Original Research

An Interactive Educational Workshop to Improve End of Life Communication Skills

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Introduction: *An understanding of legal, ethical, and cultural concerns and an ability to communicate when faced with clinical dilemmas are integral to the end of life decision-making process. Yet teaching practicing clinicians these important skills in addressing conflict situations is not strongly emphasized.*

Methods: *A one-day interactive continuing education workshop was designed to improve interactions among multiprofessional intensive care unit (ICU) clinicians, their colleagues, and families in a range of end of life situations using standardized families and colleagues (SF/SCs). Workshop participants completed preworkshop and postworkshop evaluations. Data were analyzed using the McNemar test for paired categorical data to evaluate changes in comfort, knowledge, and skill.*

Results: *The majority of evaluation respondents were nursing professionals, while only one physician (of two in attendance) responded. Statistically significant improvement was seen in all comfort levels, except when approaching cultural differences. Expectations were exceeded according to 76.2% of responses, while 82.4% rated SF/SCs "excellent" for improving communication skills and comfort levels with ethical and legal dilemmas. Peer discussions were highly valued in meeting educational objectives (95.2% good or excellent), and 95.2% rated achievement of personal learning objectives good or excellent. Qualitative data supported a high overall perception of success and achievement of educational objectives.*

Discussion: *An interactive workshop can be a valuable educational intervention for building capacity and confidence in end of life communication skills and ethical and legal knowledge for health care providers; further physician involvement is required to extrapolate results to this population.*

Key Words: *end of life, interactive workshop, continuing education, ethical, legal*

Introduction

End of life decision making is a difficult and complex process as a result of differing perspectives among health care providers, patients, and families regarding ethics, benefits of treatment, culture, and religious beliefs. Effective communication among all persons involved in end of life decision making plays a primary role in how discussions unfold and how decisions are ultimately made. However, the lack of skills training provided to clinicians in their formative years, as well as to experienced health care professionals, has been previously documented.[1–4] Small-scale strategies have been designed to help hone these important skills, including targeting undergraduate programs, providing role-playing opportunities with standardized patients, and using passive forms of education such as videos and lectures.[5–10] While the more interactive approaches have proven more useful than passive forms, they have primarily focused on student populations with the goal of developing skills for general clinician-patient communication or conveying bad news.[5,11,12] Only one published intervention focused on providing skill building opportunities in communicating specifically with family members or substitute decision makers using a standardized family member.[13] However, as with the majority of communication skill initiatives, this study targeted undergraduate medical students, as opposed to practicing clinicians of varying disciplines. To our knowledge, no studies have examined the role of standardized family members and colleagues to target improvements in conflict resolution, dealing with stressful situations in end of life care, promoting cultural sensitivity and awareness, and other skills often required in the critical care setting.

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As part of a government sponsored initiative to improve the quality of end of life decision making, a one-day interactive communication skills workshop was designed to enhance the interactions between critical care providers of varying disciplines and their colleagues, patients, and families in end of life situations. The primary goal of this study is to evaluate the effectiveness of an interactive educational workshop using standardized families and colleagues in improving complex communication skills, ethical and legal knowledge, and comfort levels of multidisciplinary critical care practitioners.

Methods

Intervention

Multidisciplinary critical care practitioners from hospitals participating in the End of Life Decision-Making Performance Improvement Coaching Program of the Ontario Critical Care Strategy were invited to participate in the one-day interactive workshop with standardized families (SF) and standardized colleagues (SC) from the Standardized Patient Program (SPP) at the University of Toronto (http://spp.utoronto.ca/). The invited hospitals selected interested delegates to participate from among relevant staff. Educational objectives and SF/SC scenarios were developed by the lead and members of the End of Life Decision-Making Coaching Team, with input from others with expertise in scenario development. The learning objectives were explained to all SF/SC actors during their scenario-specific training with the coordinator of the SPP and the lead of the coaching team. Training also involved a detailed review of the scenario and background of the characters, as well as a discussion of common family and clinician questions and responses. Further training for SCs with limited medical background also involved a more in-depth discussion of the related medical situations, clinical descriptions, and common professional conversations or responses. Educational materials were developed to reinforce key learning points, adapting modules from the Ian Anderson Continuing Education Program in End of Life Care from the University of Toronto and the Trillium Gift of Life Network (www.giftoflife.on.ca; www.cme.utoronto.ca/endoflife/).

