



# **Serious illness conversation guide**

## **Workshop facilitation manual for**

### **DHB SICG trainers**

**Draft document**  
**(Version 4, May 2021)**

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# Introduction

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Kia ora and welcome to the *Serious illness conversation guide: Teaching manual to support the training of DHB trainers*. This manual contains additional information to support the DHB trainers deliver the SICG workshop to clinician learners.

The majority of the information for the delivery of the SICG workshop can be found as notes under the specific slides in the SICG workshop slides PowerPoint. This manual contains additional information to support DHB trainers facilitate the workshop sessions.

## Terminology

Term	Definition
National trainers	Facilitators teaching the DHB SICG Trainers
DHB SICG Trainers	Participants learning how to teach the SICG workshop
Patient	Simulated patient
Clinician learners	Clinicians the SICG workshop will teach
SICG workshop	3-hour training
Train-the-Trainer Course	1-day course spent learning to teach the SICG workshop

## Course objectives

### SICG workshops (learning the Serious Illness Conversation Guide)

1. Describe the evidence-based benefits of serious illness conversations for patients and families
2. Describe the clinician's role in improving serious illness conversations
3. List the components of the Serious Illness Conversation Guide
4. Practice using the Serious Illness Conversation Guide

### Train the Trainer (teaching the Serious Illness Conversation Guide)

1. Develop large group teaching skills:
  - a. Lead the opening reflection
  - b. Lead demonstration using the Guide
  - c. Respond to clinician comments during large group debriefing
2. Develop small group facilitation skills, including:
  - a. Open a group and create safety in role play
  - b. Understand and utilise a facilitation guide
  - c. Identify strategies for engaging all small group members in problem-solving and discussion
  - d. Learn techniques for small group facilitation, including managing and debriefing time outs, helping learners identify learning opportunities and reinforcing learning
  - e. Practice facilitating in small groups, including engaging learners, quick coaching techniques, and providing effective feedback

## Te Tiriti o Waitangi and the serious illness conversation programme

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Te Tiriti o Waitangi is regarded as one of the founding documents of government, in Aotearoa New Zealand. “Te Tiriti forms the foundation for government on the basis of protections and acknowledgement of Māori rights and interests within the context of a shared citizenry” (Cabinet Office, 2019).

The advance care planning programme (of which the serious illness conversation guide programme is a component) is committed to embedding and enacting Te Tiriti o Waitangi by working with Māori to ensure that the advance care planning initiatives are tailored for, and relate with, Māori communities.

As part of our Tiriti commitment the advance care planning programme actively:

- partners with Māori worldview leaders, experts and whānau Māori to develop solutions based on mana motuhake (Māori self-determination)
- uses information that includes Māori worldview priorities, experiences, and solutions
- makes mātauranga Māori (Māori knowledge) central in our efforts to influence change
- encourages the sector to develop active Te Tiriti partnerships with tangata whenua (the indigenous people) so that improvement benefits Māori and help to achieve health equity.

Please refer to the *Serious illness conversation – reference guide for health care professionals*, for more background about the principles of Te Tiriti.

## Health equity and advance care planning

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Health equity is a national priority. Disparities in health status occur between different groups within our population, such as age, gender, socioeconomic position, geographical region, and ethnicity. In Aotearoa New Zealand, ethnic inequalities between Māori and non-Māori New Zealanders are the most persistent and pervasive inequities in health.

As health professionals, it is important that our practice aims to reduce and dismantle health inequities, and role model best practice.

Tools and resources to promote equitable access and participation in serious illness conversations for Māori can be found in the *Serious illness conversation – reference guide for health care professionals*.

## Ngā kupu Māori

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Te reo Māori is one of Aotearoa New Zealand’s three national languages and is widely used within healthcare. The use of te reo Māori is recognised as an important cultural competency in healthcare and is a significant contributor to the clinician-consumer relationship as it shows consideration of cultural difference and inclusion of mātauranga Māori.

The following are kupu Māori used in this document:

<b>Hui</b>	meeting
<b>Karakia</b>	prayer or invocations
<b>Karakia mō te kai</b>	prayer before food
<b>Karakia timatanga</b>	opening prayer
<b>Karakia whakamutunga</b>	closing prayer
<b>Kaupapa</b>	the business at hand
<b>Kōrero</b>	To speak or have a discussion
<b>Kupu Māori</b>	Māori word
<b>Mana</b>	this is a concept with many shades of meaning including prestige, authority, control, power and influence
<b>Mana motuhake</b>	the ability of Māori to determine things according to their values and what they think is important. Māori self-determination
<b>Mātauranga Māori</b>	Māori knowledge
<b>Mihimihi</b>	Mihimihi are usually held at the beginning of a hui in the form of introductions. The format of a mihimihi includes a welcome (mihi), recitation of your genealogy (pepeha) or where you come from, and who you are in relation to this (whānaungatanga)
<b>Pepeha</b>	a genealogical statement as Maori, descending from ancestors
<b>Tangata whenua</b>	the indigenous people of Aotearoa New Zealand
<b>Te ao Māori</b>	the Māori worldview; acknowledges the interconnectedness and interrelationship of all living and non-living things. It strongly influences every aspect of the culture and contributes to the Māori holistic view of the world
<b>reo Māori</b>	the Māori language
<b>Tikanga Māori</b>	Māori protocol or way of being. It's important to remember that tikanga may differ in hospitals, marae, iwi, workplaces etc. as each rōpū establishes their own tikanga
<b>Wānanga</b>	in this context it means workshop
<b>Whakapapa</b>	Genealogy. Reciting <i>whakapapa</i> was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status.
<b>Whakawhānaungatanga</b>	a te ao Māori process of establishing relationships. It's about making connection, developing relationships through commonality and/or difference. It involves connecting with the consumer and their whānau on a personal level often through connections with whenua, whānau involvement or the use of te reo Māori
<b>Whānau Māori</b>	a term commonly used to denote people who identify as Māori
<b>Whenua</b>	Land. In the context of whakawhānaungatanga this encompasses ancestral land, mountains and water (ocean, lakes, or rivers).

## Cultural Safety

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A culturally competent practitioner can contribute to wellbeing by integrating cultural and clinical elements within their practice. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with and treating people of different cultural background.

