Palliative and Supportive Care

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Advancing interprofessional education in communication

Haley Buller, M.S.H.S.C.[1], Betty R. Ferrell, R.N., PH.D., M.A., F.A.A.N., F.P.C.N., C.H.P.N.[1], Judith A. Paice, PH.D., R.N.[2], Myra Glajchen, D.S.W., M.S.W., B.S.W., A.P.H.S.W.-C.[3] and Trace Haythorn, PH.D, M.DIV[4]

[1]Division of Nursing Research and Education, City of Hope National Medical Center, Duarte, CA 91010; [2]Feinberg School of Medicine, Division of Hematology-Oncology, Northwestern University, Chicago, IL; [3]MJHS Institute for Innovation in Palliative Care, New York, NY and [4]Association for Clinical Pastoral Education (ACPE), Atlanta, GA 30308

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Author for correspondence: Haley Buller, Division of Nursing Research and Education, City of Hope National Medical Center, 1500 E. Duarte Road, Pop Sci Bldg 173, Duarte, CA 91010, USA. E-mail: hbuller@coh.org

Abstract

Objective. The objective of this training project is to develop and host Interprofessional Communication courses to improve interdisciplinary communication in oncology care. The initial national course was held in a virtual format and included pre- and post-course participant data. The curriculum was developed with support from the National Cancer Institute.
Methods. A virtual two-day course was held to equip nurses, social workers, and chaplains with vital communication skills in oncology practice, so that they could return to their home institutions and teach communication skills to other healthcare professionals, with the intention of making improved communication a quality improvement goal. Fifty-two participants were selected through an application process to attend the virtual course in two-person interprofessional teams (e.g., nurse and chaplain, or social worker and nurse). The Interprofessional Communication Curriculum was based on the National Consensus Project for Quality Palliative Care's eight domains of quality palliative care. The six online modules developed by the investigators were presented in lectures, supplemented by discussion groups, role plays, and other methods of experiential learning.
Results. Pre- and post-course results identified areas of communication, which are a priority for improvement by oncology clinicians. Participant goals identified specific strategies to be implemented by participants in their settings.
Significance of results. The need for communication training was clearly demonstrated across professions in this national training course. Participants were able to apply course content to their goals for quality improvement in cancer settings.

Introduction

Communication is recognized as a key component of quality cancer care. Patients and their families depend on clinicians' skills in communicating the initial cancer diagnosis, the treatment options, subsequent changes in the patient's condition, and transitions, until the time of death (Paice, 2019). In fact, studies have documented that effective communication by clinicians may help patients maintain a sense of control, provide assistance in determining goals of care, find meaning in their lives, maintain hope, and ask for and receive relief when experiencing pain or other cancer symptoms [National Consensus Project for Quality Palliative Care, Clinical Practice Guidelines for Quality Palliative Care (NCP Guidelines), 2018; Stajduhar and Dionne-Odom, 2019]. In addition, effectively communicated information may help patients and their families verbalize fears and emotions, make informed choices, and encourage patients to create advance healthcare directives.

The National Consensus Project for Quality Palliative Care (NCP) created guidelines for healthcare professionals to follow in providing care for patients with serious illness, including cancer (NCP Guidelines, 2018). The guidelines contain eight domains of care, and communication is recognized as intrinsic to each of the domains. Effective communication skills with patients, families, and other team members are essential to provide quality care.

The field of palliative care has made communication a key principle and priority because of the important role it plays in the delivery of quality care (Donesky et al., 2020). Communication training for all members of the interdisciplinary team (IDT) is recognized as a common goal of all healthcare providers (Donesky et al., 2020). For example, in the NCP Guidelines, Domain 2 pertains to physical care and states that the palliative care IDT works together to relieve suffering by reducing (a patient's) physical symptoms of serious illness by effective communication, collaboration, and coordination of all team members involved in a patient's care (NCP Guidelines, 2018). Communication is also cited in other domains, such as its importance in spiritual care, bereavement support, and at the end of life.

