like you to read and complete the activity is on Advance Care Planning and Unfinished business. If you have already completed your Advanced Care Directive or your POA please review the Five Wishes document and other material in the module. If you have not completed any of your ACP please take the time to fill out the state (NH, VT) form I gave you with the educational material. The activity on unfinished business will also be helpful in our discussion during next week's call on_____."

Follow-Up Module: Advance Care Planning

CHECK POINTS

- Set up tape recorder and tape
- Have patient complete Holland distress thermometer.
- Review PST homework.
- Review reading on Advanced Directives (AD).
- If patient had already completed AD prior to this session review the content of the AD and DPOA HC. Ask for feedback on 5 Wishes. Discuss any need for changes, any new insights as a result of current status. Assure that all family members are aware these documents and that the health care providers have copies.
- If patient had not previously completed AD, review document with them, especially identifying proxy.
- Discuss topic of previous losses especially related to those experienced since illness.
- Make arrangements for follow up phone calls and how patient can contact.
- Discuss follow-up appointments and invite to attend a DIGMA.

Session Objective:

- The focus of this session is to encourage the use of the problem solving as an important tool to address issues of advance care planning, advanced directives and unfinished business.

Key Points:

- Differentiate between the Five Wishes and the New Hampshire and Vermont AD documents.
- Stress the appointed DPOA-HC is not the "decision-maker" per se, but rather a person who can be sure that PATIENT'S DECISIONS are honored.

Session Protocol

1) Establish patient's Holland Distress Thermometer level.

2) Discuss prior problem and solution selection (Did the patient reach their goal?)

3) Review barriers and success of prior week's goal (reinforce success, minimize failure and focus on what could be done differently). Modify the solution and/or tasks needed to resolve/manage this problem.

4) Introduce “unfinished business” and advance care planning.

Most of us have a lot of things that we want to do and have not yet done. We get some of those things done each day and feel some sense of accomplishment.

There are other things that we just seem to “put off” for another day. Those things stay on our list—a real list or a list in our heads—and seem to hang over our heads. Some of those are just routine things, like cleaning out closets or labeling photographs. Others are important things that are difficult to approach, like resolving troubled relationships or writing our wills. Still others are simply things we want to do, like travels to a particular spot or visit with old friends and family.

A health care challenge may remind us of our personal “unfinished business” those things that we want to do and have not done. We may become anxious to take care of some of these things. Or we may just want to do some of the things we have put off. In completing the activity on unfinished business what issues arose for you? I would like you to use one of the issues and apply the PST technique to begin to bring some closure to this unfinished business.

Work thru the problem using PST guidelines. If patient has no problem with unfinished business then ask the patient to identify a problem from the initial list (Page 9) or any new problem identified today. Make sure the patient has a clear plan to carry out the chosen solution before closing the session.

“You had an opportunity this week to review the educational material on ACP do you have any questions about that information. Did you read the 5 Wishes material? If so, did that generate any new insights… distress… was it helpful…etc. Is there anyway I can assist you if you have not completed your ACP?”

(Nurse Educator: Make sure the patient has a specific plan to officially complete the ACP and get it into the medical record)

This is the completion of the initial intervention. Our hope is that you will continue to use the PST as issues arise. I will continue to follow-up with you on a monthly basis by phone. During these follow-up calls I will be asking you to update me on healthcare issues using the Holland Thermometer and hearing any other concerns you may have. I encourage you to attend one of the DIGMA’s if you have not already just to see how this intervention might benefit you.

If you should have any non emergent questions or concerns please feel free to call me at _____ during the hours of 8-5PM Monday –Friday.

Post-Intervention Phone Call Protocol

(These calls are made at least once per month but can be more frequent, if needed.)

CHECK POINTS

- Holland Distress Thermometer level.
- Assess successes and difficulties.
- Review PST process with patient have patient repeat to you the problem solving steps.
- Encourage patient to attend the DIGMA's at any time.
- Reinforce completion of three-month intervention questionnaires (if applicable)

Hello, Mr/Mrs_____ this is _____ from DHMC calling to hear how you are doing. What has this month been like for you? I would like you to complete the Holland Distress Thermometer so I can gain a better understanding of some of the issues you might be dealing with.

