

Let's Try that Again: Having Difficult Conversations with Patients and Families

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NOTHING TO DISCLOSE

Anything we happen to talk about, we just happen to like

“WHEN A PERSON REALIZES HE HAS BEEN DEEPLY HEARD, HIS EYES
MOISTEN. I THINK IN SOME REAL SENSE HE IS WEEPING FOR JOY. IT IS AS
THOUGH HE WERE SAYING, “THANK GOD, SOMEBODY HEARD ME. SOMEONE
KNOWS WHAT IT’S LIKE TO BE ME”

Carl Rogers



DIFFICULT CONVERSATIONS

- Start to think of communication as a procedure
- Procedures are skills to learn, practice, and perfect
- This is not a "Breaking Bad News" Class
- This is your chance to try it again, and again, and again...

DIFFICULT CONVERSATIONS

OBJECTIVES

- Describe effective communication techniques
- Identify several communication tools
- Learn how to respond to patient and family emotion when delivering information
- Practice the above tools in small groups, with faculty support

AGENDA

Intro: Delivering Serious News

Part 1 – Reframing: We're in a Different Place

Part 2 – Mapping the Future: Clarifying Priorities

Break - 10 minutes

Part 3 – Aligning with Patient Values

Part 4 – Putting it All Together

Conclusion & Questions

*WHY IS
DELIVERING
SERIOUS NEWS
HARD?*

- We feel sad ourselves
- We don't know the right words to say
- Emotions are strong and we don't know how to respond



*WHAT WE WILL
LEARN*

- SPIKES: A 'Talking Map'
- Tools for responding to patient emotion

*HOW WE WILL
LEARN*

- Define skills (lecture)
- Observe skills in action (videos)
- Practice

SPIKES: A
TALKING MAP
FOR SERIOUS
NEWS

Setup

Perception

Invitation

Knowledge

Emotion

Summarize/Strategize

SPIKES: SETUP

- > Have a plan in mind
- > Who should be in the room
- > Conducive setting
 - Find a private space
 - Sign out pager or set to vibrate
- > Tissue
- > Allot adequate time

- > Ask current understanding
 - "Tell me what you understand is going on with your illness?"
 - "What have the other doctors told you?"

SPIKES: INVITATION

- > How much information does the patient want?
- > Ask permission
 - "Is now a good time to talk?"

SPIKES: KNOWLEDGE

- > Fire a warning shot
 - "The test did not come back as we were hoping"
- > Be clear and direct
 - Short, discrete, chunks
 - "The biopsy showed that you have cancer"
- > Shut up!!!
 - Pause after giving information

SPIKES: EMOTION

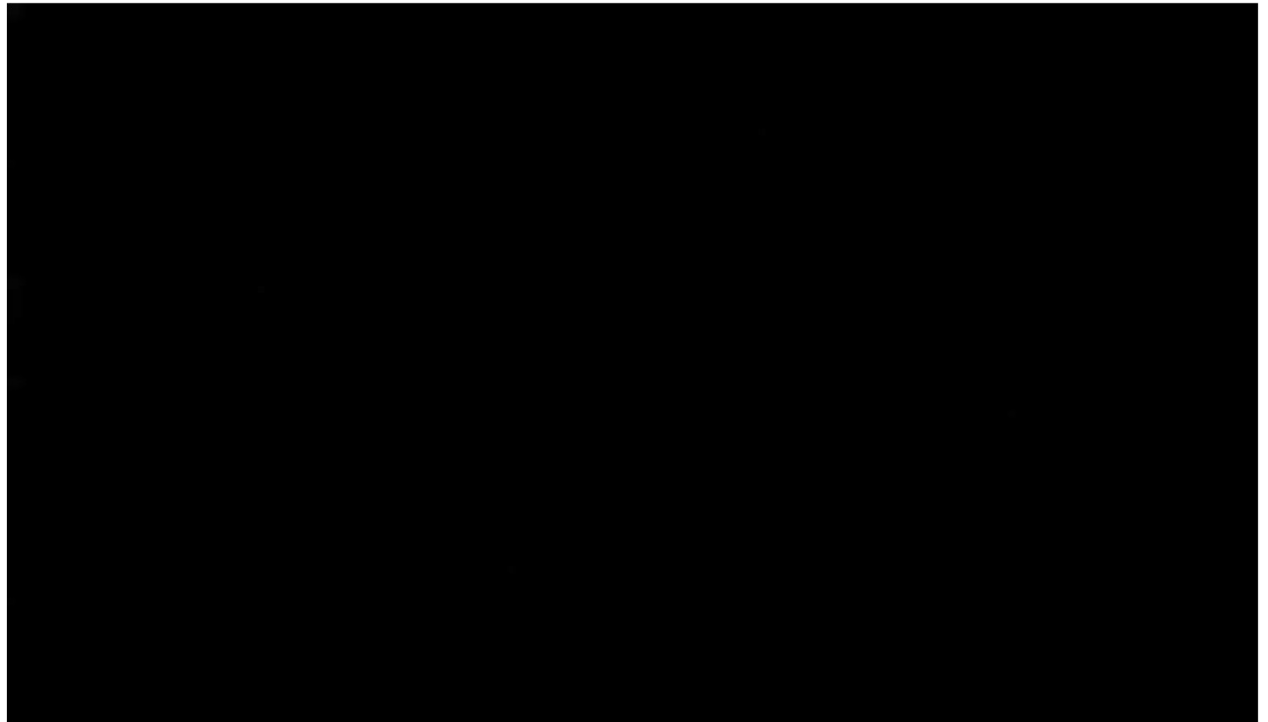
- After hearing serious news, nearly everyone has an emotional reaction
- Clinicians must attend to that emotion BEFORE moving on to anything else
- Tools for responding to emotion:
 - Naming
 - Acknowledging
 - "I Wish"

NAMING EMOTION

- > Naming emotions helps patients
 - Know they've been heard
 - Identify what they are feeling

- > Best done as a suggestion or humble question
 - "Some people would be angry"
 - "I'm wondering if you're feeling sad."