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There has been extensive literature over previous years related to communication in serious illness care with most studies reporting deficiencies in communication skills by clinicians who have also received limited communication training (Dahlin and Wittenberg, 2019; Ferrell et al., 2019; Burgunder-Zdravkovski et al., 2020; Fliedner et al., 2021). Studies have documented the need for improved communication in areas such as discussing diagnosis or prognosis (Lamore et al, 2017; Riba et al., 2019; Burgunder-Zdravkovski et al., 2020), goals of care conversations, and conducting family meetings (Gentry, 2016; Singer et al., 2016). Communication has been recognized as an essential skill across oncology disciplines (Glajchen et al., 2018; Head et al., 2019; Middleton et al., 2020), and the effectiveness of communication skill has been correlated with patient-reported outcomes including satisfaction with care (Kavalieratos et al., 2016; Pfaff and Markaki, 2017). Numerous training programs have been evaluated, and communication skill training has evolved to include behavioral strategies and tools such as communication guides for use in clinical settings (Kurtz and Cooke, 2017; Burgunder-Zdravkovski et al., 2020).

Communication training has often focused on psychosocial aspects of care with less emphasis on spiritual concerns (Puchalski et al., 2014, 2020). Numerous studies have cited spiritual assessment and responding to spiritual distress as the areas clinicians feel least prepared for. Increasingly, clinical practice guidelines emphasize the importance of all team members

ICC Virtual Course Agenda		
Day 1 – Thursday January 28, 2021		
Time	**Module**	**Faculty**
8:00 – 9:00	Welcome and Overview of Course NCP Guidelines as a Framework for ICC	Betty Ferrell
9:00 – 9:45	Domain 2: Physical Aspects of Care	Judith Paice
9:45 – 10:15	Lab Session: Communication Skills for Domain 2* **Description: Discuss the use of communication skills in pain and symptom management assessment conversations demonstrated in viewed vignettes; Engage in pain and symptom management assessment role-play activity*	All Faculty
10:15 – 10:35	**BREAK**	
10:35 – 11:20	Domain 3: Psychological & Psychiatric Aspects of Care	Myra Glajchen
11:20 – 12:05	Domain 4: Social Aspects of Care	Myra Glajchen
12:05 – 12:15	**BREAK**	
12:15 – 12:45	Lab Session: Communication Skills for Domain 3 & Domain 4* **Description: Discuss listening activities and the use of them in teaching others; discuss and complete role play activity focusing on accessing family members'/caregivers' quality of life (QOL) with the QOL Model as a guide.*	All Faculty
12:45 – 1:15	Responsible Conduct of Research	Betty Ferrell
1:15 – 1:30	Summary and Dismissal	Betty Ferrell
Day 2 – Friday January 29, 2021		
Time	**Module**	**Faculty**
8:00 – 8:45	Domain 5: Spiritual Aspects of Care	Trace Haythorn
8:45 – 9:30	Domain 6: Cultural Aspects of Care	Trace Haythorn
9:30 – 10:00	Lab Session: Communication Skills for Domain 5 & Domain 6* **Description: Discuss and complete spiritual assessment conversations role-play activity; discuss and practice use of COAL (curiosity, openness, acceptance, love) in cultural assessment conversations*	All Faculty
10:00 – 10:20	**BREAK**	
10:20 – 11:05	Domain 7: Care of the Patient Nearing the End of Life (EOL)	Judith Paice
11:05 – 11:35	Lab Session: Communication Skills for Domain 7*	All Faculty
	**Description: Discuss and complete reflective journaling activity focusing on EOL goals and providing patients with a "good death"; discuss preparing a family meeting and practice engaging in a family meeting.*	
11:35 – 12:05	Domain 8: Ethical & Legal Aspects of Care	Myra Glajchen
12:05 – 12:15	**BREAK**	
12:15 – 1:00	Implementation of Communication Skills into Practice	Haley Buller
1:00 – 1:45	Quality Improvement Strategies & Measuring Outcomes of Improved Communication	Betty Ferrell
1:45 – 2:00	Summary, Evaluations, and Next Steps	Betty Ferrell

Fig. 1. ICC virtual course agenda.

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increasing their competence in providing spiritual care, rather than seeing this aspect of care limited only to chaplains (NCP Guidelines, 2018; Riba et al., 2019).

In recognition of the importance of interprofessional communication skills and with the support of the National Cancer Institute, a curriculum was created to teach interprofessional healthcare teams important communication skills, with the intent of making effective communication a quality improvement measure in cancer care. The Interprofessional Communication Curriculum (ICC) Project is a national train-the-trainer communication training program for interprofessional oncology clinicians from multiple disciplines led by the City of Hope Comprehensive Cancer Center (COH) and designed to enhance communication skills in oncology. The first ICC course was held virtually in January 2021.