Workshop participants were assigned to practice groups of three to six members of varying disciplines and institutions. Groups rotated through the six 45-minute stations, enacting scenarios with SF/SCs on topics ranging from the role of the substitute decision maker to approaching families about organ and tissue donation (TABLE 1). Participants could volunteer to enact scenarios on their own, in pairs or groups, or simply to observe the enactment of another participant, although participation in at least one scenario enactment was encouraged. SF/SC enactment was allowed to progress for approximately 20 minutes, followed by feedback and discussion. Participants were instructed to call a "time out" if they felt unable to proceed. Facilitators were also able to call time out if they sensed the participant was struggling beyond his or her skill level. Participants were led through the feedback and discussion, which constituted a debriefing discussion and feedback with the members of their multidisciplinary group, the actors, and the facilitator, by the scenario facilitators. Facilitators directed participants to reflect on the enactment to determine successes and opportunities for improvement and solicited comments from the perspectives of other professionals in the group. Participants were encouraged to rereview the learning objectives of the station and to reenact portions of the scenario as desired, following the debriefing. One of the six scenarios focusing on intractable conflict was designed to escalate beyond the scope of conflict resolution at the hospital level to a mock hearing of the Ontario Consent and Capacity Board (CCB).

Facilitators of each scenario were members of the End of Life Decision-Making Coaching Team, as well as coordinators from the SPP and the Trillium Gift of Life Network. They remained stationed at their initial scenario in order to provide consistency for participants and SF/SCs. The facilitator role involved introducing the respective scenario topics, leading a discussion of learning objectives, monitoring scenario enactment, and facilitating feedback and follow-up discussions.

Evaluation

Participants were invited, if interested, to complete preworkshop and postworkshop evaluations taking approximately 10 minutes each to complete, on the day of the workshop (Appendix A). Evaluations contained between 8 (pre-) and 15 (post-) questions, examining their perceived knowledge and confidence levels, attitudes, and experience with SF/SCs. Evaluations were designed to capture both quantitative (Likert rating scales) and qualitative (open text questions) data. Scenario facilitators and SF/SCs also completed workshop evaluations outlining perceived participant knowledge, communication skill successes, barriers, and opportunities for improvement. To maintain anonymity of responses, pre- and postevaluations were provided together in one numbered envelope, to be sealed in the envelope and returned to a box at the entrance of the workshop at the end of the day. Informed consent was obtained from all those who chose to complete the evaluations, with the choice to opt out of completing the evaluations clearly articulated. Approval for the study was granted by the University Health Network Research Ethics Board.

Although only evaluations with pre- and postquestionnaires completed were included in the statistical analysis, qualitative information from unpaired postworkshop evaluations is included in the results. Questions with multiple answers where only one was required were excluded from statistical analyses. Statistical comparisons reflecting pre- and postintervention comparisons were analyzed using the McNemar test for paired categorical data to evalu-

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TABLE 1. Communication Skills Workshop Scenarios

