

Supplemental Material

Supplement: Knowledge Test Questions and Answers

NephoTalk Post Conservative Care Curriculum Session

NephoTalk Values handout to practice making recommendation

NephoTalk Facilitator Guide

Supplement: Knowledge Test Questions and Answers

<i>Compared to people who elect dialysis, those who undergo conservative care tend to experience the following (True or False):</i>	Answers
Improved subjective wellbeing	True
Improved physical symptoms	True
Improved access to hospice services	True
<i>On average how long can a person survive on conservative care (assuming survival starts after estimated kidney function < 15 ml/min/m2)?</i>	a. less than a week b. two weeks c. 1 month d. 6 months e. 1 year
<i>Your 75 year old clinic patient with stage 3B CKD returns to clinic after an episode of AKI. His renal function has not returned to baseline after many months and he now has stage 4 CKD. When you let him know that his kidney function is much worse than before and it's time to discuss the approach of end-stage kidney disease he looks shocked. Which of the following is the most appropriate response to the patient?</i>	a. Propose initiation of an ace inhibitor to slow progression of disease b. Explain how the creatinine numbers have worsened over time c. Tell him that you can't imagine how difficult this news is to hear d. Assure him that you will repeat the creatinine in a week to check for improvement
<i>The cardiology service has asked you to see a 90 year old man with severe systolic heart failure who now has AKI due to cardiorenal syndrome and is not responding to inotropes and intravenous loop diuretic infusion. He has several other conditions including COPD and diabetes mellitus complicated by bilateral amputations below the knees. What is the first step in a conversation toward a treatment decision about what to do next?</i>	a. Ask if he wants to undergo dialysis b. Explain that dialysis is not likely to prolong survival c. Ask him what the doctors have told him about his illness d. Tell him that he is not a dialysis candidate given his advanced age and comorbidities
<i>You've been discussing treatment decisions for an 88 year old woman with stage 4 CKD, ischemic heart disease, cognitive impairment, diabetes and stroke with residual right sided weakness. She resides in a nursing home and requires assistance with her activities of daily living. Which statement best predicts survival or functional outcomes if dialysis is elected?</i>	a. Survival and function status should be similar to other patients with her age and comorbidities not living in a nursing home b. Survival should be similar to other patients with her age and comorbidities not living in a nursing home but she is more likely to experience decline in functional status

	c. Survival and functional status are worse compared to other patients with her age and comorbidities not living in a nursing home
<i>Considering the patient in the last question, all are prognostic factors that increase her mortality after dialysis initiation except the following:</i>	a. Age b. Ischemic heart disease c. Diabetes d. Albumin e. Functional status

NephroTALK

The logo features a stylized kidney icon in the center, which is a blue circle with a black outline and a vertical line through it. The word "Nephro" is in black and "TALK" is in blue, both in a bold, sans-serif font.

Post Conservative Care
Curriculum Session

Goals for Session

- Reinforce REMAP communication framework for goals of care conversations
- Practice REMAP as a group using case example
- Reflect on experience with conservative care curriculum

Talking Map: REMAP

1. **Reframe** the big picture
2. **Expect emotion**, respond with empathy
3. **Map** out what's important
4. **Align** with patient values
5. **Propose a plan** to match values

Case: Mr. W

- 82 y.o. man with stage 4/5 CKD due to HTN with recent MCA stroke
- PMH: 60 pack year smoking history, COPD, claudication, CVA 3 years ago with aphasia (resolved)
- SH: Lived at home with wife who has RA and dementia until last hospitalization. Supportive daughter lives with her son, Kenny, in apartment above them
- Function: Uses walker and wheel-chair for limited ambulation, needs help with bathing
- Hospitalized 3 times in last year MCA stroke 4 months ago with residual L sided weakness, COPD exacerbation; currently residing in skilled rehab unit
- Serum albumin now 3.1
- Missed several recent nephrology appointments due to illness now presents for discussion of renal replacement options

What prognostic factors make you think about conservative care?

Set Up Conversation

- Consider who should be part of conversation
- Ask permission for conversation
- Ask what patient understands about situation

Reframe

- Prognostic headline that big picture information
- Conveys outcomes important to the patient
 - Death
 - Functional dependence
 - Likelihood of returning home



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What would the reframe for this patient would be?

Expect emotion

- Emotions are normal reactions to bad news
- How would you respond to the following statement from the patient:
 - *Are you telling me I'm going to die?*

Responding to emotion: NURSE

- Naming “This is overwhelming...”
- Understanding “I can’t imagine...”
- Respecting “I am impressed that...”
- Supporting “I’ll be available for you...”
- Exploring “Tell me more ...”

Permission to Proceed

These conversations do not always happen at once

Invite a values conversation

- “Would it be OK to talk about what this means for the future?”