Cultural differences can impact on the quality of communication and impact consumer/clinician relationships. There is evidence that misperception and lack of connection between people from non-dominant ethnic groups, such as Māori and Pacific Peoples, and health professionals is not uncommon and negatively impacts engagement. Poor engagement between people and clinicians is associated with poor outcomes for both the person and the clinician.

Culturally safe practice with whānau Māori includes the following:

- Ask people how their name is pronounced if you're not sure.
- Acknowledge the role of whānau as a key health determinant of Māori and actively include them in conversations (with the consumer's permission).
- When planning a serious illness conversation ask the person if they would like whānau to be present, or if they would like a or kaimahi hauora Māori (Māori health worker) to be contacted for support
- Ask who the whānau, or support people with the consumer are and how they fit in to their life.
- Aim to greet people in their own language and learn a few simple te reo phrases.
- Be aware of the environmental factors that may affect the consumer and their whānau engagement with services.
- Build on your knowledge of indigenous belief systems including views on mana, death and dying, reliance upon whānau and karakia (prayer).

Refer to the paper by C Lacey et al - The Hui Process: a framework to enhance the clinician-consumer relationship. *New Zealand Medical Journal* 2011; 124:1347. This paper describes a method of integrating cultural competency practice, specific to Māori, in the clinician-consumer relationship.

Serious illness conversations include subject matter around wellbeing, health decline, death and whakapapa. Acknowledge that serious illness guide conversations can be difficult for some people. Be mindful that some whānau Māori do not like talking about death as it is viewed as karanga mate (i.e. to be calling-in death). Talking about death is considered tapu in tikanga Māori, therefore care must be taken to engage with the whānau and provide culturally competent care. Once you've introduced the kaupapa (topic) of a serious illness conversation, provide an opportunity for karakia (as karakia provides protection and moves tapu to a state of noa). If whānau accept the opportunity for karakia - either give the karakia yourself, ask whānau Māori to give karakia, or suggest a moment of silence for personal reflection and karakia. Be led by whānau.

The 'Preparing for the conversation' section of the *Serious illness conversation – reference guide for health care professionals*, provides further guidance.

## Implicit bias

Not many of us can claim to be experts in the culture or realities of others. You can, however, become expert in reflecting on your own culture and attitudes that inevitably shape your practice. Respect and humility lay the foundations for a mutual exchange where the locus of control sits with the person and their whānau. Accepting that your own reality is no more valid than anyone else's, will help you navigate serious illness conversations.

For the serious illness conversation to meet its objectives it is important that the clinician first:

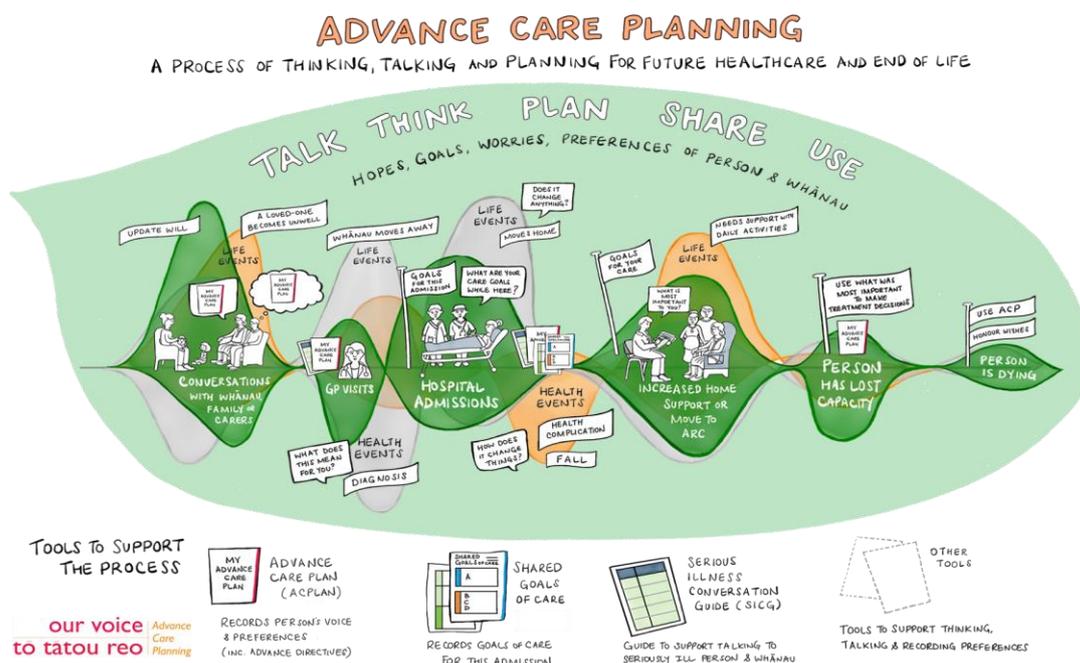
- understands their own cultural values, beliefs and practices and the influences these have on practice
- understands their own assumptions, biases and stereotypes that are held about groups of people and how these can shape practice
- can identify power held and how it is used in practice
- critically analyses the diverse realities that influence people's health and wellbeing recognises and respects diversity among groups of people

Please make time to watch the Commission's implicit bias training resources.

The *Understanding bias in health care* videos are available free on the Commission's website at <https://www.hqsc.govt.nz/understanding-bias> and can also be completed as learning modules on <https://learnonline.health.nz/>. These will assist you to examine attitudes and stereotypes that affect your understanding, actions and decisions in an unconscious manner.

## Serious Illness Conversation Guide & advance care planning

The Serious Illness Conversation Guide (SICG) is a tool to support advance care planning conversations and planning with seriously ill people and their whānau.



This infographic demonstrates that advance care planning is a process of talking, thinking, planning, sharing and using a person's values, hopes, goals, worries and preferences to inform care and treatment. The relevance and intensity of these advance care planning activities ebbs and flows over time triggered by either personal or life events for the person and their whānau and/or health events.

Other tools that support these activities:

- **My advance care plan and guide** to capture what matters the most to a person, including care and treatment preferences for current and future health, any advance directives and post death wishes.
- **Shared goals of care forms** to support shared decision-making for a specific admission to hospital or aged residential care. Shared goals of care conversations can be supported by using the Serious Illness Conversation Guide. The shared goals of care template includes the SICG questions and space to capture the answers.

