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## Discussing Serious Illness

Kelly A. Rabah

Wright State University, [kelly.rabah@wright.edu](mailto:kelly.rabah@wright.edu)

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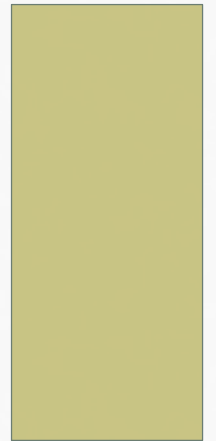
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# DISCUSSING SERIOUS ILLNESS

KELLY RABAH, MSW, LISW-S, SSGB, CPHQ, CPHRM.



# OBJECTIVES

- Physicians will be able to describe and discuss the 5 times communication about serious illness is most likely to occur.
- Physicians will be able to list the criteria required to optimize delivery and outcomes of a patient/family meeting
- Physicians will participate in a clinical role play family meeting where difficult news is shared and explained in an OSCE Format. Feedback by Peers and Preceptor will be given.
- Physicians will be able to discuss proper documentation of pt./family communication, pt. decline, and supervision provided as well as the importance of continuous communication between the resident and supervising attending.

# WHEN YOU FIND YOURSELF IN THIS SITUATION...

**During any episode of care, there may be news that is unwanted and hard to deliver:**

- Sudden & unanticipated accident / injury
- Unexpected finding
- Complication
- Progression of illness
- Change in condition

# SETTING YOURSELF UP FOR SUCCESS

## Establish a plan for the meeting

- Ensure your attending is aware of and agrees with plan
  - No pager or cell phone – you have a team, use them
  - Not with 5 minutes to spare
  - In person not on the phone
  - Not in the hallway or the elevator
  - Not while looking at your computer or tablet
  - Not while standing in the doorway

# THE MEETING...

- Conference room or patient's room- close the door
- Review the chart /findings in advance
- Establish who will be there
- Establish your exit strategy and engage your team

# THE MEETING CHECKLIST

- Introduce
- Explain purpose
- Ask what patient / family understands
- Offer clarification "What we are seeing right now is..."
- Empathize and validate feelings, fears, anxiety
- Address patient / family concerns and questions

# MEETING CHECKLIST

Explain the care plan, any changes, & next steps

**OR**

Provide a warning “ I’m afraid the news I have to share with you today is not what we hoped for...” and share the information

Be sure to ask who they want to receive the information and in what level of detail: “ I can share a general overview or I can share all of the details - which would you prefer?”

**Pause and Pace**

**You may need to stop at any point and come back depending on readiness\***

**If you need to stop- Manage expectations by clearly establishing next steps:**

End meeting with a time-frame for the next meeting or update – be clear, specific, and accurate.



# THE MEETING CONTINUED

Continue to check understanding and provide empathy.

Discuss treatment options- risks, benefits, and alternatives

Alternatives should include hospice if appropriate- remember it is **not** your job to define readiness but eligibility

Document what was discussed, with whom, options given, and next steps clearly in the EMR **asap**

# BE PREPARED

- Know as much as you can in advance
- Be prepared to discuss prognosis if asked & share unreliability and variance there-in.
- Tackle HOPE head-on: “We need to hope for the best but plan for the worst”
- Be clear about what you don't know but don't use this as an avoidance tactic

# GOALS OF CARE

- What if any discussion may have already taken place?
- Explore pt./ family goals of care
- What does it mean to “live well”?
- What is the patient & family hoping for ?

# STAY THE COURSE...

- We will look at your options and work on this together
- I am with you in this- you are not alone
- If you decide to stop treatment, we are still going to take very good care of you. Our focus will change from curative to comfort.
- Ensure consultants and staff are briefed

# DEBRIEF

- These encounters are emotional for physicians as well as patient and family
- You will not be perfect and you won't get better without reflection of what went well and what could be improved
- It gets easier but it never gets easy

# RESOURCES



#17 Patient-Centered Interviewing CAPC.mht



#52 Quality Of Life CAPC.mht



#203 Managing One'S Emotions As A Clinician CAPC.mht



#149 Teaching The Family What To Expect When The Patient Is Dying CAPC.mht



#65 Establishing End-Of-Life Goals The Living Well Interview CAPC.mht



#292 Do Not Resuscitate Orders in an Operating Room Setting CAPC.mht

# JOURNALING

TO BE DONE WHILE WAITING FOR YOUR ROLE PLAY

- What is the most difficult part of the process for me and where could I use some additional training?
- Write about the worst case you have ever been a part of? What went wrong? What can I do to prevent it from happening again?

# OSCE FORMAT CASE #1

- Tom is a 45 year old married man with 3 children who presents to the ER with a TBI. He was riding his motorcycle with friends and his family has just been told. They are enroute. He is requiring full support and has a GCS of 3.



# OSCE FORMAT CASE #2

- Mary presents in the ER today & is 56 years old with a diagnosis of ES metastatic pancreatic cancer. She is nutritionally depleted and has an apparent gastrointestinal obstruction causing significant bloating and discomfort. You are not certain what she understands about her illness. She has informed you she is curing herself by drinking fresh fruit and vegetable juices. She refuses to discuss advanced directives with you b/c she "does not trust you." Her oncologist is out of the country and not available for consult.

# OSCE FORMAT CASE #3

- Bob is an 82 year old man who is currently in a med-surge bed S/P a whipple procedure. Bob has a history positive for cardiac issues as well as diabetes. Further, the cancer in a second recurrence following a 3 year remission. Bob is generally active, alert, oriented and has what his family reports to be a meaningful quality of life. Bob has been engaged, communicative and alert during this admission and his family is very involved. He begins to experience some post op complications and his ability to maintain his airway is in question. Due to staffing patterns and unit layout- a transfer to a unit that will provide a higher level of surveillance is in order. This is NOT a change of LOC at this time.

# OSCE FORMAT CASE #4

- Susan is a 47 year old MWF who presented to you initially one week ago with a large suspicious mole on the back of her right arm. Your tests are complete and you now know that she has nodular melanoma, stage 3. Susan is otherwise healthy and active with no co-morbidities. She has 3 children ages 17,15 and 13. She is coming in today with her husband.

# OSCE FORMAT CASE #5

- Skyler is a 32 y/o MF who has been struggling with infertility for some time. She and her husband are well known to you as she has been your patient for 10 years, and their quest to become pregnant has been ongoing. Skyler is currently 10 weeks pregnant and the couple is delighted. Last week, in routine checkup with her PCP, it is discovered that Skyler has a serious congenital heart defect that puts both herself and the baby at serious risk. She and her husband present to you in your office today to discuss options. They are NOT aware of how serious the situation is...

# OSCE FORMAT CASE #6

- The patient is a nineteen year old college sophomore brought in by family after having increasing problems at school. He is isolating himself and not taking care of his hygiene. He got no credit for any of his courses because he was not attending class. He had been at the top of his class in High School and a popular member of the soccer team. He now acts oddly and occasionally says things that make no sense. You are telling this 19 year old and his successful, concerned parents that he has schizophrenia which will cause him issues throughout the rest of his life.