Serious Illness Conversations:
Understanding & Disseminating High Quality Communication

UVM Community Medical School
May 2017

Bob Gramling, M.D., D.Sc.
Holly & Bob Miller Chair in Palliative Medicine
Chief, Division of Palliative Medicine
Department of Family Medicine
I have no financial or ethical conflicts
“Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering…”

National Consensus Project
“Suffering is experienced by persons, not merely bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological entity...”

Cassel, NEJM (1982)
“…failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.”

Cassel, NEJM (1982)
“Goals of Care”
• State of the Science (Brief)
• How We are Learning (~10 min)
• How We are Disseminating (~40 min)
• Our Conversation (~20 min)

Next 75 minutes
• Palliative care improves QOL & promotes goal-concordant treatment in serious illness

• GOC conversations = primary procedure

• We know little empirically about the content, processes and contexts of conversations that prevent & reduce suffering
Disseminate / Scale
MISSION: To understand and disseminate high quality conversations in serious illness
363 “goals of care” conversations
240 hospitalized patients with advanced cancer
54 palliative care clinicians
Conversation Lab

Vermont

1. Playback
2. Codebook List of Codes
3. Dropdown Answer List
4. Segment Information
5. Summary Tab
6. Pop-up Window of Codebook
Over the past two days, how much have you felt heard and understood by the doctors, nurses and hospital staff?

|                |  
|----------------|---
| Completely     |  
| Quite a bit    |  
| Moderately     |  
| Slightly       |  
| Not at all     |  

Vermont Conversation Lab
“Compassion can thus be described as having two main components: the affective feeling of caring for one who is suffering, and the motivation to relieve suffering.”

Roshi Halifax (2012)
“Compassion can thus be described as having two main components: the affective feeling of caring for one who is suffering, and the motivation to relieve suffering.”

1) Expression of caring awareness of suffering
   2) Motivation to relieve that suffering

Roshi Halifax (2012)
“One of my jobs here, while we are getting the chance to know each other, however long that time is, is to help make sure all of your energies and all your fight is going in the direction you want them to go in. As your doctor, I am here for you. From what you told me, I know your struggle has been hard and I want to help in whatever way I can for you.”

-PC Physician


71 year-old person with Stage D heart failure
Compassion in Palliative Care

![Bar chart showing frequency of expressions for Anger, Fear or Anxiety, Sadness, and All, with categories Ignores, Medical, and Compassion.

~15 minute decision-making conversation in which the patient makes many subtle efforts to convince the doctor to be “saved” by Jesus Christ. The doctor does not share the same religion.

**Patient:** My fellow Christians come (to visit) and they see me.

**Physician:** You speak about it so beautifully. Thank you for sharing with me.

**Patient:** It is a warm feeling…


72 year-old person with metastatic lung cancer
“Turning toward means recognizing suffering, becoming curious about the patient’s experience, and intentionally becoming more present and engaged.”

Model
"What to Expect" / Prognosis
Death Terror / Existential
Humor
Touch
EOL “Air Hunger” Fears

Discover
Turning toward means recognizing suffering, becoming curious about the patient’s experience, and intentionally becoming more present and engaged.

1) (Demonstrating) Awareness of Suffering  
2) Curious about the Person’s Experience  
3) Present & Engaged

Vivian Jordan
- Actor, UVM Clinical Simulation Lab

Bailey Fay
- UVM Medical Student
Culture Change | Systems Change

University of Vermont Health Network
University of Vermont Medical Center Clinical Affiliates, currently under MOU for Full Affiliation
Generalists & Specialists

Generalist Palliative Care

Basic Discussions
- Prognosis
- Goals of Treatment
- Suffering

Basic Management
- Pain & Physical Sxs
- Depression & Anxiety

Specialist Palliative Care

Complex Discussions
- pt-family-clinician(s) conflict about goals or methods of treatment

Complex Management
- Refractory symptoms
- Existential distress

Generalist plus Specialist Palliative Care — Creating a More Sustainable Model
Timothy E. Quill, M.D., and Amy P. Abernethy, M.D.

