

COMFORT™ SM Communication Curriculum

Module	Communication Processes
Communication	<ul style="list-style-type: none">• Understanding the patient's story• Recognizing task and relationship practices
Options and opportunity	<ul style="list-style-type: none">• Gauging health-literacy levels• Understanding cultural humility
Mindfulness	<ul style="list-style-type: none">• Engaging in active listening• Understanding nonverbal communication• Being aware of self-care needs
Family	<ul style="list-style-type: none">• Observing family communication patterns• Recognizing caregiver communication patterns• Responding to the varying needs of family caregivers
Openings	<ul style="list-style-type: none">• Identifying pivotal points in patient/family care• Finding common ground with patients/families
Relating	<ul style="list-style-type: none">• Realizing the multiple goals for patients/families• Linking care to quality-of-life domains
Team	<ul style="list-style-type: none">• Developing team processes• Cultivating team structures• Distinguishing successful collaboration from group cohesion

Caregiver Type	Characteristics
Manager	<p>Caregiver dominates care planning</p> <p>Serves as self-appointed family spokesperson</p> <p>Dominates decision-making</p> <p>Other family members recognize high medical credibility in the manager</p> <p>Focus is on action in place of process</p> <ul style="list-style-type: none"> - Does not generally include family discussions about care plans and treatment choices
Carrier	<p>Heavily reliant, trusting, and dependent on others</p> <p>Poses high frequency of questions, rarely challenging answers</p> <p>Follows patient directions for care/ can be bullied by patient</p> <p>Prefers to communicate with provider rather than own family members</p> <p>Avoids discussions about dying and death</p> <p>Shelters other family members from caregiver burden</p> <ul style="list-style-type: none"> - Family members provide little caregiver relief and relief is not requested from them

Goldsmith, J., Wittenberg, E., Platt, C., Iannarino, N., & Reno, J. (2015). Oncology family caregiver communication: Advancing a typology. *Psycho-Oncology*. [E-Pub ahead of print June 4, 2015].

Wittenberg-Lyles, E, Goldsmith, J., Demiris, G., Oliver, DP, Stone, J. (2012). The Impact of Family Communication Patterns on Hospice Family Caregivers, A New Typology. *Journal of Hospice and Palliative Nursing*, 14(1), 25-33. doi: 10.1097/NJH.0b013e318233114b

Wittenberg-Lyles, E, Goldsmith J, Oliver, DP, Demiris, G, Rankin A. (2012). Targeting Communication Interventions to Decrease Oncology Family Caregiver Burden. *Seminars in Oncology Nursing*, 28(4), 262-70. doi: 10.1016/j.soncn.2012.09.009

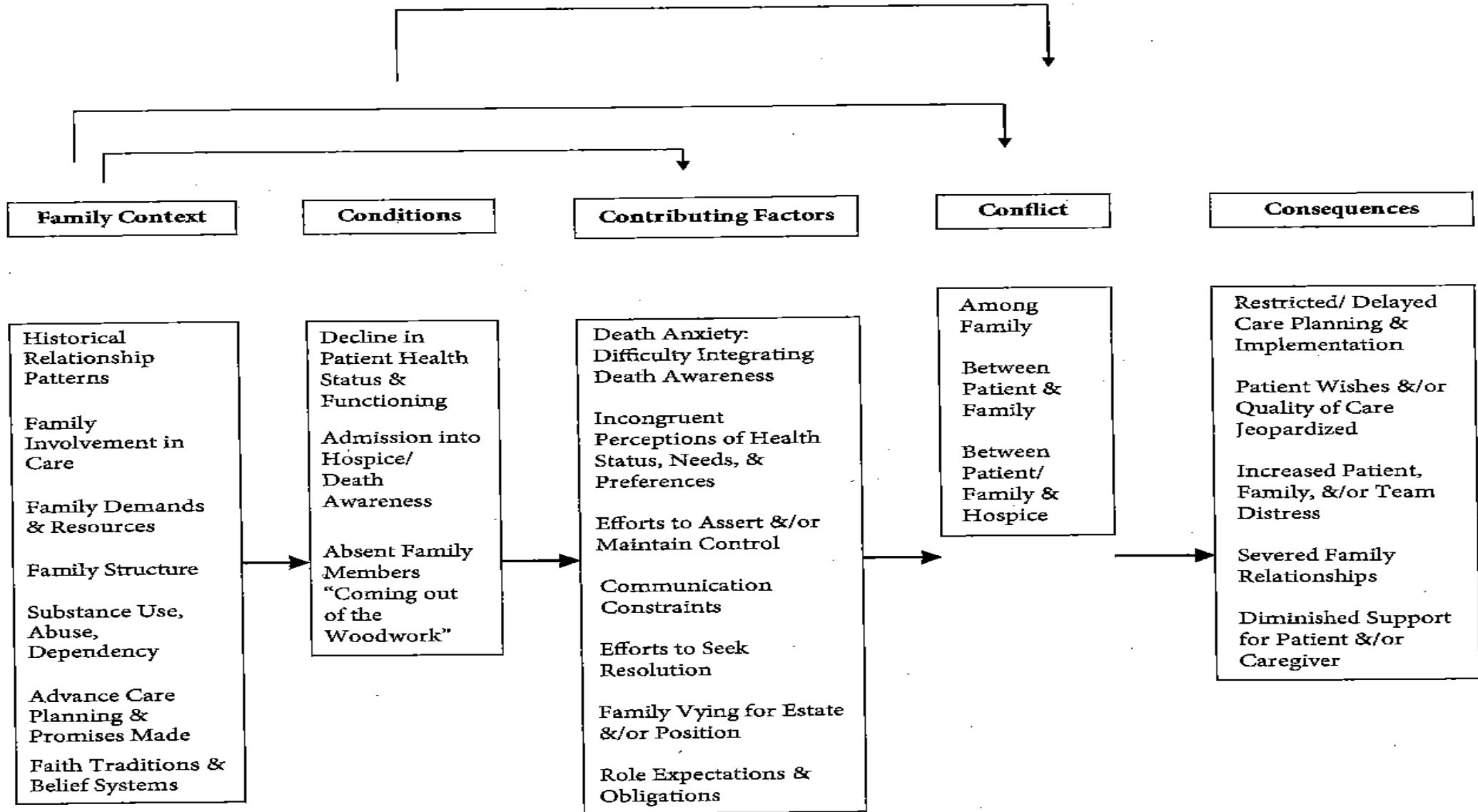
Caregiver Type	Characteristics
Partner	<p>Awareness and focus of care is on whole patient</p> <p>Caregiver-Patient-Family discussions include differing perspectives</p> <p>Evidence of family division of labor</p> <p>Patient/family highly involved in care decisions</p> <p>Dying is openly discussed among patient and family</p> <p>Caregiver accepts assistance, delegates tasks</p> <p>Caregiver burden is discussed freely with the patient and family</p>
Lone	<p>Caregiver does not accept disease process or prognosis</p> <p>Fixation on one care aspect:</p> <ul style="list-style-type: none"> - Only see their role in terms of physical restoration - Focus on diet and medicine administration - Rely on healthcare team's instructions <p>Little self-identity outside of caregiving role; no sharing of caregiver burden</p> <p>Dying, the disease process, plans/place of care, or quality of life are not discussed</p> <p>Least likely to receive end-of-life care for patient and least likely to be identified in healthcare system</p>

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Explanatory matrix of family conflict at the end of life



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