In reviewing this list I see you are dealing with _____ have you been able to use the PST to help you work on this issue? Have you been able to use the PST in other issues you may have had this past month? Can you tell me if you have any difficulties in using this technique to solve some of your problems? What about any successes?

Let's just briefly review the Problem-Solving Steps… Do you remember what the first step is?. That's right, identifying the problem…and then…? (If the patient is having a current problem, have the patient work through the problem using the PST guidelines while you are on the phone with them)

Have you had any opportunity to be part of a group medical appointment? Are there any other issues that you would like to discuss today? I will call you again next month to talk with you again. If there is anyway I can help during this time please don't hesitate to call.
I will call you next month during the week of_____.

Competency Evaluation Form

Problem Solving: Checklist of PST Nurse Competency

Patient_____ Nurse_____

Rater/date_____Session #_____Date of session_____

For each item, assess the PST nurse on a scale of 0-5 and record the rating on the line next to the item.

0	1	2	3	4	5
Very Poor	Poor	Borderline	Satisfactory	Good	Very Good

Please do not leave any items blank. For all items, focus on the skill of the nurse, taking into account how difficult the patient seems to be and the stage of treatment.

1. Explanations and Rationale

- Link problems with symptoms
- Problem resolution leading to symptom improvement
- Time-span
- Collaborative nature of treatment

2. Clearly Defining the Problem

- Specific problem chosen
- Problem explored, clarified
- Complex problem broken down
- Both patient and therapist clear about problem

3. Setting Achievable Goals

- Goals clearly stated
- Goals quantified
- Goals set by patient
- Goals likely to be achieved

4. Looking at Solutions

- Brainstorming and deferring judgment
- Solutions from patient
- Decision-making guidelines given
- Choice of solution made

5. Assignment

- Specific tasks lined to solutions and goals
- Plan drawn up in collaboration with patient
- Sufficient but not overwhelming tasks

6. Review of Assignment

- Review of all tasks
- Praise success
- Exploration of failure
- Linking homework tasks with outcome of therapy

7. Pacing and Use of Time

- Structured session: beginning, middle, and end
- Tactful limiting of peripheral and unproductive discussion

8. Communication

- Information given jargon-free
- Use patients' own language and phrases
- Listening to patient and responding to their comments

9. Interpersonal Effectiveness

- Warm
- Confident
- Professional

10. Global Rating

How would you rate the nurse overall in this session?

Please free to write comments and suggestions for the Nurse Educator's improvement in the space below:

Patient Education Materials

Educational Materials in Problem Solving Therapy for Supportive Care with Patients Living with Cancer

Vivian/Daphne Please insert education material Here!

Using the Telephone in Problem Solving Therapy

If Problem Solving Therapy (PST) is being carried out via phone it requires an entirely new set of assessment skills (auditory vs. visual) than person-to-person encounters. This may be in part because we are accustomed to visual cues when interacting with patients.

PST can be conducted either face to face or over the telephone. While the process is essentially the same, providing the intervention over the phone requires attention to the strengths and limitations of telephone based communication. This section details the essentials of the telephone nursing process as described by Matherly (1992).

Though the telephone was not in use in 1898 when Florence Nightingale wrote, Notes on Nursing, the nurse who provides care over the phone clearly evidence the sentiments of Florence:

"The nurse nurses the sick, not the sickness."

Problem solving therapy focuses on the patient, not the illness. The intervention focuses on the individual's experience, behavior and solutions. When the telephone is the medium through which this care is provided, skills in telephone communication are essential. The Nurse Educator must have strong skills in the following areas: communication, thorough assessment, structured history taking, creative problem solving, and accurate documentation.

Communication Skills for the Nurse Educator

- Active listening, with a clear and persuasive communication style.
- Communication of both information and feelings without the benefit of eye contact, gestures, or props.
- Establishment of a trusting relationship.
- Teaching creative problem solving, which requires identifying and mobilizing resources and providing appropriate information and referrals

Assessment

To assess patient successfully, a nurse must possess specialized skills and knowledge, including:

- Interviewing skills,
- Structured history-taking skills,
- Observation skills (in telephone nursing, "observation, equals listening"),
- Physical assessment skills,
- Knowledge of pathophysiology,
- Knowledge of family, cultural, social, and psychological issues that might influence the patients' perception of the problem and intervention options.