Mapping Questions

- Write down 3 mapping questions for Mr. W

Alignment statements

- Write down two alignment statements that summarize this patient's values (write down exactly what you will say).
 - “What I hear you saying is...”
 - “It sounds like what's most important is...”

Propose a plan

- What would you recommend for this patient's advanced kidney disease—conservative care or time-limited trial?
- Write down your recommendation (exactly how you would say it to patient)
 - Based on X (goals), I would recommend Y (plan)

What happened to Mr. W?

- Based on Mr. W's goals, conservative care was recommended
- Hospice care provided at home
- Died 8 months after later
- Patient died at home with wife, daughter, grandson, and Harold at his side

Thinking about this experience

- What surprised you?
- What are you planning to try with your patients going forward?
- What are you still curious about?

Thank you!

Mapping questions	Patient Mr. W's responses
What has life been like in the recent past?	<i>Spending so much time in the hospital and being so sick has been really hard. It's not the kind of life I expected or wanted. I can't do the things I used to do like taking care of myself. It's been hard to lose that.</i>
Given how your health has worsened, what is most important to you?	<i>Whatever time I have, I want it to be with my family. Spending time with my wife, daughter and grandson Kenny. Having my dog Harold by my side. That's what's special.</i>
What else?	<i>I'd like to help with my care as much as I can and not depend on others for my basic needs</i>
What concerns you most about your future health?	<i>Having my daughter do too much for me – she already has done too much. She just took off work to take me to this appointment and two others this week. It's too much.</i>
What else?	<i>Going back to the hospital. All these treatments won't make me better and just keep me away from the people I love.</i>
Some people hope for more time and are willing to go through certain burdens to achieve this goal. For other people, the quality of their days is most important even if that means time is short. Do you have a sense what kind of person you are?	<i>Definitely how my time is spent. I know I'm getting sicker. I don't want to go through more of this even if that means my time is short</i>

1. Write down two alignment statements that summarize this patient's values (write down exactly what you would say).
2. What would you recommend for this patient's advanced kidney disease: conservative care or time-limited trial?
3. Write down your recommendation. Exactly how you would say it to the patient. Example: Based on X (goals). I would recommend Y (plan)

Brief Summary of Curriculum

This curriculum fills an unmet need in nephrology education. It is designed to provide nephrology fellows with knowledge about conservative care, a fundamental treatment option for patients approaching end-stage kidney disease who have medical complexity and a limited lifespan.

The online portion is a series of four discrete modules. By the end of the online conservative care curriculum the nephrology fellows will be able to:

- Define conservative care
- Identify who benefits from this treatment option after exploring data related to prognosis and geriatric syndromes
- Learn about values to guide treatment decisions
- Make recommendations that incorporate patients values

Content of the online curriculum consists of brief didactics, worksheet activities, two patient cases threaded throughout, and a communication skills framework with demonstrations. The post-session provides an opportunity for fellows to integrate material learned and extend these skills in a group format. Facilitators can use this facilitator handbook as a guide, and depending on local resources, facilitators may elect to use role play for fellows to practice these skills. We estimate this session to be roughly 60 minutes (see time breakdown below) in duration however based on feedback from piloting, 90 minutes allows for more rich discussion and participation.

Educational Foundation of Curriculum

The online portion has features that embrace several fundamental concepts and principles in medical education. One is *interactive spaced education*. The learner will encounter important information and concepts repeated over time and in different formats. They will be asked to answer questions (worksheet moments) at intervals with the intent of reinforcing the material. Consistent with *cognitive load theory*, the curriculum is presented in discrete segments. By design the format is *learner centered*, with modules to be completed at an elected pace and with the opportunity to repeat modules at the fellow's discretion. The fellows are also asked to reflect at pivotal moments on what has been learned, consistent with *reflective practice*. All of these approaches have been shown to cement learning (1-4,7).

The post-session that you will facilitate also calls upon fundamental concepts in medical education. The rationale for this additional component relates again to *interactive spaced education* (1,2). The fellows will engage in an additional case that highlights the communication framework presented in the online curriculum, solidifying over time what has been already been learned. The online portion serves as the 'homework' for this interactive session that is aligned with what has been taught, making this a *flipped classroom* approach (5,6). Whereas the online portion was a solitary learning experience, the post-session will be a group learning opportunity. At the conclusion, the fellows will once again be asked to reflect on what they have learned and how they might apply this going forward. We anticipate that the post-session will consolidate what has been learned throughout the curriculum.

Introduction to Session

We are pleased that you will be a facilitator. This guide is produced to assist you with the post-curriculum session, the duration of which is estimated at one hour. We have enclosed an outline for the session that includes the content, facilitator rationale with meta-level instruction, and suggested time to complete this content. The session is designed to encourage maximal learner participation. This outline and format can be modified for your specific program needs. For instance, the number of fellows attending may range from only one to several.