## Preparing for a workshop

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DHB SICG trainers need to be familiar with the following documents and resources:

- Video: Overview of advance care planning in Aotearoa New Zealand  
<https://www.youtube.com/watch?v=TcHuundQFuc&t=3s>
- Interactive PDF: Using the Serious Illness Conversation Guide  
[https://www.hqsc.govt.nz/assets/ACP/PR/Serious\\_Illness\\_Conversations\\_online\\_training.pdf](https://www.hqsc.govt.nz/assets/ACP/PR/Serious_Illness_Conversations_online_training.pdf)
- Serious Illness Conversation Guide: Teaching manual to support the training of DHB trainers
- Serious illness conversations: Reference guide for health care professionals
- The Hui Process: a framework to enhance the clinician-consumer relationship with Māori
- The three [learning and education modules on understanding bias in health care](#) modules
- Serious Illness Conversation Guide community of practice website

Teaching should be in line with these resources.

## Printing

Ideally this should be organised by the local serious illness conversation training administration support. Printing should be prepared the day before the training.

Resource	Number to print
1. List of delegate names and contact numbers for your trainers	1 (per facilitator)
2. Agenda	1 (per facilitator)
3. Sign-in sheet	1
4. Spare pre-course questionnaire	5
5. Serious Illness Conversation Guide Aotearoa	1 per delegate
6. Drill sheets	1 per delegate
7. Case study: learner version	2
8. Case study: actor/patient version	2
9. Post-course confidence questionnaire	1 per delegate
10. Delegate workshop evaluation	1 per delegate
11. Trainer feedback form	1 per trainer

## Serious Illness Conversation Guide community of practice

This site is for SICG trainers and contains all the course material, video links, information for setting up and running a workshop plus a whole heap of other useful resources, articles and the latest SICG news and events.

You can access the site using the link <https://www.hqsc.govt.nz/our-programmes/advance-care-planning/information-for-clinicians/support-for-trainers-communities-of-practice/serious-illness-conversation-guide-trainers/>.

You will be given the log in and password for the secured site when you attend the training. Please do not share these details with people who have not been trained to deliver the workshops:

Additional information about accessing and navigating the site can be found in the 'Navigating the Serious Illness Conversation Guide community of practice site' PDF (Appendix One).

## Overview of the workshop

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Serious Illness Conversation Guide workshop	
20 minutes	Welcome and karakia Mihimihi (introductions) Outline of the workshop Group reflection
15 minutes	Discuss evidence-based benefits of serious illness conversations
20 minutes	Demonstration and debriefing
15 minutes	Describe elements of Serious Illness Conversation Guide (SICG)
10 minutes	Drills of SICG
5 minutes	<i>Move to small groups</i>
	Practice using the guide in small groups
10 minutes	Introductions
1 hour	Practice using the SICG
5 minutes	Small group close
5 minutes	<i>Move to large group</i>
15 minutes	Large group debrief Karakia whakamutunga (closing karakia) Evaluations
	<b>Workshop close</b>

## Tasks to be completed prior to the workshop

- Check with the venue where toilets are located, fire and emergency procedures and any other relevant venue specific information you need to know to keep you and the group safe.
- Check all participants have completed pre-course questionnaires online or collect completed hard copies as they arrive. If they have not completed it, ask them to complete it prior to the session.
- Ensure attendance register is completed.
- Provide participants with name badges.

## At the end of the day

- Ensure everyone does the post course confidence questionnaire and evaluation before they leave.
- Gather together all the following paperwork, scan and email to national team ([SICGadmin@hqsc.govt.nz](mailto:SICGadmin@hqsc.govt.nz)):
  - Pre and post course confidence questionnaires
  - Evaluations
  - Sign-in sheet
  - Spreadsheet with participant details

## Facilitation materials

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### Welcome and karakia, introductions, objectives and workshop structure

#### *1. Learning objectives*

The purpose of this session is to welcome people to the workshop, introduce the course, the facilitators, and the group to each other.

Please refer to notes under slides 1-4

#### *Include a karakia timatanga (opening karakia)*

A karakia and translation is offered below. We encourage the use of this opening karakia to enable the group to settle-in, take pause and focus their attention to the moment.

Karakia creates a starting point and brings our focus to the kaupapa (the business at hand). This tikanga Māori (Māori protocol), is used to enhance the mauri (life-force) of the workshop's interactions and begins to weave matāuranga Māori (Māori knowledge), into the day's proceedings.

Karakia is not primarily the domain of religion; it can be about acknowledging the elements and creating a safe environment to move forward with the day's activities.

It is preferable that you kōrero (speak) Māori for this karakia To support your pronunciation of the opening karakia (below) – please listen to the audio recording on YouTube – the link is provided in the pre-reading.

### Karakia timatanga

Here is one option for an opening karakia.

<p><i>Tukua taku wairua kia rere ki ngā taumata</i>  <i>Hei ārahi i āku mahi</i>  <i>Kia mau kia ita</i>  <i>Kia kore ai e ngaro</i>  <i>Kia pupuri kia whakamaua kia tina (tina!)</i>  <i>Haumī e</i>  <i>Hui e</i>  <i>Tāike e!</i></p>	<p>Let my spirit ascend to the top-most summits as a guide for all that I do, keep it safe so that it will not be lost, preserve and maintain it.</p> <p>Join!  Gather!  Intertwine!</p>
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### Additional information about karakia

Karakia, in their true essence, are ritual chants invoking spiritual guidance and protection. It is an opportunity to welcome tīpuna (ancestors) and kaitiaki (spiritual guardians) to inspire and support the work to be done during the day.

Karakia – translates as *prayers* or *incantations*. They are generally used to ensure a favourable outcome to important events such as hui (*meetings*), wānanga (workshops), medical procedures etc. They also signify the commencement or end of an important kaupapa (the business at hand) and cause people to focus their attention and to be present.

Karakia are used to:

1. Start the wānanga (karakia timatanga)
2. Close the wānanga (karakia whakamutunga)
3. Bless food (karakia mō te kai)

### Introductions - Mihimihi

Mihimihi (introductions), enable the group to begin to make connections with each other and note commonalities. The kupu Māori (the Māori word) for this process is whakawhānaungatanga.

