Session: Goals of Care

Aim: The goals of this session are

A. To improve resident comfort level in leading goals of care discussion and
B. To increase resident appreciation of patient and family values in making difficult decisions.

Learning Objectives:

1. Utilize the SPIKES framework when discussing bad news with patients and caregivers.
2. Discuss the factors that matter most to patients and families when planning for future care.
3. Identify barriers to successful communication from the perspective of providers, patients and families and discuss strategies to mitigate them.
4. Implement advanced care planning into ambulatory visits with patients.

Facilitator Preparation Prior to Session:

Prior to the session, the facilitator should prepare copies of the ambulatory cases for small group discussion. Consideration can also be made to bring copies of advance directive paperwork including living wills, health care agents, patient decision guides, etc.

In preparing for this session, facilitators should review the below agenda to decide which components they would like to include. The three major portions include “breaking bad news (SPIKES framework and cases)”, advance directives, and end of life. This session is intended to utilize inter professional learning teams. Consider incorporating palliative care clinicians and trainees, primary care clinicians and social workers to the session.

For the Breaking Bad News portion:

Consider preparing a formal didactic or structured discussion for session. Content area suggestions included below. Will need copies of case vignettes to bring to session.

For the Advance Directives portion:

Bring copies of your state’s advance directive forms, living will documents and health care agent documentation.

For the End of Life portion:

Consider asking a palliative care/hospice boarded clinician to facilitate this session. Alternatively, would provide framework for discussion with residents.
Session Agenda:

8:00  Pre-Test

Attached with facilitator’s guide are the pre and post test questions utilized in this session, in addition to the validated geriatrics attitude scale (Reuban et al).

8:15  Delivering Bad News:

Residents are first asked to reflect on cases when they have had to deliver bad news in the ambulatory setting. A brief presentation is to be administered outlining the SPIKES framework and how to utilize this in delivering bad news. When going through the SPIKES framework, one of the ambulatory cases can be used as an example for large group discussion.

The formal didactic is concluded by reviewing eprognosis and leading residents through how to utilize this resource in patient care.

9:00  Break

9:15  Advance Care Planning and Resources

Large group discussion regarding the importance of advance care planning and what the goals of early planning are. Discussion of what factors patients and caregivers have identified as being important to them regarding healthcare and how to individualize approach to care. As a group, barriers to successful discussions and documentation of patient wishes are identified.

10:00  Break

10:15  Case Vignettes

Ambulatory cases were developed by geriatrics faculty in a range of topic areas where the clinician must deliver bad news to the patient or caregiver, including 1. Unsafe driving, 2. New diagnosis of dementia, 3. Failure to thrive in a patient with end stage dementia, 4. New cancer diagnosis. Residents pair off and role play with one resident as the patient/caregiver and one as the clinician delivering the bad news. Residents then switch for a second case.

11:00  Hospice Liaison Discussion and Tour of Facility

In this session, a palliative care social worker or physician led a large group discussion regarding the basics of hospice care including qualifying conditions, policies and funding, and common medical issues at the end of life. The session concluded with a 30 minute tour of an inpatient hospice facility.

11:40  Post Session Evaluation

Attached are a commitment to change document and a confidence scale for knowledge and skills. These were administered in addition to the post test and attitudes scale (same as those administered prior to the session).
Session Tips:

Delivering Bad News/Case Vignettes:

Residents can be asked to reflect about cases where they have had to break bad news in the ambulatory setting. This is followed by a discussion or formal didactic regarding a potential framework to guide these discussions. The framework used in this curriculum was:

SPIKES

  Setting
  Perception
  Invitation
  Knowledge
  Emotion/Empathy
  Summarize/Strategize

Eprognosis.com – This website was used to walk residents through a patient discussion regarding health care trajectory and prognosis. Short video clips were also shown to residents to showcase tips to use in difficulty conversations.

Case vignettes can be found on the Yale COACH website under educational materials.

Advance Care Planning:

Ask residents to consider outpatients they have treated in clinic and any advance directive conversations they have had. Compare this with inpatient experiences. Discuss barriers to completing this process from the perspective of the clinician and patient and then potential solutions at your institution.

Possible barriers include

  Patient (decision making capacity, language barrier, family involvement, health literacy, fear/emotion)
  Provider (lack of training, knowledge of resources, time)
  Environment (limited space, time)

Use copies of documents you brought to the session to demonstrate the process with residents.

End of Life:

Formal didactic or discussion led by facilitator or other participant.
Pantilat, Steven Z. Communicating with Seriously Ill Patients: Better Words to Say; JAMA. 2009; 301 (12): 1279-1281


