

An Introduction to Prognostication and Goals of Care Discussions

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Palliative Care

Vanderbilt University Medical Center

PCEC Program

Objectives

Review the domains of Palliative Care

Describe the steps of having a prognostic discussion

Practice creating a headline

Discuss how to deliver prognostic information to patients and their families



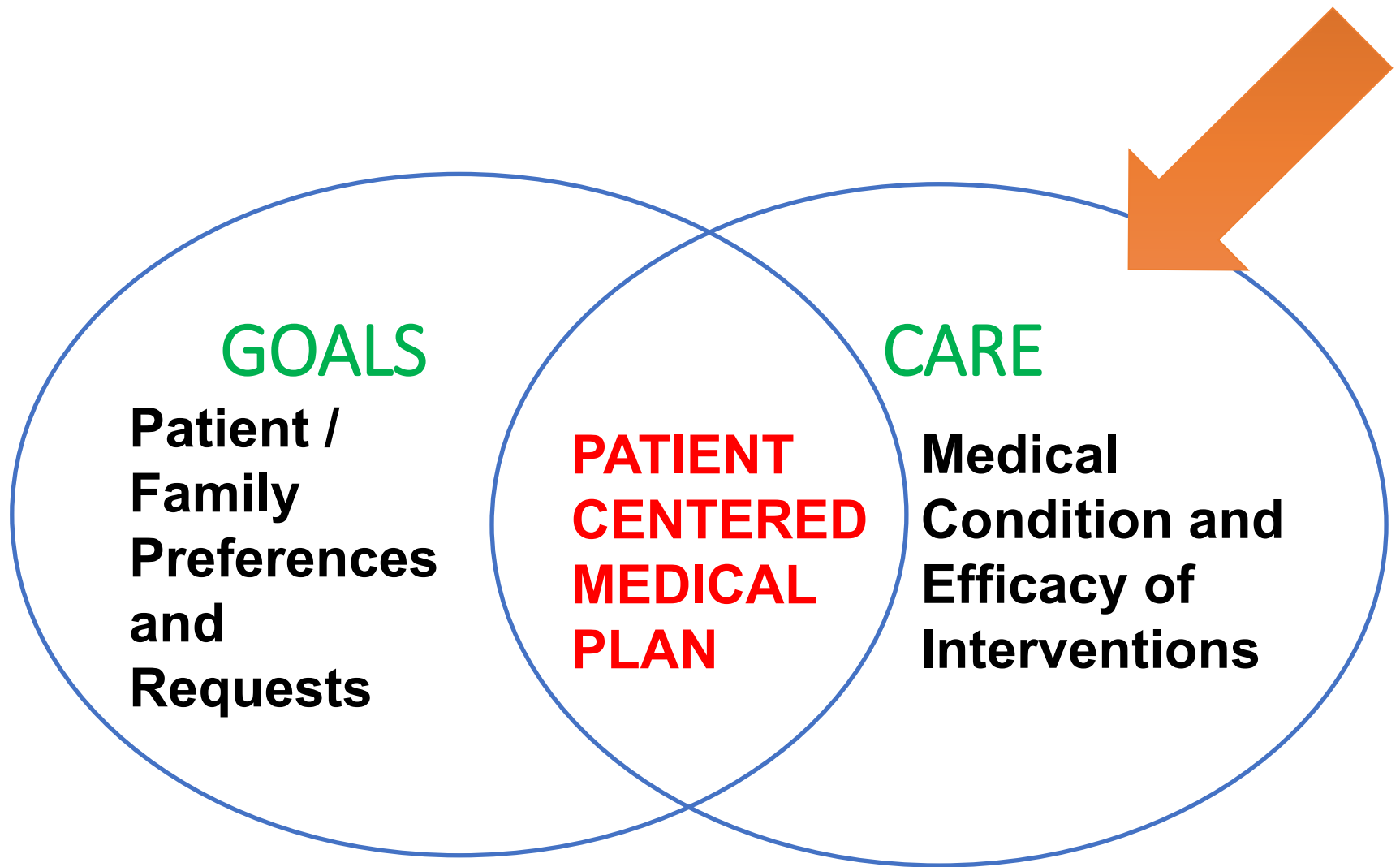
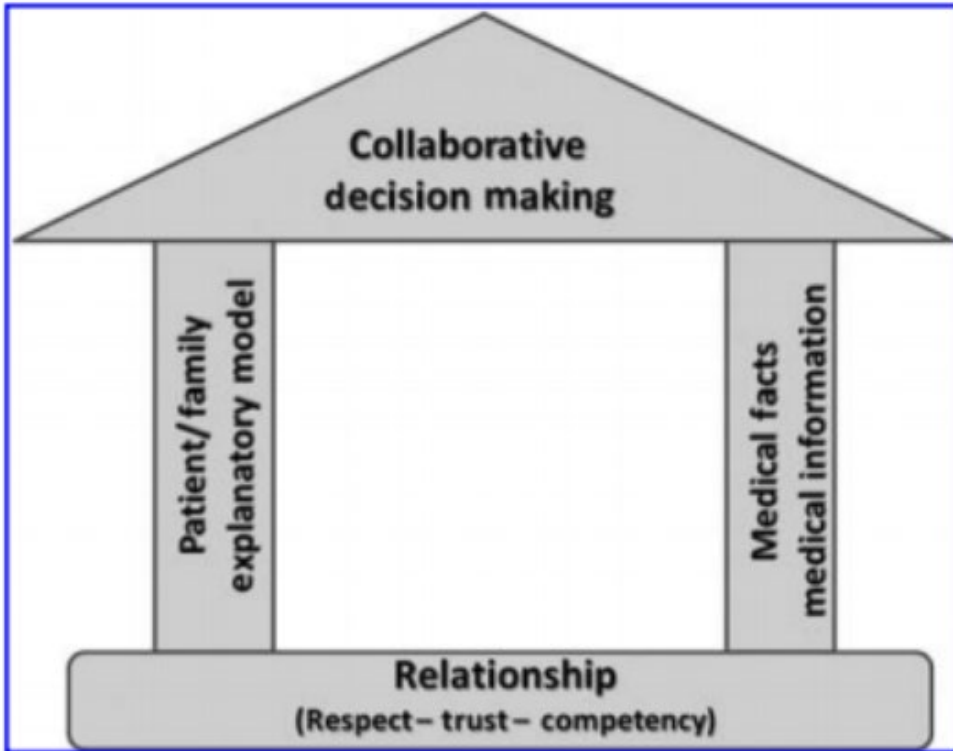