NAMING EMOTION

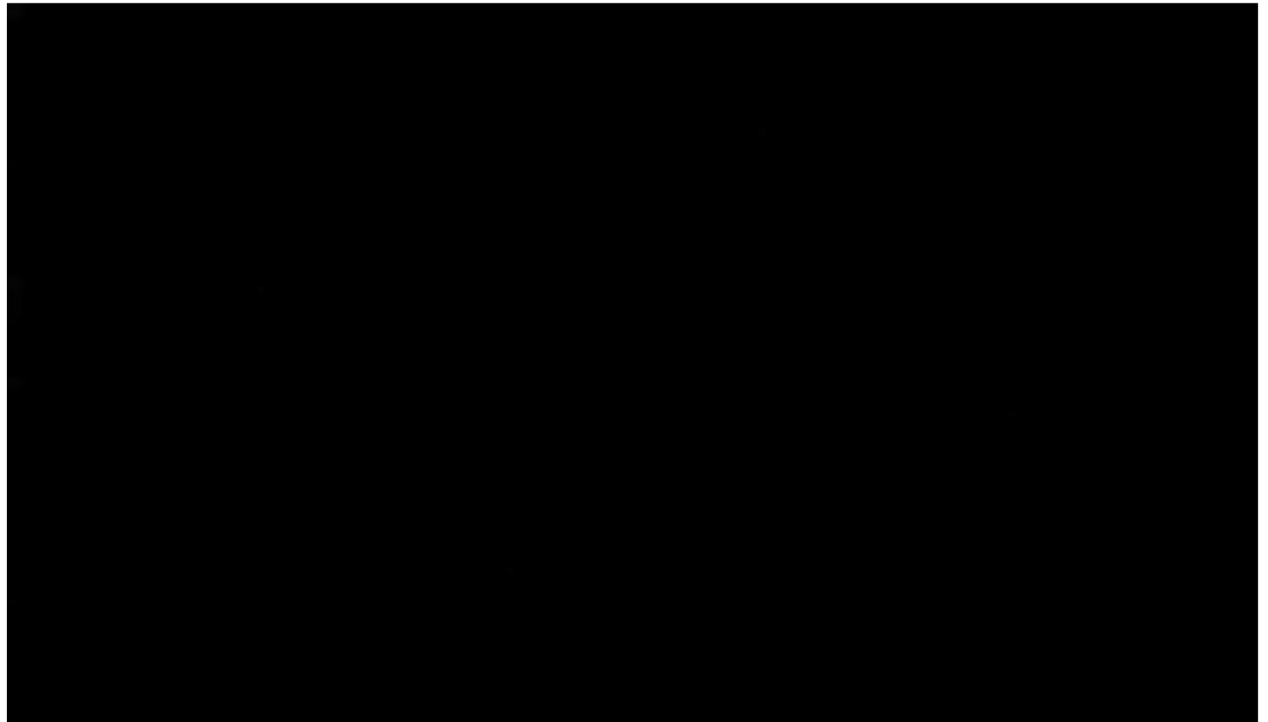


*WHAT SPECIFICALLY DID THE CLINICIAN
DO THAT YOU LIKED?*

ACKNOWLEDGING EMOTION

- > A statement that conveys the clinician is trying to understand what the patient is going through
 - "It must be hard"
- > You can't truly understand patient experience, but you can show that you're trying
- > Therefore, NEVER say:
 - "I understand exactly what you're feeling"

ACKNOWLEDGING EMOTION



*WHAT SPECIFICALLY DID THE CLINICIAN
DO THAT YOU LIKED?*

"I WISH" STATEMENT

- > An "I wish" statement recognizes the patient's hope and aligns with the patient
 - "I wish you could get a transplant, too."
- > NEVER follow with "but..."
 - "I wish for a miracle, too, *but it's not likely.*"



SPIKES: ASSESS UNDERSTANDING - BEFORE AND AFTER



*WHAT SPECIFICALLY DID THE CLINICIAN
DO THAT YOU LIKED?*

A close-up photograph of a person's hands tying a black athletic shoe. The person is wearing dark blue leggings and a dark blue long-sleeved top. The shoe is black with white accents on the sole and laces. The background is a plain, light-colored wall. The text "TIME TO PRACTICE!!" is overlaid in a white, italicized, serif font, underlined with a white brushstroke.

TIME TO PRACTICE!!

DRILL INSTRUCTIONS

- > Review drill as a group
- > Divide into pairs
- > Practice the drill
- > Debrief with one another
 - How did it feel to say the words?
 - One thing you noticed as the clinician
 - One thing you noticed as the patient

DRILL A: PERCEPTION

Clinician



What's your understanding of what's going on with your illness?

Would you like me to share what I know?

Patient



No one's really told me anything.

Yes, that would be really helpful.

DRILL A: INVITATION/KNOWLEDGE/EMOTION

Clinician



Is now an okay time to talk about the tests?

I'm afraid I have serious news. The cancer has come back in your liver and lung.

I know this is quite a shock.

Patient



I suppose as good as any. What is it?

In my liver AND my lung? How can that be?

I just can't believe this.

DRILL A: DEBRIEF

- > How did it feel to say the words?
- > One thing clinician noticed
- > One thing patient noticed

DRILL B: NAMING EMOTION

Patient



I've just been going to all these doctors appointments and getting all these tests, and I don't know...

Yes, exactly. So much is going on and I don't know what to do.

Clinician



It sounds like you're feeling overwhelmed.

DRILL B: ACKNOWLEDGING EMOTION

Patient



No one's really telling me what's going on. Is this treatment working or not?

It's just so scary. I'm really worried.

Clinician



I can't imagine how hard this must be.

DRILL B: "I WISH" STATEMENT

Patient



I don't understand...I've done everything right! Why aren't my kidneys getting better?

