



# Meta-LARC ACP

## Serious Illness Conversation Training

### Part B

# *Serious Illness Care Program*

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This material also has been adapted from modification made by British Columbia Centre for Palliative Care Serious Illness Conversation Initiative.



# Introduction

- Name and role
- What are your goals for today?



# Objectives of Meta-LARC Serious Illness Conversation Training

1. Describe goals of Serious Illness Care Program and why it is important in your practice
2. Describe the elements and rationale of the Serious Illness Conversation Guide
- 3. Feel confident that you can have these conversations in your practice**
- 4. Use the Serious Illness Conversation Guide as an individual or team**



# Quick debriefing from the SIC Training Part A

- What was your take away from the online module?
- What concerns or questions about the Serious Illness Conversation Guide do you have?



# Serious Illness Conversation Guide

## Serious Illness Conversation Guide



### CONVERSATION FLOW

### PATIENT-TESTED LANGUAGE

|  |  |
|--|--|
| <p>1. <b>Set up the conversation</b></p> <ul style="list-style-type: none"> <li>Introduce purpose</li> <li>Prepare for future decisions</li> <li>Ask permission</li> </ul>   | <p>"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — is this okay?"</p>   |
| <p>2. <b>Assess understanding and preferences</b></p>  | <p>"What is your understanding now of where you are with your illness?"</p> <p>"How much information about what is likely to be ahead with your illness would you like from me?"</p>   |
| <p>3. <b>Share concerns about the future</b></p> <ul style="list-style-type: none"> <li>Frame as a "wish...worry", "hope...worry" statement</li> <li>Allow silence, explore emotion</li> </ul>                     | <p>"I want to share with you my understanding of where things are with your illness..."</p> <p><i>Uncertain:</i> "It can be difficult to predict what will happen with your illness. I hope you will continue to live well for a long time but I'm worried that you could get sick quickly, and I think it is important to prepare for that possibility."</p> <p>OR</p> <p><i>Time:</i> "I wish we were not in this situation, but I am worried that time may be as short as ___ (express as a range, e.g. days to weeks, weeks to months, months to a year)."</p> <p>OR</p> <p><i>Function:</i> "I hope that this is not the case, but I'm worried that this may be as strong as you will feel, and things are likely to get more difficult."</p> |
| <p>4. <b>Explore key topics</b></p> <ul style="list-style-type: none"> <li>Goals</li> <li>Fears and worries</li> <li>Sources of strength</li> <li>Critical abilities</li> <li>Tradeoffs</li> <li>Family</li> </ul> | <p>"What are your most important goals if your health situation worsens?"</p> <p>"What are your biggest fears and worries about the future with your health?"</p> <p>"What gives you strength as you think about the future with your illness?"</p> <p>"What abilities are so critical to your life that you can't imagine living without them?"</p> <p>"If you become sicker, how much are you willing to go through for the possibility of gaining more time?"</p> <p>"How much does your family know about your priorities and wishes?"</p>   |
| <p>5. <b>Close the conversation</b></p> <ul style="list-style-type: none"> <li>Summarize</li> <li>Make a recommendation</li> <li>Check in with patient</li> <li>Affirm commitment</li> </ul>                       | <p>"I've heard you say that ___ is really important to you. Keeping that in mind, and what we know about your illness, I recommend that we ___. This will help us make sure that your treatment plans reflect what's important to you."</p> <p>"How does this plan seem to you?"</p> <p>"I will do everything I can to help you through this."</p>   |
| <p>6. <b>Document your conversation</b></p>  |  |
| <p>7. <b>Communicate with key clinicians</b></p>   |  |



# Common misstep: Not discussing concerns about the future (#3)

The purpose is...

- To help patients begin a planning process “in case the condition gets worse”

Team members are afraid of talking about prognosis

- Being wrong/losing patient trust
- Provoking anger, anxiety or sadness
- Believing telling medical prognosis is in the scope of your practice
- This is NOT about medical prognosis

Most patients want to know that ...

- Most patients want to know what to expect
- Knowing what to expect can reduce anxiety & depression (*knowledge is power*)
- Patients realize that healthcare team cares about them









# Resist the urge to...

- X** Provide premature reassurance
- X** Talk more than listen, fear silence
- X** Avoid addressing the patient's emotions
- X** Try to solve all problems





# Ground Rules of Role Play

(See [Role Play Instruction](#))

- Non-judgmental approach. We are learning new skill, this is hard to do!
- Confidentiality – what is said in the room, stays in the room
- This is safe place to practice
- Everyone has something to learn
- Feedback is expected and specific
- Timeouts are allowed anytime when you feel distressed or stuck



# Role Play

(See [Role Play Instruction](#))

- You will form a 3 or 4-person group
- Each person take one of the following roles:
  - For Team: Team member 1, Team member 2 Patient, Observer
  - For Clinician: Clinician, Patient, 1 or 2 Observers
- Select a role plays (spend 15-20 min role play using the Guide + 10 min debrief each case).
- As time allows, switch roles and try another



# Role Play: 1 minute to Prepare (Team example)

## TM1 and TM2:

- Read front page of the Case and learn about the Clinician Role
- TM1 use Script 1 during the first conversation
- TM2 use Script 2 during the second conversation

## Patient:

- Read Case Patient Script 1 & 2 Description on the top
- Use Script 1 to respond TM1 and Script 2 to respond TM2

## Observer:

- Read and use Observation Worksheet and be the time keeper of the session



# Overall Process of Team Role Play

(See [Role Play Instruction](#) )

**Step 1:** Team discussion #1

**Step 2:** TM1 initiates the conversation with patient (1<sup>st</sup> visit)

**Step 3:** Team discussion #2

**Step 4:** TM2 continues the conversation with patient (2<sup>nd</sup> visit)

**Step 5:** Team discussion #3

**At the end: Debriefing (use the [observation worksheet](#))**



# Debriefing

- After 20 min, observer stops the role play
- Debriefing (~ 10 min): Observer facilitates
  - Clinicians share about the conversation with the patient:
    - What went well? What was challenging? What would you do differently next time?
  - Clinicians discuss about the conversation with the team member:
    - What went well? What was challenging? Any suggestions for the clinician?
  - Patient and observer join and discuss:
    - What went well? What was challenging? Any suggestions for the clinician?



How did it go?  
Share your learning and thoughts



# Next step

- Have serious illness conversations with your patients in individually or as a team
- Discuss with your team how to
  - Identify patients to have the conversation
  - Work as a team
  - Document and communicate about the conversation with your team members





# Congratulations!

You have completed Meta LARC Serious Illness  
Conversation Training

Please fill in the evaluation form

Have meaningful conversation with your patients