The online curriculum and post-session should be completed over a three-month period. We anticipate that the post-session will occur within a few weeks after all of the fellows at your program have completed the online portion.

For the session you will need a room equipped with computer to show slides and a flip chart or white board for writing down fellow responses for some of the exercises. A brief slide set will be provided. Make sure that each fellow has a pen and paper for certain exercises. Please send an email the evening before to remind them about the session.

Session Guide

An outline of the session will be found at the conclusion of this guide. The following is a stepwise description of the session's components.

The session opens with a brief exercise to get people engaged and talking from the outset. We suggest posing the question: "Use one word to describe how you are feeling now." You should start by modeling it and then going around the room to get one word from each fellow (2 minutes).

The first slide will show the objectives: (1) to work through as a group a case that reinforces the framework, REMAP and (2) to reflect on what has been learned (<1 minute).

The patient case will be summarized in the next slide. After reading the case, the question to be posed by you, "What features of this case make one consider conservative care as a treatment option?" This will enable the fellows to explore thoughts on survival and patient experience as they move toward a conversation with the patient (watch time closely since discussion ought to be limited to 5 minutes).

Next, the slide addresses the 'setup' for the conversation with the patient. It is a simple reminder to consider including the right people in the conversation and to start the conversation by asking permission and then asking the patient what he or she knows (<1 minute).

The same slide with the patient case appears again. Please ask each fellow to write down a 'reframe' that they would give to the patient.

- Before they do this please ask someone to define a reframe. Simply stated, a reframe is a prognostic headline that conveys to the patient worry about his/her health status.

- Give the fellows 2 minutes to write down a reframe then have them share with each other in pairs (or threesomes if odd number fellows). That would take a minute or two. Next, ask for volunteers to share two or three reframe examples. Ask the fellows which one they think best captures prognostic worry. Write this reframe on the flip chart or white board (total time **7 minutes**).

Next, ask the fellows what they might expect from the patient after delivering the reframe – emotion! Have each fellow write down a statement in response to the emotion shown by the patient. Then ask them to share with the group what they have written. These can also be scribed on the white board or flip chart for group to see. Highlight the NURSE skills taught during the curriculum and importance of responding to emotion (**7 minutes**). Here are some examples ways to respond to the emotion cue:

This is hard news to hear.

I can't imagine what you're feeling

I am so impressed with how hard you've worked to care for yourself

I can see you're surprised

Next show slide with patient asking, “What do we do now?” It is important to reinforce to the group when to recognize the opportunity to shift the conversation to eliciting patient’s values and goals. If the patient does not proactively ask about next steps, other signs that a patient is ready to move forward are: patient appears less emotional or patient accepts permission to move forward. Remind fellows to avoid jumping to treatment options before learning the patient values. Take home point – values drive what treatments make sense for a given patient (**1 minute**).

[Nearing half point of session]

Next, you turn to mapping out values. Please ask them to write down three mapping questions to determine values and goals in this patient. Use flip chart or white board to write down some of these questions that are volunteered by fellows (**5 minutes**).

Then handout the values handout. The values handout provides the mapping questions posed to the patient and his answers. Ask the group to read through the hand out, and then write down two alignment statements. Remind them that helpful alignment statement starters include, “What I hear you saying is...” or “Sounds like...” Have them share one or two of these statements (**7 minutes**).

The next exercise involves making a plan that fits values. Ask each fellow to write down the words they would use to make a recommendation to the patient. They should then share (practice) in pairs or threesomes what they have written. If time permits, have them select the recommendations that they like best from among the group. Briefly summarize for group what makes a good recommendation (**6-10 minutes**).

The next slide summarizes what happened to the patient (**<1 minute**). After this we turn to debriefing the session.

First, acknowledge the hard work done by the group before turning to the debrief.

Three questions are posed in the final slide for the debrief. Thinking about this session, (1) What surprised you? (2) What are you planning to try with your patients going forward? (3) What are you still curious about?

Have them spend a few minutes reflecting upon and writing down responses to these questions. Ask if anyone is willing to share the response to the first question. Then turn to the second and third questions for volunteers. Thank them for being actively involved. Explain that a survey will soon be sent to them that should be filled out in a timely manner (**10-15 minutes**).

The suggested pacing recognizes that not every session gets started on time. If time is limited to about 45 minutes some adjustments should be made. For instance, the setup slide can be skipped or reviewed quickly. The pair sharing component of the 'reframe' can be eliminated and instead go directly to listing the reframes the fellows have written. If possible, the pair sharing of recommendations should be maintained. Please make every effort to leave time for debriefing. The discussion after fellows have written down responses to the debriefing questions can be limited to a few minutes if time is a factor.

References:

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