Figure out the “CARE” before you figure out the
“GOALS”



How to make a medical decision

Bhang TN and Iregui JC. Creating a Climate of Healing: A visual model for Goals of Care Discussions. JPM (2013)718-19.

Different types of conversations

WHEN YOU MUST DECIDE BETWEEN OPTIONS

Prognosis

- Certainties and Uncertainties
- Elements of medical frailty

Scenario Planning

- Best case
- Worst case
- Most likely case

Burden Tolerance

- How much willing to go through
- QOL that would be off limits

WHEN YOU MUST GIVE INFORMATION (OR THERE ARE NO DECISIONS)

Prepare

- Headline
- Recommendation

Deliver

- Ask-Tell-Ask
- Tell Me More
- I wish, I worry, I hope

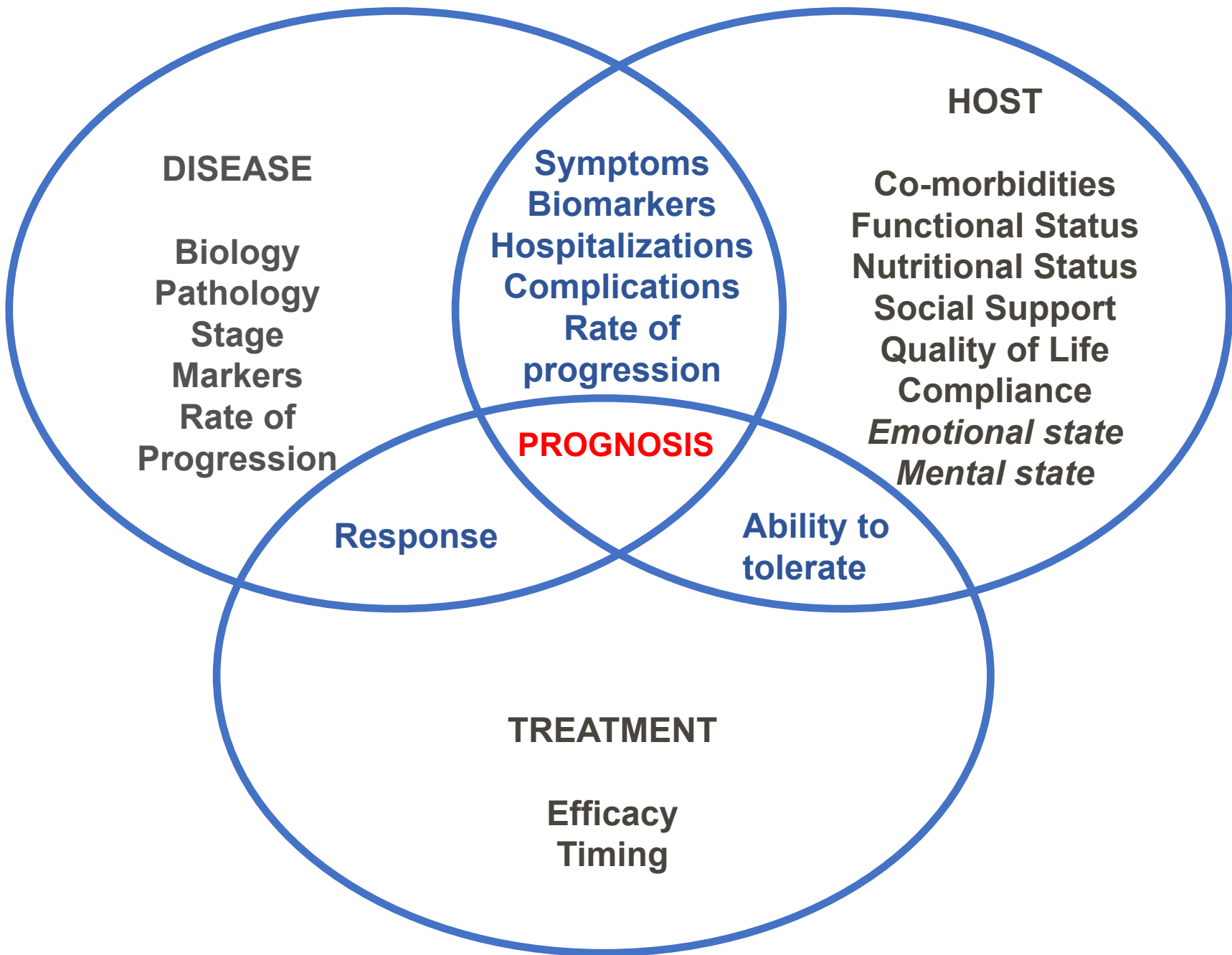
Support

- Name
- Understanding
- Respecting
- Supporting
- Exploring

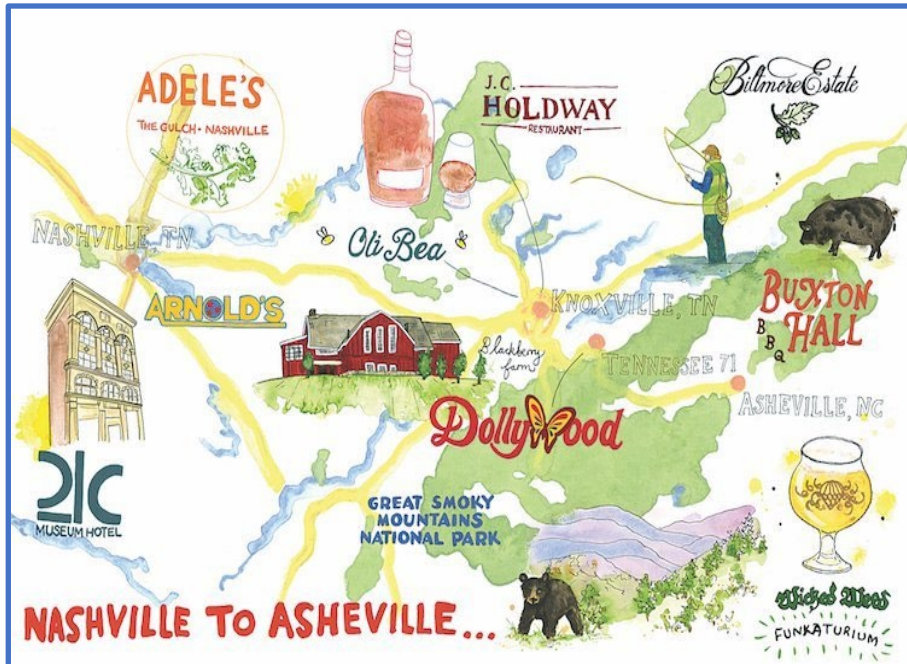
Prognostication

Foreseeing – Making the prediction

Foretelling – Communicating the prediction