The ICC course builds upon the investigators' previous curriculum, the End-of-Life Nursing Education Consortium (ELNEC) — communication project. The ELNEC course was focused on nurses, but the investigators identified a need for an interdisciplinary training program given the nature of communication in serious illness requiring an interdisciplinary approach. The ICC curriculum was developed, and a pilot course was held that was open to all disciplines. Based on the pilot, the participants and investigators determined that a more focused approach was needed, and a decision was made to limit the ICC course to nurses, chaplains, and social workers and disciplines with shared communication learning needs and clinical experiences.

Methods

Course recruitment and application

Participants were selected in a competitive process and recruited from social work, nursing, and chaplaincy departments in cancer centers across the USA. Participants were required to apply in interprofessional dyads (e.g., nurse and chaplain; nurse and social worker; or chaplain and social worker). To qualify, participants were required to work in adult oncology settings only, as communication content and practices are distinct in pediatrics and would require a separate curriculum to address the needs of children

Pre-Course Participant Goals

Implement skills training acquired at ICC to create a pre-family meeting communication intervention guide to expand input of interdisciplinary team members.

Incorporate communication pearls/tools in the monthly newsletter that is sent to all staff.

Implement the communication training at our outpatient infusion clinic and evaluate impact on patient satisfaction and quality of care.

Provide 2 continuing education classes focused on quality of life and goals of care conversations as part of the 2021 nursing education series.

Create a list of resources and quick reference guides that can be available to all staff and form a team of Ambassadors who are willing to learn more and perform multiple in-services/short workshops for all staff to be exposed to the information in a way that is time-effective and efficient for every day practice.

Provide 15-minute communication pearls, including role play 6 times over a year during our monthly palliative care conference.

Identify a way to enhance current and future communication courses - specifically to teach more spiritual assessment and intervention for the non-chaplain provider.

Introduce 1 communication skill or tool at each social work meeting as a way to disseminate information.

Introduce 1 communication skill or tool bimonthly to Nurse Navigators and Social Workers to improve patient outcomes.

Create an educational course on our intranet site focusing on learning and implementing quality communication for new-hire clinicians.

Develop a process in which nurses routinely communicate with physicians about code status decisions to ensure patient, family, and physician goals are aligned.

Identify a better spiritual screening process for patients admitted to the hospital and find a way to expand the inpatient end-of-life comfort/support initiatives for families of the dying.

Implement quarterly interprofessional huddles for outpatient clinic staff to review ongoing cases as well as current processes and assess for improvements.

Fig. 2. Pre-course participant goals.

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across developmental stages and their parents' needs. The course application collected demographic information on the applicants and their institutions. In addition, participants were asked to complete a pre-course assessment tool to rate the perceived effectiveness of their communication skills and their colleagues' receptiveness to communication training. They were also asked to report their institution's greatest challenges to improving communication. During the application process, each team developed three goals for institutional change highlighting their plans for post-course training. In addition, a letter of support was required from their administrators for their participation in the course and the execution of their goals after the training.

Training course

The ICC was taught by lectures, discussion sessions, role plays, and other experiential learning organized by the eight domains of the NCP Guidelines. The domains include Structure and Processes of Care; Physical Aspects of Care; Psychological and Psychiatric Aspects of Care; Social Aspects of Care; Spiritual, Religious, and Existential Aspects of Care; Cultural Aspects of Care; Care of the Patient Nearing the End of Life; and Ethical and Legal Aspects of Care. The curriculum modules were made available to participants prior to the course in an online format, with the assistance of an online provider, Relias Learning. The three course objectives were to (1) identify the eight domains of quality palliative care applicable across all stages of cancer; (2) demonstrate skills in key clinical areas of communication through four lab sessions; and (3) develop goals for implementing communication skills training in practice through process improvement, staff education, and clinical care.

The course was designed as an in-person training, but due to COVID-19 travel restrictions, the instruction was converted into a virtual format. Figure 1 displays the virtual course agenda. The general framework for the course was to provide lectures by leaders in the three targeted disciplines (nursing, social work, and chaplaincy) to summarize the key evidence-based content and then to divide into small groups of approximately 15 people per group to apply the content in lab sessions. The lab sessions were intended as a time for networking, sharing experiences, using experiential learning such as role plays, and viewing video clips of communication scenarios, followed by discussion, self-assessment tools, and other methods to reinforce the content. Both lectures and lab sessions also included a focus on how to use the ICC materials to teach others, as each participant was expected to share the curriculum with colleagues in their home settings (Figure 2).

