



Difficult Goals of Care Conversations

UPMC Updates in Internal Medicine, 2021

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Nothing to disclose

Learning Objectives

- Discuss why some goals of care (GOC) conversations may be more “difficult” than others
- Discuss three general principles that can guide our approach to GOC communication
- Discuss five “Navigation Nuggets”/communication techniques that can be effective during GOC communication, using clinical scenario audio clips

Goals of Care (GOC) Conversations

- Provide the context
- Guide decision making
- Unique and personal, value-based, variable

“Difficult” GOC Conversations

What words come to mind?

- Challenging
- Time-consuming
- Annoying
- Hard
- Unwelcome
- Frustrating

What feelings come up?

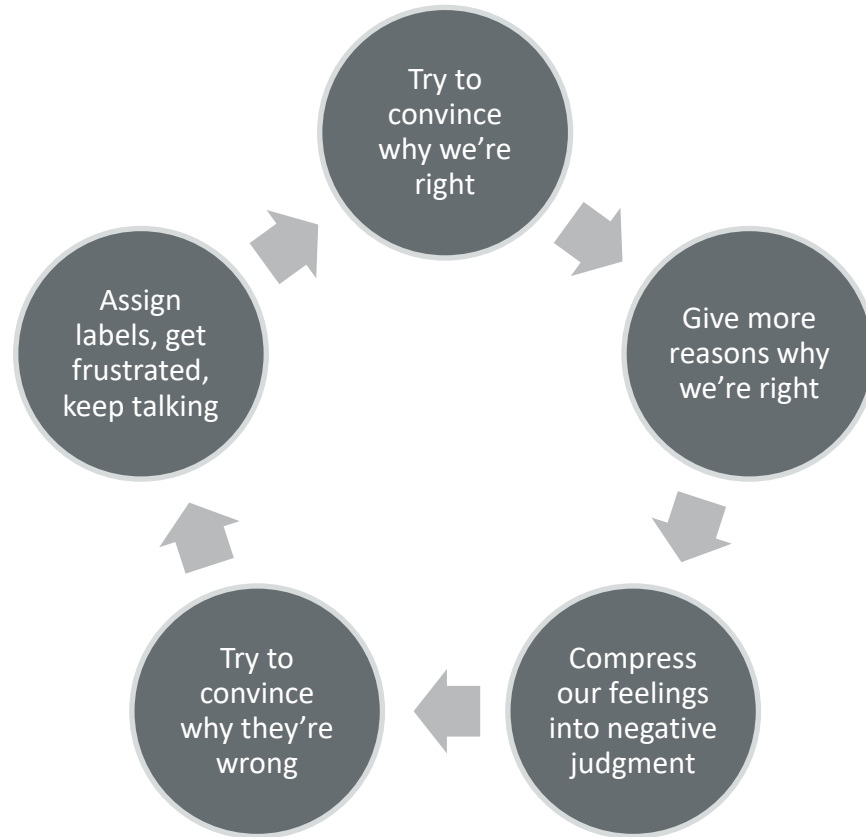
- Excitement
- Overwhelm
- Sadness
- Anger
- Worry
- Fear → Avoidance

Why Such A Disconnect?

What Makes GOC “Difficult”

- We’re human and we care
 - Fear the unknown/uncertainty, conflict, disappointing others
- We’re stressed
 - Busy, time-pressures, work-life, home-life, lack of continuity
- We’re not often trained in high-stakes communication
 - Not taught during training, lack of role modeling
 - Taught to talk and convince, less so to listen or negotiate

The Cycle of Disagreement



What Makes GOC “Difficult”

- Patient Factors
 - Acutely ill, may be delirious, suffering
 - Hard to imagine the future/abstract concepts
 - May have low health literacy, no advanced directive
 - Complex psychosocial situations
- Family and Caregiver Factors
 - They’re human too...

What Makes GOC “Difficult”

- Increasingly complex diseases and treatments
- Often done late in course of disease
- Specialized and siloed medical and surgical care
- Challenging to coordinate
- COVID visitor limitations
- Limited quiet and private space for discussion
- Others...

So, What Do We Do?

Three General Principles (GPs)

GP#1: Focus on What You Can Control

- **Prepare**
 - Clinical info, where, when, who will be there? What time?
 - Pre-meeting: develop a clear, short, impactful message/headline
- **Pulse**
 - How am I/we feeling (physically, emotionally)?
 - Am I/we too connected to the outcome, need to ask for help?
- **Presence/Patience**
 - Adopt a “Big eyes, big ears, small mouth” approach
 - “Talk less, smile (listen) more.” – *Hamilton: An American Musical*

GP#2: Build the Relationship

- They don't care what you know...until they know that you care.
- Goals of care conversations evolve; let the clinical scenario guide your pace.
- N.U.R.S.E.S – Respond with empathy

GP#2a: NURSES Builds Relationships

- **Name**: “It sounds like this has been frustrating.”
- **Understand**: “I can’t imagine what it’s like to see your father like this.”
- **Respect**: “I’m so impressed that you’ve been at the bedside every day.”
- **Support**: “My team and I will be here to help you with your pain.”
- **Explore**: “Tell me more about what you’re hoping for.”
- **Silence**: “... .. (eye contact)”