HOW WE THINK



TRANSLATE THE ROAD
MAP INTO DRIVING
DIRECTIONS

HOW WE MUST SPEAK



Prognosis is what you
think will happen
translated into what
you think the patient
will experience

How to have a prognostic discussion

1

Figure out what to say (Foreseeing)

- 3 Questions
- Medical Trajectories

2

Say it (Foretelling)

- Headlines
- Conversation Types
- 3 Fundamentals

3

Provide emotional support

- NURSE Statements

4

Make a Plan

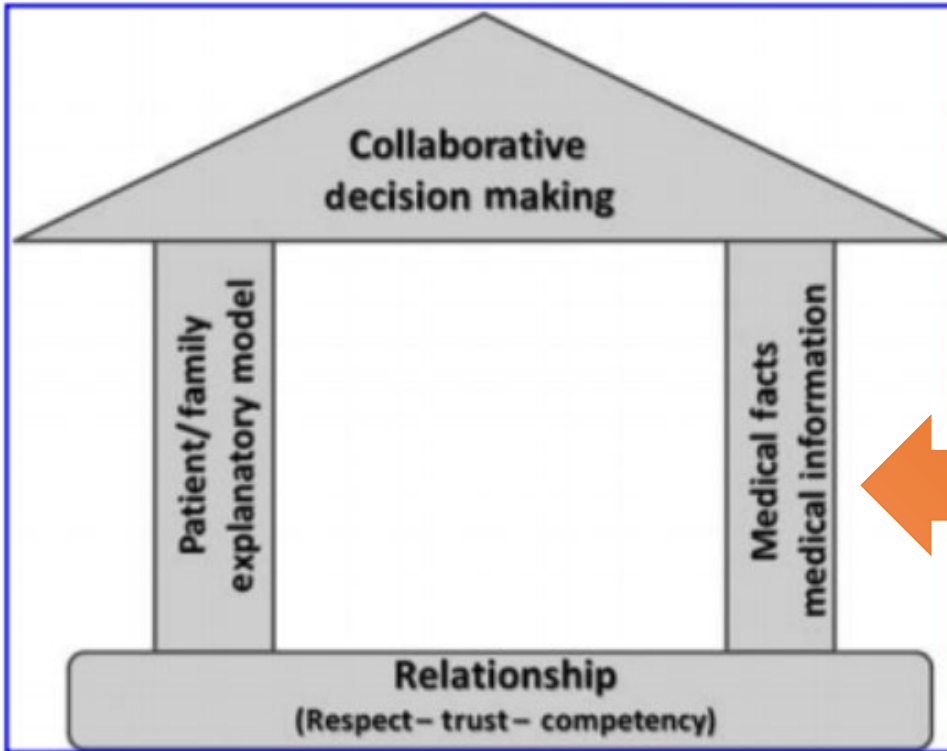
- SPIKES
- REMAP

Figure out the “CARE” before you figure out the “GOALS”

STEP 1: Figure out what you want to say

Foreseeing

- 3 Questions
- Medical Trajectories



How to make a medical decision



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Question 1

Is this acute event survivable?

Yes/Maybe

No

Question 2

What would it take to survive?

Deliver Bad news
Family Support

List of interventions and potential complications.