I know. It's really hard.

Clinician



I wish you weren't having to go through this.

DRILL B: DEBRIEF

- > How did it feel to say the words?
- > One thing clinician noticed
- > One thing patient noticed

REFRAMING:
WE'RE IN A DIFFERENT PLACE

PART 1

AGENDA

Intro: Delivering Serious News

Part 1 – Reframing: We're in a Different Place

Part 2 – Mapping the Future:
Clarifying Priorities

Part 3 – Aligning with Patient Values

Part 4 – Putting it All Together

*GOALS OF CARE:
WHAT MAKES
THESE
CONVERSATIONS
TOUGH?*

- Uncertainty
- Emotions
- And ... the lack of a framework within which to enter the conversation

WHAT WE WILL LEARN

REMAP: A Talking Map for Goals of Care Conversations

REMAP: DISCUSSING GOALS OF CARE

- > Reassess understanding & Reframe
- > Expect emotion
- > Map out what's important
- > Align with patient values
- > Plan treatment to match patient values

REMAP:
INTRODUCING
THE
CONVERSATION

- "Would it be ok if I talk to you about what lies ahead with your illness?"
- "Today, I wonder if we can talk about how things are going with your medical problems?"

REMAP: REASSESS UNDERSTANDING AND REFRAME

- > "What is your understanding of your illness?"
 - > If pt has a clear understanding: "Given where you are in your illness, it seems like a good time to talk about where to go from here"
 - > REFRAME if pt doesn't clearly understand the seriousness of their illness: "We're in a different place than we were [X] months ago."

REMAP: EXPECT EMOTION

- > Most patients will have an emotional response to hearing the reframe. This is normal.
- > The emotional response may sound like a factual question:
 - "Isn't there something else you can do?"
 - "Are you sure we've looked into everything?"

REMAP: EXPECT EMOTION (RESPONDING)

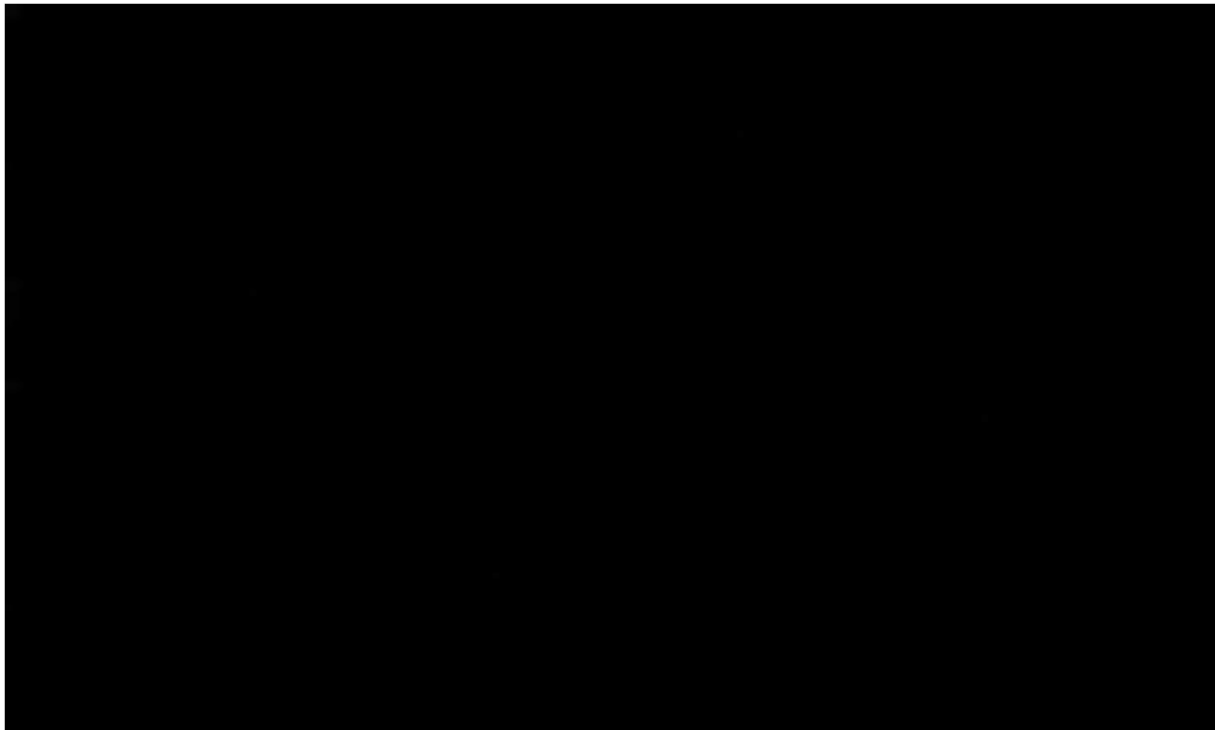
- > Respond to emotion with empathic statements
- > Even if the patient is asking a question
- > Tools for responding to emotion:
 - Name
 - Acknowledge
 - "I wish"

REMAP: EXPECT EMOTION (EXAMPLES)

- > "I can see that you are really concerned"
- > "I get a sense that this is not what you were expecting to hear today"
- > "I wish you weren't having these kidney problems."

Ask permission before moving on

— "Is it OK for us to talk about what this means?"



REMAP: REFRAME AND EXPECT EMOTION



*WHAT SPECIFICALLY DID THE CLINICIAN
DO THAT YOU LIKED?*

The image features a background of a road surface, possibly asphalt, captured with a significant motion blur effect. The lines of the road stretch from the bottom towards the top, creating a sense of rapid movement. The color palette is dominated by various shades of grey and blue, with some lighter, almost white, streaks. In the lower right quadrant, the text "TIME TO PRACTICE!!" is written in a white, serif font. The text is clear and stands out against the darker, blurred background.

TIME TO PRACTICE!!

