



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Serious Illness Conversations

Using the Serious Illness Conversation Guide

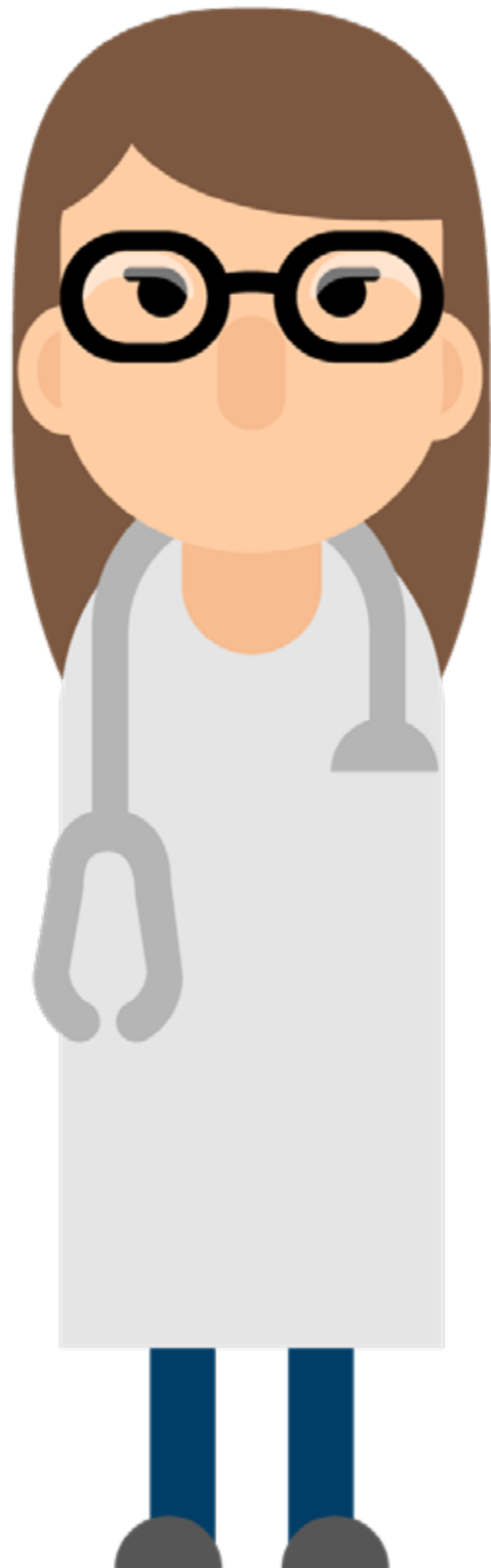


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What matters to your seriously ill patients and how to incorporate that into care planning

This short learning resource aims to:

