

The future of ACP education:
Talking about goals of care
with
seriously ill patients

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Learning Goals:

- By the end of the session, participants should be able to:
 - Give two reasons for focusing on goals rather than strategy when discussing ACP
 - Describe a goal-focused method of talking with patients and families (REMAP)
 - Describe one phrase that will help them when talking about advance directives with seriously ill patients
 - Define three places where people get stuck when talking about advance directives.

Caveats

- Conversations with seriously ill patients
 - Different from earlier conversations
 - Identifying patients
- These conversations might take place over more than one visit
- Talking about vs documenting

REMAP

- **R**eframe
- **E**xpect emotion
- **M**ap out what's important
- **A**lign with patient values
- **P**lan treatment to match values

Reframe: Starting the conversation

- **Invite a conversation:** “Would it be ok if we talk about your illness and what the future might bring?”
- **Ask about their view:** “What is your sense about how things are going?”

Reframe: Talking about prognosis

- **Give the headline:** “I worry that we are running out of good treatments for your cancer.”
 - “We’re at a point where more treatments are unlikely to make you feel better and they may make you worse.”

Talking about the future when uncertain

- Best
- Worst
- Most likely

Expect emotion: respond empathically

- Bad news → emotions
- Emotion brain shuts down cognition

Expect emotion: respond
empathically

- “I can see you are really concerned...”
- “This is a shock”
- “It seems to be so quick”

FAQ –What if they do not agree
the current plan is not working

- Understanding vs disagreeing?
- Emotionally overwhelmed?

FAQ –What if they do not agree
the current plan is not working

- Options

- Empathy

- Time

- Can the patient both disagree with us and think about what if we right?

Readiness to come up with
a new plan

- Ask: “Given this news, would it be ok to talk about the future?”

Transitioning to mapping

- Need to separate from strategy
 - “Can we step back and think about what you are hoping for? That will let us come up with the right choice for you.”
 - “There are different options. To find the right one for you....”

Mapping goals

- To know enough about the patient to propose a biomedical plan
 - What are the big biomedical decision points that the patient might face?
- To serve as a guide for a surrogate should something happen

Map out the future

- “Have you ever thought what if things do not go the way you want?”
- “Have you written a living will?”
- “Have ever had to face any issues like this for your family?”

Map out the future

- “Given this situation, what’s most important?”
- “Given this situation, what do you want to avoid?”

Mapping skills

- **Elaboration:** “Tell me more.”
- **Ask for a contrasting experience:**
“So what if you could not do that?”
- **Reflections:**
 - To test what you are hearing
 - To make the value explicit
- **Keep going to the well**

Mapping and surrogate

- Surrogate: “If I could not talk to you, who do you trust that I could go to and help decide what to do?”
- Flexibility

FAQ – hoping for a miracle

- Join with the miracle – “I hope we get one, too.”
- See if they can expand their hope portfolio - “What else can you hope for?”
- Can they consider what if a miracle does not happen?

Resources

- Mapping may take more than one visit.
- Patients may want to go home and talk to their family.
- Websites:
 - Conversation project
 - Prepare for your care

Align with values

- “As I listen, it sounds like what’s important is...”
- “I think we can help you do xx...”
- “By planning ahead, we can avoid things like...”

Plan treatments that match values

- “Here are things we can do now...”
- “For this situation, here are some things that would help”
- “What do you think?”
 - Assent vs consent

FAQ

- Show your work.
- Focus on what can be achieved.
- Focus on their ability to meet new goals.
- Make clear recc about what cannot be achieved and do not offer

What if the patient disagrees?

- Be curious.
- Ask what they are hoping for.
- Name the emotion.

Talking Map: “REMAP”

- 1. Reframe** why status quo isn't working.
- 2. Expect** emotion, respond with empathy.
- 3. Map** out what's important.
- 4. Align** with patient values.
- 5. Plan** to match values.

Documentation

- Documenting goals, not just strategy.
- Making it easy to find the data.
- Making it available at the point of care.

Fulfilling the promise

- Can your health care system accomplish these goals?
 - Home care
 - Non-hospital acute medical resources
 - Social supports

Improving skills in ACP



How Do We Do It?



Communication is a
learned expertise



From: **Efficacy of Communication Skills Training for Giving Bad News and Discussing Transitions to Palliative Care**

Arch Intern Med. 2007;167(5):453-460. doi:10.1001/archinte.167.5.453

Table 5. Communication Skill Changes for Giving Bad News Encounter

Coding Scheme	Participant Behavior Code	% of Fellows With Skill		P Value
		Before Retreat	After Retreat	
SPIKES				
Setting	Not assessed			
Perception	Assesses the patient's perception of the situation	25	59	<.001
Invitation	Requests the patient's permission to proceed before giving news	5	42	<.001
Knowledge	Uses the specific word cancer when giving bad news	16	54	<.001
Emotion	Waits at least 10 s after giving bad news	45	73	<.001
	Makes an empathic statement as the first response after giving bad news	52	81	<.001
	Asks for the patient's emotional reaction to the bad news	17	38	<.001
Summary	Summarizes the follow-up plan	57	51	.35
Empathic verbal skills (NURSE)				
Naming	Names an emotion that the patient seems to be experiencing but has not explicitly articulated at any point	39	71	<.001
Understanding	Expresses understanding or appreciation of a patient emotion	97	100	.25
Respecting	Expresses respect or praise about how the patient is handling the situation	6	41	<.001
Supporting	Makes a statement of support or nonabandonment	54	70	.007
Exploring	Explores the patient's emotional state at any point	59	83	<.001

Table Title:
Communication Skill Changes for Giving Bad News Encounter

Instead of...

abstract ideas,

actionable

skills

Instead of...

talking,

trying

Instead of...

being right,
failing

What does the learning look like?

- Drills
- Scrimmages