DRILL INSTRUCTIONS

- > Review drill as a group
- > Divide into pairs
- > Practice the drill
- > Debrief with one another:
 - How did it feel to say the words?
 - One thing you noticed as the clinician
 - One thing you noticed as the patient

DRILL A: REASSESS UNDERSTANDING

Clinician



Tell me what you understand about your illness.

I wish we had a more effective treatment.

Patient



I'm not getting better with this treatment, but there's got to be something else out there!

Drill A: Reframe

Clinician



What's your sense of where things are?

You've been living with this disease a long time. And, I think we're in a different place now.

Patient



I know I've got COPD, and I've been feeling worse and worse. But I've had this for quite a while, and it will probably get better...

Drill A: Expect Emotion

Clinician



What's your sense of where things are?

This must be hard.

I hear that. Is it ok if we talk about where we can go from here?

Patient



I know I'm getting worse. I'm afraid I'm just a burden on my kids.

It is. There's a lot happening.

DRILL A: DEBRIEF

- > How did it feel to say the words?
- > One thing you noticed as the clinician
- > One thing you noticed as the patient

DRILL B: EXPECT EMOTION

Clinician



You've been living with this disease a long time. And, I think we're in a different place now.

I can't even imagine what it's like for you to live with an illness that keeps getting worse.

Patient



So, what are you saying – that I'm supposed to give up?

DRILL B: EXPECT EMOTION

Clinician



It's probably a good time to step back and talk about where we go from here.

I really admire your spirit and everything you've done to fight this illness.

Patient



I'm a fighter. I know I can still beat this thing.

Drill B: Moving Forward

Clinician



I can see how disappointing this is for you.

I was hopeful too... Would it be all right if we talked about where we go from here?

Patient



I've just kept hoping that the treatments would work.

Drill B: Debrief

- › How did it feel to say the words?
- › One thing you noticed as the clinician
- › One thing you noticed as the patient

MAPPING THE FUTURE: CLARIFYING PRIORITIES

PART 2

AGENDA

Intro: Delivering Serious News

Part 1 – Reframing: We're in a Different Place

Part 2 – Mapping the Future:
Clarifying Priorities

Part 3 – Aligning with Patient Values

Part 4 – Putting it All Together

REMAP: DISCUSSING GOALS OF CARE

- > Reassess understanding and Reframe
- > Expect emotion
- > Map out what's important
- > Align with patient values
- > Plan treatment to match patient values

*WHAT WE WILL
LEARN*

- Reassess understanding and Reframe
- Expect emotion
- Map out what's important
- Align with patient values
- Plan treatment to match values

REMAP: MAP OUT WHAT'S IMPORTANT

- You must know the patient's goals and values before creating a plan
- Only way to know is by asking
- If asked correctly, the question makes sense and isn't scary

REMAP: MAP OUT WHAT'S IMPORTANT (EXAMPLES)

- "Given this situation, what's most important to you?"
- "Knowing that time may be limited, what things are most important?"
- "As you think about the future, what do you want to avoid? What do you want to make sure does not happen to you?"



REMAP: MAPPING WITH SURROGATE

- Make sure that you are asking what is most important to the patient – NOT to the surrogate
 - "If your dad was able to speak for himself, what would he say is most important?"
 - "What would your mom be worried about in this situation?"
 - "Is there anything your husband would want to avoid?"

REMAP: MAPPING TIPS

- Be curious
- Ask multiple exploratory questions - don't stop after getting one or two answers
- Don't have an agenda or respond with judgment to patient desires



REMAP: MAP OUT THE FUTURE



*WHAT SPECIFICALLY DID THE CLINICIAN DO THAT YOU
LIKED?*



TIME TO PRACTICE!!

DRILL INSTRUCTIONS

- > Review drill as a group
- > Divide into pairs
- > Practice the drill
- > Debrief with one another:
 - How did it feel to say the words?
 - One thing you noticed as the clinician
 - One thing you noticed as the patient

DRILL A: MAP (PATIENT KNOWS VALUES)

Clinician



Given this situation, what's most important?

I admire your fight, and I can see how important it is for you to know that you're not giving up.

Patient



It's important to me that I don't give up – I don't want to look back and regret that I didn't give it everything I had.

DRILL A: MAP (WITH SURROGATE)

Clinician



If your dad could understand what's happening, what would he think?

Tell me more.

Surrogate



He would never want to be hooked up to all of these machines.

DRILL A: DEBRIEF

- > How did it feel to say the words?
- > One thing you noticed as the clinician
- > One thing you noticed as the patient

DRILL B: MAP (PATIENT NOT SURE)

Clinician



Given this situation, what's most important?

What if you start with what you're enjoying in your life right now?

Patient



I'm not sure what to tell you.

DRILL B: MAP (PATIENT NOT READY)

Clinician



Given this situation, what's most important?

This is a tough situation for anyone.

Patient



I don't feel ready to decide. It's hard...

Drill B: **M**ap (What is Patient Worried About?)

Clinician



As you think about the future, is there anything you worry about?

That helps me better understand what you're thinking.

Patient



I don't want to end up on a breathing machine like the last time I was in the hospital. I never want to go through that again.

Drill B: Debrief

- > How did it feel to say the words?
- > One thing you noticed as the clinician
- > One thing you noticed as the patient

ALIGNING WITH PATIENT VALUES

PART 3

AGENDA

Intro: Delivering Serious News

Part 1 – Reframing: We're in a Different Place

Part 2 – Mapping the Future: Clarifying Priorities

Part 3 – Aligning with Patient Values

Part 4 – Putting it All Together

REMAP: DISCUSSING GOALS OF CARE

- > Reassess understanding & Reframe
- > Expect emotion
- > Map out what's important
- > Align with patient values
- > Plan treatment to match patient values

*WHAT WE WILL
LEARN*

- Reframe
- Expect emotion
- Map out what's important
- Align with patient values
- Plan treatment to match values

REMAP: ALIGNING WITH PATIENT VALUES

- > Repeat what patient has just told you is most important
 - Helps you make sure you've got it right
 - Helps the patient feel understood

REMAP: ALIGNING WITH PATIENT VALUES (EXAMPLE)

Patient

This has all been so hard, and I'm tired. I'm really worried that the pain might get worse. I don't want to end up on a breathing machine like the last time I was in the hospital – I never want to go through that again. And I haven't been able to really enjoy time with my husband and my kids. I'd like to do that...maybe go on a vacation with them.

