



DHB SICG Trainer Training

Teaching the Serious Illness Conversation Guide



Introductions



Objectives

- Review the pedagogy and steps of a 3-hour clinician training
- Lead an introduction and reflection
- Learn to build a case describe the contents of the guide
- Respond to clinician attitudes during large group debriefing
- Run a drills session to quickly practice the words on the guide
- Open a small group and create safety in role play
- Understand and utilize a facilitation map
- Determine how and when to timeout
- Facilitate a skills practice session
- Provide effective feedback on communication skills
- Close a training session



What we mean when we say...

- National trainers = us (people who are training)
- DHB SICG trainers = you!
- Patient = simulated patient
- Clinician learners = clinicians you will be teaching
- SICG workshop = 3 hour training on the use of the guide
- Train the trainer = 1 day course spent learning to teach the SICG workshop



Training Methods and Steps



Training Methods

- Emotional Engagement
- Modeling
- Cognitive Map
- Skills Practice with Feedback

Training Methods and Steps

Method	Step
Emotional Engagement	Introductions and Objectives (1)
Emotional Engagement	Reflection (2)
Cognitive Map	Building the Case (3)
Modeling & Emotional Engagement	Demonstration and Debriefing (4)
Cognitive Map	Explain the Guide Elements (5)
Skills Practice	Drill of the Guide (6)
Emotional Engagement	Set Up the Small Group Role Play (7)
Skills Practice with Feedback	Role Play with Timouts, Feedback, and Debriefing (8)
Emotional Engagement	Large Group Debriefing (9)
Cognitive Map	Share Next Steps in Implementation (10)
	Evaluation (11)

**Training Methods and Steps:
1 & 2: Introductions and
Leading the Opening Reflection**

Training Methods and Steps

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Introduction & Reflection: Rationale

Emotional Engagement
Learners begin the session by sharing a story about a patient (or personal experience) in which communication had an impact on care, for better or worse

Rationale

- Have people get to know each other with a twist of fun
- Reflect on their own clinical experiences and engage emotionally with those experiences
- Reflect on key communication practices that make a difference in patient and family outcomes

Introduction: Tips

Practical Introductions
Have everyone say their name and what they do

Have a little bit of fun to lighten the atmosphere

- If you didn't work in your current job, what would you do?
- If you could have one superpower, what would that be?
- Tell us one thing about yourself that nobody else in this room knows.
- What is your favourite chocolate bar or lolly?

Reflection

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



Reflection: Tips

- **Allow silence:** Tolerate the discomfort of silence to allow learners to formulate their words before sharing their story with the group
- **If you have a talkative learner:** Thank them at a pause point; highlight an aspect of their story that demonstrates a positive or negative impact of communication on care; turn to the group to ask for their experiences
- **Resist the urge** to let the reflection go beyond the designated time
- **Write themes on the white board to avoid repetitive stories:**
 - Aspects of communication that make things go well
 - Aspects of communication that make things go poorly



**Training Methods and Steps:
3 & 5: Building the Case**



Training Methods and Steps

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Emotional Engagement	Introductions and Objectives 1
Emotional Engagement	Reflection 2
Cognitive Map	Building the Case 3
Modeling & Emotional Engagement	Demonstration and Debriefing 4
Cognitive Map	Explain the Guide Elements 5
Skills Practice	Drill of the Guide 6
Emotional Engagement	Set Up the Small Group Role Play 7
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	Evaluation 11



Didactic: Rationale

Cognitive Map

During the two didactic sessions, you will explain the underlying rationale for the Serious Illness Care Program and describe the elements of the Serious Illness Conversation Guide

Rationale

- Using a didactic approach helps clinicians understand why this is important and gives practical steps about how to improve



Evidence-based benefits of serious illness conversations

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}





Conversations are infrequent, late and limited

- **Infrequent**
Fewer than one-third of patients with end-stage diagnoses reported end-of-life (EOL) discussion with clinicians⁶
- **Late**
In patients with advanced cancer, first EOL discussion took place 33 days before death. Fifty-five percent of initial EOL discussions occurred in hospital⁷
- **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 communication⁹



Quality of conversation documentation is poor

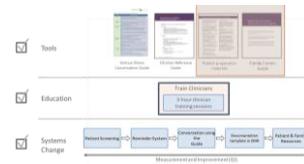
- When conversations take place, outcomes of discussions are often:
- * not documented^{10,11}
 - * not documented accurately^{10,11}
 - * not easily retrievable in the clinical notes or electronic medical record^{10,11}
 - * in conflict with other information in the clinical record.^{10,11}



Pathway toward improvement



Serious Illness Care Program components



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



Research

- Randomised controlled trial**
 - Oncology (Dana-Farber Cancer Institute)
 - High-risk primary care (Atrius)
- Implementation trial**
 - High-risk Medicare patients Integrated Care Management Program (ICMP)
- Feasibility and acceptability pilots**
 - Chronic critical illness (Spaulding)
 - African American patients (South Carolina)

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. Kortbecker, Rebecca Cunningham, Françoise L. Mahoney, Brandon J. Reed, Joana Paluchos, Marissa C. Patten, Christine Vogel, Timothy G. Ferris, Susan D. Block, Alud A. Gasanda, and Rachelle E. Barnacki
See here authors ...