The aim of mihimihi, in this context, is to engender engagement and participation by attendees and develop a learning and sharing space that has a sense of friendliness and safety.

Mihimihi consists of:

1. Mihi – this is a greeting. For example – Tēnā koutou. Nau mai haere mai. Hello everyone.
2. Pepeha – this is about developing connection through whakapapa (genealogy), or where you are from. We have provided pepeha templates to help you (see below).

We encourage you to say your pepeha in te reo Māori. To support your pronunciation – please listen to the audio recording on YouTube – the link is provided in the pre-reading.

3. Whānaungatanga – this is about developing connection through shared experiences. In the context of the workshop, this could include saying where you work and your engagement with advance care planning/SICG mahi.

Whakawhānaungatanga is also attended to through the discussions that occur throughout the workshop and the shared experience of role play.

### Why introduce yourself with pepeha?

The use of pepeha by trainers at serious illness conversation guide workshops is an expression of tikanga Māori and embodies the intention to weave matāuranga Māori throughout the advance care planning and serious illness conversation programmes in alignment with the principles of Te Tiriti o Waitangi.

The integration of pepeha and te reo Māori in this environment aims to strengthen your confidence with speaking te reo Māori and enrich your practice with tikanga Māori. It also role models best practice for your colleagues and workshop participants.

### What is pepeha?

Pepeha is a traditional Māori custom which holds great significance on whakapapa and connection to whenua. For Māori, pepeha is a genealogical statement descending from ancestors. In recent times a format of pepeha has been developed to include non-Maori New Zealanders in the tradition of establishing connections and developing relationships.

### How do you create a pepeha?

We have provided two templates to help you create your pepeha and there is a recorded example of pepeha in the YouTube link sent with your pre-reading.

Choose one of the following templates (or something similar), for your pepeha.

**Option One** – use this template, particularly if you identify as Māori

<b>Tēnā koutou katoa</b>	<i>Greetings to you all</i>
<b>Ko tēnei taku whakapapa</b>	<i>This is my whakapapa</i>
<b>Ko _____ te maunga</b>	<i>My ancestral mountain is .....</i>
<b>Ko _____ te awa</b>	<i>My ancestral river is .....</i>
<b>Ko _____ te iwi</b>	<i>My iwi is .....</i>
<b>Nō _____ āhau</b>	<i>I am from .....</i>
<b>Ko _____ te ingoa whānau</b>	<i>My surname is .....</i>
<b>Ko _____ tāku ingoa</b>	<i>My name is .....</i>
<b>Nō reira tēnā koutou, tēnā koutou, tēnā koutou katoa</b>	

**Option Two** – you could use this template if you do not identify as Māori

He uri ahau nō tawhiti	<i>My ancestral origins are in distant lands.</i>
Ko _____ te whenua	<i>My ancestral land is .....</i>
<b>**Ka mihi ahau ki tēnei whenua me ōna uri</b>	<i>I greet this land and acknowledge its descendants</i>
Ka mihi au ki te maunga _____	<i>I acknowledge the mountain .....</i>
Ka mihi au ki te awa _____	<i>I acknowledge the river .....</i>
Nō _____ āhau	<i>I am from .....</i>
Nō _____ te whare kainga	<i>My home is .....</i>
Ko _____ te ingoa whānau	<i>My surname is .....</i>
Ko _____ tāku ingoa	<i>My name is .....</i>
<b>Nō reira tēnā koutou, tēnā koutou, tēnā koutou katoa</b>	

\*\*this is an optional extension

## Opening Reflection

### 1. Learning objectives

After this session, clinician learners will be able to:

- Reflect on their own clinical experiences and engage emotionally with those experiences
- Reflect on key communication practices that make a difference in patient and whānau outcomes

### 2. Performance objectives

This session will provide experiential practice for clinician learners to participate in large group reflection and discussion

### 3. Steps for DHB SICG trainer

#### Prompt

*Think of a patient with serious illness who had a good or poor outcome at the end of life in which the outcome was related to communication about goals of care (or lack thereof).*

**Unpack** the story shared with open-ended questions – “*What were the communication-related aspects of this situation that made things go well (or poorly) in terms of patient or whānau care?*”

**Ask** group to identify a solution (may or may not relate to guide/programme)

**Ideas** to draw out of the group:

- Timing matters - late discussions during times of crisis overwhelm pts/whānau/families and make decisions more difficult, late conversations are more stressful for clinicians
- The way we frame these discussions has an impact on the well-being of pts/whānau/families - discussions focused on our medical agenda raise anxiety, compared to discussions focused on what is important to the patient
- Systems challenges get in the way of good communication
  - Unclear who is responsible for the conversation
  - Clinicians not all on the same page
  - Information gets lost due to inconsistent documentation
- Moral distress among clinicians
  - As clinicians, we may feel distressed by the situation's patients and whānau/families face at the end of life. (Sometimes this can leave us feeling like we have failed)
  - We worry that the care patients receive may be inconsistent with people's goals/values

#### **4. Helpful points for the DHB SICG trainer**

- Pose a clear question that encourages personal reflection
- Engage the group with open-ended questions
- Acknowledge and validate learner responses
- Ask appropriate follow up questions to elicit deeper conversations
- Used silence effectively to stimulate discussion
- Highlight aspects of communication that make things go well through validation and repetition, writing on the board, or asking for group summary
- Highlight aspects of communication that make things go poorly through repetition, writing on the board, or asking for group summary
- Redirect group if getting off topic

**Remember:** The goal is not to explicitly connect to anything in the programme (can feeling like selling, which turns people off) but rather to have the participants share an understanding of the problem and propose solutions (that often relate to solutions offered by the programme or Guide).