New England Journal of Medicine, 2013
”Mastering Tough Conversations” Workshop
Train & Certify 30 UVMHN Faculty Coaches

-Specialist & Generalist Palliative Care
-UVMMC, CVMC, CVPH, Porter, Alice Hyde
-Multidisciplinary Teams
  Medicine
  Nursing
  Advanced Practice Nursing
  Social Work
  Chaplaincy

Culture Change
<table>
<thead>
<tr>
<th>Coach</th>
<th>Specialty</th>
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<tbody>
<tr>
<td>Laurel Audy, RN</td>
<td>Palliative Care</td>
<td>Myrna Sanchez, MD</td>
<td>Palliative Care</td>
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<tr>
<td>Kacey Boyle, RN</td>
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<td>Alicia Calacci, DNP</td>
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<td>Lindsay Gagnon, NP</td>
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<td>Sharon Shannon, NP</td>
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<td>Ann Laramee, NP</td>
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<td>Jaina Clough, MD</td>
<td>Hospice</td>
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<td>Lauren Bailey, NP</td>
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<td>Matt Wilson, MD</td>
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<td>Elise Tarbi, NP</td>
<td>Palliative Care</td>
<td>Tony Williams, MD</td>
<td>Family Medicine</td>
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<td>Patty Whitney, MD</td>
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<td>Laura McCray, MD</td>
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<tr>
<td>Maj Eisinger, MD</td>
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<td>Iris Toedt-Pingel, MD</td>
<td>Pediatric ICU</td>
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<tr>
<td>Bob Gramling, MD, DSc</td>
<td>Palliative Care</td>
<td>Prema Menon, MD, PhD</td>
<td>Adult ICU</td>
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<td>Tara Pacy, RN</td>
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<td>Kat Cheung, MD, PhD</td>
<td>Nephrology</td>
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<td>Steve Berns, MD</td>
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<td>Janet Ely, NP</td>
<td>Oncology / PC</td>
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<td>Diana Barnard, MD</td>
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<td>Zail Berry, MD</td>
<td>Geriatrics / PC</td>
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<td>Jonna Goulding, MD</td>
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<td>David Rand, MD</td>
<td>Internal Medicine</td>
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<td>Priscilla Minkin, M.Div.</td>
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<td>Naomi Hodde, MD</td>
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<td>Abbey Rouleau, RN</td>
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<td>Jen Hauptman, MSW</td>
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30 Faculty Training

May, 2017

“Mastering Tough Conversations”
Monthly Diverse Network Locations Capacity for 432 Clinicians

October, 2020

Culture Change
"Serious Illness Care Program"

Systems Re-Design

“Serious Illness Conversation Guide”
Train Clinicians & Staff
Office Procedures
Documentation Templates
Identify Appropriate Patients
Triggers / Reminders
Specialty PC Support
Measure Quality
Machine Learning

Potential Alternative Inputs?


Maggie Eppstein PhD & Donna Rizzo, PhD (UVM Complex Systems)
“Turning toward means recognizing suffering, becoming curious about the patient’s experience, and intentionally becoming more present and engaged.”
Eloquent silences: A musical and lexical analysis of conversation between oncologists and their patients

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\textbf{A R T I C L E   I N F O}

\textit{Article history:}

\textbf{A B S T R A C T}

\textit{Objective:} Silences in doctor-patient communication can be “connectional” and communicative, in
Silence

Viktoria Manukyan, UVM Complex Systems & Data Science Master’s Student
Silence

Viktoria Manukyan, UVM Complex Systems & Data Science Master’s Student
“Some of the right things for some seriously ill people some of the time…”

“All of the right things for all seriously ill people all of the time…”

-Susan Block, MD
Ariadne Labs
Harvard School of Public Health
## Conversations

<table>
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<tr>
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<th><strong>Illness Progression</strong></th>
<th><strong>Advanced Illness</strong></th>
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<tbody>
<tr>
<td>• Health Care Proxy (HCP)</td>
<td>• Serious Illness Conversation</td>
<td>• Revisit Serious Illness Conversation</td>
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<td>• Conversation about care preferences with HCP and loved ones</td>
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<td>• Current Treatment Tradeoffs</td>
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<td>• Decision Conversation</td>
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### Survival Prognosis:
- **1-2 Years**
- **Weeks to Months**

### Illness Progression:
- **Early Illness**
- **Serious Illness(es)**
- **Crises, Decline, and End-of-Life**

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**Advance Care Planning** = Planning in Advance of Serious Illness

**Serious Illness Conversation(s)** = Planning in the context of progression of serious illness, may or may not include clinical decisions, revisit when needed

**Decisions Conversation(s)** = Revisit serious illness conversation and make treatment decisions in context of clinical progression / crisis / poor prognosis