Communication Drills
Delivering Serious News

DRILL A: Assess perception of illness, ask permission to provide information, respond to emotion

PERCEPTION / PERMISSION	
 Clinician	 Patient
What's your understanding of what's going on with your illness?	No one's really told me anything.
Would you like me to share what I know?	Yes, that would be really helpful.

PERMISSION / NEWS / EMOTION	
 Clinician	 Patient
Is now an okay time to talk about the tests?	I suppose as good as any. What is it?
I'm afraid I have some serious news. The cancer has come back in your liver and lung.	In my liver AND my lung? How can that be?
I know this is quite a shock.	I just can't believe this.

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DRILL B: Respond to emotion

RESPOND TO EMOTION: NAME	
 Patient	 Clinican
I've just been going to all these doctor appointments and getting all these tests, and I don't know…	It sounds like you're feeling overwhelmed.
Yes, exactly, so much is going on and I don't know what to do.	

RESPOND TO EMOTION: ACKNOWLEDGE	
 Patient	 Clinican
No one's telling me what's going on! Is this treatment working or not?	I can't even imagine what it's like for you to be going through this.
It's just so scary. I'm really worried.	

Communication Drills

Goals of Care Conversations – Part 1

Reframing and Responding to Emotion

DRILL A: Assess perception of illness, respond to emotion, reframe, ask permission to proceed

ASSESS PERCEPTION / RESPOND TO EMOTION	
 Clinician	 Patient
Tell me what you understand about your illness.	I'm not getting better with this treatment, but there's got to be something else out there!
I wish we had a more effective treatment.	

REFRAME	
 Clinician	 Patient
What's your sense of where things are?	I know I've got COPD, and my breathing has gotten worse over the last several weeks. But I've had this for a while, and it will probably get better….
You've been living with this disease a long time. And, I think we're in a different place now.	

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DRILL A, continued

ASSESS PERCEPTION / RESPOND TO EMOTION / ASK PERMISSION	
 Clinician	 Patient
What's your sense of where things are?	I know I'm getting worse. I'm afraid I'm just a burden on my kids.
This must be hard.	It is. There's a lot happening.
I hear that. Is it ok if we talk about where we can go from here?	

Communication Drills
Goals of Care Conversations – Part 1
Reframing and Responding to Emotion

DRILL B: Respond to emotion, ask permission to proceed

EXPECT EMOTION	
 Clinician	 Patient
You've been living with this disease a long time. And, I think we're in a different place now.	So, what are you saying – that I'm supposed to give up?
I can't even imagine what it's like for you to live with an illness that keeps getting worse.	

EXPECT EMOTION	
 Clinician	 Patient
It's probably a good time to step back and talk about where we go from here.	I'm a fighter. I know I can still beat this thing.
I really admire your spirit and everything you've done to fight this illness.	

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DRILL B, continued

MOVING FORWARD	
 Clinician	 Patient
I can see how disappointing this is for you.	I've just kept hoping that the treatments would work.
I was hopeful, too… Would it be all right if we talked about where we go from here?	

Communication Drills

Goals of Care Conversations – Part 2

Mapping the Future: Clarifying Priorities

DRILL A: Elicit patient's values

MAP (Patient Knows Values)	
 Clinician	 Patient
Given this situation, what's most important?	It's important to me that I don't give up – I don't want to look back and regret that I didn't give it everything I had.
I admire your fight, and I can see how important it is for you to know that you're not giving up.	

MAP (with Surrogate)	
 Clinician	 Surrogate
If your dad was sitting here and could hear the things we are saying, what would he think?	He would never want to be hooked up to all of these machines.
Tell me more.	

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Communication Drills
Goals of Care Conversations – Part 2
Mapping the Future: Clarifying Priorities

DRILL B: Elicit patient's values

MAP (Patient Not Sure)	
 Clinician	 Patient
Given this situation, what's most important?	I'm not sure what to tell you.
What if you start with what you're enjoying in your life right now?	

MAP (Patient Not Ready)	
 Clinician	 Patient
Given this situation, what's most important?	I don't feel ready to decide. It's hard…
This is a tough situation for anyone.	

DRILL B, continued

MAP (What Patient Wants to Avoid)	
 Clinician	 Patient
As you think about the future, is there anything you worry about?	I don't want to end up on a breathing machine like the last time I was in the hospital. I never want to go through that again.
That helps me better understand what you're thinking.	