Question 3

Would the patient want to try treatment?

Yes/Maybe

No

Describe potential roads ahead
Map to patients goals and values
Shared Decision-making
Time limited trials

Deliver Bad news
Family Support

A Case

A 65-year-old woman with metastatic bladder cancer presents to the emergency department with septic shock from pneumonia as well as acute kidney injury.

Question 1: Is this Acute Event Survivable?

IMMEDIATE

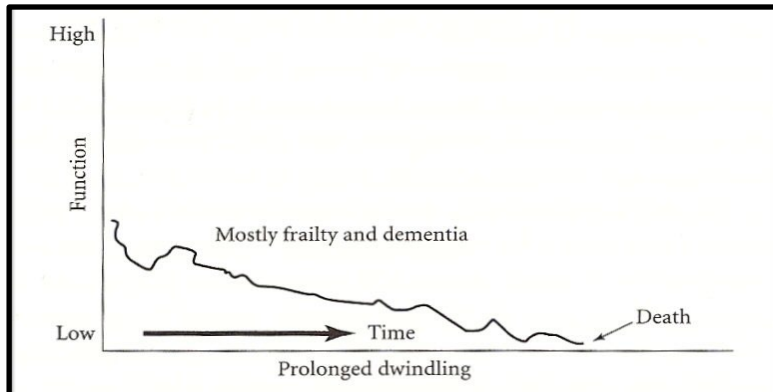
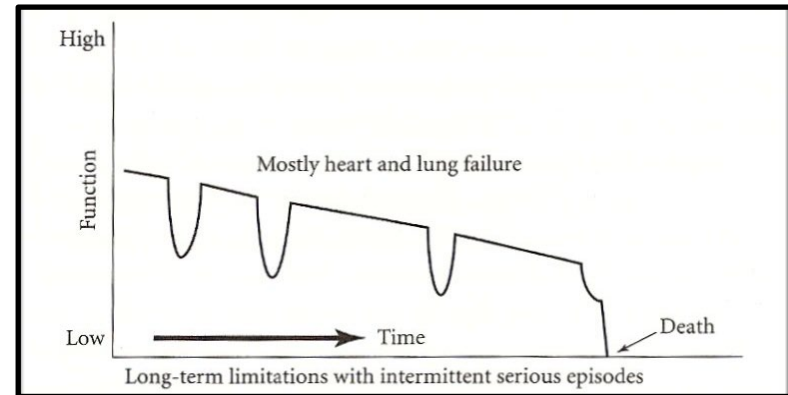
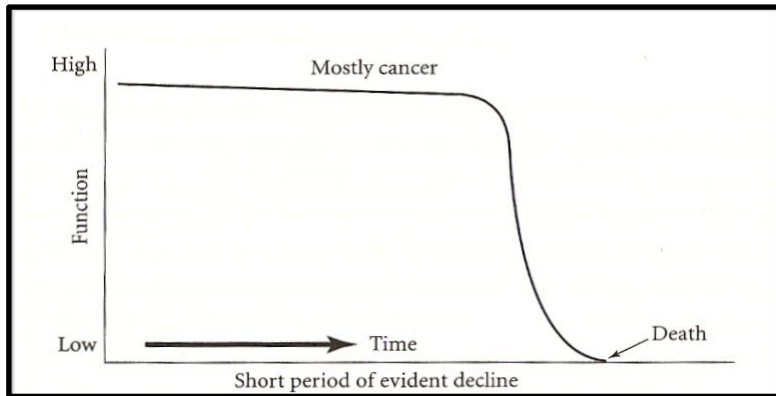
- Especially important in the inpatient and ICU setting
- Go by system
- Sort by urgency
- Go broad, don't worry about being right

System	Problem	Urgency	Timeline	Potential Treatment
Cardiovascular	Hypotension	High	Minutes / Hours	?Pressors
Infectious Disease	Pneumonia	High	Hours / Days	Antibiotics
Oncology	bladder Cancer	Low	Months	Immunotherapy
Pulmonary	Respiratory Failure	High	Minutes / Hours	?Mechanical Ventilation
Renal	Acute renal failure	High	Hours / Days	?Dialysis

Question 1: Is this Acute Event Survivable?

NEAR FUTURE

- Is there something about this particular patient's situation that would make it impossible to get better?
- Review the Medical Trajectories for the various illnesses.



**Frailty and
Cognition drive
everything.**

Prognostic Calculators

ePrognosis

<https://eprognosis.ucsf.edu/>



Radical Cystectomy Calculator

<https://www.utmb.edu/surgery/divisions-sections/urology/radical-cystectomy-survival-calculator/radical-cystectomy-survival-calculator>



