## COMFORT™ SM Communication Curriculum

<table>
<thead>
<tr>
<th>Module</th>
<th>Communication Processes</th>
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| **Communication** | • Understanding the patient’s story  
• Recognizing task and relationship practices |
| **Options and opportunity** | • Gauging health-literacy levels  
• Understanding cultural humility |
| **Mindfulness**  | • Engaging in active listening  
• Understanding nonverbal communication  
• Being aware of self-care needs |
| **Family**       | • Observing family communication patterns  
• Recognizing caregiver communication patterns  
• Responding to the varying needs of family caregivers |
| **Openings**     | • Identifying pivotal points in patient/family care  
• Finding common ground with patients/families |
| **Relating**     | • Realizing the multiple goals for patients/families  
• Linking care to quality-of-life domains |
| **Team**         | • Developing team processes  
• Cultivating team structures  
• Distinguishing successful collaboration from group cohesion |

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<th>Caregiver Type</th>
<th>Characteristics</th>
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| Manager        | Caregiver dominates care planning  
Serves as self-appointed family spokesperson  
Dominates decision-making  
Other family members recognize high medical credibility in the manager  
Focus is on action in place of process  
- Does not generally include family discussions about care plans and treatment choices |
| Carrier        | Heavily reliant, trusting, and dependent on others  
Poses high frequency of questions, rarely challenging answers  
Follows patient directions for care/ can be bullied by patient  
Prefers to communicate with provider rather than own family members  
Avoids discussions about dying and death  
Shelters other family members from caregiver burden  
- Family members provide little caregiver relief and relief is not requested from them |

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| Partner        | Awareness and focus of care is on whole patient  
|                | Caregiver-Patient-Family discussions include differing perspectives  
|                | Evidence of family division of labor  
|                | Patient/family highly involved in care decisions  
|                | Dying is openly discussed among patient and family  
|                | Caregiver accepts assistance, delegates tasks  
|                | Caregiver burden is discussed freely with the patient and family |
| Lone           | Caregiver does not accept disease process or prognosis  
|                | Fixation on one care aspect:  
|                | - Only see their role in terms of physical restoration  
|                | - Focus on diet and medicine administration  
|                | - Rely on healthcare team’s instructions  
|                | Little self-identity outside of caregiving role; no sharing of caregiver burden  
|                | Dying, the disease process, plans/place of care, or quality of life are not discussed  
|                | Least likely to receive end-of-life care for patient and least likely to be identified in healthcare system |


Explanatory matrix of family conflict at the end of life

Family Context
- Historical Relationship Patterns
- Family Involvement in Care
- Family Demands & Resources
- Family Structure
- Substance Use, Abuse, Dependency
- Advance Care Planning & Promises Made
- Faith Traditions & Belief Systems

Conditions
- Decline in Patient Health Status & Functioning
- Admission into Hospice/Death Awareness
- Absent Family Members "Coming out of the Woodwork"

Contributing Factors
- Death Anxiety: Difficulty Integrating Death Awareness
- Incongruent Perceptions of Health Status, Needs, & Preferences
- Efforts to Assert &/or Maintain Control
- Communication Constraints
- Efforts to Seek Resolution
- Family Vying for Estate &/or Position
- Role Expectations & Obligations

Conflict
- Among Family
- Between Patient & Family
- Between Patient/Family & Hospice

Consequences
- Restricted/Delayed Care Planning & Implementation
- Patient Wishes &/or Quality of Care Jeopardized
- Increased Patient, Family, &/or Team Distress
- Severed Family Relationships
- Diminished Support for Patient &/or Caregiver