

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

Small Group Session 2 - Using what you know...

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

- (K) describe the 8-Step MOLST Protocol * useful in guiding advance care directive conversations
- (S) identify and be more comfortable using, phrases that can operationalize those steps in guiding the patient and/or family through this decision making process
- (S) identify prognostic clues in a patient's clinical presentation

Format: intact small group discussion, rolling role play

Total allotted time: 75 minutes

Role play provides clinicians a controlled setting in which to try out different ways of approaching patient conversations that have been personally challenging. It often makes visible to learners the places in difficult conversations where they "get stuck." These visible "stuck" places are easily recognized, and often shared, by clinicians witnessing the role play. Stopping a rolling role play at these junctures allows time to reflect on what gets us stuck, to collectively problem solve, and to keep redoing the role play until it feels right

1.10 minutes

- a. review prognostic information that can be gleaned from the medical facts of the patient scenario, including functional status (ADLs, PPS) *, and medical info
- b. as a group, formulate a prognosis for this patient that is scenario specific; use a heart failure prediction model (CCORT) * to see if clinical predictions and model are a match

* <http://www.ccort.ca/Research/CHFRiskModel/tabid/66/Default.aspx>

2. Rolling role play: 60 minutes

Have participants play roles, patient and clinician.

Again, please see Weiner J, Cole S. Palliative and Supportive Care 2: 231-41, 2004, pg 236, skills based practice.