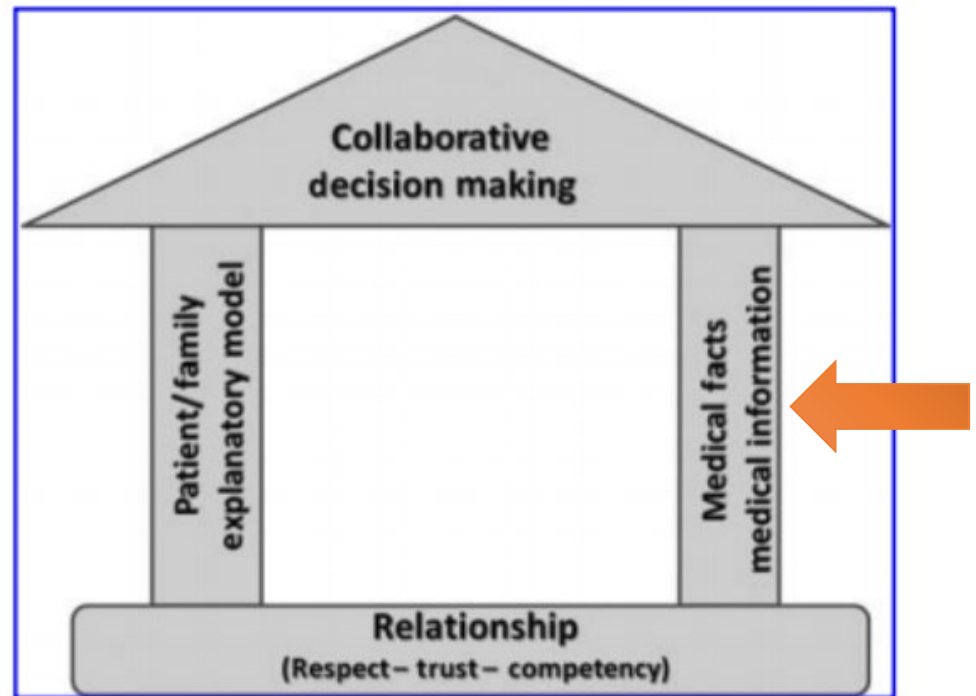
Urology

<https://www.mdapp.co/urology/>

Question 1

Is this
Acute
Event
Survivable?

While she may eventually die of her cancer, she may be able to survive this acute illness.



Question 1

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Question 2: What would it take to survive?

- Best Case Scenario
- Worst Case Scenario
- Most Likely Case Scenario

Best Case Scenario – She recovers from acute illness with minimal debility and can continue treatment for bladder cancer.

Worst Case Scenario – She dies.

Most Likely Case Scenario – She survives acute illness but has a prolonged recovery with intermittent complications that leave her more debilitated and delays treatment of bladder cancer.

Question

2

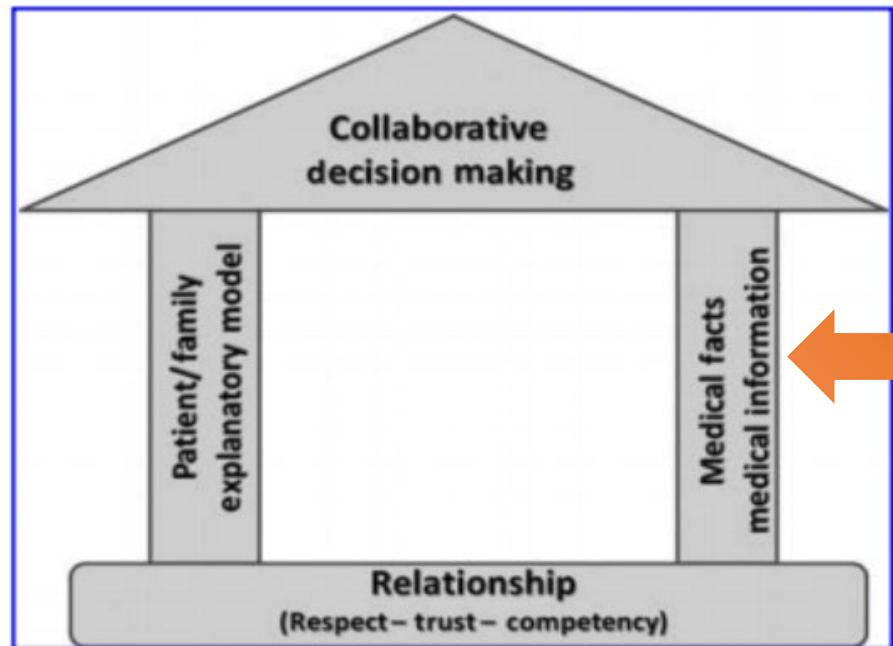
What
would it
take to
survive?

She may be able to survive septic shock with ICU level care if given antibiotics, pressor support, respiratory support, and renal support.

The best-case scenario would be that she recovers from this acute illness and can return to her previous state of health.

The worst-case scenario would be that she would die despite these medical interventions.

It is most likely that she will be somewhere in between and get through the next few days then either have a prolonged recovery or have medical complications.



