



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
*Kupu Taurangi Hauora o Aotearoa*

# Serious Illness Conversation Guide DHB training administration manual

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## Copyright

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All documents, flyers and promotional material should be distributed in **PDF FORMAT ONLY**.

## Purpose of this guide

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The purpose of this guide is to support the Serious Illness Conversation Guide (SICG) course administrators and simplify the SICG training process by providing an overview of the recommended steps and resources required to setup, manage and complete SICG workshops.

This guide will assist with the following processes;

- Organising the workshops (including trainer, venue, catering, printing and equipment and resources)
- Advertising the workshops
- Managing applicants
- Post workshop administration

## SICG Training overview

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Effective clinical communication skills improve health outcomes for patients<sup>i</sup>, improving their psychological functioning<sup>ii,iii</sup>, adherence to treatment and pain control<sup>iv</sup>, information recall, and resulting in better quality of life and satisfaction with care.<sup>v</sup> We also know that ineffective communication contributes to clinicians' stress, lack of job satisfaction and emotional burnout<sup>vi</sup>, patients' confusion,<sup>vii</sup> increased psychological distress and difficulty in asking questions, expressing feelings and understanding information.<sup>viii</sup>

As you may be aware, DHBs have agreed to fund a national clinical communication programme supported by the Health Quality & Safety Commission to increase the clinical communication capability of their workforces.

The first component of the training is the Serious Illness Conversation Guide. The guide was developed by American non-profit organisation Ariadne Labs<sup>ix</sup> with Atul Gawande, following the publication of his book *Being Mortal*. The guide responds to health care professionals feeling ill-equipped to have quality conversations with seriously ill people.

The Guide is a list of patient-centred questions designed to assist clinicians in gaining a more thorough understanding of their patient's life in order to inform care decisions. The questions address:

- a patient's understanding of their illness,
- their preferences for information,
- their personal goals,
- their fears and worries, as well as their sources of strength,

- the abilities they find most important to their daily life and trade-offs they are willing to make for the possibility of more time, and
- how much their loved ones know about their wishes.

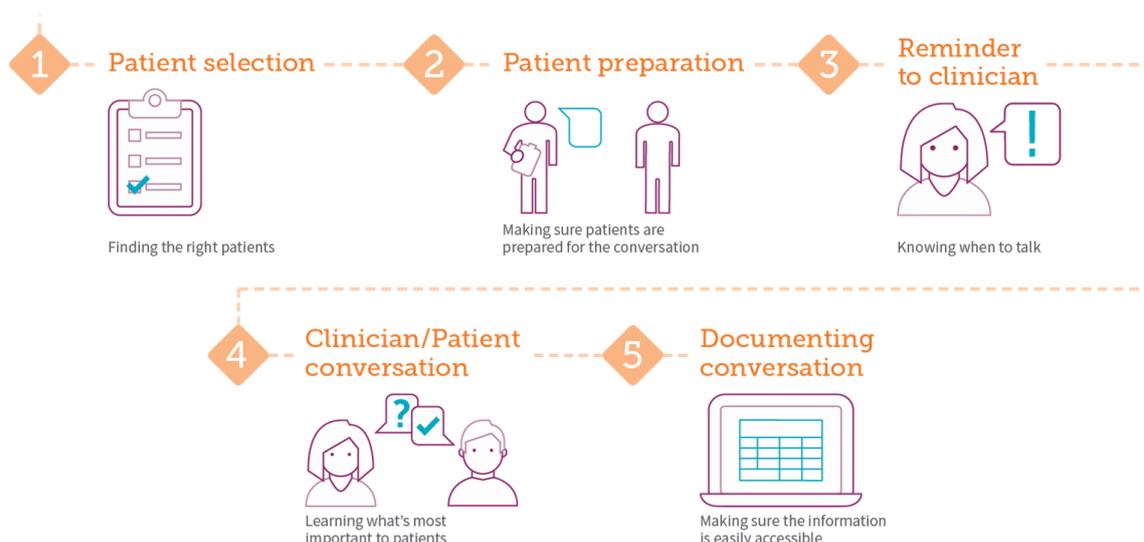
A randomised control trial using the Serious Illness Conversation Guide has shown that more patients in the intervention group had a conversation with their clinicians than those in the control group, and the conversations happened earlier in the course of illness. The conversations were of better quality, addressing such things as prognosis, values and goals, and end-of-life care planning. Perhaps most importantly, patients in the intervention group reported lower anxiety and depression than patients in the control.

## Things to consider when organising SICG training

Training clinicians to use the Serious Illness Conversation Guide is only a part of the solution. Training alone is not going to change the outcome for patients.