Clinician

As I listen, it sounds like what's most important to you is that you stay out of pain and spend more time with your family. It also sounds like you would not be willing to go through things that will cause you a lot of pain and suffering, like being on a breathing machine again.

Does that sound right?

REMAP: PLAN TREATMENTS THAT MATCH VALUES

- > Ask permission to make a recommendation
- > Make a recommendation helps the patient meet their goals
 - focus on what can be achieved
 - focus on what might be possible
 - discuss what not to do because it won't help meet the patient's goals
- > Ask patient or family whether the plan seems right
 - Check in to make sure they understand the recommended treatments, and provide more information if needed

REMAP: PLAN TREATMENTS (EXAMPLE)

"Would it be ok if I offered a recommendation?"

"Given what you've told me is most important, there's a lot we can do to help. We'll focus on keeping you out of pain. We can also get some services into your home to help you stay there and spend more quality time with your family. We'll work toward that vacation, and we'll have a better idea of how possible that is after we see how you feel on the new medication. Does that sound ok?"

"I also recommend that we don't do further scans or blood draws, because they won't help identify the best way to take care of you. I recommend we avoid using life-support like a breathing machine, or CPR if your heart were to stop, because at this point they won't help you achieve your goals. How does that sound to you?"

REMAP: PLAN TREATMENTS (EXAMPLE)

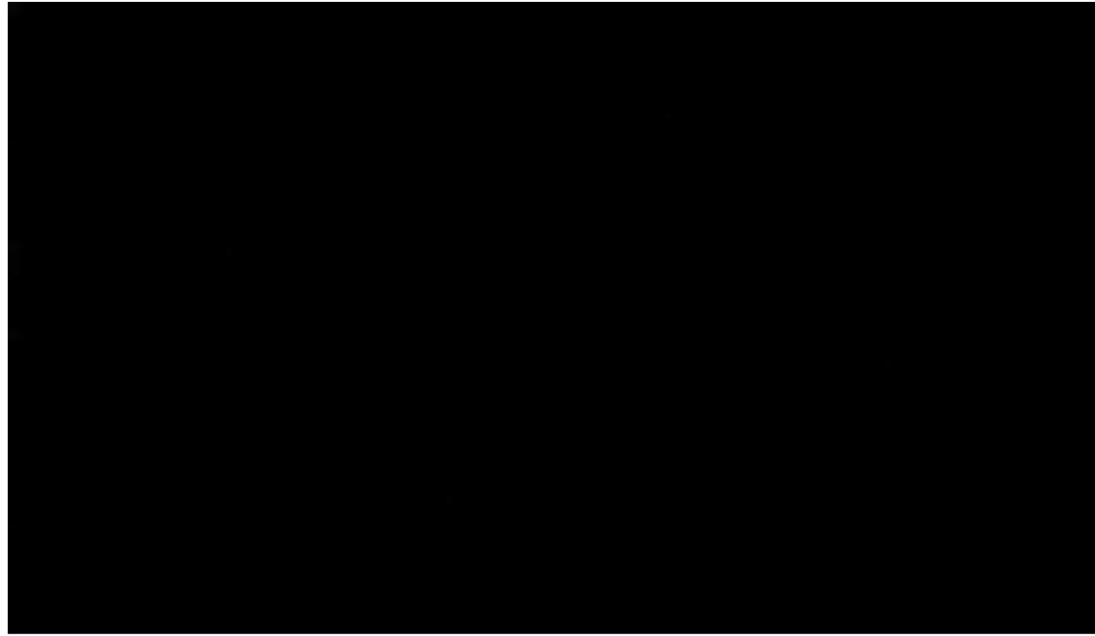
"Would it be ok if I offered a recommendation?"

"Given what you've told me is most important, it sounds like you would want to pursue any treatment that would give you a chance of living longer, even if that means your life might be supported by machines. Does that sound right?"

"Is there any situation you can imagine when you wouldn't want your life to be supported by machines?"

REMAP: ALIGN AND DEFER PLANNING

- > For medical trainees and some clinicians, it may not be possible to immediately formulate a recommendation. If so...
 - Map out goals and make aligning statement
 - Respond to emotions
 - Inform team of the patient's goal
 - Return later with recommendations



RECOMMEND A PLAN THAT ALIGNS WITH GOALS



*WHAT SPECIFICALLY DID THE CLINICIAN DO THAT YOU
LIKED?*

Difficult Questions

Patient



Does this mean you're giving up on me?

Are you telling me I'm going to die?

Is there any hope?

