**Goals of Care Conversations Talking Map for**

**Nurses, Social Workers, Psychologists and Chaplains**

**1. Introduce** the Conversation

*“It’s important to make sure we are providing care that lines up with what’s most important to you. To do that, it helps to understand what you want to achieve through your health care, and what you want to avoid. Is this a good time to begin talking about these things?”*

**2.** Identify **Authorized Surrogate**

*“Have you thought about who should make health care decisions on your behalf if you are too sick to speak for yourself?”*

***Person at the highest level of the VA surrogate hierarchy is authorized by policy to serve as the patient’s surrogate.***

***If talking to the patient: m****ake sure patient knows who would be authorized to serve as their surrogate after loss of capacity.*

Surrogate’s relationship to the patient:

⭘Health Care Agent *named in an advance directive*

⭘ Legal/Special Guardian *named by a court of law*

⭘ Next-of-kin 18+ years of age (circle): Spouse - Adult Child(ren) - Parent(s) - Sibling(s) - Grandparent(s) - Grandchild(ren)

⭘ Close Friend

⭘ Patient has no surrogate

Surrogate(s) name(s): Contact information:

Does the patient want to name a different surrogate? ⭘ Yes ⭘ No ⭘ NA

*If yes, they must complete a Durable Power of Attorney for Health Care in an advance directive. Telling you is not enough!*

**ASK SURROGATE:**  *“What is your understanding of the role of a surrogate decision maker?”*

**3.** Assess **Understanding** of Health **NOTES**

*“What do you understand about your [medical condition]?”*

*“What changes have you noticed over the past 3 months?”*

*“What have your providers said you might expect in the future with your [medical condition]?”*

**IF INADEQUATE UNDERSTANDING OF MEDICAL CONDITION:**

*“It may be helpful to talk with your provider more about your medical condition.”*

**4.** Elicit Veteran’s **Values and Goals of Care**

*“What matters most to you as you think about the future?” “What else?”*

 *“Is there anything that would be helpful for me to know about your religious or spiritual beliefs?”*

**ELICIT GOALS: *“What do you hope for with your medical care?”***

***“What else?”***

*“What* ***concerns or worries*** *do you have about your [medical condition]?”*



**5.** **Support** Veteran’s Goals

Summarize steps 3 and 4. **Ask Permission to continue:**

*“Would it be okay if we talk about services and treatments to support your goals?”*

**Topics**

* **Services** (Home Health Aide, Palliative Care, Hospice, Long-term Care, etc.)
* **Life Sustaining Treatments** (Artificial Nutrition, Mechanical Ventilation, CPR, Dialysis)

Explore **Services and Life Sustaining Treatments (LST)** **NOTES**

**Use framework (A-C) below to guide discussion for each service or LST discussed:**

**A. Assess Understanding**

*“Tell me what you know about .”*

*“What have providers told you about ?”*

**B. Provide Information (as appropriate)**

*Use education materials as needed.*

**C. Establish Next Steps (as applicable)**

Write down questions for the patient to address with their practitioner.

Discuss referral process to other discipline(s)/team member(s)/specialty.

**6.** **Discussion Summary and Next Steps** (follow-up plan):

**Summarize what has been discussed.**

**Determine which of the following are needed:**

⭘Continue today’s conversation in a follow-up visit

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⭘ Create new advance directive

⭘ Discuss service(s) in more detail

Which service(s):

⭘ Make referral(s):

⭘ Follow-up **with medical practitioner**:

⭘ Additional information on medical condition(s)

⭘ Additional information on life sustaining treatment(s)

⭘ Consider life-sustaining treatment plan

⭘Consider state-authorized portable orders

⭘ Specific questions to address: