**Exercise A: Palliative Care**

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| **Communication Skill** | **Clinician Clipart** **Clinician** | **outline of a male patient's head and shoulders Patient** |
| Ask Permission to Proceed | Would it be ok if we talk about services to support your goals? | Sure. |
| Assess Understanding of Service | You mentioned wanting to have better control over your symptoms. What do you know about palliative care?  | I’ve heard of it, but I don’t really know what it is. |
| Provide Information | Palliative care helps people with serious illnesses improve the quality of their life. The Palliative Care team specializes in treating pain, symptoms, and stress caused by medical problems. | You’re not talking about hospice, are you? |
|  | No. **Palliative care** can start any time a person is sick to help manage symptoms and stress, often through an outpatient clinic. **Hospice** focuses on helping a person be comfortable in the last stages of illness, usually at home or in a hospice facility.  | Ok. My mother-in-law had hospice before she died, and I’m not ready for that! I’m not sure about palliative care… |
|  | What questions or concerns do you have about it? | If I get palliative care, will I still see my other doctors? |
|  | Yes. The Palliative Care Team would work with all of your health care team to provide an extra layer of support.  | That’s good. I don’t want to have to give up my other doctors. |
|  | Your doctors have been a big support to you. Would it help to know more about the kind of services you might receive through palliative care? | Yes – I can’t really picture what it would be. |

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|  | The palliative care team specializes in treating things that make people uncomfortable, like pain, shortness of breath, nausea, constipation, and anxiety. Having a serious illness is really stressful for people, and also for their family members, and the palliative care team helps with that, too. | That sounds pretty good. |
|  | What other questions do you have about palliative care? | None that I can think of right now. I guess I’d like to think about it some more. |
| Establish Next Steps | I’ll let your primary provider, Dr. Allen, know that we talked about it. When you see her next week, she can answer any additional questions you think of. If she thinks it would help and you decide you’d like to try it, she can set it up.  | Ok, that sounds good. |

**Exercise B: CPR**

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| **Communication Skill** | **Clinician Clipart****Clinician** | **outline of a male patient's head and shoulders Patient** |
| Ask permission to proceed | Next, is it ok if we discuss cardiopulmonary resuscitation, or CPR? | Yes, that’s ok. |
| Assess understanding of treatmentProvide basic informationAssess understandingProvide basic informationReflective statementExploring statementComplex reflection | Tell me what you understand about CPR. | It’s when you push on someone’s chest and breathe into their mouth. That’s about all I know. |
| Yes, that’s right. CPR can also involve giving medications and shocking the heart. Sometimes it includes putting a tube down the throat to make sure enough air gets to the lungs.  | I didn’t realize it could include all of that. |
| What do you know about when CPR could be used? | When somebody passes out? |
| CPR is only used when a person’s heart and breathing stop. This could be expected or unexpected, and people have a choice about whether they would want CPR to try to restart their heart and breathing. | If it brings you back alive, why wouldn’t everybody want it? |
| You’re wondering why some people choose not to have CPR. | Yeah. My dad said no to resuscitation. I never understood it.  |
| Tell me more. | My sister made all the decisions when he was sick, and she said that’s what he wanted. I don’t know if that’s really true. He got sick with heart problems, and we never really talked about it. |
| It must have been hard, not hearing what he wanted, directly from him. | It was. I know my sister was trying to do the best she could. |

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| Find out what information would be helpfulExploring questionProvide basic information; refer to practitioner for more detailsProvide basic informationComplex reflection | I’m wondering if it would be helpful to know more about the effects of CPR, or if there’s other information that you would find helpful. | I’ve heard that it can break your ribs. That sounds painful. |
| Yes, sometimes people have broken ribs after CPR. What else have you heard? | Well, my neighbor died, even though the ambulance came and she got CPR. |
| Some people who get CPR survive, but most do not. The chances are better for people who are younger and healthier, and worse for people who have a serious illness. Dr. Allen could talk with you about your chances.  | I hadn’t thought about that. I guess it makes sense, though.  |
| If CPR works to restart the heart, sometimes people return to the same level of health as before. Other times, they have more health problems, like not being able to take care of themselves, or trouble thinking clearly because of damage to their brain from not getting enough oxygen during CPR. These risks are higher when people have more health problems to start with. | What do you mean – some people end up with brain damage? |
| You seem surprised by this. | I am. I guess I need to think more about it. I didn’t know all of that.  |
| Establish next steps – education materials, referral | We’ve covered a lot of information. I have a booklet you can take with you that might help you think it through when you’re ready.  | That would be helpful. |
| I’ll let Dr. Allen know we talked about CPR, and that you’re going to read more about it. I’ll ask her to check in with you about it during your appointment next week. | Ok, thanks. |

**Clinician**

You are meeting with a 70 year-old man who has inoperable lung cancer that is not responding to treatment. You know him from past visits to the clinic. Your role is to facilitate a goals of care conversation with this patient.

**Available Tools**

* Goals of Care Conversation Talking Map
* Setting Health Care Goals Patient Education Booklet

**Remember** to respond to emotion and use strong communication skills (e.g. reflections, “I wish” statements, exploration, etc.) throughout the conversation.

**Patient**

You are a divorced 70 year old Vietnam Veteran who has been receiving treatment for lung cancer for the last year. You know from conversations with your oncologist that surgery is not an option and the cancer continued to grow through the last round of chemotherapy. You’ve recently noticed an increase in shortness of breath. It’s important for you to spend time with your 2 year-old granddaughter, who lives nearby. You don’t want to cause any stress for your daughter, who has been very supportive. You don’t know very much about services or treatments that might help you meet your goals.

**Remember, you are not role-playing the most difficult patient you have ever encountered. The focus of this role play is to allow the clinician to practice their communication skills while using the talking map.**



**Observer**

Observe the practice exercise. Stop the practice if not already finished after 12 minutes.

While observing, take notes about what the clinician did well.

After the practice exercise, facilitate self-reflection and feedback using the model below. Start with the clinician, then the patient, then the observer. (3 minutes)

One thing that went well that I / you should continue doing is …

One thing that I / you may want to do differently in the future is …