



Train the Trainer DHB SICG Trainer Training

Learning to teach the Serious Illness Conversation Guide

V6 May 2022



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Introductions - mihimihi



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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 utilise a facilitation map
- Determine how and when to timeout
- Facilitate a skills practice session
- Provide effective feedback on communication skills
- Close a training session



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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



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Training Methods and Steps



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Training Methods



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Training Methods and Steps



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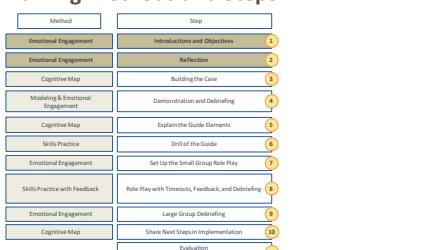


Training Methods and Steps: 1 & 2: Introductions and Leading the Opening Reflection

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Introduction & Reflection: Rationale

Emotional Engagement

Learners begin the session by sharing a story about a patient/whānau (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



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Introduction: Tips

Practical Introductions

Have everyone say their name and/or a short pepeha, their role & one of the icebreaker questions

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.
- Where is your favourite place in the world and why?
- What is your favourite chocolate bar or lolly?



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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



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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



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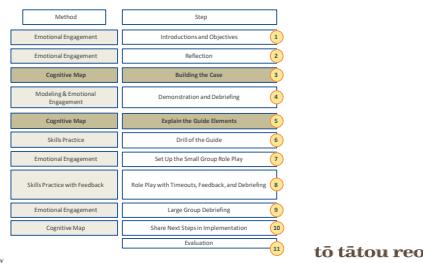
Training Methods and Steps: 3 & 5: Building the Case



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Training Methods and Steps



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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



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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 clinicians⁹
- **Late**
In patients with advanced cancer, first EOL discussion took place 33 days before death. Fifty-five percent of initial EOL discussions occurred in hospital¹⁰
- **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 communication¹¹



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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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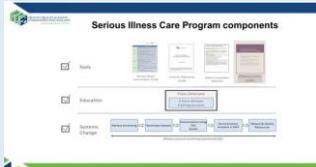
Pathway toward improvement



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Serious Illness Care Program components



The diagram illustrates the Serious Illness Care Program components. It is organized into three main sections: Tools, Education, and Systems Change. Under Tools, there are four items: 'Assessment', 'Communication', 'Decision support', and 'Plan of care'. Under Education, there are two items: 'Training' and 'Implementation'. Under Systems Change, there are four items: 'Infrastructure', 'Performance measurement', 'Process improvement', and 'Policy development'.

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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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Health Affairs

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

Author(s): Luca A. Koritsanszky, Rebecca Cunningham, Francine L. Maloney, Brandon J. Nasl, Joanna Paladino, Marissa C. Palmer, Christine Vogel, 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 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 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; Rachael Bernacci, MD, MS; Brigitte A. Neville, MPH; Jane Kavanaugh, BA; Stephen P. Miranda, MD; Marissa Palmer, BS, MBE; Joshua Lakin, MD; Meghna Desai, MPH; Daniela Lanza, MD; Justin J. Sanders, MD, MSc; Jonathan Goss, MPH; Natalie Hensch, PhD, MPH; Stuart Lipsitz, ScD; Erik Fromme, MD; Asif A. Gawande, MD, MPH; Susan D. Block, MD

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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

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Audit

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 Omundsen¹, Renee L Franklin¹, Vicki L Higson²,
Mark S Omundsen² and Jeremy I Rossak²

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 recognise the need to improve the quality of shared decision-making for these patients. This poster presents the findings of the setup of a complex decision pathway within our district health board and report on the audit data from our first 49 patients. The audit found that the structured communication tool was effective in supporting shared decision-making, managed input from multiple specialists as needed with excellent communication between those specialists and the patient. A structured approach to communicating using a structured communication tool.