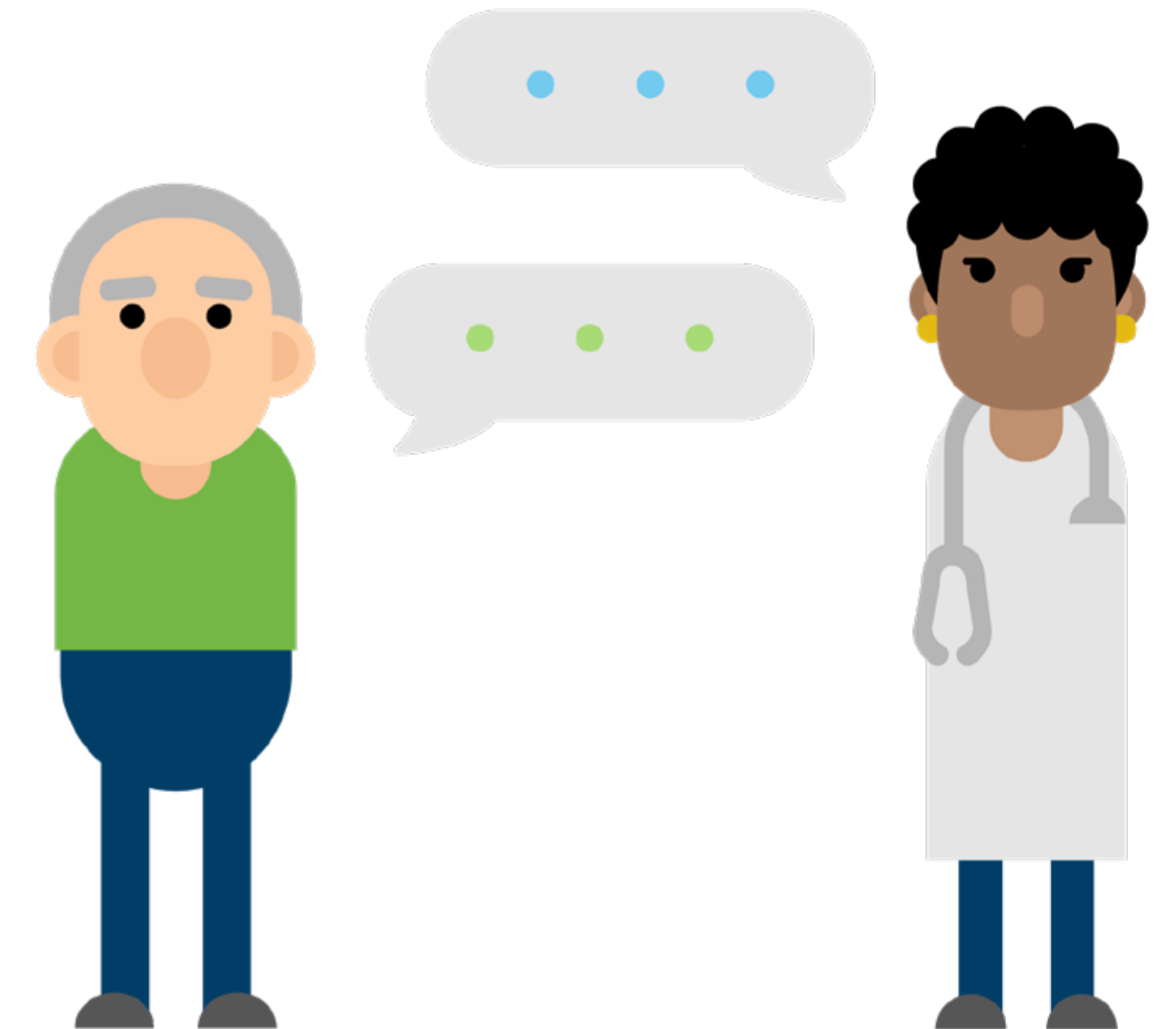


- tell you a little about the problem including the impact of not having timely and person-centric conversations with patients and their whānau when planning their current and future care and treatments
- share what difference good clinical communication skills and early person-centric conversations can have
- introduce you to the Serious Illness Conversation Guide to support better conversations
- offer you case studies to consider and to use to deepen your understanding of the guide and impact it has



Contents

- What matters most to patients
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- The Serious Illness Conversation Guide
- Case Study 1: Conversation with patient and spouse
- Case Study 2: Conversation with patient's husband



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What matters most to patients



Many of us are not systematically talking to patients about what matters most to them, nor are we incorporating that into care and treatment planning – this video is an introduction to this problem.

Please watch the video by clicking on the centre of this image before proceeding to the next page.

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Best practices



This video explores the best practices in supporting patients and their whānau to make better care and treatment choices by including what matters most to them into the planning and decision-making process.

Please watch the video by clicking on the centre of this image before proceeding to the next page.

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The Serious Illness Conversation Guide



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This video introduces the Serious Illness Conversation Guide - a tool to help clinicians have quality conversations with seriously ill patients and their whānau.

Please watch the video by clicking on the centre of this image before proceeding to the next page.

[Click here for the studies referenced in these videos](#)

The Serious Illness Conversation Guide (SICG)

