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| ***Lesson Plan*** | |
| **Teaching Unit** | Communication |
| **Title** | **Communication Challenges in Palliative Care- dealing with collusion**  **1.5 h (30min online, 60 min seminar)** |
| **Learning Outcome** | Is able to deal with family members request "please do not tell" in such a way as to keep the family member as partner in care while allowing the patient to know the true |
| **Summary** | Collusion is a frequent phenomena encountered in oncology and palliative care especially in non-western cultures. It is defined as a secret understanding between health care professionals and the family of the patient to withhold from the patient information or to selectively present information about his medical condition (diagnosis, prognosis, illness progression).  The aim of the session is to prepare the future doctor to handle such requests by learning a strategy/algorithm to break collusion; by understanding family members reasons for entering into collusion and the impact of collusion on patient, family members and therapeutic relationship |
| **Learning Objectives**  **C- Cognition**  **S – Skills**  **A – Attitudes** | **Cognition/ Knowledge**   * Discuss reasons why collusion may be requested by family members; * Explain the impact of collusion on patient, families and professional team. (Seminar (DM)) * Describes the process for addressing collusion. (Online + classroom (DM))   **Skills**   * Demonstrate the steps of an accepted strategy/algorithm for dealing with collusion.   **Attitudes**   * Reflect on roles and responsibilities in care and decision making of patients and families in various cultural backgrounds |
| **Learning Methods** | Online  Seminar   * Small groups * Video presentation * Role play |
| **Timing** | 30 min online  Seminar 60 minutes   * Work in small groups – negative impact of collusion on patients/family members/ patient- healthcare professional relationship 20 min * Flipchart discussion of the algorithm of dealing with collusion 5 min * Video presentation (Medlang -MOOC) and discussion 15 min * Role play on the presented scenario 10 min * Group feedback and reflection -10 min |
| **Bibliography/Resources** | 1. www.medlang.eu 2. Low JA, Main N, Luan KK, Sun PW. Reducing Collusion Between Family Members and Clinicians of Patients Referred to the Palliative Care Team. The Permanente Journal, 2009, 13 (4), 11-15. 3. The AM, Hak T, Koëter G, van der Wal G. Collusion in doctor-patient communication about imminent death: an ethnographic study.  BMJ 2000, 321, 1376-1381. 4. Helft PR. Necessary Collusion: Prognostic Communication With Advanced Cancer Patients. J Clin Oncol. 2005, 23, 13, 3146-3150. 5. Fallowfield LJ, Jenkins VA, Beveridge HA. Truth may hurt but deceit hurts more: communication in palliative care. Palliat Med. 2002;16:297-303 6. Panagopoulou E, Mintziori G, Montgomery A, Kapoukranidou D, Benos A. Concealment of information in clinical practice: is lying less stressful than telling the truth? J Clin Oncol. 2008; 26(7):1175–7. 7. Stiefel F, Nakamura K. Collusions between patients and clinicians in end-of-life care: why clarity matters. Journal of Pain and Symptom Management (2017), doi: 10.1016/j.jpainsymman.2016.11.011. 8. Chaturvedi, S.K., Loiselle, C.G., Chandra, P.S. Communication with relatives and collusions in palliative care: a cross-cultural perspective. Int J Palliat Care. 2009;15:2–9 |