Version 3, May 2021

Communication skills training

Introduction to the Serious Illness Conversation Guide

Developed with Ariadne Labs

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Introductions - mihimihi

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Objectives

- Describe the evidence-based benefits of serious illness conversations for patients, families and whānau
- Describe your role in improving serious illness conversations
- List the components of the Serious Illness Conversation Guide
- Practice using the Serious Illness Conversation Guide

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Plan

- Reflection
- Discuss the evidence-based benefits of serious illness conversations
- Demonstration and debriefing
- Discuss the components of the Serious Illness Conversation Guide
- Skills practice
- Wrap up and next steps

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Your stories

5

Think of a patient with serious illness who had a poor or a good outcome at the end of life, in which the outcome was related to communication about goals of care

Identify the elements of communication (or lack of communication) that you think contributed to the outcome

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Goal: Better care

Where we are now	Where we want to be
Doing *some* of the right things *some* of the time for *some* of our patients with serious illness	Doing *all of* the right things *all* of the time for *all* of our patients with serious illness

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Ariadne Serious Illness Care Program

Mission: To improve the lives of all people with serious illness by increasing meaningful conversations with their clinicians about their values and priorities

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Evidence-based benefits of serious illness conversations

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Early conversations about patient values and goals linked to better serious illness care

- Increased care in line with patients' wishes[1,2,4]
- Improved quality of life/patient wellbeing[1,2,5]
- Fewer hospitalisations[2,4]
- More and earlier palliative care[2,4,5]
- Better coping by patient, family and whānau[2,3,4]

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Conversations are infrequent, late and limited

- **Infrequent**
  Fewer than one-third of patients with end-stage diagnoses reported end-of-life (EOL) discussion with clinicians[6]
- **Late**
  In patients with advanced cancer, first EOL discussion took place 33 days before death.
  Fifty-five percent of initial EOL discussions occurred in hospital[7]
- **Limited**
  Conversations often fail to address key elements of quality discussions[6,7,8]
- **New Zealand context**
  Health and Disability Commissioner: 15 percent of all complaints can be attributed directly to health professionals' attitudes and communication[9]

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Quality of conversation documentation is poor

When conversations take place, outcomes of discussions are often:

- not documented[10,11]
- not documented accurately[10,11]
- not easily retrievable in the clinical notes or electronic medical record[10,11]
- in conflict with other information in the clinical record.[10,11]

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Pathway toward improvement

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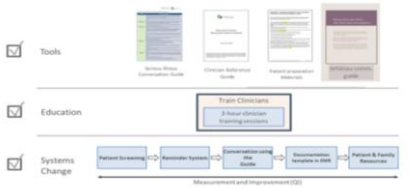
Serious Illness Care Program components



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Gentle landings: What can checklists or guides do?

- Bridge gap between evidence and 'real-world' implementation
- Assure adherence to key processes
- Achieve higher level of baseline performance
- Ensure completion of necessary tasks during complex, stressful situations

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HealthAffairs

TOPICS JOURNAL BLOG

HEALTH AFFAIRS > VOL. 36, NO. 7 : ADVANCED ILLNESS & END-OF-LIFE CARE

A Systematic Intervention To Improve Serious Illness Communication In Primary Care

Joshua R. Lakin, Luca A. Koritsanszky, Rebecca Cunningham, Francine L. Maloney, Brandon J. Neal, Joanna Paladino, Marissa C. Palmor, Christine Vogeli, Timothy G. Ferris, Susan D. Block, Atul A. Gawande, and Rachelle E. Bernacki
See fewer authors
AFFILIATIONS

PUBLISHED: JULY 2017 https://doi.org/10.1377/hlthaff.2017.0219

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Sixty-six percent of intervention patients report positive behavior change[12]

Practical planning	'Making changes to my will. Plan my funeral.'
Communication with family	'More realistic in my approach with family and friends about my prognosis.'
End-of-life care planning	'Made a complete list of all my last wishes, such as when I can no longer go to the bathroom myself I want hospice house care.'
Wellbeing	'I am doing the same stuff as before, just feeling less anxious about the future (hope for the best, prepare for the worst).'
Values, goals and priorities	'I have started to think about what my priorities are in terms of quality of life.'
Therapeutic relationship	'Mostly the conversation brought us closer (Dr X).'

