

## SERIOUS ILLNESS CONVERSATION

### SASCRO/SASMO, Johannesburg, August 4-6 2017

#### BACKGROUND:

“The Serious Illness Care program facilitates appropriate conversations between clinicians, seriously ill patients and their families. Drawn from best practices in palliative care, the intervention provides guidance for clinicians to initiate these difficult conversations in the right way, at the right time. Patients then have the opportunity to make informed choices that reflect their values, reduce suffering, enhance family well-being and improve quality of life.

The Serious Illness Care Program includes:

1. A system to identify appropriate patients
2. Training and coaching for clinicians
3. A prompt for clinicians to conduct serious illness conversations at the right time
4. A short, simple [Serious Illness Conversation Guide](#) that addresses:
  - i. patient understanding of their illness
  - ii. patient preferences for information
  - iii. patient preferences for family involvement
  - iv. personal life goals
  - v. fears and anxieties
  - vi. tradeoffs they are willing to accept
5. Suggestions to help patients discuss preferences about care with their families
6. A system for documenting personalized patient goals and priorities in the electronic health record”

<https://www.ariadnelabs.org/areas-of-work/serious-illness-care/>

Ariadne labs - Harvard Medical School - Dana Farber Cancer institute

#### SASCRO/SASMO WORKSHOP:

Workshop for 30 participants on Saturday 5th August

Facilitators: Rene Krause, Linda Holding, Colleen Cox, Riette Burger, Margie Venter

1.5 hours: 9h00 to 10h30

Pre-reading: will be emailed to participants

- Jackson VA, Jacobsen J, Greer JA, Pirl WF, Temel JS, Back AL. The cultivation of prognostic awareness through the provision of early palliative care in the ambulatory setting: a communication guide. *Journal Of Palliative Medicine*. 2013;16(8):894-900
- Bernacki RE, Block SD, for the American College of Physicians High Value Care Task F. Communication about serious illness care goals: A review and synthesis of best practices. *JAMA Internal Medicine*. 2014;174(12):1994-2003
- Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, et al. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. *New England Journal of Medicine*. 2010;363(8):733-42

9h00-9h05	5min	Introduction and objectives: 5min Reflection in large group on conversations that have gone well/wrong.
9h05-9h30	25min	Overview of advance care planning communication, best practice and failures, goals and benefits of SICIP. Explain guide structure, practices and principles.
9h30-10h43	13min	Demonstration: video clip <a href="https://www.youtube.com/watch?v=fhwa9f5O_U4">https://www.youtube.com/watch?v=fhwa9f5O_U4</a>
10h43-10h47	5min	Common pitfalls
10h47-10h50	3min	Set up role play
10h50-10h20	30min	Role play with feedback and debriefing: See case study (one only - pancreas cancer) <ul style="list-style-type: none"> <li>● Groups of 3 - observer, clinician, patient</li> <li>● Each facilitator to move between 2 groups (2x3x5=30) <ul style="list-style-type: none"> <li>- Divide into groups: pre-seated</li> <li>- 3 conversations of 10 minutes each</li> <li>- First cycle: start at 'set-up'</li> <li>- Second cycle start after 'set-up'</li> <li>- Third cycle start after 'prognosis sharing'</li> </ul> </li> </ul> Enables getting through whole convo in total. Stop conversation after 8 minutes to allow for observer feedback (2minutes)

10h20-10h25		Large group debriefing:10min
10h25-10h30		Reflection on practice change/implementation possibilities

After the workshop participants will receive the other tools of the programme ie Clinician's Reference Guide, the Patient Pre-Visit letter and the Family Guide.