Scenario	Synopsis and Target Learning Objectives
Cultural issues	Traditional Muslim family in conflict with the health care team over the withdrawal of treatment of their mother with end stage metastatic breast cancer. Although the son and father want everything done, the daughter is aware of previous known wishes to withhold aggressive therapy.
	Participants learn to communicate respectfully, using appropriate language, with families from other cultural/religious backgrounds and develop further sensitivities to the complexity of family dynamics and certain traditional family roles.
Ethical and legal standards of substitute decision making	Family is in conflict with health care team over DNR status of their father, who was admitted for complications secondary to advanced colon cancer. Children disagree on the approach to take, while the daughter is strongly influenced by her fiancé, who is a rabbi.
	Participants learn to establish who is the acting substitute decision maker for an incapable patient and ensure that he or she is fulfilling the role as defined by the Health Care Consent Act.
Communication within the health care team	The treating team, which comprises the intensivist, the nurse, and the oncologist, disagree on the goals of care and treatment plan for their patient, who has advanced non-Hodgkin's lymphoma (admitted to hospital for septic shock).
	Participants learn to mediate disagreements between members of the treating team regarding treatment options effectively and to understand and discuss the ethical and legal issues surrounding withholding and withdrawal of life sustaining interventions and CPR. Participants also learn to outline a coherent plan of treatment that will not trap the family in intra- or interteam factions.
Conflict among substitute decision makers	A brother and sister, who have a history of conflict, disagree on the appropriate actions to take in the care of their elderly sister, who has suffered a stroke after knee replacement surgery.
	Participants learn the legally defined role of the substitute decision maker and learn to explain this role tactfully in the mediation of disputes between SDMs of equal standing.
Organ and tissue donation	A brother and sister are faced with the brain death of their brother, who was hit by a drunk driver while cycling.
	Participants learn to demonstrate skill, empathy, and conflict resolution skills surrounding organ and tissue donation conversations with family members. They learn to recognize the importance of information and discussion in the decision-making process around organ donation and develop some strategies to overcome some common difficulties.
Intractable conflict	Conflict between the health care team and the substitute decision makers of an unresponsive patient escalates beyond the capacity of the hospital supports, to a hearing of the Consent and Capacity Board of Ontario*.
	Participants learn to negotiate conflict situations regarding treatment goals, communicate and negotiate with families regarding withholding and withdrawal of life sustaining interventions and CPR, and demonstrate knowledge of the ethical and legal issues surrounding withholding and withdrawal of life-sustaining interventions.

*Consent and Capacity Board of Ontario (http://www.ccboard.on.ca/) is an independent tribunal that adjudicates on matters of capacity, consent, civil committal, and substitute decision making under the Mental Health Act, Health Care Consent Act, Personal Health Information Protection Act, and Substitute Decisions Act. Their mandate is to ensure fair and accessible adjudication of consent and capacity issues.

ate participants' changes in comfort, knowledge, and skill levels.

Results

Participant Characteristics

Although 36 critical care practitioners participated in all sections of the one-day workshop, only 18 opted to complete and returned both pre- and postworkshop evaluations (50% response rate to both evaluations), of whom only 1 respondent had previous experience with SF/SCs. Remaining participants either opted not to complete one or both of the evaluations or left immediately after the final session because of impending weather concerns. As completion was anonymous, participants could not be followed up to request completion of the evaluations. Six of seven facilitators involved in the workshop completed their evaluations along

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TABLE 2. Participants' Discipline as per Responses to Preworkshop Evaluation ($n = 21$)

Discipline	Number of participants	Percentage of respondents
Intensivist	1	4.8%
Registered nurse	10	47.6%
Social worker	3	14.3%
Respiratory therapist	1	4.8%
Clinical nurse educator	2	9.5%
Blank: no response	4	19.1%

with 11 of the 17 SF/SCs (69% response rate). Only one facilitator had prior experience facilitating this type of educational initiative. Respondents' discipline was the only demographic question asked on the preworkshop evaluation, which was completed by 21 attendees. These responses are outlined in TABLE 2.

Quantitative Measures

Primary justification for attending the workshop was a keen interest in the processes of end of life care (27.8%), while several secondary reasons included an interest in improving communication skills, learning new techniques, and improving ability to facilitate decision-making or conflict resolution skills (16.7% each).

Participants anticipated the most educational segments of the day to be scenarios involving the ethical and legal standards of substitute decision making, conflict within the health care team, and engaging in information discussions with their group (22.2%). Also of interest was the mock hearing of the Ontario CCB (16.7%). Postworkshop evaluations revealed the most educational segments of the day were perceived to be the intractable conflict scenario (19.0%) and the mock hearing of the Ontario CCB (23.8%).

Participants were asked to rate their comfort levels on a series of topics both before and after the workshop intervention. Rating took place on a scale from 1 (very uncomfortable) to 5 (very comfortable). Responses were grouped into two categories (1–3 and 4–5) for analysis; results are presented in TABLE 3. Statistical analysis showed a significant improvement in participants' comfort levels and confidence in 10 of 11 topics evaluated.

The preworkshop evaluations revealed expectations that this workshop would be beneficial or very beneficial (94.4%). After the workshop, 19.0% of respondents felt these expectations were met, while 76.2% felt they were exceeded. Efficacy of scenario enactment as a teaching tool was rated as good or excellent by 94.2% of respondents. To that end, 100% of those completing the postworkshop evaluation indicated they would recommend this type of interactive workshop to others.