Stage	Patient-tested language
SET-UP	<p>"We want to make sure you have the best care possible. To do this it would be good to talk about what is happening with your health, what might be ahead and what things are important to you? Is that OK?"</p> <p>"This is an important conversation. Would you like someone to be here with you?"</p>
ASSESS	<p>"To make sure we are on the same page, can you tell me your understanding of what's happening with your health at the moment?"</p> <p>"In terms of your health, how much information about what might happen in the future would you like from me?"</p>
SHARE	<p>"This is my understanding of where things are at..."</p> <p><i>Uncertain:</i> "It can be difficult to predict what will happen with your health. I hope that you will continue to live well for a long time, but it is possible you could become unwell quickly. It is important we prepare for that possibility."</p> <p>OR</p> <p><i>Time:</i> "I wish this were not the case, but I am concerned that time might be as short as...(express as a range, eg, days to weeks, weeks to months, months to a year)."</p> <p>OR</p> <p><i>Function:</i> "I hope that this is not the case, but I am concerned that this may be as well as you will feel and things are likely to get worse."</p> <p>Allow silence, explore emotion</p>
EXPLORE	<p>"What are your priorities if your health does get worse?"</p> <p>"What worries you when you think about your health changing?"</p> <p>"What helps you through the tough times?"</p> <p>"What abilities are so important for you, that you can't imagine living without them?"</p> <p>"If your health does get worse, how much are you willing to go through for the possibility of more time?"</p> <p>"How much does your family/whānau know about what is most important to you?"</p>
CLOSE	<p>"I have heard you say ... is really important to you. Keeping that in mind, I suggest that we ... This will help us make sure your care focuses on what is important to you."</p> <p>"How does this plan seem to you?"</p> <p>"I will do all I can to help you get the best care possible."</p> <p>"Is there anything you would like to go over again/ask/talk about?"</p>

Please click the link below to open the original file to read for yourself, save the document or print it.

[Open the SICG Document](#)

Click arrow below to proceed to the case studies



Case Studies

Let's take a look at some conversations where the clinician is using the SICG to support person-centric care planning with patients and whānau.

Each case study has three parts:

1. Setting the scene of the case conversation
2. Recorded conversation using the SICG
3. Reflection and opportunity to deepen your learning

Select from the menu below or click to the next page to watch them all

Case Study 1: Conversation with patient and his wife

Case Study 2: Conversation with patient's husband



Case study one

Conversation with Kevin and Julie

This video demonstrates the use of the SICG to support a conversation between a healthcare professional, a patient and his wife.

Background:

Jane (a healthcare professional) has been asked by the haematology team to meet with Kevin and his wife Julie to explore Kevin's thoughts and preferences regarding further treatment.

Kevin is in his mid-40s. He has relapsed leukaemia after a failed bone marrow transplant.

Jane previously helped Kevin complete his advance care plan prior to his bone marrow transplant.

Further chemotherapy has been unsuccessful, and his platelets are low.

Kevin is now blood transfusion dependent. The period between transfusions continues to decrease. He is currently requiring transfusions fortnightly and reports limited improvement in symptoms from these.

Kevin and his wife are played by paid actors.

[Play Video of Conversation](#)



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Reflection

Please take a moment to think about the reflections below

1. How might you introduce the use of the SICG when working with your patients?
2. How did Jane incorporate and/or include Julie in the conversation?
3. We encourage patients to bring whānau with them to a SICG conversation. Having the patient and whānau present offers both opportunities and challenges. What do you think you might need to consider when having a SICG conversation with whānau present?
4. What did Jane do to support Kevin and Julie after she had shared the prognosis?
5. How did Jane then transition into the exploration portion of the SICG discussion?
6. Where and how would you capture Kevin's SICG wishes and preferences in your organisation?



Case study two

Conversation with Evelyn's husband Peter

This video demonstrates the use of the SICG to support a conversation between a healthcare professional, a patient and his wife.

Background:

Tammy, an intensive care doctor, is meeting with Peter after his wife Evelyn deteriorated acutely on the ward.

Evelyn was diagnosed with ovarian cancer 18 months ago. Despite treatment the cancer has progressed, and they have previously been told that her life expectancy is several months.

Evelyn was admitted to hospital two weeks ago with bowel obstruction due to metastatic spread. The obstruction was surgically corrected, and a stoma was formed. Doctors have warned she is likely to suffer further obstructions in the future. Since being in hospital, Evelyn has had several complications including a wound infection and urinary infection.

At 2am this morning she became acutely unwell with pneumonia. She has low blood pressure, is struggling to breathe, has a weak pulse, and a decreased level of consciousness (i.e. cannot take part in conversations). There is a very real risk Evelyn will die.

Peter is played by a paid actor.

[Play Video of Conversation](#)



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Reflection

Please take a moment to consider these questions.

1. How did Tammy introduce the use of the guide at the start of the conversation with Peter?
2. Which of the three prognostic approaches (uncertain, time-based or functional) did Tammy choose to use when speaking with Peter about Evelyn's condition?
 - Was this effective?
 - Why do you think that?
3. How did Tammy move from sharing the prognosis to exploring Evelyn's priorities with Peter?
4. After hearing Evelyn's prognosis, what does Peter tell Tammy about what is important to Evelyn?
5. How did Tammy's clinical recommendation align with Peter's understanding of Evelyn's priorities?