Telephone Interviewing

The nurse's first step is eliciting the chief problem. As more information is revealed during the conversation, it may turn out that the original complaint is actually secondary to a larger or different problem, or was the patient's "excuse" for talking about a completely different concern. This is why attentive listening and the ability to wait for the patient's story to unfold are so important.

Aside from clinical skills, the telephone nurse's most important skill is the ability to communicate: both to speak and to listen. Obviously, the ability to speak clearly, with the appropriate language and level of intimacy, is critical. Equally important, however, is the nurse's ability to listen. The patient's problem cannot be accurately assessed, and the solutions discussed, unless the nurse is able to hear the patient's "message", both spoken and unspoken. Every message "sent out" (via tone of voice, silence, gregariousness, or other means) communicates something.

WORDS + EMOTIONS = MESSAGE

It is impossible to not communicate. No matter what is said or done, some message is communicated. If the tone of voice and the words used are not chosen with care, an unintended message may be communicated. Also, there are limits to the ways a nurse and a patient are able to communicate over the phone. Sighted individuals rely heavily on visual clues to gather information, including signs that confirm or deny the meaning of the spoken word. The nurse who is limited to "seeing" patients over the phone must learn to gather information with the ears alone. Many auditory clues can be used to "check" the consistency between the words used and the way the patient sounds:

- pitch
- slowness or rapidity of speech
- unusual speech (slurred or confused, for example)
- laughter, groaning, moaning, or other exclamations
- breathing noises
- silence
- background noises

Does the sound of the patient's voice match what he or she is saying? Emotional clues may also be valuable. The nurse's own feelings, in response to the patient's words or tone of voice, can serve to clarify the patient's situation. If a nurse feels sad, angry, or afraid, a clear (although unspoken) message has been communicated.

In addition to being limited to receiving messages by hearing only, the telephone nurse is limited to expressing messages by speaking only. In-person interactions can involve eye contact, gestures, and sometimes physical contact, but phone interactions, by their very nature, cannot. The nurse must develop a telephone personality which projects the qualities consumers expect to find in a healthcare professional: competence, caring, and accessibility.

Simple telephone courtesy must also be a part of the nurse's manner. Prompt follow-up and callbacks are essential

Establishing Trustworthiness
To facilitate positive communication, the nurse must work to create a feeling of trustworthiness. The nurse's voice, manner, and words must help to build a relationship the patient. Trust is based on consistency respect, and sensitivity.

Consistency
Nursing style should be consistent with interpersonal style and consistent over time. Many brusque people still manage to convey that warmth, and "mushiness" is not a prerequisite to caring. The words used should come from within, not from a book or a fellow nurse. In the same way, a nurse's style should not vary dramatically from call to call. This is especially critical during callbacks and follow-ups.

Respect
The nurse who wishes to gain the trust of a patient must show respect for that person: his or her opinions, concerns, and feelings. Demonstrated interest in what the patient has to say is essential.

Sensitivity
Sharing sensitivity involves being aware of and responding to the cues given by the speaker — and those given by the nurse as well. In telephone nursing, these cues include tone of voice slowness or rapidity of speech, silence, and hesitation. It is also important to speak to the patient at the appropriate level of intimacy. When patients discuss health issues with a nurse, they do not want to talk to a "friend," but to a friendly professional nurse.

Active Listening

"It takes two to speak the truth: one to speak, and another to hear."
Henry David Thoreau

Active listening refers to behaviors, which help to elicit, support, and clarify the speaker's message. Active listening can be useful to nurses to demonstrate interest in a speaker and thus build trust and openness. It is also useful in clarifying the speaker's message and facilitating accurate communication, sharing not only ideas but also the feelings behind the ideas. There are two levels to all that we say: the literal meaning of our words and the emotional content (or the "message behind the message"). While listening to a patient, the nurse must focus not only on factual content but also on what is implied or even left unsaid by the speaker.

