

SERIOUS ILLNESS CONVERSATION DOCUMENTATION

Date _____ Name and discipline of assessor _____

Signature _____

| Conversation flow | Questions to ask / Feedback | Patient responses (or information provided) | Next steps | Discipline responsible |
|--|---|--|------------|------------------------|
| Assess understanding and preferences for information | | | | |
| Understanding | "What is your understanding now of where you are with your illness?" | | | |
| Preferences for Information | "How much information about what is likely to be ahead with your illness would you like from me?" | | | |
| Share prognosis | | | | |
| Frame as a "wish...worry", "wonder", "hope...worry" statement. Allow silence. Empathize. | "I want to share with you my understanding of where things are with your illness..." Tailor information: Uncertain: "It can be difficult to predict what will happen with your illness" OR Time: "I wish we were not in this situation but I'm worried time may be short" OR Function: "I hope that this is not the case but I'm worried that this may be as strong as you feel" | Prognostic Information shared <input type="checkbox"/> Incurable <input type="checkbox"/> Days-Weeks <input type="checkbox"/> Weeks-Months <input type="checkbox"/> Months-years <input type="checkbox"/> A few years <input type="checkbox"/> Declining function <input type="checkbox"/> Future hospitalizations <input type="checkbox"/> Ongoing symptom issues | | |
| Explore key topics | | | | |
| Goals | "What are your most important goals if your health situation worsens?" | Hopes <input type="checkbox"/> Live as long as possible <input type="checkbox"/> Be comfortable <input type="checkbox"/> Be mentally aware <input type="checkbox"/> Be independent <input type="checkbox"/> Be at home <input type="checkbox"/> Achieve life goal <input type="checkbox"/> Provide support for family <input type="checkbox"/> Other _____ | | |
| Fears | "What are your biggest fears and worries about the future with your health?" | Worries <input type="checkbox"/> Pain <input type="checkbox"/> Other physical suffering <input type="checkbox"/> Inability to care for others <input type="checkbox"/> Loss of control <input type="checkbox"/> Finances <input type="checkbox"/> Being a burden <input type="checkbox"/> Other _____ | | |
| Strength | "What gives you strength as you think about the future with your illness?" | | | |

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| Explore key topics (<i>cont'd</i>) | | | | |
| Critical abilities | "What abilities are so critical to your life that you can't imagine living without them?" | | | |
| Trade-offs | "If you become sicker, how much are you willing to go through for the possibility of gaining more time?" | | | |
| Family | "How much does your family know about your priorities and wishes?" | | | |
| Close the conversation | | | | |
| Summary/ Recommendation | <p>"Thank you for sharing that with me. I'd like to reflect together on what you've shared and make a plan for how we move forward. Would that be ok?"</p> <p>"I've heard you say that _____ is really important to you." (<i>summarize their response</i>)</p> <p>Wellbeing: (Consider the following options)</p> <ul style="list-style-type: none"> • Plan for life event • Pursue hobbies & passions • Refer to mental/ behavioral/ spiritual after behavioral services <p>Illness: (Consider the following options)</p> <ul style="list-style-type: none"> • Form medical plan with goals & reality of illness <ul style="list-style-type: none"> • Start/Stop/Continue treatment interventions • Consider hospice • Consult with a Specialist • Complete Documentation <i>e.g. advance care planning</i> • Revisit Conversation <p>Support System: (Consider the following options)</p> <ul style="list-style-type: none"> • Share goals & updates • Invite to next conversation • Involve Social Work | Recommendations | | |
| Help | <p>"Does this sound ok? Is there anything else we should think about?"</p> <p>"We will do all that we can to support you through this."</p> | | | |