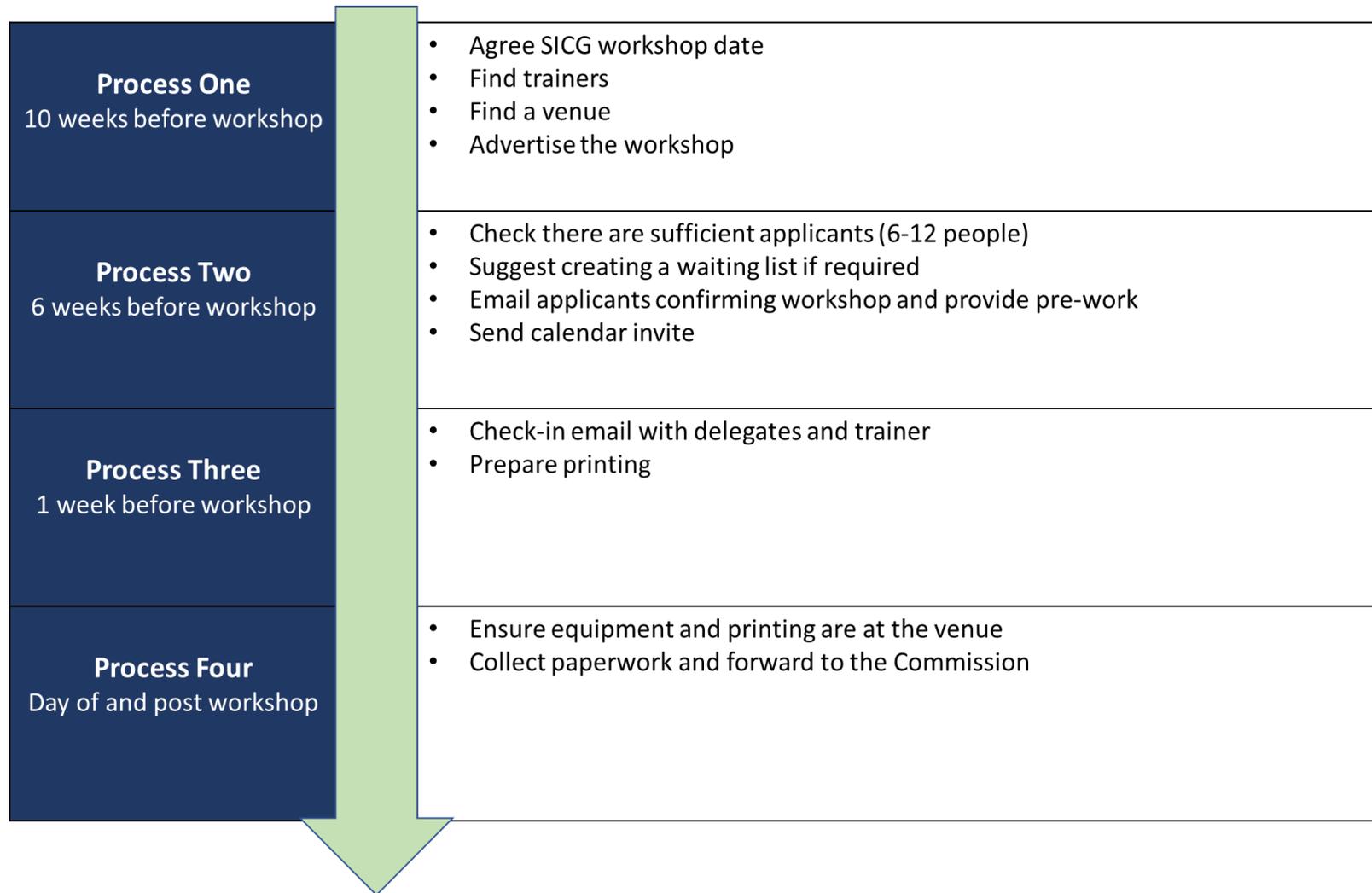
Ariadne’s experience in implementation of the guide indicates that for sustainability, Serious Illness Conversation Guide training needs to be underpinned by:

1. strong clinical leadership – a senior clinician in the DHB who is accountable for the SICG training and implementation.
2. resources and systems in the DHB to schedule and run training sessions.
3. time release for trainers to deliver training together with corresponding KPIs to account for that time
4. local coaching and support for clinicians as they put their Serious Illness Conversation Guide training to the test in clinical practice and to achieve a minimum of four courses per year.
5. a system to identify the patients who would benefit from having a conversation about their goals of care
6. a prompt for clinicians to conduct serious illness conversations at the right time
7. materials that help patients prepare for the discussion and provide suggestions on how they may discuss their care preferences with their loved ones and caregivers
8. a system for documenting personalised patient goals and priorities in the health record.