Participants were asked to rank their overall impressions of the workshop. Noteworthy results of this portion of the evaluation include:

- Facilitator preparedness was ranked 100% good/excellent (66.7% excellent).
- Professionalism of the SF/SCs was ranked 100% good/excellent (80.9% excellent).
- A total of 71.4% rated scenarios as excellent in meeting the educational objectives of each station.
- A total of 19% felt the time allotted for feedback was only fair or average, and 23.8% felt similarly about the time al-

TABLE 3. Pre- and Postworkshop Improvements in Comfort Levels With End of Life Topics ($n = 18$)

Topic	Mean Rating* (Pre)	Mean Rating* (Post)	*P* Value	Kappa Value**	Significant Improvement
Approaching cultural differences	3	3	0.317	0.455	No
Explaining the role of the substitute decision maker (SDM)	3	4	0.025	0.299	Yes
Facilitating substitute decision making	3	4	0.046	0.500	Yes
Conflict resolution/mediation	2	3	0.008	0.186	Yes
Managing conflict among SDMs	2	4	0.034	0.048	Yes
Managing conflict within the health care team	2	4	0.034	0.048	Yes
Consent and capacity board (CCB) hearing application process	2	4	0.001	0.000	Yes
CCB hearing process	1	4	0.002	0.000	Yes
Overall role of the CCB	2	4	0.001	0.044	Yes
Discussing organ/tissue donation	3	4	0.025	0.310	Yes
Health Care Consent Act implications in critical care	3	4	0.014	0.263	Yes

*Rating scales of 1–5. See Appendix A for detailed Likert scale.

**Comparison Group 1: very uncomfortable, somewhat uncomfortable, neutral; Comparison Group 2: somewhat comfortable, very comfortable.

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lotted for general discussion in each scenario. Remaining participants were satisfied with time allotted for debriefing.
- A total of 95.2% indicated their group discussions were good or excellent in helping to meet the educational objectives of each station.
- A total of 95.2% of respondents also rated the overall achievement of their personal learning objectives as good or excellent.

Perceptions of Participants

Prior to the workshop, their most common perceived strengths or areas in which they were most confident in their skills included explaining and facilitating substitute decision making, as well as discussing organ and tissue donation. These most common perceived strengths remained the same in postworkshop evaluations, with the exception of an increase in comfort levels with the role of the Ontario CCB.

The postworkshop analysis examined the various perceptions regarding the stations. Discussions with peers in their participant groups were found to be most beneficial in elucidating shared experiences and universal challenges and reservations, while providing new techniques and ideas. Respondents felt that overall facilitators provided guidance through difficult moments and situations via both timeouts and debriefing. They provided direction and strategies in a positive, nonjudgmental environment. Multiple respondents considered feedback received from SF/SCs regarding body language and word choice particularly helpful. Examples of respondent overall perspectives are outlined in TABLE 4.

Perceptions of Facilitators

According to facilitators, the most common strengths of workshop participants included kindness and empathy, the desire to learn new skills, the courage to implement ideas/approaches without practice, as well as listening and support skills and use of sensitive language. The most common challenges faced by participants during scenario enactment were perceived to be weak conflict resolution skills and inability/unwillingness to set limits on care or to challenge difficult families. Areas for improvement identified by the facilitators included primarily setting limits to the conversation and taking a stand or position, taking a more patient-centered approach, and preparing with the health care team prior to family discussions. General facilitator observations are outlined in TABLE 4.

Facilitators were also asked to elucidate the nature and quality of the feedback provided to scenario participants. Generally, they felt the nature of their feedback was constructive criticism or aimed at promoting discussion of issues not covered, while that of the SF/SCs focused on verbal and nonverbal communication, language used, and emotions invoked by the enactor. Challenges were identified in providing structured, valuable feedback, including keeping the group focused, maintaining objectivity, and deciding whether to call timeouts when participants were perceived to be heading in the wrong direction with a conversation.