Communication Drills

Goals of Care Conversations – Part 3

Aligning with Patient Values

DRILL A: Align by restating the patient's values as you heard them

ALIGN (Scripted)	
 Patient	 Clinican
I'm really sick of coming into the hospital all the time, and I know this isn't going to get any better, but I get really scared when I can't breathe well.	I'm sure that's scary. So, what I hear you saying is that you're tired of coming to the hospital, but you need a way to deal with your shortness of breath at home.
Exactly…	

ALIGN (Simple)	
 Patient	 Clinican
I don't want to be in pain anymore. And I want to be able to spend more quality time with my family, not feeling so sick.	(Improvise by aligning with what you heard)

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DRILL A, continued

ALIGN (More Complex)	
 Patient	 Clinican
I'm scared. I want to live, but I'm worried that I'm not getting better. But I don't want to prolong anything if it just means being stuck on machines or dependent on my kids. And I don't want my kids to have to deal with any of these decisions.	(Improvise by aligning with what you heard)

Communication Drills
Goals of Care Conversations – Part 3
Aligning with Patient Values

DRILL B: Recommend plan based on patient's values

PLAN	
 Clinican	 Patient
Based on what you're saying, it sounds like we should focus more on your symptoms and keeping you home with your family.	Yes, that's what I want.
Managing flare-ups of your chest pain at home instead of in the hospital would help us do that. How does that sound?	That would be a lot better.

PLAN	
 Clinican	 Patient
Based on what you've told me, if you get a lot sicker, it wouldn't make sense to put you on a ventilator, or if your heart stops, to do CPR. I worry if that happens, it's likely you wouldn't get off the machines, and even if you did, you would be a lot more dependent. That's what you said you want to avoid.	You're right. I wouldn't want to go through all that.

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Communication Drills

Goals of Care Conversations – Part 4

Discussing Life-Sustaining Treatments

DRILL A: When the Patient's Goals Do Not Point to a Clear Recommendation

 Clinician	 Patient
INTRODUCTION	
I want to be sure you get the care that helps achieve what matters most to you. It's helpful to know in advance whether you would or wouldn't want certain treatments.	What types of treatments?
PERCEPTION	
One of them is CPR. Can you tell me what you know about it?	I've seen it on TV, but I don't know much about it.
INVITATION	
Would it be ok if I shared some information with you about CPR?	Sure.
KNOWLEDGE	
CPR can be used when someone's heart and breathing stop. CPR involves forcefully pushing on the chest, and can also include shocking the heart and putting a tube down the throat to try to get the heart and breathing to start again.	Wow, that sounds rough.

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DRILL A, continued

 Clinican	 Patient
EMOTION	
A lot of people are surprised by that.	I guess you don't really think about it when you see it on TV.

Communication Drills
Goals of Care Conversations – Part 4
Discussing Life-Sustaining Treatments

DRILL B: When the Patient Wants Information About Outcomes

 Patient	 Clinician
ASSESS TYPE OF INFORMATION PATIENT WANTS	
	Some people like to know the chances of surviving after CPR, or what life might be like afterward. Other people have spiritual questions related to these decisions. Some people don't want more information. What about you?
STRATEGY 1: SHARE OUTCOMES LINKED TO GOALS†	
I don't want to be in pain or end up stuck on machines. Would CPR help with that?	I'm concerned that CPR won't help you live the life you want. There's a high risk of broken ribs that would cause pain, and a [large chance]* you'd need more help and wouldn't be able to live at home. After CPR, you might need the support of a breathing machine to keep you alive.

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DRILL B, continued

 Patient	 Clinician
STRATEGY 2: SHARE GENERAL OUTCOMES†	
Doesn't CPR usually work?	Unfortunately, most adults who receive CPR don't survive. Young and otherwise healthy people have better chances of surviving, and people with serious health problems have lower chances.

 Patient	 Clinician
STRATEGY 3: SHARE SPECIFIC ODDS†	
How many people survive after CPR? What are the odds that I'd make it through?	If 100 people in the hospital received CPR, about 18 would survive to leave the hospital. That means 82 out of 100 people would die. These are averages. For people with health problems like yours, the chances of survival are **[much lower]***.

† Select the strategy for providing information that best matches the **patient's preference** for information: potential outcomes that are directly linked to the patient's stated goals, general information, or specific odds.