Thank you for completing this course!

An overview of the Serious Illness Conversation Guide and the guide can be found on the [Health Quality & Safety Commission website](#).

If you are interested in attending a three-hour SICG workshop to practice using the guide in a safe learning environment please contact us SICGadmin@hqsc.govt.nz

The evidence and an international community of practice can be found on the [Ariadne Labs website](#).

Advance care planning is a process for supporting consumers to think and talk about what really matters to them and then to work with healthcare professionals to formulate that into plan about what they would and would not want to happen in the future if they were unable to speak for themselves. For more information about the wider ACP programme and to access more resources please visit the [ACP website](#).

[Shared Goals of Care](#) is a programme aimed at increasing person-centric conversations and developing goals of care with patients in hospital



Serious Illness Conversations | References



Bernacki RE and Block SD. Communication about serious illness care goals – a review and synthesis of best practices. JAMA Intern Med 2014. Doi:10:1001.

Bernacki R, Paladino J, Neville BA, et al. Effect of the Serious Illness Care Program in Outpatient Oncology – a cluster randomized clinical trial. JAMA Intern Med (2019). Doi:10.1001 Clayton JM, Hancock KM, Butow PN, et al. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in advanced stages of a life-limiting illness, and their caregivers. MJA Supplement 2007;186:12