AFFILIATIONS ▾

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Sixty-six percent of intervention patients report positive behavior change¹²

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/ need 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

Research

JGIM Overview | 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

Joana Paluchos, MD, Rachelle Barnacki, MS, MS, Bridget A. Neville, MPH, Jane Kravitz, BA, Stephen P. Morita, MD, Walter Fabrice, DL, MEd, Jeffrey Lee, MD, Roger P. Fine, MPH, David Levine, MD, David L. Dunbar, MD, MD, Jonathan Lee, MPH, Nicole Henrich, PhD, MPH, Stuart Lipsett, MD, Ed Favaire, MD, Alud A. Gasanda, MD, MPH, Susan D. Block, MD

SICG feasible, acceptable, effective intervention that improves patient experience¹³

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

Training Methods and Steps:

4: Demonstration and Debriefing

Training Methods and Steps

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Motivational & Emotional Engagement	Demonstration and Debriefing (4)
Cognitive Map	Explain the Guide Elements (5)
Skills Practice	Divide the Guide (6)
Emotional Engagement	Set Up the Small Group Role Play (7)
Skills Practice with Feedback	Role Play with Timed-out, Feedback, and Debriefing (8)
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Demonstration & Debriefing: Rationale

Modeling and Emotional Engagement

- Trainers **model** or **show a video** that demonstrates use of the Serious Illness Conversation Guide for trainees
- Learners **debrief** the demonstration, discussing their observations and concerns, led by the trainer

Rationale

- Practice observation skills while they watch the demonstration
- Express **attitudes** and concerns about the conversation during the debriefing by identifying what was effective and ineffective about the conversation from their perspective



Demonstration Tips

Live Demonstration

- Use a standardised patient or patient actor and prep him/her
- Live demonstrations allow the facilitator to be in the vulnerable position, which sets the tone for learners to be in that position later

Video Demonstration

- Use a video if you don't have a standardised patient or patient actor



Debriefing Tips: Open Ended Questions

Debriefing the Demonstration

- Start by asking an open-ended question to the group
- Apply the ACKNOWLEDGE -> ASK -> RESPOND technique

Neutral Question

- What was your reaction to the conversation?

Follow-up Questions

- What are the benefits and tradeoffs of using a structure?
- What did you like or not like about the Guide?



Debriefing Tips: Acknowledge, Ask, Respond

Acknowledge people's concerns

- I can see how it is difficult to...

Ask the trainees and let them brainstorm

- Who can think of a way...
- Say more about that...
- Who else has reactions?

Respond (be prepared with a response)

- One suggestion might be...
- Let's put that in the parking lot...



Training Methods and Steps: 8. Facilitating a Small Group



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Skills Practice: Rationale

Skills Practice with Feedback
 Trainees practice their conversation skills with each other through a **role play** exercise with feedback from a trained facilitator

Rationale

- It is important for clinicians to try the Conversation Guide before using it with patients

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Skills Practice: Facilitator Guide

STEP	WHAT FACILITATOR DOES OR SAYS
INTRODUCE CASE	Read the patient case. Ask the group to decide which prognosis statement to use. <i>"Which of the 3 prognosis statements would be most useful in this case?"</i>
IDENTIFY a learning focus	Understand the clinician learner's challenge. <i>"Which question or element in the Serious Illness Conversation Guide do you anticipate finding most challenging?"</i>
RUN the encounter	Explain that quick coaching & feedback are expected. Remind clinician learner to follow the Guide. Take notes on interactions.
QUICK COACH Keep clinician on task	Pause the clinician learner; offer a phrase; gesture to resume. Keep the clinician learner working from the guide. Recommend minor adjustments, minimally interrupting flow.
QUICK TIME OUTS	Time out if learner is veering from guide or uncertain. Aim for one quick time out per encounter.

