

Communication in Serious Illness

BWH Medicine Residency Bootcamp

July 22, 2024



Do you ever get **stuck**?



What do we know about communication skills?

- Lack of training or confidence
- Worry about damaging hope
- Worry about upsetting patients

- They are teachable and learnable
- They can get us through tough conversations

We also know you're already good...

Key Communication Tasks

- Delivering Serious News
- Responding to Emotion
- Discussing Goals of Care
- Discussing Prognosis
- Conducting a Family Meeting
- Recommending Hospice Care
- Talking about Dying

← Intern Year: SPIKES

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Objectives

- Recognize quality bedside communication as an essential and learnable skill for internist practice
- Identify and practice a method for:
Discussing Goals of Care

What we'll do...

1. Share some practical communication skills
2. Demonstration



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REMAP

A talking map for
discussing goals of care



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VITALtalk

Special Series: End-of-Life Ethics in Oncology |

ORIGINAL CONTRIBUTION

REMAP: A Framework for Goals of Care Conversations

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REMAP



For goals of care:

1. **REFRAME** the situation.
2. **EXPECT EMOTION** and respond.
3. **MAP** out important values.
4. **ALIGN** with the patient & family.
5. **PLAN** treatments to uphold values.

1. Reframe



Something has changed... and we need to talk about where we go from here.

“Ask – Tell – Ask”

- **Ask** what they know
- **Tell** – deliver serious news (if necessary)
 - Acknowledge *we are in a different place*
- **Ask** for permission to talk more

1. Reframe



Something has changed... and we need to talk about where we go from here.

The CT scan shows the cancer is growing. I'm worried our current treatment plan isn't working as well as before.

I think we are in a different place now with the cancer. I wonder if we could talk about where we go from here?

2. Expect Emotion



Respond to emotion throughout the conversation.

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Name the emotion	<i>It sounds like this is overwhelming.</i>

2. Expect Emotion



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Name the emotion	<i>It sounds like this is overwhelming.</i>
Acknowledge the emotion	<i>I can only imagine how difficult this must be. It must be so hard to be dealing with all of this.</i>

2. Expect Emotion



Respond to emotion throughout the conversation.

Name the emotion	<i>It sounds like this is overwhelming.</i>
Acknowledge the emotion	<i>I can only imagine how difficult this must be. It must be so hard to be dealing with all of this.</i>
“I wish...”	<i>I wish things were different. I wish we had better news to share.</i>

2. Expect Emotion



Respond to emotion throughout the conversation.

Name the emotion	<i>It sounds like this is overwhelming.</i>
Acknowledge the emotion	<i>I can only imagine how difficult this must be. It must be so hard to be dealing with all of this.</i>
“I wish...”	<i>I wish things were different. I wish we had better news to share.</i>
“Tell me more...”	<i>I hear this has been overwhelming... tell me more about that.</i>

3. Map Values



- Intentional pause to explore patients' values before discussing treatment options
- Ask about hopes and worries

In order to figure out the best plan for you, let's talk for a few minutes about what is important to you at this point.

3. Map Values



- Intentional pause to explore patients' values before discussing treatment options
- Ask about hopes and worries

*Given where we are with the cancer, **what feels important** going forward?*

*Are there things you're **hoping for**?*

*As you think about the future, **what worries do you have**?*

4. Align with Values



- **Summarize** and reflect back what you heard

From what I hear, it sounds like having more time is the most important thing, especially if it allows you to be with your kids for longer. I also hear that you're worried about how they might handle seeing you getting sicker.

4. Align with Values



- **Summarize** and reflect back what you heard

What I hear you saying is that time at home with your family feels important, and that you worry about being in pain and how your brother is coping with all of this.

5. Propose a Plan



- **Make a recommendation** that incorporates the **patient's goals** and **your knowledge** of the medical situation

Given what you've told me about your goals to be at home, spend time with your kids, and not be in pain, I'd recommend we talk about some home services that will help us achieve that for you.

5. Propose a Plan



- **Make a recommendation** that incorporates the **patient's goals** and **your knowledge** of the medical situation

*Based on what you've told me about your dad, it sounds like he would do anything for the sake of more time. Given this, I'd **recommend** we try another 48 hours on the breathing machine, to see if he might improve. If he gets better, wonderful. If he's still struggling, we can talk more about how we might continue to care for him, even if he can't recover.*

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Demo

Ann Sullivan is a 43 yo woman who has metastatic pancreatic cancer. She has been treated with 3 rounds of chemotherapy of late. A CT scan done earlier this week unfortunately shows further disease progression.