# Process Map

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## Process one

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### ***Agree SICG workshop date***

Discuss with the SICG key contact to decide a date for the SICG training. Ensure this is a minimum of ten weeks until the training to ensure interested staff can apply and consider the planning of their rosters in advance.

### ***Find trainers***

Discuss with the SICG key contact and locally trained SICG trainers the proposed date and confirm trainer availability.

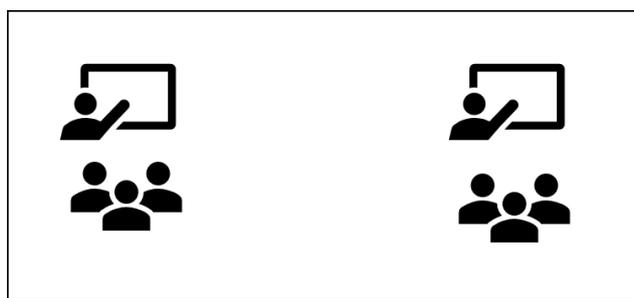
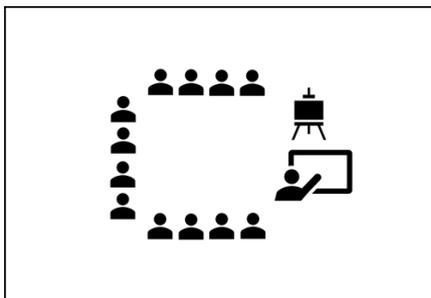
Two trainers are required per workshop of 6 – 12 delegates.

Each trainer is required to hold a minimum of 3 workshops per year to maintain their SICG trainer's competency.

### ***Find a Venue***

Find and book training venue.

Ensure the venue has enough room to add a horse shoe sitting arrangement in a single row with a chair for the facilitator and participants facing the screen, as well as enough room to allow two break out groups.



### ***Advertise the workshop***

#### ***(Ten weeks prior to workshop)***

Advertise the SICG one day workshop as you normally would advertise training opportunities at your DHB.

Any promotional material such as copies of the guide can be downloaded on the website <https://www.hqsc.govt.nz/our-programmes/advancecareplanning/resource-overview/> otherwise hardcopies can be ordered through your SICG key contact.

All advertising and promotion of courses is the responsibility of the DHB.

### ***Minimum delegate demographic data***

Set up a process to collect delegate details.

A minimum demographic data set about people who are attending a SICG training workshop should be collected in the application process, or failing that at the workshop using the workshop registration sheet.

This information should be submitted to the Commission.

It is important that this information is received by the Commission as it is used to monitor the quality and accessibility of the training across the country.

Minimum information needed for each delegate – Name of delegate, email address, phone number, ethnic group, role/position and organisation delegates works for.

## **Process two**

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### ***Check there are sufficient applicants***

#### ***(Six weeks prior to workshop)***

All applications for the SICG workshop are gathered as per your DHB process.

Ensure there is a minimum of six people to attend each workshop and a maximum of twelve.

Should there are less than six people applying for the workshop, it is recommended that only one trainer is confirmed.

Should there be more than twelve people apply for the workshop, consider running a waiting list.

### ***Email applicants confirming workshop and provide pre work***

#### ***(Six weeks prior to workshop)***

Once the workshop applications close, you should confirm with applicants that they have/haven't been successful with their application. For successful applicants you could use some or all of the following wording in the email:

## **Sample confirmation email**

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**Subject:** SICG Workshop – Confirmation, Agenda and workshop documents

Hi,

Thank you for your recent application to attend the upcoming SICG workshop. We are delighted to inform you that you have been successful in gaining a place on the workshop.

**Workshop dates** xxxxx

**Starting time** xxxxx

**Venue** xxxxx

**Please see attached:**

- Workshop Agenda
- Pre-workshop confidence questionnaire
- The Serious Illness Conversation Guide

Please print and complete the pre-workshop confidence questionnaire and bring it with you on the day - the workshop facilitator will collect it from you.

You will need to familiarise yourself with the language of the guide and where appropriate, practice the phrases with patients prior to attending the training.

**Catering & refreshments**

Registration and tea/coffee will be available from xxxxx

Please note cold/filtered water is not always available at venues. If required, please bring your own water bottle.

**Please action:**

- All communication for this workshop is sent via email, please confirm that this is the email address that you wish correspondence through.
- Please confirm your acceptance by accepting a calendar invite by xxxxx.
- If you decide to withdraw from the workshop, it is your responsibility to please notify us via email as soon as possible.

We look forward to meeting you on the workshop and if you have any questions please email.

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The email should include the details of the workshop (date, venue, time, trainers' names and contact details).