TIMING: 20 minutes (Slides 1-6)

## **Evidence-based benefits of serious illness conversations**

Please refer to notes under slides 7-20

TIMING: 15 minutes (slides 7-20)

### **Demonstration and Debriefing**

#### **1. Learning objectives**

After this session, clinicians will be able to:

- Practice observation skills while they watch the demonstration
- Express attitudes and concerns about the conversation during the debriefing

#### **2. Performance objectives**

This session will provide experiential practice for clinicians to observe, take notes and reflect

#### **3. Cast needed**

- DHB SICG Trainer to run session and debrief demo
- An additional DHB SICG Trainer to play clinician (if doing a live demonstration rather than using the video)
- Actor or facilitator to play patient (if doing a live demonstration rather than using the video)

#### **4. Steps for DHB SICG trainer**

##### **Demo (or use Video)**

- Read case
- Set up chairs in front of room for clinician/patient
- Time encounter (12-15 minute maximum)
- Ensure clinician follows guide exactly
- Spend time preparing the actor or facilitator beforehand to avoid any surprises
- Debrief clinician (keep this brief, goal is to model debrief)
  - How did it go?
  - What went well?
  - What was challenging?
- Note: a minimum of 2 DHB SICG trainers are needed to run a live demo

Please note demonstration videos can be downloaded and/or accessed from the Serious Illness Conversation Guide community of practice site.

## **5. Group Debrief**

### **Start with an open-ended question**

- What was your reaction to seeing the conversation?
  - What did you like or not like about the Conversation Guide (particularly encourage negative responses)?
- What are the benefits or tradeoffs of using a conversation guide?

### **Acknowledge people's concerns**

- I can see how it can be difficult...
- It is tough....
- These can be difficult conversations....

### **Ask the clinicians for their thoughts and let them brainstorm**

- Who can think of a way...
- Does anyone else have any thoughts..?

### **Respond (be prepared with a response)**

- One suggestion might be...

Aim to present ways forward/potential value of the SICG process, while simultaneously acknowledging the validity of the groups concerns.

TIMING: 20 minutes for Demo/Debrief (Slides 21-22/23)

## 6. Helpful points for demonstration debriefing

### Skepticism and Concerns

“I don’t have enough time.”

**Acknowledge:** I completely understand. It can be difficult to fit these conversations into our busy schedules.

**Ask the group:** What might be some ways to incorporate this into the busy clinical practice?

**Response Primers:**

- We have found that the average time for the discussion is 20 minutes.
- Teams have broken up the conversation so that different people have different parts of the conversation.
- Others who use the Guide have told us that being proactive about these conversations saves time in the long run.

“It doesn’t feel authentic.”

**Acknowledge (and unpack):** Thanks for sharing this. Can you say a bit more about what doesn’t feel authentic?

**Ask the group:** What are the benefits and drawbacks of using a Guide structure?

**Response primers:**

- It is normal for it to feel unnatural at first.
- The feeling goes away with time as people adapt the questions to their own personal style.

“I already do this well. Here is how...”

**Acknowledge:** That’s really great to hear. Everyone brings their own skills and style to these conversations.

**Ask the group:** Are there any parts of the Guide that you don’t normally cover in your conversations?

**Response primers:**

- The Guide is not meant to replace your skills, but rather to enhance them.
- Not everyone feels comfortable with these conversations and the Guide is intended to make it easier.
- The Guide provides a framework for teaching as well.

<p>“I don’t want to upset my patients.”</p>	<p><b>Acknowledge:</b> This is something a lot of people worry about. Anxiety can be a common emotion for both patients and clinicians with these conversations.</p> <p><b>Ask the group:</b> What are the benefits and drawbacks of these conversations in terms of their impact on patients?</p> <p><b>Response primers:</b></p> <ul style="list-style-type: none"> <li>▪ Allowing patients the space to express their fears and emotions is therapeutic.</li> <li>▪ Discussing prognosis in a patient-centered way reduces distress by giving patients and their whanau/family important information so they can plan and prepare.</li> </ul>
<p>“I can’t predict prognosis and I don’t want to be wrong.”</p>	<p><b>Acknowledge:</b> Prognostication is challenging. It is often very difficult to predict prognosis, especially in non-oncology patients.</p> <p><b>Ask the group:</b> How can you discuss prognosis in a way that reflects uncertainty but still gives the patient information that he/she wants?</p> <p><b>Response primers:</b></p> <ul style="list-style-type: none"> <li>▪ If a time-specific prognosis is not appropriate, you can also give a function-based or unpredictability-based prognosis.</li> <li>▪ The goal of discussing prognosis is not to be right or wrong but to help patients and families begin to plan ‘just in case’ (anticipatory guidance).</li> </ul>
<p>“I don’t know who is responsible for this conversation.”</p>	<p><b>Acknowledge:</b> Thanks for bringing this up. This uncertainty is very common. Most of us work with multiple specialists or different teams who care are involved in the care of our patients.</p> <p><b>Ask the group:</b> In your practice, how do you address the issue of ownership? What parts of the conversation or process do you feel you own?</p> <p><b>Response primers:</b></p> <ul style="list-style-type: none"> <li>▪ One barrier to having conversations is that everyone thinks it is someone else’s responsibility, so no one does it.</li> <li>▪ Now that you are trained, we hope that you will take increasing ownership of this conversation.</li> <li>▪ You can also set up systems to ensure ownership.</li> </ul>

“I can’t get the doctors to have this discussion.”

**Acknowledge:** This is a difficult situation and you are not alone. There might be various members of the health care team who are resistant to these discussions.

**Ask the group:** What are some of the sources of resistance you imagine facing? How can you imagine addressing colleague resistance in your practice?

**Response primers:**

Nurses often know when patients are open to talking about these issues and can be really effective catalysts for starting this process.

“I always follow the patient’s lead in these conversations. Using a Guide gets in the way of that.”

**Acknowledge:** It can feel like that. This is a very difficult shift.

**Ask the group:** In what moments did you notice that you wanted to go off of the Guide? What are the benefits and drawbacks of a Guide structure?

**Response primers:**

- It can be difficult to resist the urge to follow the patient’s leads that might take you to a discussion about care planning, treatments, and procedures prematurely.
- We do think it is important to talk about these issues, but our suggestion is that you acknowledge the issue and let the person know you will talk about it at the end of the discussion, once you have an understanding of what is most important them (‘bookmarking’).

## Benefits

“I found having a structure really helpful.”

**Acknowledge:** That’s a great point.

**Ask the group:** What are the ways in which the structure of the Guide can be helpful?

**Response primers:** Having a roadmap during these discussions helps to ease the distress we feel when we are not sure what to say next.