Clinician

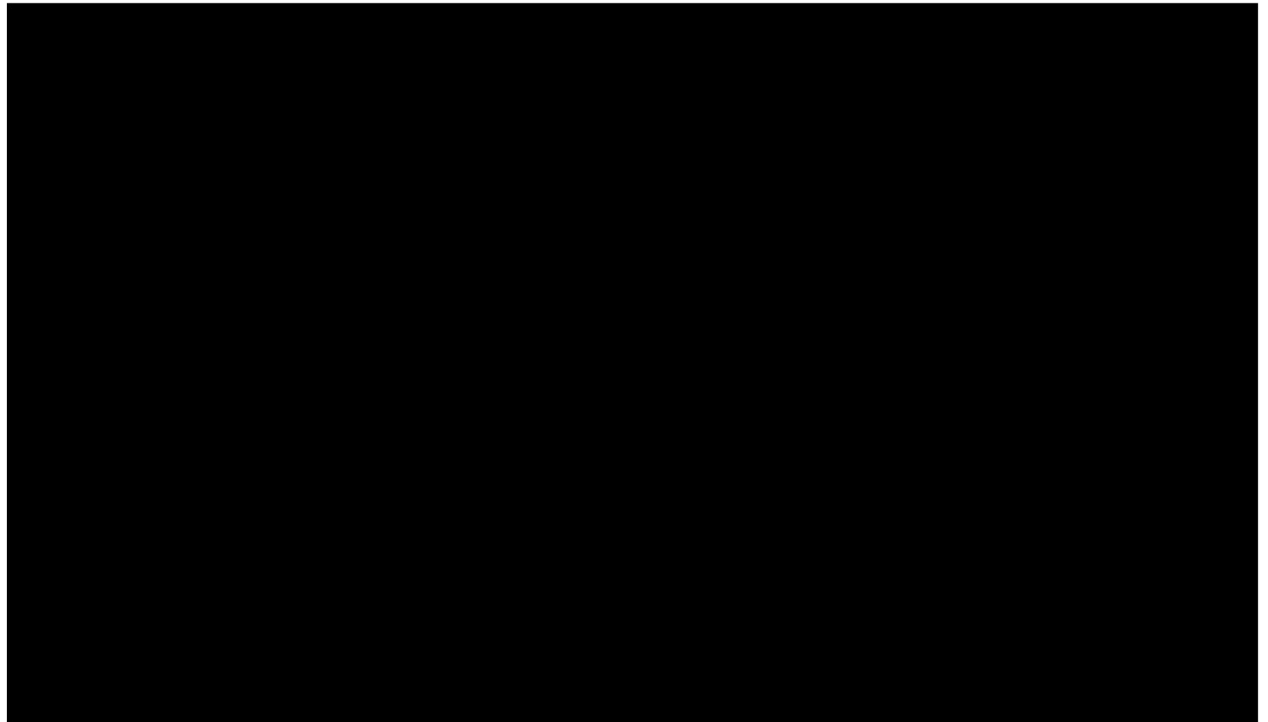


Absolutely not. Tell me, what do you mean by giving up?

Hearing all of this must be really scary. I wish I could tell you something different.

There is always hope. Tell me about what worries you.

IS THERE ANY
HOPE?



*WHAT SPECIFICALLY DID THE CLINICIAN DO THAT YOU
LIKED?*

TIME TO PRACTICE!!



Drill Instructions

- › Review drill as a group
- › Divide into pairs
- › Practice the drill
- › Debrief with one another:
 - How did it feel to say the words?
 - One thing you noticed as the clinician
 - One thing you noticed as the patient

Drill A: Align with Patient's Values (scripted)

Patient



I'm really sick of coming into the hospital all the time, and I know this isn't going to get any better, but I get really scared when my breathing gets worse.

Exactly...

Clinician



I'm sure that's scary.
So, what I hear you saying is that you're tired of coming to the hospital, and you need a way to deal with your shortness of breath at home.

Drill A: Align with Patient's Values (simple)

Patient



I don't want to be in pain anymore. And I want to stay at home, spending time with my family.

Clinician



Improvise by aligning with what you heard...

Drill A: Align with Patient's Values (more complex)

Patient



I'm scared. I want to live, and I'm worried that I'm not getting better. But I don't want to prolong anything if it just means being stuck on machines or dependent on my kids. And I don't want my kids to have to deal with any of these decisions.

Clinician



Improvise by aligning with what you heard...

Drill A: Debrief

- › How did it feel to say the words?
- › One thing you noticed as the clinician
- › One thing you noticed as the patient

Drill B: Plan

Clinician



Based on what you're saying, it sounds like we should focus more on your symptoms and keeping you home and out of the hospital.

Managing flare-ups of your chest pain at home instead of in the hospital would help us do that. How does that sound?

Patient



Yes, that's what I want.

That would be a lot better.

Drill B: Plan

Clinician



Based on what you've told me, if you get a lot sicker, it wouldn't make sense to put you on a ventilator, or if your heart stops, to do CPR. I worry if that happens, it's likely you wouldn't get off the machines, and even if you did, you would be a lot more dependent. That's what you said you want to avoid.

Patient



You're right. I wouldn't want to go through all that.

Drill: Debrief

- › How did it feel to say the words?
- › One thing you noticed as the clinician
- › One thing you noticed as the patient

PUTTING IT ALL TOGETHER

PART 4

AGENDA

Intro: Delivering Serious News

Part 1 – Reframing: We're in a Different Place

Part 2 – Mapping the Future: Clarifying Priorities

Part 3 – Aligning with Patient Values

Part 4 – Putting it All Together

LIFE-SUSTAINING TREATMENTS

- Artificial nutrition
- Artificial hydration
- Mechanical ventilation
- CPR
- Others, e.g., dialysis, blood products
- Transfers to the hospital, ICU

*WHAT ARE
SOME
UNINTENDED
CONSEQUENCES
OF THE
FOLLOWING?*

- Would you like us to try to restart your heart?
- Would you like us to do everything possible if your father's heart stops beating and he stops breathing?
- I think it's time to withdraw care.

OUR ROLE

- Ensure patients receive treatment consistent with their values and goals by helping them...
 - Define what is important to them
 - Understand outcomes - is the treatment likely to help them meet their goals?
 - Make informed decisions

REMAP: DISCUSSING GOALS OF CARE

- > Reassess understanding & Reframe
- > Expect emotion
- > Map out what's important
- > Align with patient values
- > Plan treatment to match patient values

REMAP: PLAN TREATMENTS THAT MATCH VALUES

AFTER mapping what's important and aligning with the patient's values...