### ***Send Calendar invite***

#### ***(Six weeks prior to workshop)***

Send out a calendar invite for the workshop to ensure the delegates block off the time in their calendars.

## Process three

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### ***Check-in email with trainers***

***(One week prior to workshop)***

Send an email to the trainers to confirm the date, time, venue, number of delegates and that all requirements have been organised for the workshop.

### ***Prepare printing***

***(One week prior to workshop)***

Ensure all printed resources are ready for the workshop. See attachments (#) for suggested formats of required resources.

Resource	Number Printed
Delegate details	1
Sign in sheet	1
Pre-course confidence questionnaire (Spares)	5
Agenda	1
The SICG guide	For each delegate
The drill sheets	For each delegate
Case studies (the learner and the actor/patient versions)	Two of each
Post course confidence questionnaire	For each delegate
Delegate workshop evaluation	For each delegate
Trainer feedback form	One for each trainer
Opening and closing Karakia	1

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## Process four

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### ***Ensure equipment and printing are at the venue***

#### ***(Day of workshop)***

Required workshop equipment;

- |   |  |
|---|--|
| <input type="checkbox"/> Data show                          | <input type="checkbox"/> 3 large Sharpies (green, blue, black) |
| <input type="checkbox"/> Laptop/desktop in the venue        | <input type="checkbox"/> Speakers                              |
| <input type="checkbox"/> Blue tack                          | <input type="checkbox"/> Flipchart paper                       |
| <input type="checkbox"/> Name labels (delegates + trainers) | <input type="checkbox"/> Printed resources                     |

### ***Collect paperwork and forward to the Commission***

#### ***(Day of workshop)***

Please ensure that the completed hard copies of:

1. Delegate minimum demographic data set collected in the application process or at the workshop using the registration form
2. The pre-workshop delegate confidence questionnaire
3. the post-workshop delegate confidence questionnaire
4. the workshop evaluations
5. trainer feedback forms

are scanned and emailed to [SICGadmin@hqsc.govt.nz](mailto:SICGadmin@hqsc.govt.nz) OR posted to

SICG admin,  
PO Box 25496,  
Wellington,  
6146

## Setting up a workshop Checklist

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### **Step one**

- agree a workshop date
- agree workshop trainers
- find a suitable location

### **Step two - 10 weeks before workshop**

- advertise workshop
- collect delegate information for minimum data set

### **Step three - 6 weeks before workshop**

- check there are a sufficient number of applicants to continue workshop (6 – 12)
- select delegates
- confirm with the trainers that they are available on the workshop date
- send them a calendar invite and agenda to lock in the workshop
- email successful delegates confirmation of workshop and attach pre course work

### **Step four - 1 week before workshop**

- organise refreshments
- send a pre-populated list of delegates details and sign in sheet to the trainers
- organise printed resources for the workshop

### **Step five – Day of workshop**

- ensure printing and equipment are at the venue
- collect pre and post confidence questionnaires, workshop evaluations and trainers feedback forms
- send the paperwork to the SICG training administrator at the Commission

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<sup>i</sup> Valerie van den Eertwegh, Sandra van Dulmen, Jan van Dalen, Albert J.J.A. Scherpbierf, Cees P.M. van der Vleuten, 2013: Learning in context: Identifying gaps in research on the transfer of medical communication skills to the clinical workplace

<sup>ii</sup> Ford S, Fallowfield L, Lewis S. Doctor–patient interactions in oncology. Soc Sci Med 1996; 42(11): 1511–1519.

<sup>iii</sup> Lerman C, Daly M, Walsh WP et al. Communication between patients with breast cancer and health care providers: determinants and implications. Cancer 1993; 72: 2612–2620.

<sup>iv</sup> Razavi D, Delvaux N, Marchal S et al. Testing health care professionals' communication skills: the usefulness of highly emotional standardized role-playing sessions with simulators. Psychooncology 2000; 9: 293–302.

<sup>v</sup> Loge JH, Kaasa S, Hytten K. Disclosing the cancer diagnosis: the patients' experiences. Eur J Cancer 1997; 33(6): 878–882.

<sup>vi</sup> Fallowfield L. Can we improve the professional and personal fulfilment of doctors in cancer medicine? Br J Cancer 1995; 71: 1132–1133.

<sup>vii</sup> Lamont EB, Christakis NA. Prognostic disclosure to patients with cancer near the end of life. Ann Intern Med 2001; 134: 1096–1105.

<sup>viii</sup> Maguire P, Faulkner A, Booth K et al. Helping cancer patients disclose their concerns. Eur J Cancer 1996; 32A(1): 78–81.

<sup>ix</sup> More information can be found at [www.ariadnelabs.org](http://www.ariadnelabs.org)