<p>“I can see how this can help focus the conversation on the patient’s goals rather than on the medical details.”</p>	<p><b>Acknowledge:</b> That’s great</p> <p><b>Ask the group:</b> What skills and strategies were used during the encounter to focus on the patient’s goals?</p> <p><b>Response primers:</b> Understanding patient’s values and goals of care can provide a framework for making decisions both now and in the future.</p>
<p>“I liked how much listening is involved.”</p>	<p><b>Acknowledge:</b> Great point.</p> <p><b>Ask the group:</b> What are the benefits of allowing silence? What are the benefits of asking open-ended questions?</p> <p><b>Response primers:</b> One of the core skills we talked about today is talking less than half the time, which helps patients feel cared for and heard.</p>
<p>“It was helpful to think about prognosis in a broader way. I tend to get caught up in the medical issues.”</p>	<p><b>Acknowledge:</b> This is such an important point.</p> <p><b>Ask the group:</b> What were the takeaways from today’s training about giving prognosis? Where was the patient in terms of his/her understanding at the beginning of the conversation? What about by the end?</p> <p><b>Response primers:</b></p> <ul style="list-style-type: none"> <li>▪ The purpose of prognostication is to help patients begin a planning process rather than being “right or wrong” about the prediction.</li> <li>▪ Presenting prognostic information in a way that the patient can understand eases distress (knowledge is power) and helps patients maintain control of their decisions and care.</li> </ul>
<p>“We got so much information from this conversation.”</p>	<p><b>Acknowledge:</b> This is such an important point.</p> <p><b>Ask the group:</b> What kind of information did you get that would help you care for your patient? How did using the Guide change the kind of information you usually get from these conversations?</p> <p><b>Response primers:</b></p> <ul style="list-style-type: none"> <li>▪ Even if you know what the patient might say in response to the questions, we suggest asking them because you will likely uncover valuable information that will enhance your clinical care of the patient.</li> </ul>

## **The components of the Serious Illness Conversation Guide**

Please refer to notes under slides 24-34.

NOTE: some slides in this section are animated

TIMING: 10 minutes (slides 24-34)

## **Drill of the Serious Illness Conversation Guide**

### **1. Learning objectives**

After this session, clinicians will be able to:

- Become familiar with the words of the Guide
- Experience the flow of the Guide
- Build their sense of continuity between the steps, including utilising some basic communication skills, like responding to emotion

### **2. Performance objectives**

This session will provide experiential practice for clinicians to read through the Guide and familiarise themselves with the words, once as patient and once as clinician.

### **3. Materials needed**

- Drill sheets

### **4. Steps for DHB SICG trainer**

- Explain the purpose of the drill:
  - For clinician learners to familiarise themselves with the words and flow of the Guide
  - For clinician learners to practice using the entire Serious Illness Conversation Guide
- Have them adjust their chairs to work in pairs
- Have them read through the drill twice in pairs
  - Person with smaller feet plays the clinician first; other person plays patient
  - Have them swap roles and read again
- Debrief their experience using the Guide. DHB SICG trainer asks clinician learners to:
  - Reflect on what it was like to say the words in the Guide
  - Reflect on the experience of utilising a formatted approach and continuing to return to it
  - Identify and name some of the things the clinician did in this example that are not part of the Guide, including bookmarking, responding to emotion, etc.
  - Discuss the 3 forms of prognosis

- Conclude by asking clinician learner to share a brief takeaway observation

### **5. *Helpful points for the DHB SICG trainer***

- Do not 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

TIMING: 10 minutes for Drill and debrief

## **Facilitating a small group role play using the Serious Illness Conversation Guide**

### **1. *Learning objectives***

*After this session, clinicians will be able to:*

- Describe their experience of using the words in the Serious Illness Conversation Guide
- Reflect on their own strengths and challenges in using the Guide
- Learn from colleagues

### **2. *Performance objectives***

This session will provide experiential practice for clinicians in using the Serious Illness Conversation Guide

### **3. *Cast needed***

- DHB SICG trainer
- Small group of clinician learners
- Patient (Actor)

### **4. *Materials needed***

- Flipchart and pens
- Ensure clinician learner has a copy of the Guide when practicing

### **5. *Steps for DHB SICG trainer***

#### **Small group session overview**

- Setting up the small group – 10-15 minutes (see small group start-up guide pg.29)
- Skills practice using the Guide – 60-70 minutes (see facilitation guide for small group role play pg.30)
- Small group close – 5-10 minutes

#### **Plan your time carefully**

- Each clinician learner will have an equal share of the 60-70 minutes to practice half of the Guide.
- There are a number of cases available. Please visit the community of practice

website to view options. You may wish to change to a second case halfway through the session to add variety or choose a case with different time points

## Setting up your small group for role play

1. Begin by forming your small group
  - *Ask each member of the group to share their: name, where they work, their role, and something silly or interesting about themselves.*

NOTE: this step will not be required if you are not breaking into smaller groups for role play
2. Share the goal of the session – to practice using the Guide (the words and the flow)
  - *Acknowledge that using the Guide is a new skill for everyone in the group.*
3. Facilitate the 'Why I hate role play' brainstorm
  - *Get group to generate ideas about what they hate about role play and the reasons role play is important as a learning tool.*
4. Explain the role play structure and the ground rules
  - *Mobile phones and pagers turned off*
  - *Try to only take assigned breaks*
  - *“Vegas Rules” (what happens in the room stays in the room). Spirit of curiosity & play – be open to trying something new*
  - *The learning environment is structured; expect that the facilitator will keep things moving*
  - *Only the facilitator and the person in the hot seat can timeout*
5. Encourage observers to take notes and give appropriate feedback.
  - *Suggest one approach to taking notes might be to divide their page into two columns (one clinician one patient). Write down exact phrases.*
  - *Discuss what constitutes good feedback (e.g., positive, specific and succinct – “when you did x, she responded by y”).*

## Facilitating a small group role play

1. Start by reading the patient case
  - Ask small group members if they have any questions about the case
  - Have the small group choose a prognosis statement for the encounter.  
*“Which of the three prognosis statements would be most useful in this case?”*
  - Ask which clinician learner would like to volunteer to speak with the patient first (the ‘hot seat’ clinician learner)
  - Orientate the clinician learner to their assigned task (e.g., the first half or second half of the Guide)
  
2. Identify the clinician’s learning challenge within the Guide
  - “Which question or aspect of the Serious Illness Conversation Guide do you anticipate finding most challenging?”*
  - Remind them that they can ask up to two follow-up questions after each Guide question, but more than that will be going off-track
  - Explain that feedback and coaching are expected
  
3. Begin the encounter
  - Bring the patient (actor) into the room
  - Invite the clinician learner in the hot seat to start when they are ready
  - Remind the group to take notes on the interaction
  
4. Quick coaching during the encounter
  - Use quick coaching as needed during encounter (no more than 2 times)
  - Maintain the flow of the encounter by giving quick instructions or a suggested phrase
  - Return the clinician learner to the questions in the Guide
  - Keep energy up and positive by focusing on what they should do (& you can skip what they shouldn’t do—save that for the debrief if needed).
  