Mirroring, an active listening technique, can help to clarify the content of messages. It simply involves repetition of the patient's message by the nurse. Mirroring clarifies the patient's true meaning, demonstrates listening, and confirms that the listener understands. It also allows the speaker to hear the words he or she used and rephrase, if necessary, to get the correct message across.

PATIENT: "My knee hurts."
NURSE: "Your knee hurts?"
PATIENT: "Well, it's not my knee actually! Guess it's just my whole leg. I can't put any weight on it."

Rephrasing is another useful active listening technique. Here, the nurse puts the speaker's message into other words, thus testing understanding. When a message is rephrased, nuances of meaning are added. This technique is very valuable in situations where a nurse is dependent upon the information provided by the patient (such as during assessment). It is beneficial to use different words than the speaker to ensure a precise understanding of the message.

Reflective listening skills can be used to demonstrate listening and understanding, whether the speaker is a patient, friend, or supervisor. These skills are also helpful in clarifying information, especially when a patient provides information that is vague or difficult to follow.

EXAMPLE:
Patient: "I'm really uncomfortable today."
Nurse: "Oh, you're having pain?"
Patient: "No, it's not pain. I'm feeling anxious and uneasy."

The Art of Communicating

Application of communication theory and skills in the actual clinical interaction is an art form. Expertise in this art is developed through both practice and reflection on practice. Try these examples as you work with your patients. Reflect on how effective each is to achieving the quality of interaction that you are trying to achieve.

Examples of reflective statements include:

- ◊ *"As I understand you..."*
- ◊ *"In other words..."*
- ◊ *"So, you mean that..."*
- ◊ *"I'm hearing that...*

In each case, the listener is attempting to reflect accurately back to the speaker the message that has been received. It is usually more useful to reflect the message in a way that demonstrates understanding of the message.

PATIENT: "My head really hurts."
NURSE: "You have a headache."

In this instance, the nurse has shown the patient that the message has been received. The message has not, however, been clarified (What kind of pain? Where is the worst pain?). This is in contrast to the following approach:

PATIENT: "My head really hurts."
NURSE: "So you're having a lot of pain, in your head?"
PATIENT: "I don't think it's a migraine. I drank a little too much last night."
NURSE: "As I understand it then, you need some help in treating your headache, which you think might be a hangover?"
PATIENT: "Yes, but not only that. I'm a little concerned about the way that drinking makes me feel. I mean, how much is too much?"
NURSE: "It sounds like you'd like to talk about how drinking is affecting you."

This approach, if handled well, can produce the same results as the first the speaker still feels as though he or she has been heard. It has the added benefit of eliciting a great deal of information. The nurse should be aware of some potential problems with this approach. The reflective listener must maintain a flexible stance when rephrasing a remark because there is always a possibility that the speaker's message is being misinterpreted. The speaker must feel comfortable saying, "No, that's not what I meant." Also, some people use this technique as a way of telling the other person how they feel, rather than simply rephrasing the message. This can leave the patient feeling defensive. *Psychoanalysis is best left to psychoanalysts, and the nurse should concentrate on the content of the message.*

Dealing with Emotions

There are two people involved in every telephone nursing interaction: the nurse and the patient. While it is sometimes easier to focus attention on the communication style and responses of the patient when emotion comes into the picture, it is unwise to ignore the nurse's personal role in the interaction. Perhaps one of the most useful stances for the nurse to maintain when dealing with an emotional patient is to use descriptive, rather than evaluative statements. The nurse's emotional reaction should be minimized as much as possible, since anger, anxiety, or sadness will most likely not help the patient (although this emotional state can provide information about the patient's problem, especially if the patient is denying the problem). Allowing the patient to vent emotions briefly may sometimes calm him or her down enough to carry on a productive interaction. Keep in mind, however, that the focus of problem-solving is to improve emotional well being by taking action to improve it. The nurse's ability to handle the patient's feelings, negative or otherwise, may engender feelings of personal trust and professional confidence.