Ann's oncologist called her earlier this week to share the scan results. Ann is following up in clinic today to discuss next steps in her care. Her oncologist worries that the burdens of further chemotherapy will outweigh the benefits. She hopes to talk with Ann about her goals of care.

Ann is an accountant but has had to stop working due to illness. She is married to her husband, Brian. They have a 10-year-old son.

Demo

Discussing Goals of Care	Responding to Emotion
<p>Reframe the situation</p> <p>Expect emotion</p> <p>Map values</p> <p>Align with values</p> <p>Propose a plan</p>	<p>Name the emotion</p> <p>Acknowledge the emotion</p> <p>I wish...</p> <p>Tell me more...</p>

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Discussing Goals of Care	Responding to Emotion
<p>Reframe the situation</p> <p>Expect emotion</p> <p>Map values</p> <p>Align with values</p> <p>Propose a plan</p>	<p>Name the emotion</p> <p>Acknowledge the emotion</p> <p>I wish...</p> <p>Tell me more...</p>

What about code status?

R E M A P

- Consider code status as part of a recommendation
- Start with what we **will** do

Align

It sounds like you'd like to have more time at home, including quality time with your grandchildren. I also hear you saying that, while you don't want the doctors to give up on you, you also don't want to "struggle at the end".

What about code status?

R E M A P

- Consider code status as part of a recommendation
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Align

It sounds like you'd like to have more time at home, including quality time with your grandchildren. I also hear you saying that, while you don't want the doctors to give up on you, you also don't want to "struggle."

Plan

*Based on what you've told me, **I'd recommend** we talk about home services that might allow you to have more good time there. I also think we should have you come back to the hospital for fixable things like an infection. At the same time, if you're nearing the end of your life, **I don't recommend** we do things like a breathing tube or CPR. I worry those things won't help and would cause you to struggle.*

How to document...

The ACP Module in Epic...

Drag things to where you'd like them.

Customize

Summary

Chart Review

Care Everywh...

Care Team P...

Results Revi...

Notes

More

Reset to Default Menus

Summary

Chart Review

Care Everywhere

Care Team Paging

Results Review

Notes

Orders

Admission

Progress

Additional Tools

Advanced Care Pla...

Allergies/Contraindi...

BPA Review

Cardiac Notes

Charges

Chart Central

Chart Completion

Communications

Discharge

Document List

Downtime Recovery

Episodes of Care

FYI

Graphs

Growth Chart

Health Maintenance

History

Home Meds

Care Paths

Enter/Edit Results

Event Log

Flowsheets

Problem List History

Sexual Orientation/Ge...

Send Message

Rarely Used

Drag and drop to rearrange

Drag and drop between menus

Occasionally used items go here

How to document...

The ACP Module in Epic...

.ACPCONVERSATIONLAST

The screenshot displays the Epic Advance Care Planning (ACP) module interface. The left sidebar contains navigation options: Chart Review, Care Everywhere, Care Team P..., Results Revi..., Notes, Orders, Admission, Progress, Consults, View Flowshe..., Intake/Output, and Advance Care ... The 'Advance Care Planning' section is expanded, showing options like Health Care Agents, ACP Documents, HCP Discussion (...), SIC Guide, **Serious Illness Co...** (circled in red), Print MOLST, Code Status, ACP Problem, and ACP Notes. The main window title is 'Advance Care Planning' and the active form is 'SIC - Serious Illness Conversation'. The form includes fields for 'Time taken: 1103' and '2/19/2019', a 'Show:' filter with options for 'Last Filed', 'Details', and 'All Choices', and a 'Values By' section with a '+ Create Note' button. The form content is organized into sections: 'Serious Illness Conversation' (expanded), 'Patient illness understanding' (text input), 'Hopes' (checkboxes for 'Live as long as possible', 'Be comfortable', 'Be mentally aware', 'Be independent', 'Be at home', 'Achieve life goal', 'Provide support for family'), 'Worries' (checkboxes for 'Pain', 'Other physical suffering', 'Inability to care for others', 'Loss of control', 'Finances', 'Being a burden'), 'Prognostic information shared' (checkboxes for 'Curable', 'Incurable', 'Days - weeks', 'Weeks - Months', 'Months - years', 'A few years', 'Continued decline', 'Not discussed'), 'What's important to patient/family' (text input), and 'Recommendations' (text input). At the bottom, there are buttons for 'Restore', 'Close', 'Cancel', 'Previous', and 'Next', along with a 'PRINT MOLST' button and a refresh icon.

Thank you!