5. Quick time outs
  - Either the hot seat clinician or the DHB SICG trainer can call a quick time out
    - Aim for one quick time out for each clinician
    - Keep it simple!
  - Calling a quick timeout during an SICG role play:
    - Clinician learner demonstrates an effective behavior - highlight a good practice for group
    - Clinician learner misses a patient cue or appears uncertain
    - Clinician learner veers from Guide or gets off track (e.g. asks >2 follow-up

questions)

- Clinician learner skips a major step in the Guide (i.e. prognosis)

#### 6. Debrief the time out

- Debrief the role-playing clinician first –
  - *How's it going?*
  - *What did you do well?*
  - *I really liked it when you did x*
  - *What might you do differently next time?*

#### 7. Engage the remaining small group members to brainstorm strategies

- Does anyone have any other ideas about what [clinician learner] could say?
- I wonder if next time you might try...

#### 8. Resume the encounter

- Have the clinician learner resume their encounter & finish their half of the Guide
- Offer the clinician learner the opportunity to try again, if desired. Redirect them to a specific point in the Guide, and have the clinician learner begin.  
*“Do you want to start again with [specific question] from the Guide?”*
- Keep them anchored to practicing the Guide

#### 9. Reinforce learning & discover what the clinician learner is taking away

- Have the clinician learner name one thing they did that they liked.
- DHB SICG trainer names one thing clinician learner did that they liked.
- Ask clinician learner for a take home point:  
*“What did you learn from this encounter that you can use the next time you see a patient?”*

## Small group close

Before re-joining the large group:

1. Ask the group to briefly highlight the key learning points from the role play exercise/experience
2. Share key tips when using the Guide
  - a. Set-up: State the purpose of the conversation
  - b. Prognosis and addressing emotion
    - i. Use honest and compassionate language
    - ii. Support patients hopes while helping them prepare

- iii. Allow for silence
  - iv. Name and explore emotions
- c. Recommendation: The Serious Illness Conversation Guide will help you elicit information so you can make a recommendation based on what the patient tells you is most important
3. Thank the group for their efforts and hard mahi.

**6. Helpful points for the DHB SICG trainer**

- Manage time appropriately. Consider using a clock or timer.
- Give each learner approximately the same amount of time
- Orientate learner to their task (e.g. practicing half the guide)
- When giving feedback
  - Make feedback specific
  - Focus on behavior, not intentions
  - Focus on a 1-2 key issues
  - Address the emotions of the clinician learner
  - Manage safety of the clinician learners

## 7. Small Group Start-Up Guide

Use to set up your small group for learning

STEP	What you say or do
<b>INTRODUCTION</b>	<p>Begin forming a group.</p> <p><i>Ask each member of the group to share their: name, where they work, their role, and something silly or interesting about themselves.</i></p> <p>NOTE: this step will not be required if you are not breaking into smaller role play groups</p>
<b>GOAL OF THE SESSION</b>	<p>To practice using the Guide (the words and the flow)</p> <p><i>Acknowledge that using the Guide is a new skill for everyone in the group.</i></p>
<b>WHY I HATE ROLE-PLAY</b>	<p>Use a flipchart to brainstorm with the group “Why do you hate role play?”</p> <p><i>Get group to generate ideas about what they hate about role play and the reasons role play is important as a learning tool.</i></p>
<b>LEARNING ENVIRONMENT</b>	<p>Explain the structure in brief.</p> <p><i>Mobile phones and pagers turned off.</i></p> <p><i>Try to only take assigned breaks.</i></p> <p><i>“Vegas Rules” (what happens in the room stays in the room). Spirit of curiosity &amp; play – be open to trying something new.</i></p> <p><i>The learning environment is structured; expect that the facilitator will keep things moving.</i></p> <p><i>Only the facilitator and the person in the hot seat can timeout.</i></p>
<b>NOTE TAKING / FEEDBACK</b>	<p>Observers should take notes and give appropriate feedback. <i>Suggest one approach to taking notes might be to divide their page into two columns (one clinician one patient). Write down exact phrases.</i></p> <p><i>Discuss what constitutes good feedback (e.g., positive, specific and succinct – “when you did x, she responded by y”).</i></p>

## 8. Facilitation Guide for Small Group Role Play

STEP	What you say or do
<b>INTRODUCE CASE</b>	Read the patient case. <i>Ask the group to decide which prognosis statement to use.</i> <i>“Which of the 3 prognosis statements would be most useful in this case?”</i>
<b>IDENTIFY</b> 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>
<b>RUN</b> the encounter	Explain that quick coaching & feedback are expected. <i>Remind clinician learner to follow the Guide. Take notes on interactions.</i>
<b>QUICK COACH</b> Keep clinician on task	Pause the clinician learner; offer a phrase; gesture to resume. <i>Keep the clinician learner working from the guide. Recommend minor adjustments, minimally interrupting flow.</i>
<b>QUICK TIME OUTS</b>	Time out if learner is veering from guide or uncertain. <i>Aim for one quick time out per encounter.</i>
<b>DEBRIEF</b> The quick time out	Give the clinician learner a moment to gather his/her thoughts. <i>“How is it going?” “What did you do well?”</i> <i>“I really liked it when you did x”</i> <i>“What might you do differently next time?”</i>
<b>ENGAGE THE GROUP</b>	Gather additional ideas from small group participants. <i>“Does anyone have any other ideas about what [clinician learner] could say?”</i> <i>“I wonder if next time you might try...”</i>
<b>RESUME</b> the encounter	Resume the encounter. <i>Have the clinician learner finish practicing their half of the Guide.</i> <i>Offer clinician learner the opportunity to try a specific question again, if desired:</i> <i>“Do you want to start with [specific element] from the Guide?”</i>

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**REINFORCE  
LEARNING**

Find out what the learner is taking away.