Results

Fifty-two participants in interprofessional dyads (nurses, psychologists, and chaplains) attended the January 2021 ICC virtual course. Ninety-two percent ($N = 48$) of participants were female, 58% were nurses ($N = 30$), 33% social workers ($N = 17$), and 9% chaplains ($N = 5$). Twenty-seven percent ($N = 7$) worked in an NCI-designated cancer center and another 27% ($N = 7$) worked in a hospital/oncology unit. (Table 1) The participants include a diverse group with 52% representing non-Caucasian ethnicities, which is valuable as the course also focused on cultural aspects of communication and the need to improve communication for underrepresented populations.

Table 1. Participant and patient characteristics

Participant characteristics	$N = 52$
Gender	
Female	92% ($N = 48$)
Male	8% ($N = 4$)
Profession	
Nurse	58% ($N = 30$)
Social worker	33% ($N = 17$)
Chaplain	9% ($N = 5$)
Race	
White	73% ($N = 38$)
Asian	15% ($N = 8$)
Black or African American	8% ($N = 4$)
Native Hawaiian/Other Pacific Islander	2% ($N = 1$)
More than one race	2% ($N = 1$)
Ethnicity	
Not Hispanic or Latino	87% ($N = 45$)
Hispanic or Latino	13% ($N = 7$)
Years in Oncology/Profession	
Oncology (mean)	1–45 (10.32 years)
Profession (mean)	1–46 (16.4 years)
Teams	
Work setting: type of hospital	$N = 26$
NCI-Designated Cancer Center	27% ($N = 7$)
Community Cancer Center (Clinical or Comprehensive)	8% ($N = 2$)
Hospital/oncology unit	27% ($N = 7$)
Ambulatory/Outpatient Cancer Care Center	23% ($N = 6$)
Acute and Community Palliative Care	4% ($N = 1$)
Hospice/palliative care	11% ($N = 3$)
Work setting: inpatient vs. outpatient	
Inpatient	15% ($N = 4$)
Outpatient	46% ($N = 12$)
Both	39% ($N = 10$)
Patient population (estimated by participants)	
Ethnicity	
Hispanic	29%
Non-Hispanic	71%
Race	
American Indian/Alaska Native	3%
Asian	13%
Native Hawaiian/Other Pacific Islander	4%
Black or African American	18%
White	48%
More than one race	14%

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Table 2. Pre-course: rate your effectiveness in communicating in each of the eight NCP guideline domains

NCP Guidelines	Mean score
Domain 1: The Structure and Process of Care (e.g., engaging in interdisciplinary communication and communication regarding a patient's goals of care)	3.7
Domain 2: Communicating Physical Aspects of Care (e.g., assessing physical symptoms, communicating findings with team members, educating patients/family members)	3.6
Domain 3: Communicating Psychological and Psychiatric Aspects of Care (e.g., assessing and communicating various psychological issues such as emotional distress, anxiety and depression with patients and family members)	3.6
Domain 4: Communicating Social Aspects of Care (e.g., addressing environmental and social factors that affect patient and family quality of life, addressing patient and family areas of need)	3.7
Domain 5: Communicating Spiritual, Religious, and Existential Aspects of Care (e.g., patient and family spiritual beliefs are assessed and communicated to the interdisciplinary team)	3.0
Domain 6: Communicating Cultural Aspects of Care (e.g., assessing and communicating patient and family values, beliefs and traditions related to health and decision making)	3.3
Domain 7: Communicating Care of the Patient Nearing the End of Life (e.g., communicating with patients and families about signs and symptoms of approaching death, discussing end of life goals of care with patient and family)	3.8
Domain 8: Communicating Ethical and Legal Aspects of Care (e.g., Ensuring that patient-expressed values, care preferences, spiritual beliefs and cultural belief are elicited and routinely reviewed and communicating to the interdisciplinary team)	3.4

(1 = not effective and 5 = very effective).

Participants completed pre-course assessment tools to rate how effective they were in communicating with patients at their institutions during key points in treatment: diagnosis, during treatment, survivorship, at recurrence, when facing the end of life, at time of death, and during bereavement (Table 2); and particularly, in relation to the eight NCP domains of care. Overall, using a scale of 1 = not effective to 5 = very effective, participants rated their own effectiveness moderately high with items ranging from a mean of 3.0–3.8. Communication related to spirituality (Domain 5) and culture (Domain 6) were rated as least effective areas. Communication for patients at the end of life was rated as most effective.