* Customize per the patient's risk, using general terms (e.g., the same, lower, much lower, higher, much higher)

Communication Drills
Goals of Care Conversations – Part 4
Discussing Life-Sustaining Treatments

DRILL C: Explore Possible Inconsistencies Between Goals & Decisions

 Clinician	 Patient
RECOMMEND A PLAN BASED ON PATIENT'S GOALS	
You told me how important it is for you to be able to take care of yourself and be at home. If you get a lot sicker, it wouldn't make sense to put you on a ventilator, or if your heart stops, to do CPR… I worry that you wouldn't be able to get off the machines afterward, or if you did, you wouldn't be able to take care of yourself or go home again.	I think I would still want to try CPR if my heart stops.
EXPLORE POSSIBLE INCONSISTENCIES	
Tell me what you're hoping for with CPR.	When it comes right down to it, if there's any chance I'd get another day with my kids, it would be worth it, even if I ended up in pain or in the hospital on machines for a while. I know it might not work, and I might be in terrible shape, but I'd want to give it a try.
EXPLORE LIMITS	
I can see how important your family is to you, and I really respect that. Can you think of a situation when you wouldn't want CPR?	I want to give CPR a chance. But if you try it and I end up with brain damage, don't try it again.

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DRILL C, continued

 Clinician	 Patient
EXPLORE LIMITS	
Tell me what you mean when you say, "brain damage."	If I get CPR, and afterward I'm not able to take care of myself or make my own decisions, then I wouldn't want CPR again if my heart stops. I don't want to be a burden on my family.
Ok. What if you develop those problems before CPR?	Then I wouldn't want it.
SUMMARIZE	
At this point you would want an attempt at CPR if your heart and breathing stop. If you were ever permanently unable to take care of yourself or make your own decisions, you wouldn't want CPR. Do I have that right?	Yes, that's right.
NEXT STEPS	
Thanks for helping me understand what you want. Your daughter should know about this, too, since you chose her to communicate your decisions if you can't speak for yourself. Can you bring her with you to your next appointment?	That would be good. She might have some questions, and I want her to know what I want.

Communication Drills
Goals of Care Conversations
Putting It All Together

Setting: Outpatient Clinic

Clinician: You will conduct a goals of care conversation with a 67 year-old patient with advanced COPD. Although the disease is optimally medically managed, the patient experiences significant disability and is at risk for a life-threatening clinical event in the next 1-2 years. You know this patient well.

Patient: You have advanced COPD, and were admitted last month due to an exacerbation. You understand that your illness is getting worse, and you're hoping that things will turn around. You value your independence and don't want to depend on your family for personal care. You are especially close to your daughter, who has been a big help to you and your spouse.

PRACTICE SEGMENT 1: Begin and discuss the patient's surrogate

Task	 Clinican	 Patient
Introduce the conversation and ask permission to proceed	I was hoping we could spend this visit talking about your health and what matters to you, and discussing the kind of medical care you would or wouldn't want in the future. This will help us make sure you get the care that matches your goals. Can we spend a little time talking about this?	Sounds like a good idea.
Identify patient's desired surrogate	To start off, it's helpful to know who would be the best person to speak for you if you were ever too sick to communicate your health care decisions yourself. Have you thought about who you'd like this to be?	Yes. I want my daughter to do that. She knows what I want.

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PRACTICE SEGMENT 1, continued

Task	Clinican	Patient
Find out if desired surrogate would be authorized	She sounds like a good choice. Have you completed an advance directive to name your daughter as the person who would be authorized to speak for you?	No. Do I have to do that?
Inform patient who would be the authorized surrogate	Yes. As your next-of-kin, your wife would be your official health care decision maker, unless you name someone else in an advance directive.	Really? I don't want to put my wife through that. She has her own health problems. It's best if it's my daughter.
Tell the patient how to name a surrogate and offer help	OK. Would you like our social worker to help you put that in an advance directive?	Yes, I would.

Communication Drills
Goals of Care Conversations
Putting It All Together

PRACTICE SEGMENT 2: REMAP – Reframe, Emotion, Map, Align, Plan

Task	 Clinican	 Patient
Assess understanding of illness and prognosis	Is it OK if we spend some time talking about how you're doing with your COPD?	Yeah. My breathing has gotten worse. It's been tough.
	It has been tough. [pause] What do you think the future might look like with your COPD?	Well, I know it gets bad, but I always bounce back.
Reframe	I'm worried that we are in a different place now, and it's going to be harder for you to bounce back.	[Sad] So, what are you saying – that I'm supposed to give up?
Respond to emotion	I don't want you to give up. We're here to help you in every way we can.	I'm a fighter. I know I can still beat this thing.
	You are a fighter. I really admire that about you. It must be frustrating that your lungs have gotten worse.	[Sad] I've just kept hoping that I'd get better.
Respond to emotion Ask permission before moving on	I can see how disappointing this is. [pause] Would it be OK if we talked about where we go from here?	That would be OK.
Map out what's important – thoroughly explore values and goals	Given this situation, what's most important to you?	I want to be able to take care of myself. I don't want to feel so sick all the time, and I don't want to be in pain.

