

## **Beyond the Health Care Proxy: Advance Care Planning for Patients with Serious Illness**

### **Small Group Session 1 - What makes this hard? Can we make it any easier?**

By the conclusion of this exercise, participants will be able to:

- (A) describe circumstances under which they have personally found ACD discussions challenging
- (K) with the help of colleagues, brainstorm strategies for increasing their ability to continue to engage in these conversations.

Total allotted time: 75 minutes

The ability of clinicians to use any cognitive model of advance care planning can be impaired by ambivalent, or negative, feelings about the ultimate utility of these conversations or by clinician's fears about the emotions these conversations will elicit in patients and families. This exercise is intended to create an opportunity for clinicians to express those concerns and to examine them with colleagues; to identify when, and if, they are actually counterproductive beliefs, and to reframe these beliefs and attitudes when appropriate. (See Weiner J, Cole S. Palliative and Supportive Care 2: 231-41, 2004, pg 234-35, concept of emotional barriers, and clinician barriers Table 3) \*

Format: Small group, dyads, reflection time, whole group discussion

This will be done in small groups of 6-10 participants with one facilitator.

1. 3-5 minutes - Question for reflection:

Think about the last time you engaged a patient in an advance care planning conversation that you personally considered difficult.

What made it difficult?

How did you feel?

What do you think may have caused those feelings?

How did you feel after?

Have the participants think about this for 3-4 minutes. They should jot some of their thoughts on a note card.

2. 20 minutes

5 minutes: Instruction on reflective listening and responding \*

15 minutes: Participants pair up and tell these stories to one another using reflective listening and responding. Each person takes about 4-5 minutes to tell their story without interruption to the other person of the pair. The listener then reflects back the essence of the story they heard (1-2 minutes)

3. 45 minutes whole group discussion

It will be important in this section to focus on emotional barriers to engagement in these discussions and on counterproductive beliefs (if I tell them this bad news, the patient will lose hope...when I tell patients these things they die the next day...). It is possible that clinicians will drift into conversations that involve anger, conflict and futility as it may be easier to do that than to address their own more painful, more personal core concerns and emotions. Steer them away from that sort of focus....

After listing using a nominal process \*, discuss the above identified barriers, their validity or counter-productiveness, and engage participants in efforts to reframe these sentiments (if appropriate), and offer support for /recognition of the difficulties they have experienced.

\* all starred items will either be addressed at the faculty prep session, or there are explanatory documents attached, or both