ACTIVE LISTENING SKILLS: FACTORS AND TECHNIQUES

ATTENDING
- Minimizing distractions
- Attentiveness
- Body language (which influences tone of voice)
- Concentration

"FOLLOWING"
- Attentive silence
- Words to help start and prolong conversation
- Infrequent (non-interrupting) questions

REFLECTION
- Clarifying
- Paraphrasing
- "Feeling" words
- Summarizing

"NON-WORD" COMMUNICATION
- Tone of voice
- Rapidity of speech

ATTITUDE

- Empathy
- Acceptance
- Assertiveness ("I")

Problem solving orientation provides the patient with an opportunity to save face in situations where he or she might actually be a part of the problem. It is important to respond to the patient in such a way that he or she feels valued. A nurse can demonstrate respect by responding with phrases and a tone of voice

- ✓ recognize the patient's existence
- ✓ recognize the patient's uniqueness as an individual, rather than his or her role as a part of the job

The Art of Communicating

- ✓ acknowledge the patient's worth as a person
- ✓ acknowledge that the patient's problem is viewed seriously
- ✓ acknowledge the validity of the patient's perception of the world
- ✓ demonstrate a willingness to be involved with the patient, at least for the duration of the call

1. Introduce yourself, your position, and your willingness to help. You are in the position of "expert authority." Your willingness to listen and help validates the importance of the patient and his or her problems.

2. Listen, this tells the patient that he or she has your undivided attention. This may include expectations that have not been met by the system or by a particular person. Note the content of the patient's concerns.

3. Acknowledge anger or anxiety one time only — initially. Tell the person that the feeling (anger, anxiety, or whatever) has been adequately conveyed to you. Use phrases such as: "It sounds like you're really upset about..." Then refocus back on the problem-solving as a way to do something about the negative emotions.

4. Focus on the content of the patient's expectations. Continue the focus on facts, not angry feelings. Avoid raising your voice. Be descriptive; ask clarifying questions. "Mirror" the person's own statements of content: put his or her words in your mouth. This lets the person know you are listening, understanding, and caring; it allows the person to "see" and hear himself or herself.

Bibliography

Bucher, J.A. (Ed) (1999). The Application of Problem solving Therapy to Psychosocial Oncology Care. Journal of Psychosocial Oncology 16 (3/4). New York: The Haworth Medical Press.

Lazarus, R.S. (1966). Psychological Stress And The Coping Process. New York: McGraw-Hill, Inc.

Lazarus, R.S. & Folkman, S. (1984) Stress, Appraisal And Coping. New York: Springer Publishing Company, Inc.

Matherly, S. & Hodges, S. (1992). Telephone Nursing: The Process. Colorado: Center for Research in Ambulatory Health Care Administration.

MacNair, R.R. & Elliott, T.R. (1992). Self-Perceived Problem solving Ability, Stress Appraisal, and Coping Over Time. Journal of Research in Personality 26, 150-164).

Wood, B.C & Mynors-Wallis. (1997). Problem solving Therapy in Palliative Care. Palliative Medicine 11, 49-54.

Enable II - Call Record

*Nurse Educator*_____ *Patient Study ID #*_____

Patient First Name _____ Patient Last Name_____

Telephone #_____ Other numbers_____
Oncologist _____ Nurse Practitioner_____

DATE									
Session Type (PST, SS, SM, AD, FU, RS)									
Time Began									
Time Ended									
Total Time									
Appointment Attended (Y/N)									
Phone or Face-to-Face Appointment (P/F)									
Drop-In GMA Attended (Y/N)									
Declined Treatment Date									
Declined Treatment Reason (TB/DMC/NI/O)									
Caregiver Participation (Y/N)									

COMMENTS (include comments about patient participation, barriers to participation, etc.)

KEY

Session Type	**PST**	Problem Solving Therapy	**Declined Treatment Reason**	**TB**	Too busy
	SS	Social Skills & Communication		**DMC**	Doesn't meet criteria any more
	SM	Symptom Management		**NI**	Not interested
	AD	Advance Directives		**O**	Other -- Specify
	FU	Follow-up Post Intervention			
	RS	Rescheduled Appointment (Reason in Comments)			