IF goals point to a clear plan about LST:

- > Ask permission to make a recommendation
- > Recommend treatments to support the patient's goals, what might be possible, and what *not* to do because it wouldn't support the patient's goals

*WHAT WE
WILL LEARN*

- What to do AFTER mapping and aligning IF:
 - The patient's goals do not point to clear plans/ recommendations regarding life-sustaining treatment (LST)
 - The patient wants information about LSTs
 - There appear to be inconsistencies between the patient's goals and LST decisions

EXPLORE PREFERENCES AND UNDERSTANDING

If the patient's goals don't point to a clear plan for LST:

- > We want to be sure you get the care that helps achieve what matters most to you. It's helpful to know in advance whether you would or wouldn't want certain procedures.
- > As you think about your medical care, are there any treatments that you already know *aren't* acceptable to you?

EXPLORE KNOWLEDGE

When further exploration of the patient's preferences is needed:

- > One treatment that would be helpful to talk about is [a ventilator] [a feeding tube] [CPR] [other].
- > Can you tell me what you know about it?

PROVIDE INFORMATION ABOUT THE TREATMENT

Provide information in **short chunks** to fill in knowledge gaps, giving the patient time to process and respond:

- CPR can be used when someone's heart and breathing stop. CPR involves forcefully pushing on the chest, and can include shocking the heart and putting a tube down the throat to try to get the heart and breathing to start again.
- A ventilator helps a person breathe when they can no longer breathe on their own. It involves a tube down the throat and a machine to push air into the lungs.

EXPLORE PREFERENCES FOR ADDITIONAL INFORMATION

To explore what information would be helpful to the patient:

- > Some people like to know the chances of living longer with a feeding tube, what the risks are, or what life might be like afterward. Other people have spiritual questions about these decisions. What about you?
- > Do you prefer general information, or do you like to know numbers and averages?

EXPLORE POSSIBLE INCONSISTENCIES

If the patient's decisions about LST seem inconsistent with their stated goals:

- › I worry that [a feeding tube] won't help you reach your goals.
- › Tell me more about what you are hoping for with [CPR].
- › Is there a situation you could imagine when you would [or would not] want [a ventilator]?

REVIEWING GOALS & DECISIONS AT A LATER DATE

After LST decisions have been made and documented, it may be appropriate to review them at a later date

- > Review to confirm decisions without casting doubt
- > With surrogates, start with what you know about the patient's goals and decisions

NOTE: When clinical circumstances have changed, use REMAP to explore goals *before* re-addressing decisions

VERIFYING DECISIONS WITHOUT CASTING DOUBT

When your mother met with Dr. Jones about two months ago, she knew her illness was getting worse, and she said it was her goal to stay as comfortable as possible.

She wanted medical orders written so she wouldn't be put on a breathing machine or get CPR. Those orders are in place so everyone knows to honor her wishes.

Is there anything more you can share to help us respect her decisions?

DRILL REMINDERS

- ✓ Drills include discussions about CPR; use the same steps to discuss *any* life-sustaining treatment
- ✓ Purpose: to practice specific skills, not represent a "perfect" discussion
- ✓ Use these skills **AFTER** mapping what is important to the patient

DRILLS

Drill A: Transition into a discussion of life-sustaining treatment options when goals don't point to a clear recommendation

Drill B: Provide information about risks and outcomes

Drill C: Explore possible inconsistencies between the patient's goals and treatment decisions.

DRILL INSTRUCTIONS

- > Review drill as a group
- > Divide into pairs
- > Practice
- > Debrief with one another:
 - How did it feel to say the words?
 - One thing you noticed as the clinician
 - One thing you noticed as the patient

Drill A: Introduction

Clinician



I want to be sure you get the care that helps achieve what matters most to you. It's helpful to know in advance whether you would or wouldn't want certain procedures. Are there any treatments that you already know aren't acceptable to you?

Patient



I'm not sure. I haven't really thought about that.

Drill A: Perception / Invitation

Clinician



One treatment that we should talk about is CPR, or cardiopulmonary resuscitation. Can you tell me what you know about it?

Would it be ok if I shared some information about it?

Patient



I've seen it on TV, but I don't know much about it. I think it's used when people have a heart attack, but I'm not sure.

Sure.

Drill A: Knowledge

Clinician



CPR can be used when someone's heart and breathing stop. CPR involves forcefully pushing on the chest, and can also include shocking the heart and putting a tube down the throat to try to get the heart and breathing to start again.

Patient



Wow, that sounds rough.

Drill A: Emotion / Knowledge

Clinician



A lot of people are surprised by that.

Yeah, it's different to think about how CPR could affect you personally.

Patient



I guess you don't really think about it when you see it on TV.

DRILL B

Drill B shows how to provide information in three ways:

1. General outcomes
2. Specific odds
3. Possible outcomes linked to the patient's goals

With patients, use the strategy that matches their preference for information.

Drill B: Assess Type of Information the Patient Wants

Patient



I'm not sure I know enough to make a decision.

Clinician



Some people like to know the chances of surviving after CPR, or its risks, or what life might be like afterward. Other people have spiritual questions related to these decisions. What about you?

Drill B: Strategy 1 – Share General Outcomes

Patient



Doesn't CPR usually work?

Clinician



Unfortunately, most adults who receive CPR don't survive. Young and otherwise healthy people have better chances of surviving, and people with serious health problems have lower chances.

Drill B: Strategy 2 – Share Specific Odds

Patient



How many people survive after CPR? What are the odds that I'd make it through?

Clinician



If 100 people in the hospital received CPR, about 18 would survive to leave the hospital. That means 82 out of 100 people would die. These are averages. For people with health problems like yours, the chances of survival are [lower]*.

**customize per patient's risk using general terms*

Drill B: Strategy 3 – Share Outcomes Linked to Goals

Patient



I don't want to be in pain or end up stuck on machines.

Clinician



I'm concerned that CPR wouldn't help you live the life you want. There's a high risk of broken ribs that would cause pain. If CPR worked to restart your heart, there's a **[large chance]*** you'd need more help and wouldn't be able to live at home. After CPR, you might need the support of a breathing machine to keep you alive.

**customize per patient's risk using general terms*

DRILL C

Drill C show how to explore possible inconsistencies between the patient's goals and treatment decisions.

