

Be a champion!

Help patients, clients, residents and families affected by serious illness get the care that aligns with their goals, values and beliefs.

Promote the Serious Illness Conversation initiative within your program or site.

Advocate for the Serious Illness Conversation program with your administrators and promote the development of a process to:

- identify high-risk patients who would benefit from a Serious Illness Conversation;
- prepare the patient for the conversation;
- allocate clinician time for the conversation;
- provide the patient with a *Family Guide for Communication* and follow up support;
- document in a medical record that is easily accessible across settings.

Enlist others by facilitating a Serious Illness Conversation clinician workshop in your setting.

Learn more about the Train the Trainer Sessions that focus on skills development in providing clinician workshops on the use of the Serious Illness Conversation Guide at www.bc-cpc.ca

Who we are

The BC Centre for Palliative Care was established in 2013 to support The Provincial End of Life Action Plan for British Columbia.

What we do

The Centre provides leadership to support innovative solutions to improve the way we live and die in British Columbia.

Serious Illness Conversation initiative

Our Serious Illness Conversation initiative supports health-care providers to conduct clinician workshops on the use of the *Serious Illness Conversation Guide* through mentorship and the provision of CME accredited workshop materials.

Let's work together!

Call or email for more information about upcoming train-the-trainer events and ideas on the Serious Illness Conversation initiative.



Serious Illness Conversations

More, Earlier, Better Conversations



BC Centre for Palliative Care

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BC Centre for Palliative Care

Serious Illness Conversation initiative

As part of the provincial initiatives for advance care planning and a palliative approach to care, BCCPC has adopted the *Serious Illness Conversation Guide* tool, developed and tested by Ariadne Labs (Harvard Medical School). The guide assists clinicians in providing more, earlier, better conversations to individuals diagnosed with a serious illness.

Where does the Serious Illness Conversation fit in the continuum of advance care planning?

The Serious Illness Conversation is part of the overall process of advance care planning. The clinician revisits or starts the conversation about goals and preferences when a person has an illness that is serious with an expected prognosis of less than one year. The conversations may contribute to medical orders that reflect goal-concordant care.

Educational Materials

The 2.5-hour CME-accredited clinician workshop is designed to support the interdisciplinary use of the *Serious Illness Conversation Guide* in practice. The tools are designed to help individuals prepare for the conversation; help clinicians guide the conversation; and then help the individuals talk to their families about their goals and values regarding their future care.

Serious Illness Conversation Guide

CONVERSATION FLOW

PATIENT-TESTED LANGUAGE

1. *Set up the conversation*

- Introduce purpose
- Prepare for future decisions
- Ask permission

"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

2. *Assess understanding and preferences*

"What is your **understanding** now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

3. *Share prognosis*

- Share prognosis
- Frame as a "wish...worry", "hope...worry" statement
- Allow silence, explore emotion

"I want to share with you **my understanding** of where things are with your illness..."

Uncertain: "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."

OR

Time: "I **wish** we were not in this situation, but I am **worried** that time may be as short as ___ (*express as a range, e.g. days to weeks, weeks to months, months to a year*)."

OR

Function: "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

4. *Explore key topics*

- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Tradeoffs
- Family

"What are your most important **goals** if your health situation worsens?"

"What are your biggest **fears and worries** about the future with your health?"

"What gives you **strength** as you think about the future with your illness?"

"What **abilities** are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

"How much does your **family** know about your priorities and wishes?"

5. *Close the conversation*

- Summarize
- Make a recommendation
- Check in with patient
- Affirm commitment

"I've heard you say that ___ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we ___. This will help us make sure that your treatment plans reflect what's important to you."

"How does this plan seem to you?"

"I will do everything I can to help you through this."

6. *Document your conversation*

7. *Communicate with key clinicians*



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SI-CG 2017-04-18