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Yes/Maybe

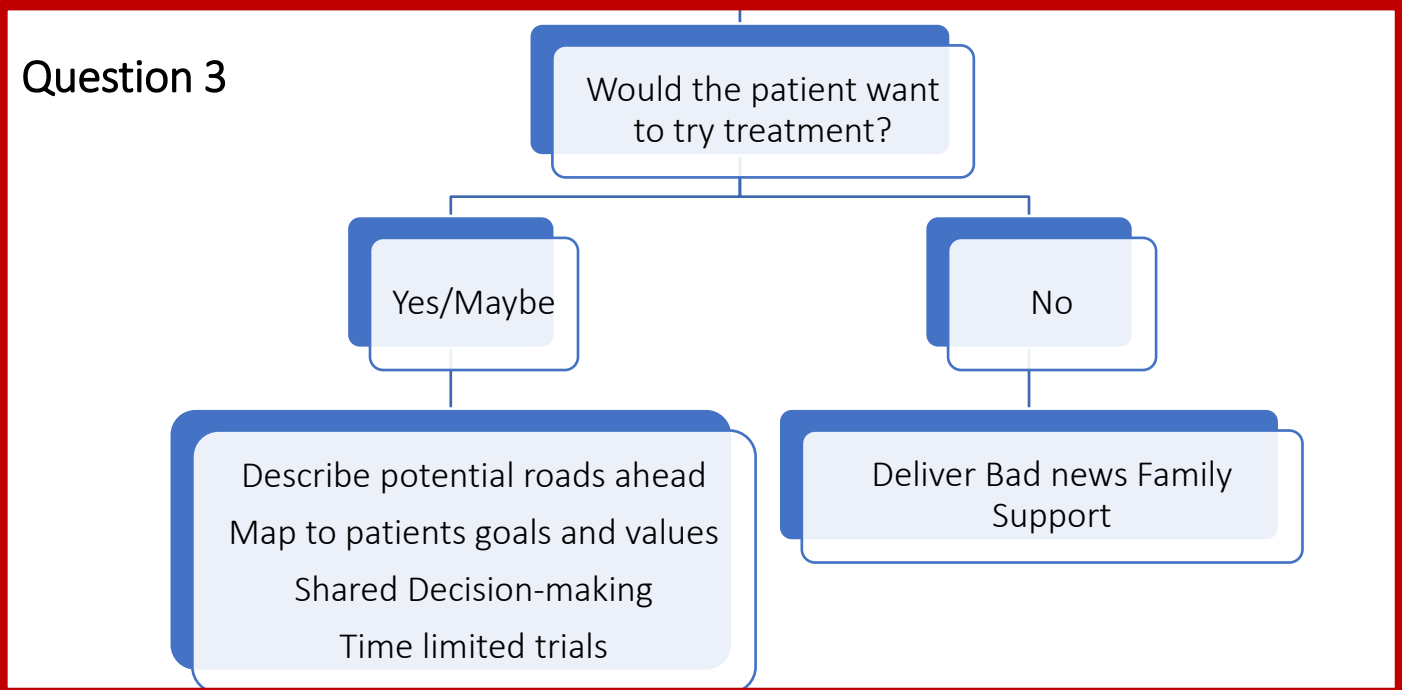
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Question 2

What would it take to survive?

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Family Support

List of interventions and potential complications.



Question 3

Would the patient want to try treatment?

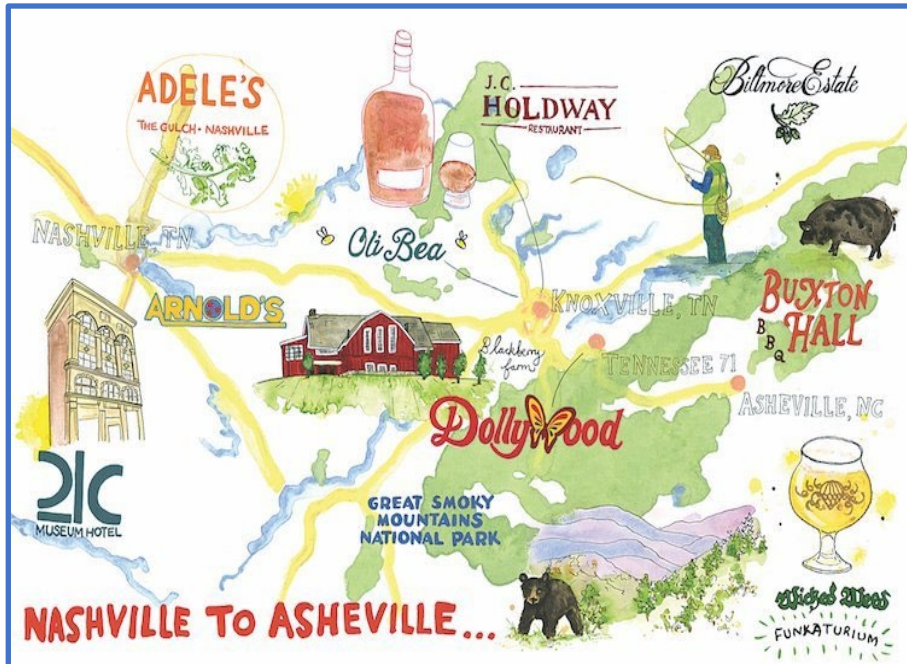
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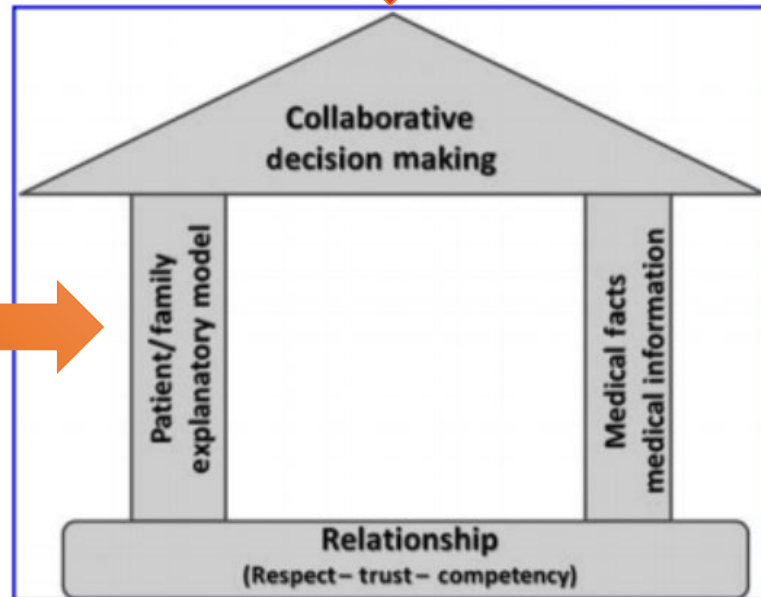
Question 3

Would this patient want to try treatment?

