

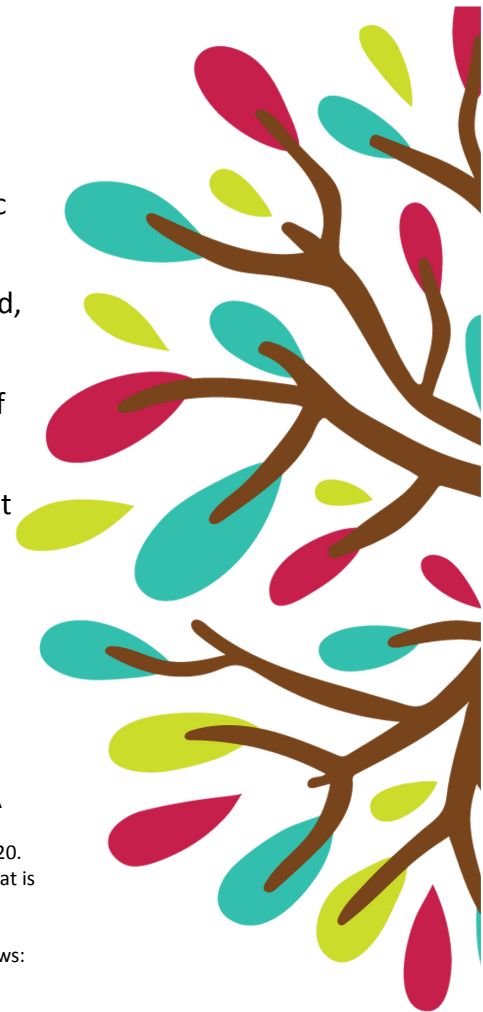


Serious Illness Conversation Communication Tips

- Encourage residents/families to ask questions to create a comfortable open environment for discussion.
- Create a climate for residents and families to do most of the talking.
- 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 jargon, instead use plain language.
- Avoid providing false reassurance but use empathic statements and therapeutic silence to respond to residents' emotions.
- Avoid allowing your own values and preferences to guide the discussion; instead, work to understand those of the resident and family.
- 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:

- 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 Conversation 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/default-source/itr/tools-and-resources/cfhi_epac_learning_modules_en.
- 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:

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?

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

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).



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