Perceptions of Actors

Actors were asked to evaluate their experiences with both participants and facilitators of their scenario. Some overall perspectives are outlined in TABLE 4. The most common areas for participant improvement were conflict resolution skill and directness in their communications. The use of the word *die* was often avoided or found to be challenging. Similarly to findings from the facilitator group, the participants' primary strengths, as identified by the actors, were their listening skills, empathy, willingness to adopt new techniques, and ability to remain calm in difficult situations.

Overall, the actors felt their feedback differed from facilitators' in that facilitators tended to provide more technical or clinical feedback, while actors would comment on communication techniques, body language, and observations from the perspective of their "character." Nearly all actors commented in open-ended questions that time constraints at each station made feedback more difficult, although only 1/11 actors rated time allotted as less than *good or excellent*.

Discussion

The analysis of the participants' feedback on this innovative workshop indicates it was a valuable educational intervention in improving ethical and legal knowledge and communication skills. Statistical analysis showed a significant improvement in their comfort levels and confidence in 10/11 topics, further emphasizing the merits of this method of knowledge translation. Participants reported that this educational experience exceeded their expectations. To our knowledge, this is the first time that SF/SCs, rather than standardized patients, have been used to improve the knowledge and skills of front-line clinicians in dealing with challenging discussions of a complex ethical and legal nature.

Traditionally, ethical and legal considerations of practicing health care have been addressed in a limited, didactic fashion to clinical trainees. However, applying these concepts in real situations, often fraught with tension and emotion, is not taught, and it is expected that clinicians will develop their personal approach on the job. Previous studies have outlined the importance of providing interactive educational opportunities to clinicians in all specialties to develop skills for initiating difficult conversations and addressing other sensitive situations.[14] The importance of providing specific training on communicating with and involving families and substitute decision makers, particularly in the critical care setting, has also been highlighted.[15] Experiential learning, as opposed to a didactic format, has proven most effective for this sensitive type of training.[7] Fischer and Arnold have also shown that an interactive workshop format for knowledge translation in

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TABLE 4. Examples of Respondents' Postworkshop Feedback and Comments

Question	Responses
Participants	
What did you find most useful about the facilitation of each scenario?	"The ability to try a technique that I would not normally try."—RN
	"Help with ideas of communication strategies. Good feedback on strategies used or not used. Positive, constructive criticism."—RN
	"Facilitators and the group helping to refocus questions and how to approach/discuss with actors in scenarios. Allows for good reflection."—Nurse Educator
What did the discussion with peers in your participant group contribute to your learning?	"We all had the same reservations regarding setting limits to end of life treatment."—RN
	"You received different ideas on how to work or deal with difficult situations from past experience."—RT
	"Similarity of shared client experiences, mutual struggles with one's own emotions, values and personal history"—SW
What areas or topics need further exploration/clarification?	"Inability to move forward with the intractable conflict scenario—how to move forward and feel more comfortable with limit setting, especially with culturally sensitive families."—RN
	"Would have liked to explore/review various cultural and religious beliefs regarding EOL issues."—MD (Intensivist)
	"A bit more info about substitute decision makers [due to] a lack of personal knowledge on this. Role playing met my learning needs beyond my expectations: but I did need a bit more process, content info regarding SDMs."—RN
Facilitators	
What were common problem areas for participants in your scenario?	"Uniformly they failed to make a stance against what was constructed as unreasonable family wishes. This was a very powerful experience."
	"Participants found it really difficult to set limits to treatment clearly and articulate those limits verbally."
What were the common strengths of the participants?	"Kindness to each other, gentleness in asking probing questions. Respect."
	"Courage to try it. Used sensitive language. Were very patient—to a fault. Really tried hard to explain well clinical situations."
SF/SC	
What were common areas for improvement of participants in your scenario?	"Some were intimidated or lacked confidence and/or tools to manage conversations between conflicting parties."
	"Setting ground rules; being fair in hearing both sides; focus on the patient!"
	"They were afraid of letting the conflict escalate—not all of them, but some. Afraid of speaking the unspeakable (wouldn't tell me straight out that the husband was going to die). Not all of them had these problems but these were the two areas that occurred to cause the most trouble."
How did the nature of your feedback differ from that of the facilitators?	"The facilitator's feedback spoke more about what she observed as an outsider, as well as pointing out factors which should be considered by participants when engaging in difficult/challenging discussions with conflicting parties."
	"The facilitator was an outside eye who allowed us to give feedback and direct the conversation."
	"My feedback was more from the "personal" perspective of my character, [whereas the] facilitator's [was] more global."