REMAP

For LATE goals of care:

1. **REFRAME** the situation.
2. **EXPECT EMOTION** NURSE.
3. **MAP** out important values.
4. **ALIGN** with the patient & family.
5. **PLAN** treatments to uphold values.



STEP 1:

Figure out what you want to say

I think you may be able to survive this acute illness with ICU level care. (Question 1)

The best-case scenario would be that you recover from this acute illness and can return to your previous state of health. The worst-case scenario would be that you would die despite these medical interventions. It is most likely that you will be somewhere in between and get through the next few days then either have a prolonged recovery or have medical complications. (Question 2)

Some patients would choose a course of aggressive medical intervention in the hope of improving from the acute illness. Others would choose not to treat, knowing that they will die of these illnesses. Others are somewhere in between. Can you share with me what you hope for and what is off limits so we can make the right plan moving forward? (Question 3)



BUT PEOPLE ONLY REMEMBER 1-
2 THINGS PER CONVERSATION.



CHOOSE WHAT YOU WANT TO
SAY BEFORE YOU START

Prepare your headline



Headlines

You get 1-2 sentences.

When in doubt, start with “I worry . . .”

Say it to yourself before you go in.

If meeting with multiple clinicians, discuss before you go in the room what the ONE headline will be.

Recommendations

Do you have a recommendation?

If so, do you feel comfortable sharing it?

It’s ok if you do not have a recommendation but if you do, they may want to hear it.

What is the Headline for our patient today?

I think you may be able to survive this acute illness with ICU level care. (Question 1)

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I think you may be able to survive this infection with ICU level care.

Some people would choose to try aggressive treatment, others would not.

STEP 2: Say it



What is your headline?



What type of conversation are you going to have?



What communication skill will you use?

What is the Headline for our patient today?

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Some people would choose to try aggressive treatment, others would not.

Different types of conversations

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Support

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- Understanding
- Respecting
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- Exploring

Choose your Conversation

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WHEN YOU MUST GIVE INFORMATION (OR THERE ARE NO DECISIONS)

SPIKES

1. **Set** up the Interview.
2. Assess **Perception**
3. Request **Invitation**.
4. Give **Knowledge**.
5. Address **Emotion**.
6. Strategize and **Summarize**.

Cognitive Skills – 3 Fundamental Skills

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Three fundamental skills

	Example	Notes
Tell me more	"Tell me more about..."	Use when you are not sure what someone is talking about (rather than jump to an assumption).
Ask-tell-ask	"What do you think about..." "Here's what the tests show" "Does that make sense...?"	Related to Assess-Knowledge-Respond in SPIKES. Think of this as one unit of information transfer
"I wish" statements	"I wish I could say that the chemo always works"	Enables you to align with the patient while acknowledging the reality of the situation

STEP 3: Provide Emotional Support

NURSE
Statements

Emotional Skills – NURSE Statements

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NURSE statements for articulating empathy

	Example	Notes
Naming	"It sounds like you are frustrated"	In general, turn down the intensity a notch when you name the emotion
Understanding	"This helps me understand what you are thinking"	Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don't)
Respecting	"I can see you have really been trying to follow our instructions"	Remember that praise also fits in here eg "I think you have done a great job with this"
Supporting	"I will do my best to make sure you have what you need"	Making this kind of commitment is a powerful statement
Exploring	"Could you say more about what you mean when you say that..."	Asking a focused question prevents this from seeming too obvious

