

## Serious Illness Conversation Communication Tips

- Encourage residents/families to ask questions to create a comfortable open environment for discussion.
- Create a listening conversation and let the residents/families speak 50% of the time.
- Explore residents' understanding of their health status including their diagnoses, treatments, and prognosis.
- Inquire about residents' personal values and wishes concerning care options if their medical condition worsens.
- Explore residents' fears and worries about the future of their health.
- Use an inclusive approach and ask residents what you need to know about them to provide them the best care possible.
- Validate to residents/families that their concerns are real and normal; this can help people feel listened to.
- In discussing prognosis, use imaginary "future scenarios" to discuss a worsening trajectory that residents/families may experience.
- Do not use medical jargons, instead use plain language.
- Avoid providing false reassurance but use empathic statements and therapeutic silence to respond to residents' emotions.
- Avoid your own values and preferences from guiding your discussion with residents.
- Make conversations about serious illness a team effort involving all members of the healthcare team.
- Develop a personalized serious illness care plan for each resident based on what is important to them.

References:

fault-source/itr/tools-and-resources/cfhi\_epac \_learning\_modules\_en.

Bernacki RE, Block SD. Communication about serious illness care goals: a review and synthesis of best practices. 2014;174(12):1994.

Beddard-Huber E, Strachan P, Brown S, Kennedy V, Marles MM, Park S, et al. Supporting Interprofessional Engagement in Serious Illness Conversations An Adapted Resource. 2021;23(1):38-45

Ko JJ, Ballard MS, Shenkier T, Simon J, Roze des Ordons A, Fyles G, et al. Serious Illness Conversation-Evaluation Exercise: A Novel Assessment Tool for Residents Leading Serious Illness Conversations. 2020;1(1):280.

Beddard-Huber E, Gaspard G, Yue K. Adaptations to the Serious Illness Conversa-tion Guide to Be More Culturally Safe. 2020. Canadian Foundation for Healthcare Improvement. Embedding palliative approaches to care (EPAC) learning modules: What is the Gift of Time? Vancouver, BC. 2018 [Available from: https://www.cfhi-fcass.-ca/docs/de-

Baile WF, Buckman, R., Lenzi, R., Glober, G., Beale, E.A., & Kudelkka, A.P. SPIKES—A six-step protocol for delivering bad news: application to the patient with cancer. The Oncologist. 2000;5(4):302-11.

Use the following mnemonic devices to help with serious illness conversations:

## **AFIRM**

Acknowledge the concern.

Find out what they already know and understand, filter out what is important.

Immediate concern: address what is most pressing.

**Respond** to as many questions as possible under the circumstances.

**Meeting:** set up a meeting at another time with appropriate professionals, for concerns that cannot be addressed in the moment ('get out of jail free' card).

## **NURSE**

Naming - Identify emotion by its name e.g., anger

**Understanding** – Confirm your appreciation of their feeling

Respecting - affirm that their reaction is important

**Supporting** – Provide various sources of support

**Exploring** – Ask specific questions and show your interest in their emotion

## **SPIKES**

A six-step protocol for communicating at end of life

**Setting** up the meeting, being prepared.

**Perception:** find out what the person knows.

Invitation: ask permission to discuss specific topics.

**Knowledge** and information to the patient: tell them what they ask to know.

> **ASK:** what they want to know TELL: them what they've asked for ASK: them what they've understood

**Empathy:** address emotions with empathic responses.

Strategy and summary: what is the plan moving forward, are they in agreement.

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