Participants were also asked how effective they and their colleagues were in specific areas of communication (Table 3), and whether they would be receptive to communication improvement efforts. Participants reported "providing spiritual care" as their least frequent aspect of care, and they reported least effectiveness in communication at times of initial diagnosis, recurrence, and during bereavement (Table 3). Finally, they were queried about their institution's greatest challenges to improving communication, and 69% ($N = 36$) reported the barrier of "Health professionals' avoidance of talking about death." When asked about specific barriers to communication improvement efforts, 63% ($N = 33$) of participants said lack of time, and 38% ($N = 20$) said cultural factors influencing care (Table 3).

Table 3. Pre-course questionnaire data

How frequently in the past month have you done the following?	1 = not often, 5 = very often
Discuss with a patient their goals of care?	4.1
Participate in a family meeting discussing/identifying a patient's goals of care?	3.5
Recommend a patient consider a palliative care consult?	3.2
Provide spiritual care to a patient?	2.7
Speak with a family member regarding bereavement services?	3
Support clinical staff for impending death of a patient?	3.5
How effective are you in communicating with patients at your institution?	1 = not effective, 5 = very effective
At the time of diagnosis	3.1
During treatment	3.6
During survivorship	3.2
At recurrence	3.1
Facing end of life	3.8
At time of death	3.5
During bereavement	3.0
Your staff/institution's attitudes on communication	1 = not effective, 5 = very effective
How effective are staff at your institution at communicating with cancer patients?	3.2
How receptive would staff be to improving communication with cancer patients?	4.0
How supportive would your administration be to prioritizing effective communication in clinical care?	4.2
How important do you think communication is to cancer care?	4.9
How effective has your institution been at teaching communication?	2.7
Your institution's greatest challenges to improving communication	100%, $N = 52$
Lack of knowledge in communication skills by healthcare professionals	56% ($N = 29$)
Lack of resources to teach communication	52% ($N = 27$)
Health professionals' avoidance of talking about death	69% ($N = 36$)
Family members' avoidance of talking about death	54% ($N = 28$)
Patients' avoidance of talking about death	42% ($N = 22$)
Lack of time	63% ($N = 33$)
Lack of funding	21% ($N = 11$)
Lack of administrative support	15% ($N = 8$)
Competing competencies/curriculum content that staff needs to learn	27% ($N = 14$)
Staff support	21% ($N = 11$)
Cultural factors influencing care	38% ($N = 20$)
Multifactorial	4% ($N = 2$)

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Table 4. Post-course evaluation

Item	Mean[a] (*N* = 52)
The course content met my expectations.	4.5
The content of this program was useful for my practice or other professional developments.	4.5
The course content was current.	4.8
Instructional materials were suitable and useful.	4.8

[a]1 = lowest and 5 = highest.

Following the course, the participants rated the course's effectiveness on a scale of 1 = lowest to 5 = highest. Participants rated the course on meeting their expectations and usefulness for their practice or professional development as 4.5 on the 5-point scale. When asked if the context was current and whether the instructional materials were suitable or useful, participants rated both items as 4.8, on a 1 = lowest to 5 = highest scale (Table 4).

During and after the course, participants were given the opportunity to revise their goals, as they often gained new ideas from the course sessions and from their interactions with other participants. The goals represent a range of activities with many addressing staff education, as well as specific areas of communication such as improving the processes of family meetings or advance care planning.

Follow-up evaluation will be conducted at 6 and 12 months for each cohort in which participants will report on their activities guided by the goals they established. Participants are also invited to engage in monthly webinars for 1 year following the course. The 1-h webinars are presented on different days and times to facilitate attendance by participants in various time zones. The time is divided between providing additional content on requested topics and having participants continue to share their experiences and network with others. Examples of scheduled webinars include communication when caring for patients in the LGBTQAI+ community and family meetings during the COVID-19 pandemic.

Discussion

This NCI-supported training program addresses a key aspect of quality cancer care, the use of communication across all domains of care. The course is innovative in its focus on oncology and in bringing together three disciplines that are key members of oncology teams who provide essential communication to patients and families. In addition, the ICC course materials and the supplemental online learning modules provide a cost-effective approach to communication training for institutions with limited financial resources or in rural communities.

Four additional ICC courses will be held in the future in various geographical regions in the USA, with a total of five courses including 450 professionals serving as models for integrating the evidence base regarding communication into clinical settings.

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