

Serious Illness Conversation Guide

Dated, 8/26/2021

Patient Tested Language

Use this guide to share and explore early in serious illness not only what's the matter with your patient, but what matters to your patient! Use if you would not be surprised if the patient died in the next year (Surprise Question +). SQ+ patients are usually not yet hospice appropriate if using early, but SQ+ patients are appropriate for a Plan B For a time when the Plan A of trying to get well is no longer working. This conversation will often lead to new or updated advance care planning documents and/or changes in code status.

<p>If Surprise Question +, whether doing well or poorly, set <u>future focus</u>.</p>	<p>"I'd like to talk about what's ahead with your illness and do some thinking in advance about what's important to you, so I can make sure we provide you with the care you want – is this okay?"</p>
<p>Assess <u>understanding</u> & information preference.</p>	<p>"What is your understanding of where you are with your illness?" "How much information about what is likely to be ahead with your illness would you like from me?"</p>
<p>Choose one type of prognosis to share. Always use "<u>Wish/Worry</u>" or "<u>Hope/Worry</u>" language. Using such language lessens the emotional blow the patient may otherwise feel.</p> <p>After prognosis, assess or ask about emotions. <u>Allow silence</u>. Name the emotion.</p>	<p>"I want to share with you my understanding of where things are..."</p> <p>Option 1, Uncertain: "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>Option 2, Function: "I hope that this is not the case, but I'm worried this may be as good as you will feel, and things are likely to get more difficult."</p> <p>Option 3, Time: "I wish we were not in this situation, but I'm worried that time may be as short as __ (give range, e.g. days to weeks, weeks to months, months to years)"</p>
<p></p>	<p>"News like this can be hard to hear. Can you share what you are thinking?" "Is it okay if I go on? I want to explore your goals and more."</p>
<p><u>Explore further!</u> Asking about goals and strengths is positive.</p> <p>Use situations or abilities question.</p>	<p>"What are your most important goals if your health worsens?" "What are your biggest fears and worries about the future with your health?" "What gives you strength as you think about the future with your illness?" ["What situations are so bad that you can't imagine living in that situation?" - or - "What abilities are so important, you can't imagine living without them?" "If you become sicker, how much are you willing to go through for the possibility of gaining more time?"</p>
<p>Families are often key to serious illness decisions.</p>	<p>"How much does your family know about your priorities and wishes?"</p>
<p><u>Recommend</u>, including advance directives.</p> <p><u>Document</u> using SICP form in EMR.</p> <p><u>Provide</u> family guide if appropriate.</p> <p>Affirm commitment!</p>	<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 _____. This will help us make sure that treatment plans reflect what's important to you."</p> <p>"How does this plan seem to you?"</p> <p>"I want you to know that I and all the other clinicians on your team will do everything we can to help you through."</p>

Serious Illness Bedside Discussion Tool

Dated, 12.10.2019

This bedside check list mirrors the SICP form in the chart, available via the Advance Directives link in the patient banner. It can help you document your discussion after which you can enter answers in the EMR.

Understanding	<input type="checkbox"/> Appropriate <input type="checkbox"/> Poor <input type="checkbox"/> Overestimates survival <input type="checkbox"/> Underestimates survival <input type="checkbox"/> Other _____
Information preferences	<input type="checkbox"/> Patient wants full information <input type="checkbox"/> Big picture, not too detailed <input type="checkbox"/> Some information but no bad news <input type="checkbox"/> Patient prefers information be shared with someone else _____
What you communicated	Disease state: <input type="checkbox"/> Burdens, benefits, and risks <input type="checkbox"/> Curable <input type="checkbox"/> Incurable Prognosis: <input type="checkbox"/> Not shared <input type="checkbox"/> Uncertain <input type="checkbox"/> Function <input type="checkbox"/> Time __days-weeks __weeks-months __ months-years
Emotions	<input type="checkbox"/> denial <input type="checkbox"/> anger <input type="checkbox"/> bargaining <input type="checkbox"/> sadness/depression <input type="checkbox"/> anxiety <input type="checkbox"/> tearful <input type="checkbox"/> acceptance
Goals	<input type="checkbox"/> achieve particular life goal _____ <input type="checkbox"/> live as long as possible no matter the quality of life <input type="checkbox"/> have decisions respected <input type="checkbox"/> maintain independence <input type="checkbox"/> maintain mental awareness <input type="checkbox"/> physical comfort <input type="checkbox"/> emotional peace <input type="checkbox"/> spiritual peace <input type="checkbox"/> not be a burden <input type="checkbox"/> be at home <input type="checkbox"/> support family
Fears	<input type="checkbox"/> inability to care for others <input type="checkbox"/> burdening others <input type="checkbox"/> other family concerns <input type="checkbox"/> emotional concerns <input type="checkbox"/> concerns about life meaning <input type="checkbox"/> spiritual distress <input type="checkbox"/> financial worries <input type="checkbox"/> loss of control <input type="checkbox"/> loss of dignity <input type="checkbox"/> preparing for death <input type="checkbox"/> spiritual distress <input type="checkbox"/> pain <input type="checkbox"/> getting treatments I don't want
Strengths	<input type="checkbox"/> family <input type="checkbox"/> friends/community <input type="checkbox"/> religious faith
Unacceptable situations to live in	<input type="checkbox"/> being in chronic severe pain <input type="checkbox"/> being unconscious or unable to meaningfully interact with others <input type="checkbox"/> being unable to communicate my needs <input type="checkbox"/> being unable to selfcare, including toileting or feeding <input type="checkbox"/> being chronically confused and not myself <input type="checkbox"/> other _____
Situations - OR- Abilities	
Abilities patient can't live without	<input type="checkbox"/> ability to talk <input type="checkbox"/> ability to understand what is happening around me <input type="checkbox"/> ability to feed myself, to eat <input type="checkbox"/> ability to get out of bed and move around in my home <input type="checkbox"/> ability to move around outside my home <input type="checkbox"/> ability to handle personal hygiene like toileting <input type="checkbox"/> other _____
Willing to do to gain more time	<input type="checkbox"/> be on a breathing machine with tube in windpipe, unable to speak <input type="checkbox"/> be in the hospital <input type="checkbox"/> be in the ICU <input type="checkbox"/> live in a nursing home <input type="checkbox"/> undergo aggressive tests and/or procedures <input type="checkbox"/> Would you answers change if condition permanent and could not or did not get better?
Family involvement	<input type="checkbox"/> does not want family involved <input type="checkbox"/> has had extensive discussion with family already <input type="checkbox"/> no discussion or only some discussion yet, but plans to do so <input type="checkbox"/> wants clinician to discuss with family
Recommendations	<input type="checkbox"/> have a second conversation with physician <input type="checkbox"/> have a conversation with family <input type="checkbox"/> complete a living will, OOH DNR, or MPOA (least beneficial option) <input type="checkbox"/> second opinion <input type="checkbox"/> pastoral care consult <input type="checkbox"/> social work consult <input type="checkbox"/> child life consult <input type="checkbox"/> Supportive Palliative Care consult <input type="checkbox"/> get a Hospice consult <input type="checkbox"/> change code status _____ <input type="checkbox"/> other _____