STEP 4: Make A Plan

REMAP
SPIKES

Different types of conversations

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PUTTING IT ALL TOGETHER

3 Questions

Headlines

3 Fundamental
skills

NURSE
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SPIKES

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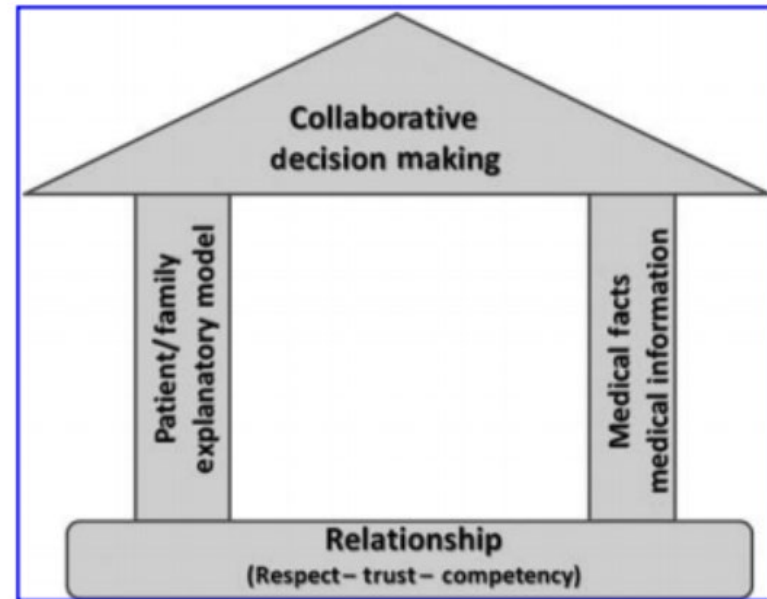
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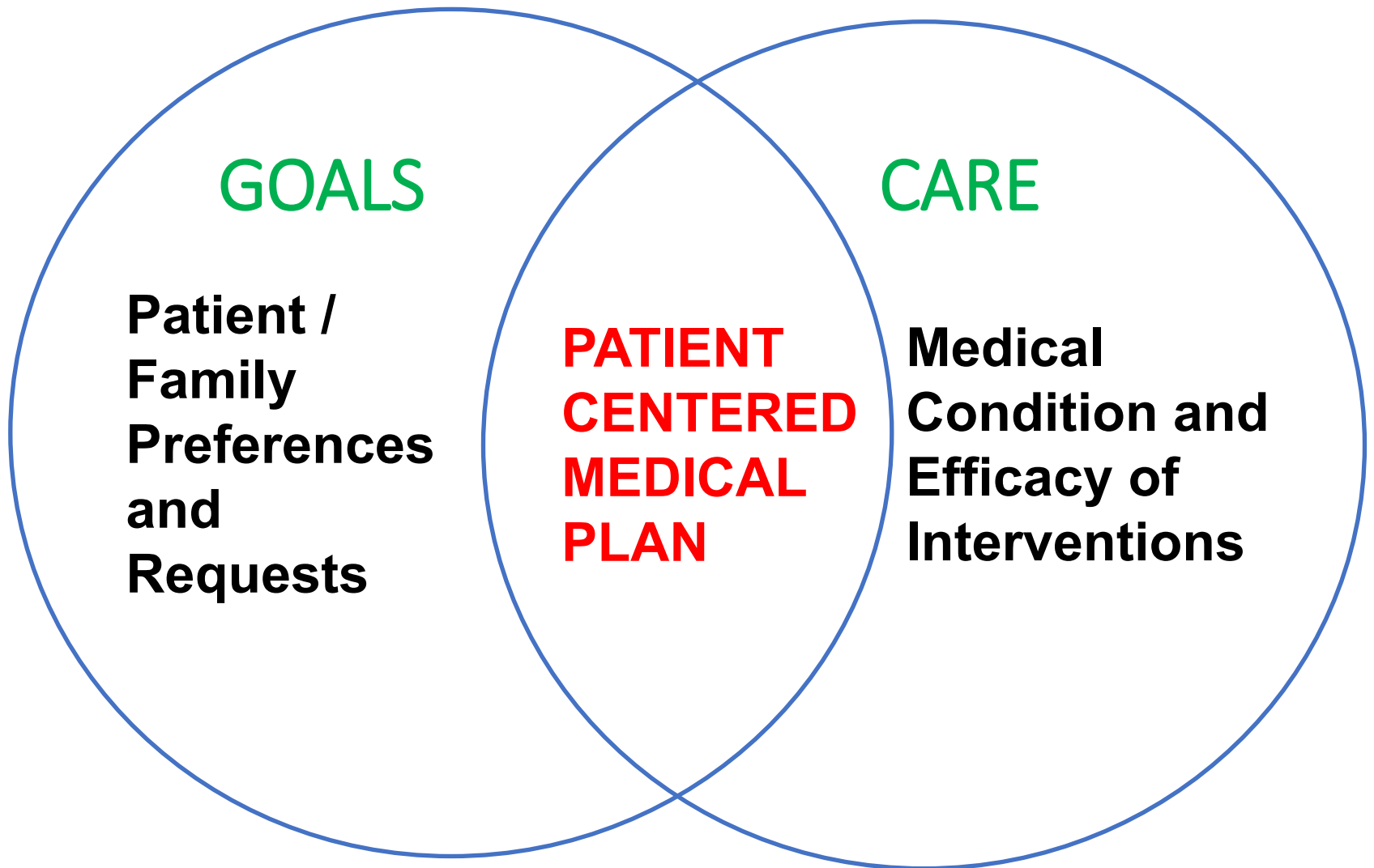
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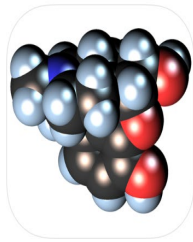
GOALS

**Patient /
Family
Preferences
and
Requests**

CARE

**Medical
Condition and
Efficacy of
Interventions**

**PATIENT
CENTERED
MEDICAL
PLAN**

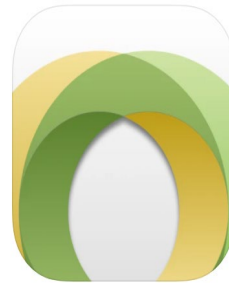


Opioids Dosage Conversion 17+

Chris Marcellino MD LLC

★★★★ 4.1, 8 Ratings

Free

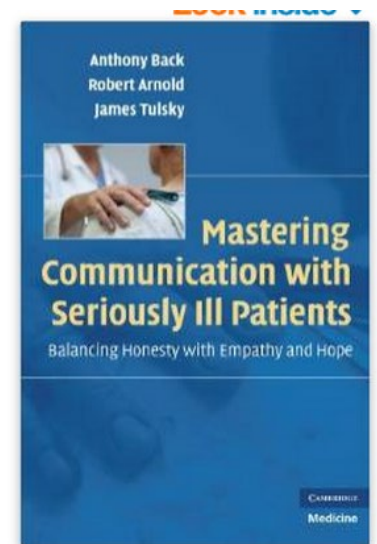


VitalTalk Tips 4+

Vital Talk

★★★★ 4.9, 12 Ratings

Free



Palliative Care Fast Facts 17+

HAI PENG ZHANG

★★★★ 4.9, 7 Ratings

Free

Useful Resources



Thank you!

Feedback for this lecture
5 questions (3 minutes)