Keywords
Shared decision-making, complex decision pathway, perioperative assessment, structured communication tool, perioperative advance care planning, high-risk surgery, assessments, invasive care



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Training Methods and Step:

5: Building the Case

The elements of the guide



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Serious Illness Conversation Guide



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A framework for best communication practices

Step	Hand-coded headings
SET UP	"We've come here because you have been diagnosed with [illness]. To do this well we need to make sure we're both clear about what's important to you and what other things are important to you?" "Can I ask you some questions about your illness?"
ASSESS	"I'd like to know who you are on the same page, can you tell me your name?" "What's the name of the hospital you're staying in?" "Is there anyone else you would like to be involved in this conversation?" "How is your overall health? How are you coping with the information about what might happen in the future?"
SHARE	"This is my understanding of where things are at..." "I'm going to explain what I think is important about your illness and what you can expect from treatment. If you have any questions or concerns, please feel free to ask me now." "How are you coping with the news?" "What are your priorities?" "What are your strengths?" "What abilities are important for you, that you can't imagine living without?" "What are your fears?" "What are your concerns?" "How are you coping with the news?" "How do you feel about your family/whānau now since you've received this news?" "What are your concerns about the future?"
ELICIT	"I have heard a few tips... Is really important to you. Knowing that it's important to you means it's important to me too." "What worries you about your illness?" "What worries you about your health changing?" "What are your concerns about the future?" "What abilities are important for you, that you can't imagine living without?" "How are you coping with the news?" "What are your priorities?" "What are your strengths?" "What abilities are important for you, that you can't imagine living without?" "What are your fears?" "What are your concerns?" "How are you coping with the news?" "How do you feel about your family/whānau now since you've received this news?" "What are your concerns about the future?"
CLOSE	"I have heard a few tips... Is really important to you. Knowing that it's important to you means it's important to me too." "What are your concerns about the future?" "What are your priorities?" "What are your strengths?" "What abilities are important for you, that you can't imagine living without?" "What are your fears?" "What are your concerns?" "How are you coping with the news?" "How do you feel about your family/whānau now since you've received this news?" "What are your concerns about the future?"

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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

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**Assess**

Illness understanding



Information preferences

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**Deliver prognosis**

Uncertainty



Function



Time

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**Elicit**

Priorities



Worries



Strengths

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**Explore**

Critical abilities



Trade-offs



Family/whānau awareness

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**Recommend**

Summarise



Recommend



Affirm commitment

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Key points

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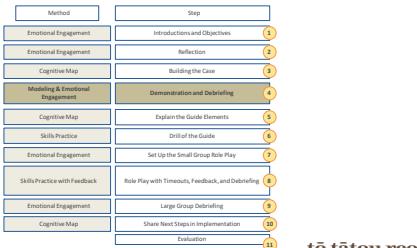
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Training Methods and Steps:
4: Demonstration and Debriefing

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Training Methods and Steps



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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



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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



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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?



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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...



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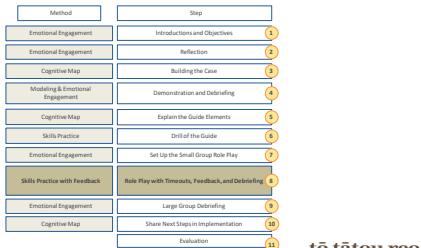
Training Methods and Steps: 8. Facilitating a Small Group



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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: Trainer Guide

STEP	WHAT TRAINER DOES OR SAYS
INTRODUCE CASE	Read the patient case. Ask the group to decide which prognosis statement to use. "Which of the 3 prognosis statements would be most useful in this case?"
IDENTIFY a learning focus	Understand the clinician learner's challenge. "Which question or element in the Serious Illness Conversation Guide do you anticipate finding most challenging?"
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: Trainer Guide

STEP	WHAT TRAINER DOES OR SAYS
DEBRIEF the quick time out	Give the clinician learner a moment to gather their thoughts. "How is it going?" "What did you do well?" "I really liked it when you did x" "What might you do differently next time?"
ENGAGE THE GROUP	Gather additional ideas from small group participants. "Does anyone have any other ideas about what [clinician learner] could say?" "I wonder if next time you might try..."
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: "Do you want to start with [specific element] from the Guide?"
REINFORCE LEARNING	Find out what the learner is taking away. 1. Clinician learner names one thing they did that they liked. 2. Trainer names one thing clinician did that they liked. 3. Ask clinician learner for a take home point: "What did you learn from this encounter that you could use the next time you see a patient?"



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Specific Language: Begin the role play

Restate the learning goal

The goal is to practice using the guide

Read the case

Then ask – does anyone 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

Remember you can time out. Expect feedback from me – quick coach or a time out

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.”