this area is successful in improving knowledge and confidence in medical interns.[6]

This workshop not only addresses traditional concepts of delivering sensitive news, but also explores the legal and ethical boundaries within which health care providers must practice. The scenarios developed helped participants gain an understanding of the exceptions they often make as a result of the emotionally charged nature of certain families,

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a lack of understanding of their legal obligations and rights as clinicians, or a lack of communication between members of the health care team. The learning opportunities are maximized by having unique feedback provided by SF/SCs. Participants felt the use of SF/SCs enabled scenarios to have the depth and complexity of interaction they see in their actual practice. Further, this scenario format more accurately reflects the high level of complexity in the clinical setting, where family dynamics and interprofessional communication play a strong role in the substitute decision-making process.

The strengths of this learning forum include the unique perspective provided by the patient's family and colleagues of the clinician. Although it is difficult to train nonclinical SCs to portray a medical professional properly, their prior experience as standardized patients in combination with an in-depth understanding of their role in the scenario and their improvisation skills proved to be sufficient knowledge to draw participants into the enactment to achieve their learning objectives. This viewpoint combined with the expertise of the End of Life Decision-Making Coaching Team provided the broad range of information necessary to foster learning on all fronts. Furthermore, many participants ranked learning from their multidisciplinary peers during the postenactment debriefing to be among the most beneficial aspects of the workshop, a component often excluded from traditional communication skills workshops.

This study has the following limitations: Evaluation of the workshop efficacy is dependent on self-assessed competencies, which may bias the rate of improvement from the pre- to postworkshop evaluations. Although limiting the number of participants in the workshop allowed for a more intimate and effective learning environment, the low response rate to the evaluations also made interpretation of the data more difficult. Further, physician attendance at this workshop was poor, decreasing the true multidisciplinary nature of the results and making it difficult to draw conclusions about the impact of this intervention on this clinical population. Questions exploring the correlations among disciplines, years of clinical experience, and perceived needs and performance in the enactments would have been useful additions to the evaluations. Additionally, demographic data relating to participants' clinical work environment, patient population, or frequency of end of life discussions would assist in determining the generalizability of the evaluation results. Randomization of participants would add further depth to the evaluation of this workshop, particularly should future evaluations attempt to examine the impact of the intervention on clinical practice, a characteristic that would further demonstrate the skill-building benefits of the workshop, beyond the autoevaluation of participants. Limitations of the workshop itself included primarily the limited time allotted for each scenario. Participants, actors, and facilitators alike felt the breadth of learning, depth of discussions, and debriefings may have been limited by time constraints.

Lessons for Practice

- Experiential learning is an effective way to increase confidence and comfort levels of practicing clinicians in complex, sensitive situations.
- Standardized families and colleagues provide a unique perspective to practicing clinicians and means of improving on traditional concepts of delivery of sensitive news.
- Interactive workshops for skills development should provide ample time for peer-to-peer discussions, and feedback from workshop facilitators and actors.
- Further research in this area should focus on evaluation of the lasting impact of this intervention on clinical practice.

Revisions to the workshop are required to optimize the learning opportunities and skills development. Beyond addressing the study limitations, revisions under consideration should include extension of the workshop to a two-day format to ensure each rotation provides optimal time for introduction of learning objectives and prescenario discussion, multiple enactments, and a thorough debriefing period with feedback, peer discussions, as well as facilitator and actor input. Registration for the workshop should require completion of the pre- and postworkshop evaluations in order to ensure appropriate feedback is obtained from each participant, for both research and curriculum development purposes. Online evaluations distributed in advance and after the workshop, as opposed to completion the day of the workshop, might also contribute to higher quality feedback and the ability to track response rates. Evaluation questions should be further validated and pilot tested once revised.