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Skills Practice: Facilitator Guide

STEP	WHAT FACILITATOR DOES OR SAYS
DEBRIEF the quick time out	Give the clinician learner a moment to gather his/her thoughts. <i>"How is it going?"</i> <i>"What did you do well?"</i> <i>"What might you do differently?"</i>
ENGAGE THE GROUP	Gather additional ideas from small group participants. <i>"Does anyone have any other ideas about what [clinician learner] could say?"</i>
RESUME the encounter	Resume the encounter. Have the clinician learner finish practicing using the Guide. Offer the clinician learner the opportunity to try a specific question again, if desired: <i>"Do you want to start with [specific element] from the Guide?"</i>
REINFORCE LEARNING	Find out what the learner is taking away. 1. Clinician learner names one thing they did that they liked. 2. Facilitator names one thing clinician did that they liked. 3. Ask clinician learner for a take home point. <i>"What did you learn from this encounter that you could use the next time you see a patient?"</i>

Health Quality & Safety Commission New Zealand

Specific Language: Begin the role play

Restate the learning goal
 The goal is to practice using the guide

Read the case
 Then ask – does any one have any questions about the case?
 Which of the 3 prognostic statements would be most useful in this case?

Ask for a volunteer
 Who would like to volunteer to practice using the Guide?
 Which question or element in the Guide do you anticipate finding most challenging?
Remind the learner about timeouts and remind the group to take notes
 I will call a timeout pretty quickly
 Group – remember to take good notes

Begin the encounter
 Begin whenever you are ready

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Timeouts

Call a timeout if the learner

- Appears distressed or stuck
- Misses responding to emotion
- Veers off the guide
- Does something well that you want to highlight to the group

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Giving Feedback

How to give effective feedback

- Make it specific – focus on behaviors (take notes), not intentions
- Keep it short – focus on 1-2 key learning points
- Address the emotions of the learner – "Yeah, that was a tough case..." or "These are sad situations."



Giving Feedback

ALWAYS start with the learner

- What went well? What was challenging?
- What will you take away from this exercise?

From the group, only elicit positive feedback

- What did you see [the learner] do well?
- If someone beings to offer criticism, cut them off – repeat – What did you see [the learner] do **well**?



Training Methods and Steps: 6: Drill of the Guide



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Drill of the Guide: Rationale

Skills Practice

A low risk setting to read the words aloud on the guide for the first time

Rationale

- Create a low-risk, playful environment for the learners to read the words on the guide
- Drills make it easier to follow the Guide in the following, higher stress small group practice session



Drill of the Guide: Tips

- Set the stage – this is the communication equivalent of shooting free throws in basket ball or playing piano scales
- Have participants simply read the pre-prepared drill case (using the Guide format) to each other
- Then switch
- Debrief their experience using the Guide
- Don't get lost in the weeds debriefing the guide. The purpose is to highlight the flow and notice what it is like to keep going back to the Guide



Training Methods and Steps: 7. Small Group Set Up

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Small Group Set Up: Rationale

Emotional Engagement
The small group portion of the training, while the highest rated on feedback forms, is the most stressful for learners

Rationale

- Normalise the experience of role play
- Surface positive and negative attitudes about role play
- Set clear and safe ground rules that everyone agrees upon **before** embarking on role play teaching

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Small Group Set Up: Tips

What did you see us do?

- State the goal of the session - to practice the Conversation Guide
- Lead 'I hate role play' exercise
- Establish ground rules for small group learning
- Explain the logistics of the session

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Small Group Set Up: Steps

'I hate role play' exercise helps to prevent humiliation and shame

- Why do you **hate** role play?
- Why do you **like** role play?
- A great place for some humor

Ground rules exercise creates safe environment

- Confidential
- Everyone has something to learn
- Respectful and non-judgmental
- Timeouts and feedback are expected
- Clinician doing the role play can call a timeout at any time
- Clinician doing the role play always debriefs first...

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Your chance to practice

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Training Methods and Steps: 9 & 10. Large Group Debriefing and Next Steps



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Large Group Debriefing: Rationale

Emotional engagement; Synthesis of takeaways; Next steps
 Trainees come back together after small group skills practice to debrief and learn about next steps once they leave the training

Rationale
 Coming back together after small group learning:

- Builds cohesion and allows for synthesis of the learning experience
- Gives you an opportunity to address additional concerns/questions
- Gives you an opportunity to provide 1-2 practical next steps encouraging clinicians to put their new skills into practice

- 
- ### Large Group Debriefing: Tips
- Ask for participant feedback and thoughts about the Guide
 - Highlight a few key takeaways
 - Discuss the workflow (patient identification, documentation, etc.)
 - Provide 1-2 practical next steps once they leave the training
 - Set the expectation that you (or someone from the team) will check in with them
 - Let clinicians know that they have support



Wrap up