- *Clinician learner names one thing they did that they liked.*
- *Facilitator names one thing clinician did that they liked.*
- *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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## **Large group debrief & closing**

Please refer to notes under slide 37.

### **1. Learning objectives**

*After this session, clinicians will be able to:*

- Come back together as a large group and share experiences
- Summarise takeaways
- Establish next steps
- Evaluations
- Close the session/Karakia

### **2. Performance objectives**

*This session will provide experiential practice for clinicians to:*

- Express benefits and drawbacks of using a Guide after the small group practice sessions

### **3. Steps for DHB SICG trainer**

- Ask: Can you imagine using this in your practice?
  - Acknowledge responses (particularly important if barrier)
- Ask: What barriers do you foresee to using the Conversation Guide in practice?
  - Acknowledge
  - Ask group “how you can address” barrier?
- Ask: What things can make the use of the Conversation Guide easier in practice?
- Ask: What are your takeaways from the workshop? Go around the learners in turn
- Thank the group for their efforts
- Give out post-course confidence questionnaire and the workshop evaluations. Point out that the evaluation has two pages and let the learners know they are free to go once these are completed.
- Close the session with a Karakia

### **4. Helpful points for the DHB SICG trainer**

- Prioritise coming together at the end
  - This step allows clinician learners to reflect on their experience and consolidate knowledge.
  - Bringing people together to reinforce take home points is an essential part of the learning process. Offer concrete and actionable goals/steps.
  - Have clinician learners commit to using the Serious Illness Conversation Guide

with 1-2 patients over the next week. Choose an easy patient who is 'ready' for this discussion.

- Describe next steps
  - If there are established processes for patient selection, preparation, documentation, or other steps, share key points.
- Offer support
  - Let clinicians know that the team will follow up with them within two weeks to ask for their feedback and to provide support.

### **5. He Karakia Whakakapi (closing karakia)**

Kia whakairia te tapu Kia wātea ai te ara Kia turuki whakataha ai Kia turuki whakataha ai Haumī e! Hui e! Tāiki e!	<i>Restrictions are moved aside So the pathway is clear To return to everyday activities</i>
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TIMING: 15 minutes for Large Group Debrief & Closing

## Appendix One

### Navigating the Serious Illness Conversation Guide community of practice site

Kia ora and welcome to the Serious Illness Conversation Guide community of practice site.

This site is for SICG trainers and contains all the course material, video links, information for setting up and running a workshop plus a whole heap of other useful resources, articles and latest SICG news and events.

You can access the site using the link

<https://www.hqsc.govt.nz/our-programmes/advance-care-planning/information-for-clinicians/support-for-trainers-communities-of-practice/serious-illness-conversation-guide-trainers/>.

This will take you to the landing page for Serious Illness Conversation Guide trainers.

The screenshot shows the landing page for the Serious Illness Conversation Guide trainers. At the top left is the Health Quality & Safety Commission New Zealand logo with the Māori name 'Kaitiaki Takekōwhiri Hauora o Aotearoa'. To the right, there is a login section with the text 'Logged in as SICG.com | Log out' and a search bar labeled 'Rapu / Search'. Below the logo and login are six navigation links: 'Hōtaka akoranga Our programmes', 'Pito kōrero me ngā pānui News & events', 'Putanga me ngā rauemi Publications & resources', 'Rangitaki Blog', 'Mō mātou About us', and 'Whakapā mai Contact us'. A green breadcrumb trail reads: 'Home > Our programmes > Advance care planning > ACP information for clinicians > Support for trainers | Communities of practice > Serious Illness Conversation Guide trainers'. The main heading is 'Serious Illness Conversation Guide trainers'. On the left is a sidebar menu with items: 'Overview and context', 'Benefits', 'What clinicians can do', 'Tools', 'Promotion', 'Implementation', 'Training', and 'Support for trainers | Communities of practice'. The main content area has the heading 'Serious Illness Conversation Guide community of practice' and includes a printer icon and a share icon. The text describes the SICG as a tool for support and lists resources for people who have attended the train-the-trainer training. It also features an infographic and a video overview link: 'Watch our video overview of advance care planning in Aotearoa New Zealand.' A bottom navigation bar highlights 'Serious Illness Conversation Guide'.

Please enter your username and password when prompted to do so.

There are a couple of options for navigating the site.

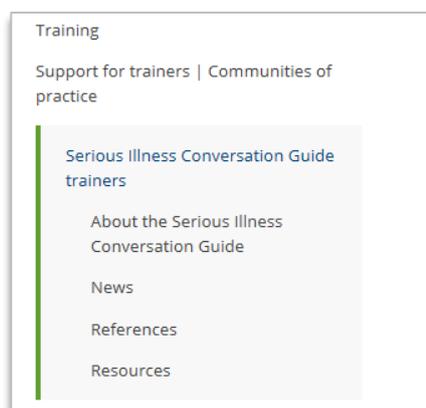
If you are wanting to head straight to the course resources, scroll down the landing page and click on 'Access the secure training resources' link

## Access the secure training resources

Training resources are organised into three categories

1. **Resources:** which has everything you need to organise a workshop as well as the printing lists and workshop documents
2. **Delivering a workshop:** has links to all the documents you need to deliver a workshop including the links to the demonstration videos, the SICG drill, role play case studies plus some alternative options for both the drills and case studies so you can tailor the workshop content to meet the needs of your training group
3. **Trainer materials:** contains copies of the materials you received during your train-the-trainer training

There is also quick link access to resources using the side menu



'About the Serious Illness Conversation Guide' provides background on the programme and the names and contact details of national SICG team.

Any new SICG articles or news (including dates of upcoming trainer webinars) can be accessed through the 'News' tab.

And the list of workshop references can be found under the 'Reference' tab.

If you have any questions about any of the material or feedback on the site, please email the team at [SICGadmin@hqsc.govt.nz](mailto:SICGadmin@hqsc.govt.nz)