PRACTICE SEGMENT 2, continued

Task	Clinican	Patient
Continue exploring values and goals	Those sound like good goals. What else?	I'd like to be at home. Spending time with my kids and my grandkids without feeling so tired is important. My grandkids help take my mind off my troubles.
	Ok. What else?	That's about it, I guess.
	As you think about the future, is there anything you want to avoid?	I want to live and I'm not getting better. It's so frustrating.
Respond to emotion	It is frustrating. I wish it was easier.	Me, too.
Align with patient's values	It sounds like what really matters to you is [summarize].	[Agree]
Plan treatments to match values and goals: Ask permission to make recommendation	Would it be OK if I offered a recommendation?	Sure.
Make a recommendation	Given what you've told me is most important, there's a lot we can do to help. We'll focus on managing your symptoms as well as we can. We'll also look into getting you some help at home so you can stay more independent and can put your energy toward spending time with your family.	
Ask if the patient agrees	Does that sound right?	Yes, that sounds good.

Communication Drills
Goals of Care Conversations
Putting It All Together

PRACTICE SEGMENT 3: Make a recommendation for life-sustaining treatment, explore knowledge/possible inconsistencies/limits, summarize

Task	 Clinican	 Patient
Make a recommendation Ask for confirmation	Based on your goals to stay at home with your family and be able to take care of yourself, I would not recommend doing CPR if your heart or breathing stops. Does that sound right to you?	 I don't know…
Assess knowledge of life-sustaining treatment	Can you tell me what you know about CPR?	I've seen it on TV, but I don't know much about it.
Provide basic information	CPR is used only when someone's heart and breathing stop. It involves forcefully pushing on the chest, and can also include shocking the heart and putting a tube down the throat to try to get the heart and breathing to start again.	If it brings you back alive, why wouldn't everyone want it?
Provide desired information General Outcomes →	Most adults who receive CPR don't survive. Young and otherwise healthy people have better chances of surviving, and people with serious health problems have lower chances.	What do you think my chances are? What's the likelihood it would work?
  Probabilities →	About 18 of 100 people survive after receiving CPR in the hospital, which means that 82 out of 100 people die. These are averages. Unfortunately, for people with health problems like yours, the chances of survival are [lower].	Wow, that's a lot different than I expected.

PRACTICE SEGMENT 3, continued

Task	Clinican	Patient
Respond to emotion	It can be surprising.	If I survived after CPR, would it affect my ability to do the things I want?
Provide desired information Outcomes linked with goals →	There is a high risk of broken ribs, and a [large chance] that you would need more help. You might not be able to go back home to live by yourself, and you might need machines afterward to help keep you alive. You mentioned that it's important for you to be able to be with your family. There's a [small chance] that you wouldn't be able to recognize them if you survived after CPR.	I guess that's important to know. Even so, I think I'd want to give CPR a try.
Explore possible inconsistencies between goals and treatment decisions	I worry that CPR won't help you reach your goals.	It might not, and I know I might end up worse off – in the hospital, on machines, in pain… But I might be that rare person who does better than everybody expects, and it's worth a shot if it might give me one more day with my family.
Explore circumstances when treatment may not be wanted	You have a strong bond with your family, and I respect that. Can you think of a situation when you wouldn't want CPR?	If my health gets so bad that I can't recognize my family or make decisions for myself, at that point I wouldn't want CPR.

PRACTICE SEGMENT 3, continued

Task	Clinican	Patient
Summarize and confirm	At this point, you would want CPR if your heart and breathing stop. If your health got so bad that you couldn't recognize your family or make decisions for yourself, then you wouldn't want CPR. Do I have that right?	Yes, that's right.
Next steps	Ok, I'll put that in your health record. Let's talk with your wife and your daughter together to make sure they know what you want. Would that be ok?	That sounds good.
Close	Thanks for having this important conversation with me.	Thanks for your help.

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