GP#3: Recognize/Navigate Complexities

Recognize

- Complexities are inevitable
- Internal Sign: Your emotions
- External Signs: Verbal/Non-verbal
 - Body Language
 - Heightened emotion
 - “In the weeds” or Going in circles
 - Slipping into silence
 - Conflict


Navigate

- Listen, then listen some more
- N.U.R.S.E.S
- Five “Navigation Nuggets”


Five Navigation Nuggets

1. Give a clear and impactful headline
2. Refocus to the bigger picture/clinical issue
3. Explore the emotion under a question
4. Embrace the uncertainty and give support
5. Make a strong recommendation


Clinical Scenario #1: Dying Patient

- Give a clear and impactful headline
- Dialogue 
- Listen for:
 - What is the message?
 - What does the clinician do/not do after the headline?


Clinical Scenario #2: The Rash

- Refocus to the bigger picture/clinical issue
- Dialogue 
- Listen for:
 - Where is the family stuck? What is the bigger issue?
 - What does the clinician do to refocus?


Clinical Scenario #3: Emotional Questions

- Explore the concern under a cognitive question
- Dialogue 
- Listen for:
 - What is the cognitive question?
 - What is the husband's underlying concern?
 - How does the clinician uncover it?

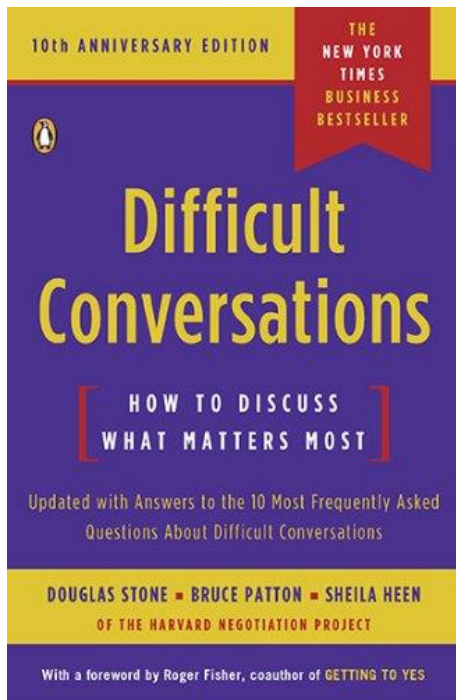
Clinical Scenario #4: Stroke

- Embrace the uncertainty and give support
- Dialogue 
- Listen for:
 - What are family's concerns?
 - How does the clinician respond?

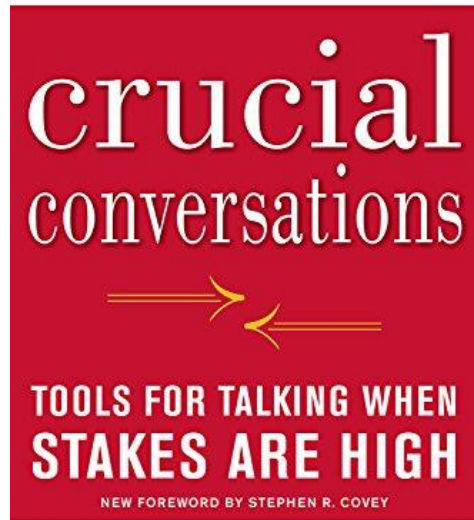
Clinical Scenario #5: “Everything Done”

- Make a strong recommendation
- Dialogue 
- Listen for:
 - What are the family's initial wishes?
 - How does the clinician navigate?

Book Resources



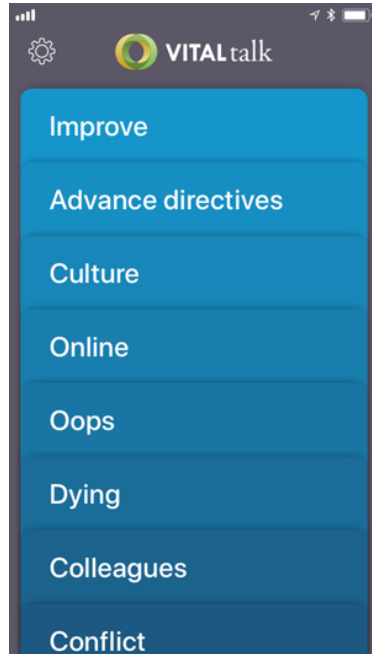
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Take Home

- “Difficult” GOC Conversations are due to a variety of factors – several are within your control.
- Focus on what you can control, build the relationship, recognize and navigate complexity.
- Practice and practice the five Navigation Nuggets.

Five Navigation Nuggets

- Give a clear and impactful headline
- Refocus to the bigger picture/clinical issue
- Explore the emotion under a question
- Embrace the uncertainty and give support
- Make a strong recommendation

Thank You

Quote

- “Continuous improvement is better than delayed perfection.”

- Mark Twain

Contact

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