Use after thoroughly mapping the patient's goals and values.

Drill C: Recommend a Plan Based on Patient's Goals

Clinician



Since it's really important to you to be independent and take care of yourself, I would not recommend CPR if your heart stops. Even if it worked to restart your heart, I worry that you wouldn't be able to get off the machines afterward, or if you did, you would be too weak to take care of yourself or go home again.

Patient



I think I would still want to try CPR if my heart stops.

Drill C: Explore Possible Inconsistencies

Clinician



Tell me what you're hoping for with CPR.

Patient



When it comes right down to it, if there's any chance I'd get another day with my family, it would be worth it, even if I ended up in pain or in the hospital on machines for a while. I know it might not work, and I might be in terrible shape, but I'd want to give it a try.

Drill C: Explore Limits

Clinician



I can see how important your family is to you, and I really respect that. Can you think of a situation when you wouldn't want CPR?

Patient



I want to give CPR a chance. But if you try it and I end up with brain damage, don't try it again.

Drill C: Explore Limits

Clinician



Tell me what you mean when you say, “brain damage.”

Ok. What if you develop those problems before CPR?

Patient



If I get CPR, and afterward I’m not able to take care of myself or make my own decisions, then I wouldn’t want CPR again. I don’t want to be a burden on my family.

Then I wouldn’t want it.

Drill C: Summarize

Clinician



At this point, you would want an attempt at CPR if your heart and breathing stop. If you were ever permanently unable to take care of yourself or make your own decisions, you wouldn't want CPR. Do I have that right?

Patient



Yes, that's right.

Drill C: Next Steps

Clinician



Thanks for helping me understand what you want. Your daughter should know about this, too, since you chose her to communicate your decisions if you can't speak for yourself. Can you bring her with you to your next appointment?

Patient



That's a good idea. She might have some questions, and I want her to know what I want.

Debrief

- > How did it feel to say the words?
- > One thing you noticed as the clinician
- > One thing you noticed as the patient

SUMMARY: DISCUSSING LST

- > If goals point to a clear LST plan, ask permission and make a recommendation
- > If goals don't point to a clear LST plan:
 - Ask permission to talk about treatments the patient may or may not want
 - Assess understanding of the treatment
 - Assess information the patient wants and provide it
- > Explore decisions that do not appear to match goals

HELPFUL RESOURCES: COMMUNICATION TOOLS

- [Vital Talk](#) -Great Resource, include resources, courses, and link to a free APP
- Ariadne Lab: Serious Illness Conversation Guide in their [Serious Illness Care Section](#)
- Kruser, J.M., Nabozny, M.J., Steffens, N.M., Brasel, K.J., Campbell, T.C., Gaines, M.E., Schwarze, M.L., 2015. "Best Case/Worst Case": Qualitative Evaluation of a Novel Communication Tool for Difficult in-the-Moment Surgical Decisions. Journal of the American Geriatrics Society 63, 1805-1811.. <https://doi.org/10.1111/jgs.13615>
- SPIKES --Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. *SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer.* Oncologist. 2000;5(4):302-11. doi: 10.1634/theoncologist.5-4-302. PMID: 10964998.

HELPFUL RESOURCES FOR DETERMINING PROGNOSIS

- Fast Facts: search "prognosis" or by disease - <http://www.mypcnow.org/fast-facts>
- Cancer -Palliative Prognostic Index
- Heart failure - Seattle heart failure model - www.seattleheartfailuremodel.org
- Elderly - see <http://eprognosis.ucsf.edu/index.php>
- Liver disease - Model for End-Stage Liver Disease (MELD)
- Dementia - Mitchell index - <http://eprognosis.ucsf.edu/mitchell.php>

- AND Also -[PA's in Hospice & Palliative Medicine \(PAHPM\)](#)

ADDITIONAL REFERENCES

- U.S. Department of Veterans Affairs National Center for Ethics in Health Care. Goals of Care Conversations Training for Physicians, Advance Practice Registered Nurses, and Physician Assistants. <https://www.ethics.va.gov/goalsofcaretraining/practitioner.asp>. Updated January 3, 2019. Accessed [December 15, 2022].
- Geerse, O. P., Lamas, D. J., Sanders, J. J., Paladino, J., Kavanagh, J., Henrich, N. J., Berendsen, A. J., Hiltermann, T. J. N., Fromme, E. K., Bernacki, R. E. & Block, S. D.. 2019. A Qualitative Study of Serious Illness Conversations in Patients with Advanced Cancer. *J Palliat Med*. 2018.
- AriadneLabs. 2019. Serious Illness Conversation Guide. <https://www.ariadnelabs.org/wp-content/uploads/sites/2/2018/04/Serious-Illness-Conversation-Guide.2017-04-18CC2pg.pdf>
- Baile, W. F., Buckman, R., Lenzi, R., Glober, G., Beale, E. A. & Kudelka, A. P.. 2000. SPIKES—A six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist* 5: 302-11. <http://theoncologist.alphamedpress.org/content/5/4/302.full.pdf>
- 2022. Vital Talk Resources Quick Guides. Vitaltalk. <https://www.vitaltalk.org/resources/quick-guides/>
- Lotz, J. D., Daxer, M., Jox, R. J., Borasio, G. D. & Fuhrer, M.. 2017. "Hope for the best, prepare for the worst": A qualitative interview study on parents' needs and fears in pediatric advance care planning. *Palliat Med* 31: 764-771
- 2021. Time Out Before Talking: Communication as a Medical Procedure. *Annals of Internal Medicine* 174: 96-97.



DELIVERING SERIOUS NEWS & GOALS OF CARE CONVERSATIONS

Training for Physicians, Advance Practice Nurses, and Physician Assistants

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
National Center for Ethics in Health Care



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VA



U.S. Department of Veterans Affairs

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THANK YOU TO OUR FACULTY



THANK YOU QUESTIONS?



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