Preliminary qualitative analysis

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Research

JAMA Oncology | Original Investigation

Evaluating an Intervention to Improve Communication Between Oncology Clinicians and Patients With Life-Limiting Cancer
A Cluster Randomized Clinical Trial of the Serious Illness Care Program

Joanna Paladino, MD; Rachelle Bernacki, MD, MS; Bridget A. Neville, MPH; Jane Kavanagh, BA; Stephen P. Miranda, MD; Marissa Palmor, BS, MBE; Joshua Lakin, MD; Meghna Desai, MPH; Daniela Lamas, MD; Justin J. Sanders, MD, MSc; Jonathon Gass, MPH; Natalie Henrich, PhD, MPH; Stuart Lipsitz, ScD; Erik Fromme, MD; Atul A. Gawande, MD, MPH; Susan D. Block, MD

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SICG feasible, acceptable, effective intervention that improves patient experience[13]

Intervention results in clinical practice change:

- More and earlier serious illness conversations ($P = 0.005$; <0.001)
- More patient-centered and comprehensive conversations (P <0.001)
- More accessible documentation in the electronic medical record (P <0.001)

Intervention significantly reduces moderate–severe anxiety and depression

- Lower levels of anxiety persist for four months after the intervention

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Audit

Anaesthesia and Intensive Care

Perioperative shared decision-making in the Bay of Plenty, New Zealand: Audit results from a complex decision pathway quality improvement initiative using a structured communication tool

Heidi C Omundsen[1], Renee L Franklin[1], Vicki L Higson[2], Mark S Omundsen[3] and Jeremy I Rossaak[3]

Abstract

Patients presenting for elective surgery in the Bay of Plenty area in New Zealand are increasingly elderly with significant medical comorbidities. For these patients the risk–benefit balance of undergoing surgery can be complex. We recognised the need for a robust shared decision-making pathway within our perioperative medicine service. We describe the setup of a complex decision pathway within our district health board and report on the audit data from our first 49 patients. The complex decision pathway encourages surgeons to identify high-risk patients who will benefit from shared decision-making, manages input from multiple specialists as needed with excellent communication between those specialists, and provides a patient-centred approach to decision-making using a structured communication tool.

Keywords

Shared decision-making, complex decision pathway, perioperative assessment, structured communication tool, perioperative advance care planning, high risk surgery, anaesthesia, intensive care

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Demonstration: Serious Illness Conversation Guide

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Demonstration – Fred

Fred...

- is a 62-year-old retired sailor in merchant navy, lifelong bachelor
- has advanced COPD, is short of breath on minimal exertion despite recently starting home oxygen
- showering and dressing in the morning takes over an hour
- has had recurrent hospitalisations this year
- lives in a council flat with limited social supports
- is here for a follow up outpatient appointment

Goal for today: **Initiate a conversation using the Serious Illness Conversation Guide**

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Demonstration – Kevin

Kevin (supported by his wife Julie)....

- Kevin is in his mid 40's
- He has relapsed leukaemia after a failed bone marrow transplant
- Further chemotherapy has been unsuccessful
- Platelets are low
- Kevin is now blood transfusion dependent. The interval between transfusions have reduced to fortnightly and he is reporting limited impact or improvement in his symptoms post transfusion
- Jane (an ACP facilitator), is leading today's conversation. She worked with Kevin to complete his Advance Care Plan prior to his bone marrow transplant

Goal for today: **Initiate a conversation using the Serious Illness Conversation Guide**

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Serious Illness Conversation Guide

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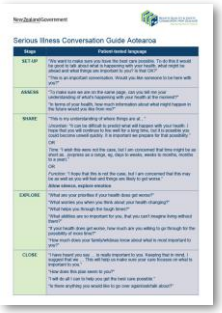
A framework for best communication practices


Serious Illness Conversation Guide Aotearoa

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A conversation with an agenda

Set up the conversation
Assess illness understanding & information preferences
Share patient-centered prognosis
Elicit priorities, worries, strengths
Explore critical abilities, tradeoffs, family awareness
Recommend a way forward

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Set up

Introduce the idea

Ask permission

Describe the benefits

27

Assess

Illness understanding

Information preferences

28

Deliver prognosis

Uncertainty

Function

Time

29

Take a breath

(Pause and respond to emotion)

30

Elicit

- Priorities
- Worries
- Strengths

31

Explore

- Critical abilities
- Trade-offs
- Family/whānau awareness

32

Recommend

- Summarise
- Recommend
- Affirm commitment

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Key points

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Time to practice
SICG drill

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Time to practice
SICG role play

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Wrap up and next steps

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