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Giving Feedback

ALWAYS start with the learner

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



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Drill of the role play feedback loop



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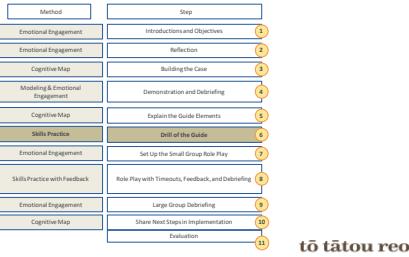
6: Drill of the Guide



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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



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Drill of the Guide: Tips

- Set the stage – this is the communication equivalent of shooting free throws in basketball 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



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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?

- Introduction
- State the goal of the session - to practice the Conversation Guide
- Lead 'I hate role play' exercise
- Explain the logistics of the session and establish the ground rules
- (Encourage them to take notes to help with feedback)



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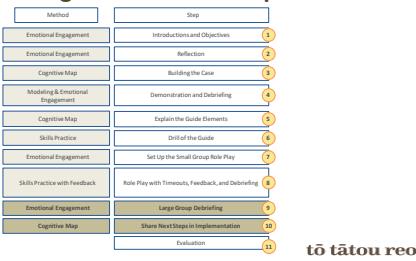
Training Methods and Steps: 9 & 10. Large Group Debriefing and Next Steps



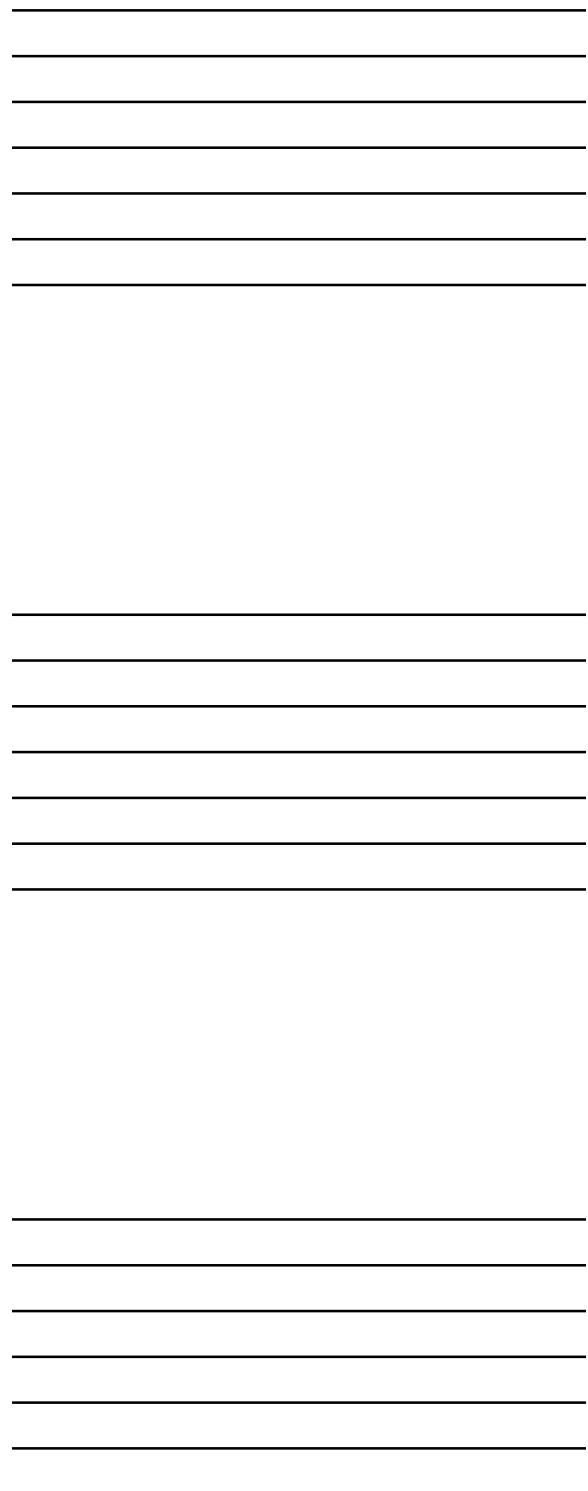
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Large Group Debriefing: Rationale

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



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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



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Wrap up



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