Conclusion

Overall, this interactive workshop was shown to be an effective means of building capacity and confidence in the area of end of life communication, and ethical and legal knowledge for clinicians. Further development of the workshop based on this initial experience is required, including addressing issues such as time limitations and increased training for scenario facilitators. A greater emphasis should be given to attracting physicians to attend this workshop and build on their current skills in this area and to more thoroughly evaluating the efficacy this type of learning intervention in that population. Further research should focus on

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the benefits of tailoring this course to other clinical groups, as well as evaluating the impact of this intervention on actual clinical practice immediately after participation to monitor retention of new practices and more accurately evaluate the true skill-building nature of the workshop.

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APPENDIX A

Communication Skills
Participant–Preworkshop Evaluation

Profession (optional): _____

What is your ***primary*** reason for attending this conference? (***check only one***)

- ☐ Interest in End of Life Care
- ☐ Improve communication skills
- ☐ Improve ability to facilitate decision-making at the end of life
- ☐ Improve ability to explain life-sustaining interventions
- ☐ Improve your ability to discuss withholding/withdrawal of life support
- ☐ Improve conflict resolution/mediation techniques
- ☐ Improve your ability to communicate with families from different cultures
- ☐ Learn new communication techniques
- ☐ Interact with other health care providers
- ☐ Attend the mock Consent and Capacity Board Hearing
- ☐ Improve ethical knowledge and how it applies in practice
- ☐ Improve legal knowledge and how it applies in practice
- ☐ Other: _____

Which of the following needs/objectives do you want this workshop to meet? (***check all that apply***)

- ☐ Improve oral communication skills overall
- ☐ Improve ability to facilitate decision-making at the end of life with patients/families/substitute decision-makers (SDM)
- ☐ Improve ability to explain life-sustaining interventions to patients/families/SDM
- ☐ Improve your ability to discuss withholding/withdrawal of life support
- ☐ Improve conflict resolution/mediation techniques when conflict exists with team AND SDM/families
- ☐ Improve conflict resolution/mediation techniques when conflict exists among SDM
- ☐ Improve conflict resolution/mediation techniques when conflict exists among team members
- ☐ Improve your ability to communicate with families from different cultures
- ☐ Learn new communication techniques
- ☐ Interact with other health care providers
- ☐ Improve understanding of Consent and Capacity Board processes
- ☐ Improve knowledge of ethical issues in the ICU setting and how such knowledge applies in practice
- ☐ Improve knowledge of legal issues in the ICU setting and how such knowledge applies in practice
- ☐ Other: _____

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Please rate your current comfort levels with each of the following areas:

TOPIC	Very Uncomfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Very Comfortable
Approaching cultural differences					
Explaining the role of the substitute decision-maker					
Facilitating decision-making with substitutes					
Conflict resolution/mediation					
Managing conflict among substitute decision-makers					
Managing conflict among team members					
Consent and Capacity Board application process					
Consent and Capacity Board Hearing process in intractable conflict					
Role of the Consent and Capacity Board					
Discussing the option of organ and tissue donation					
Healthcare Consent Act implications in critical care					

What do you anticipate will be the most informative/educational part of this workshop? (***check only one***)

- ☐ Cultural Issues Scenario
- ☐ Ethical and Legal Standards of Substitute Decision-Making Scenario
- ☐ Conflict Within the Health Care Team Scenario
- ☐ Conflict Among Substitute Decision-Makers Scenario
- ☐ Organ and Tissue Donation Scenario
- ☐ Intractable Conflict Scenario
- ☐ Consent and Capacity Board Mock Hearing
- ☐ Informal discussions after the scenario with the group
- ☐ Learning from colleagues
- ☐ Other: _____

What are your current expectations of the educational benefit of this conference?

Not at all beneficial 1	Somewhat beneficial 2	Neutral 3	Beneficial 4	Very beneficial 5

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What is your current level of understanding of Ontario's Critical Care Strategy?