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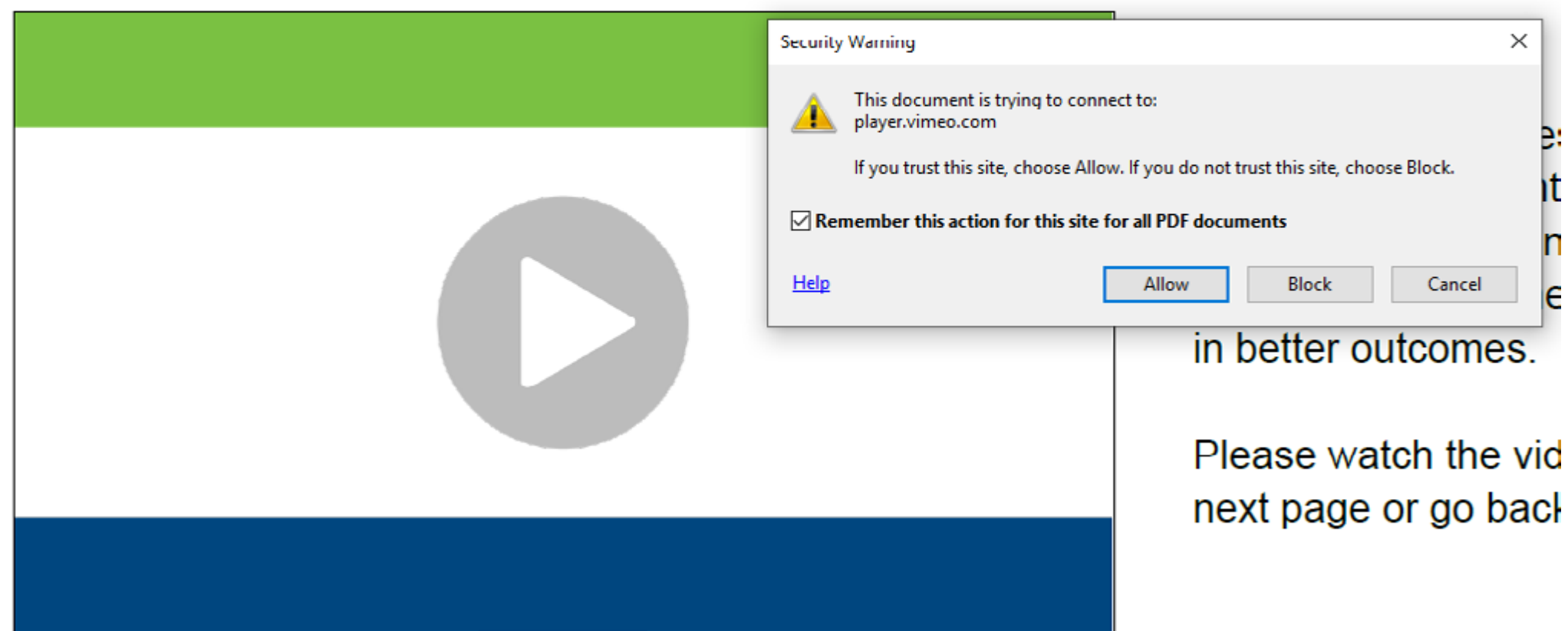
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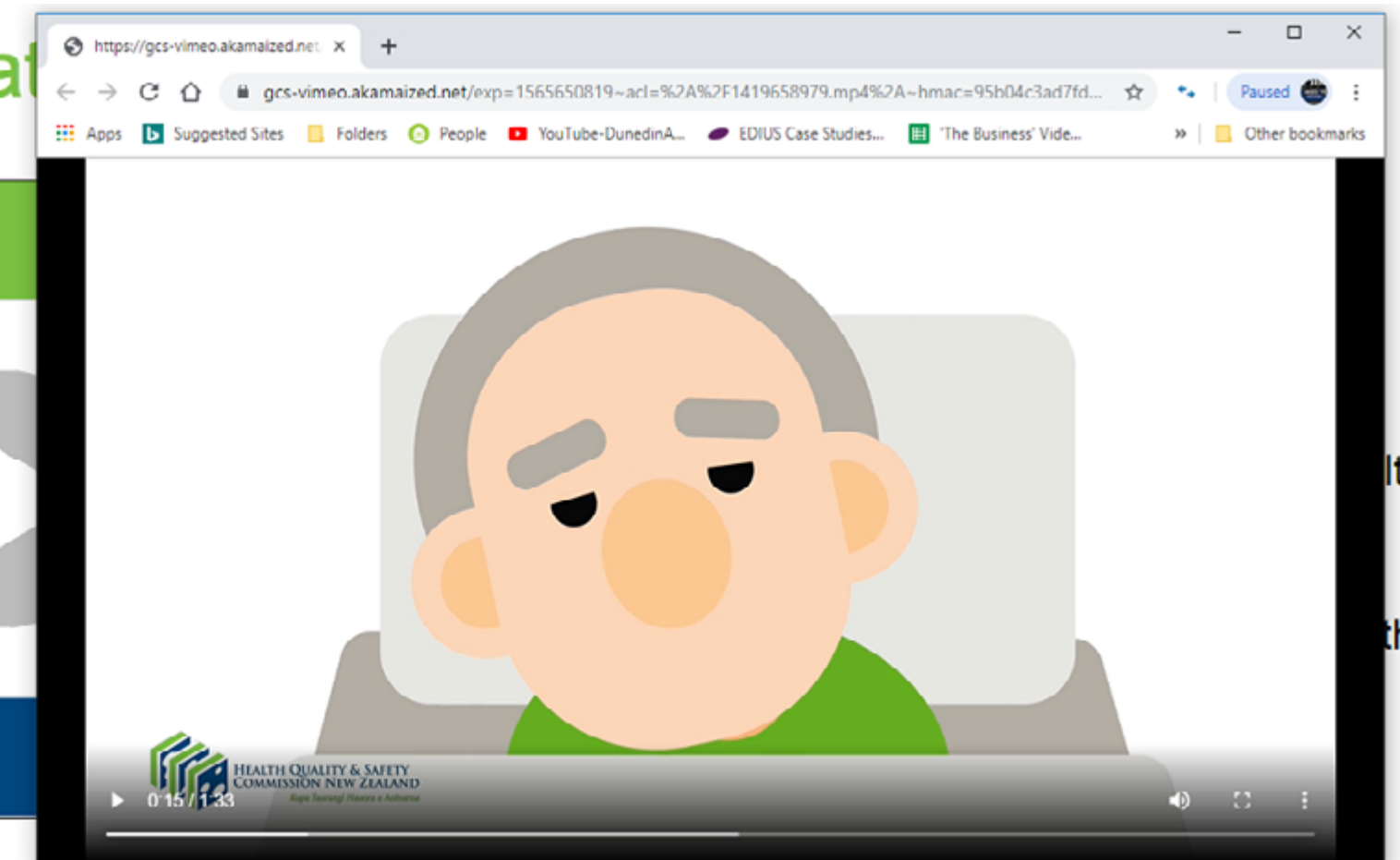


Video Two

Having conversations early in admission



Having conversat



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