

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>			