Poor 1	Fair 2	Average 3	Good 4	Excellent 5

Do you have any affiliation with other Critical Care Strategy's initiatives? (NOT including coaching teams or rapid response teams

☐ Yes

☐ No

If yes, which initiative? _____

Communication Skills
Participant – Postworkshop Evaluation

After participating in this workshop, please rate to what level these needs/objectives were met:

Component	Not at all	Poorly	Somewhat	Well	Very Well
Improved oral communication skills overall					
Improved ability to facilitate decision-making at the end of life with patients/families/SDM					
Improved ability to explain life-sustaining interventions to patients/families/SDM					
Improved your ability to discuss withholding/withdrawal of life support					
Improved conflict resolution/mediation techniques when conflict exists with the team AND substitute decision-makers/families					
Improved conflict resolution/mediation techniques when conflict exists among substitute decision-makers					
Improved conflict resolution/mediation techniques when conflict exists among team members					
Improved your ability to communicate with families from different cultures					
Learned new communication techniques					
Interacted with other health care providers					
Understood role of Consent and Capacity Board and process involved in Consent and Capacity Board Hearing					
Improved knowledge of ethical issues in the ICU setting and how such knowledge applies in practice					
Improved knowledge of legal issues in the ICU setting and how such knowledge applies in practice					
Other: _____					

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Following the workshop, please rate your current comfort levels with each of the following areas:

TOPIC	Very Uncomfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Very Comfortable
Approaching cultural differences					
Explaining the role of the substitute decision-maker					
Facilitating decision-making with substitutes					
Conflict resolution/mediation (in general)					
Managing conflict among substitute decision-makers					
Managing conflict between team and substitute decision-makers					
Managing conflict among team members					
Consent and Capacity Board application process					
Consent and Capacity Board Hearing process in intractable conflict					
Role of the Consent and Capacity Board					
Discussing the option of organ and tissue donation					
Healthcare Consent Act implicationsin critical care					

Which part of the workshop did you find the most informative/educational? (***check only one***)

- ☐ Cultural Issues Scenario
- ☐ Ethical and Legal Standards of Substitute Decision-Making Scenario
- ☐ Conflict Within the Healthcare Team Scenario
- ☐ Conflict Among Substitute Decision-Makers Scenario
- ☐ Organ and Tissue Donation Scenario
- ☐ Intractable Conflict Scenario
- ☐ Consent and Capacity Board Mock Hearing
- ☐ Informal discussions after the scenario with the group
- ☐ Learning from colleagues
- ☐ Other: _____

What did the discussion with colleagues contribute (if anything) to your learning?

_____

_____

_____

_____

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What did you find useful about the facilitation of each scenario?

What do you feel needed to be improved about the facilitation of each scenario?

Have you previously participated in similar workshops with standardized patients/actors?

- ☐ Yes
- ☐ No

Please rate the efficacy of scenario enactment as a teaching tool:

Poor	Fair	Average	Good	Excellent
1	2	3	4	5

For which of the following topics would you have liked further clarification, exploration, discussion, or education? (***check all that apply***)

- ☐ None required further clarification
- ☐ Cultural Issues
- ☐ Ethical and Legal Standards of Substitute Decision-Making
- ☐ Communication Within the Health Care Team
- ☐ Conflict Among Substitute Decision-Makers
- ☐ Organ and Tissue Donation
- ☐ Intractable Conflict
- ☐ Consent and Capacity Board
- ☐ Other: _____

If any of the above or other topics required further clarification, please explain why you felt your needs were not met.

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Please indicate your overall impressions of the following:

TOPIC	Poor 1	Fair 2	Average 3	Good 4	Excellent 5
Workshop introduction					
Preparedness of facilitators					
Professionalism of standardized families/colleagues (ie, actors)					
Ability of the standardized families/colleagues to stay in role					
Realistic nature of the scenarios					
Effectiveness of the scenario in meeting educational objectives					
Educational resources					
Time allocated for feedback					
Time allocated for discussion					
Effectiveness of the facilitators in ensuring educational objectives were met					
Effectiveness of standardized families/colleagues in providing feedback					
Effectiveness of group discussion in meeting educational objectives					
Opportunity for personal participation					
Layout of the workshop (physical space)					
Grouping of workshop participants					
Roll-out of mock CCB hearing					
Overall workshop organization					
Administrative support (preworkshop)					
Overall achievement of your personal learning objectives					

To what level did this workshop meet your expectations?

Not at all 1	Somewhat 2	Neutral 3	Met 4	Exceeded 5

What additional topics would you find helpful in your efforts to improve your comfort in communicating with substitute decision-makers and/or family members?

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Overall, what about this workshop could be improved?

Would you recommend this workshop to others?

- ☐ Yes
- ☐ Maybe
- ☐ No

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