

Serious Illness Communication Pearls for Neurological Clinicians

Topic	Communication Pearl
<p>How to bring up palliative care with a patient</p>	<p>*I would like to give you an extra layer of support to help with your symptoms and the stress of being sick.”</p> <p>*Palliative care is about living as well as you can for as long as you can.”</p>
<p>Acknowledge Emotions and Express Empathy (NURSE acronym)</p>	<p><u>N</u>AME the emotion: *This is really upsetting news. I can't imagine how difficult this is for you. <i>[In general, turn down the intensity a notch.]</i></p> <p><u>U</u>NDERSTAND: *This helps me understand what you're thinking. <i>[Do not claim that you know what the person is going through.]</i></p> <p><u>R</u>ESPECT: *I can see that you have been doing a great job with XXX. <i>[Allows for praise]</i></p> <p><u>S</u>UPPORT: *I will be here with you every step of the way.</p> <p><u>E</u>XPLORE: *Tell me more.</p>
<p>Giving bad news: (SPIKES acronym)</p>	<p><u>S</u>ETTING up the interview: Allot adequate time, determine who should be present, plan your approach, create a conducive environment.</p> <p><u>P</u>ERCEPTION: *What have you been told so far about your health? *What do you think is causing these symptoms? *What did Dr. X tell you about why he sent you here? *What's your understanding of where you are with your illness? *How do you think your health is now, compared with one year ago?</p> <p><u>I</u>NVITATION: *Just hearing your story, all of the symptoms you've had and what I see from my exam, I was hoping to talk to you about what I think is going on. Would that be ok? *Sometimes people have questions about what to expect or would like to talk about planning for the future. Is there anything like that that has come up for you? *Some people find it helpful to know all the details and what to expect; other people – not so much. What do you prefer? *If it's ok with you, we might revisit this in the future in case you have any questions.</p> <p><u>K</u>NOWLEDGE: *GIVE THE HEADLINE: a bite size chunk of information, your main message and what it means, then pause *I have some difficult news to share. I'm sorry to say that you have... *I don't think we're in the same place we were the last time I saw you...</p> <p><u>E</u>MOTIONS: *After delivering bad news, pause and acknowledge emotions *I can't imagine how difficult this is for you. *Use 'I wish' statements, "I wish that things were different."</p> <p><u>S</u>UMMARY: *Let's review some of your symptoms. *Let's make a follow-up appointment in one month. *You won't have to go through this alone, I will be with you every step of the way. *You are on a difficult journey. We are here to be on that journey with you.</p>

<p>Goals of Care discussions [REMAP acronym]</p>	<p>REFRAME to confirm a shared understanding: ASK-ASK-TELL-ASK</p> <p>ASK: *What have the other doctors and nurses told you about your illness? *How is your health now compared with a year ago?</p> <p>ASK: *Would it be ok if I shared my sense of how things are going?</p> <p>TELL: *GIVE THE HEADLINE: a bite size chunk of information, your main message and what it means, then pause *I'm worried that we're in a different place now with your disease, and that it might be time to think about....</p> <p>ASK: *How are you doing with this information?</p> <p>EXPECT EMOTION: *Take time to expect and acknowledge emotions after a patient/caregiver receives difficult news *Use the NURSE acronym to respond with empathy</p> <p>MAP OUT: *<i>Big picture values: what are the major concerns, hopes and goals</i> *When you think about the future, are there any things you worry about? *When you look ahead, what do you hope for? *With what we know now, what is most important for you? *What abilities are so critical to your life that you can't imagine living without them? *If time was shorter than we hope, what would be most important to you? *If your (spouse, child, partner, etc.) was able to talk right now, what would he/she say?</p> <p>ALIGN: *From what I understand, you have a combination of goals – you would like to try to keep the disease under control but also not spend a lot of time in the hospital. *I think those are things we can work on.</p> <p>PLAN: *<i>Recommend treatments that match the patient's values</i> *Let's look at treatment plan that allows you to work toward your goals. I would recommend... *Given that you are worried about ..., I think the next step should be...</p>
<p>Advance Care discussions</p>	<p>INITIATE/EDUCATE: *You have a right to determine what kind of healthcare you get. Have you heard about or already completed advance directives or a POLST? These are forms that can help make sure you get the kind of healthcare that you want. *From what you told me before, it seems like independence and being pain free is really important to you, have you heard of or completed forms called advance directives, a healthcare proxy or a POLST. I would recommend that you complete these forms to make sure you get the kind of healthcare you want. We can take a look at the forms now, would that be ok? *If patient/caregivers states that they have completed these forms: "Can you tell me what the forms say? Who have you named to be your primary and alternate healthcare proxies? Can you bring in a copy for the forms?"</p> <p>CLOSE THE MEETING: *I know this has been a lot to process, but you're brave to talk about this things, and you have given your loved ones a real gift to help guide them about your wishes. *I will be with you every step of the way.</p>
<p>How to introduce hospice</p>	<p>*One of the things that some patients and families like to focus on as the disease worsens is comfort and quality of life. An example of a program that can help with this is hospice. Have you heard of hospice?</p>