DRILL A: Introduce Discussion about Life-Sustaining Treatments

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| Understanding, Invitation, Knowledge, Emotion |
| Clinician ClipartClinican | Patient Clipart Patient |
| 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 procedures. Are there any treatments that you already know aren’t acceptable to you? | I’m not sure. I haven’t really thought about that. |
| One treatment that we should talk about is CPR, or cardiopulmonary resuscitation. Can you tell me what you know about it? | I’ve seen it on TV, but I don’t know much about it. I think it’s used when people have a heart attack, but I’m not sure.  |
| Would it be ok if I shared some information about it? | Sure. |
| 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.  |

Page 1

DRILL A, continued

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| Clinician Clipart Clinician | Patient ClipartPatient |
| A lot of people are surprised by that. | I guess you don’t really think about it when you see it on TV.  |
| Yeah, it’s different to think about how CPR could affect you personally. |  |

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DRILL B: Provide Information about Outcomes

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| ASSESS INFORMATION PATIENT WANTS  |
| Patient ClipartPatient | Clinician Clipart Clinician |
| I’m not sure I know enough to make a decision. | Some people like to know the chances of surviving after CPR, or its risks, or what life might be like afterward. Other people have spiritual questions related to these decisions. What about you? |

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| STRATEGY 1: SHARE GENERAL OUTCOMES† |
| Patient ClipartPatient | Clinician Clipart Clinician |
| 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.  |

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

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DRILL B, continued

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| STRATEGY 2: SHARE SPECIFIC ODDS† |
| Patient ClipartPatient | Clinician Clipart Clinician |
| 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 **[lower]**\*.  |

| STRATEGY 3: SHARE OUTCOMES LINKED TO GOALS† |
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| Patient ClipartPatient | Clinician Clipart Clinician |
| I don’t want to be in pain or end up stuck on machines.  | 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. If CPR worked to restart your heart, there’s 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.  |

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

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

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DRILL C: Explore Possible Inconsistencies Between Goals & Decisions

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| Clinician Clipart Clinician | Patient ClipartPatient |
| RECOMMEND A PLAN BASED ON PATIENT’S GOALS |
| Since it’s really important to you to be independent and take care of yourself, I would not recommend CPR if your heart stops. Even if it worked to restart your heart, I worry that you wouldn’t be able to get off the machines afterward, or if you did, you would be too weak 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 end 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.  |

Page 5

DRILL C, continued

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| Clinician Clipart Clinician | Patient ClipartPatient |
| 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 to get CPR again. 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. |

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