BEFORE

Review this tool for in-the-moment conversations with people facing life-changing illness or age-related conditions.

DURING

Use skills that help people to feel seen and heard.

ACKNOWLEDGE EMOTION throughout the conversation	
NURSE	**Name:** "This sounds frustrating" **Understand:** "I can only imagine how hard this has been" **Respect:** "I can see how hard you've worked" **Support:** "Our team is here to support you through this" **Explore:** "Tell me more about that"
I WISH	"I wish we had better news"
SILENCE	Allows time for processing

SHOW YOU ARE LISTENING to important values	
REFLECT-BACK VALUES	"It sounds like [value] is very important to you"
EXPAND VALUES	"What else [is important]?"
BOOKMARK	"It sounds like [concern] is an important concern. I'm going to make a note so we can come back to it."
GRATITUDE	"Thank you so much for sharing this with me"

AFTER

Document your conversation in the EPIC ACP module so all team members can see and build on it.

Serious Illness Conversation Guide

ADAPTED FOR SHARING TAILORED INFORMATION

SET UP

"I would like to **talk together** about what's happening with your health and **what matters to you**. Would this be okay?"

ASSESS

"To make sure I share information that's helpful to you, can you tell me **your understanding** of what's happening with your health now?"

"How are you doing with all of this?"

"Is there **particular information about what might be ahead** with your health that would be helpful to discuss today?"

SHARE

"Can I share **my understanding of what may be ahead** with your health?"

Headline: "(*Label*). (*Information*). What this means is _____"
OR
Headline with Uncertainty: "(*Label*). (*Information*). What this means is we are hoping _____. It is also possible _____. (*Optional most likely*)."

Pause: Allow time to process and acknowledge emotion (see side bar for ways to facilitate this) before sharing further information.

EXPLORE

"Would it be okay if I ask some questions to learn more about what **matters to you**?"

"Given what I just shared about your health, what is **most important** to you moving forward?"

"What are some things you are **worried** about?"

"What are some things that bring **joy or meaning** to your life?"

"What gives you **strength or support** in your life?"

"I appreciate you sharing all of these important things with me. How much do the **people closest to you** know about them?"

CLOSE

"I'm hearing you say that _____ are really important to you. Is it okay if I make a recommendation based on that?"

"Considering these important things and what we know about your health, I recommend that we _____. **How does this plan seem to you?**"

"**We will do everything we can** to support you through this and to help you to get the **best care possible**."

CRAFTING A HEADLINE

Information: Distill the clinical information into one sentence that includes the most relevant data
Ex. *"The imaging shows that the weakness was caused by a large stroke."*
Meaning: Convey the impact of the clinical information on trajectory +/- how it applies to the context of their life
->Impact on trajectory= likelihood of cure/recurrence/response to treatment, symptoms, function, or uncertainty
->Impact on life = location of care, caregiving needs, ability to continue important activities (ex. working, driving, walking, etc.)
Ex. *"What this means is that it is unlikely that you will regain the ability to move that side of your body."*
Meaning (when there is uncertainty): Convey the best (realistic) outcome, other possible outcomes that might get in the way of this, and if one is more likely (or a time frame in which we'll have a better idea)
Ex. *"What this means, is that we're hoping with time and PT that you will regain the ability to move that side of your body. It is also possible that this won't happen. We typically have a better idea over a period of months."*

Mass General Brigham

Serious Illness Conversation Primer

PROMOTING EQUITABLE ENGAGEMENT IN SERIOUS ILLNESS CONVERSATIONS

REFLECT: On our biases and values that influence SIC

Consider Your Biases/Values	Ask yourself, *"Is there anything about this person or situation that might influence how I share information or care options? Are there any care options that, if chosen, might cause me to react (for example, a treatment that I would not choose for myself)?"*
Approach with Humility	When people express values different than your own or take longer to make decisions, contribute to micro trust-building moments by remaining open and curious. Different aspects of identity, culture, lived experience, and role within current systems of power and oppression may impact care preferences.
Share Values-Neutral Information	Quality of life is subjective and often related to personal values and baseline function. Rather than asserting quality of life, allow people to share their thoughts after receiving information about their health. For example: ✗ *"The imaging shows that the weakness was caused by a large stroke. What this means is that your quality of life will be poor moving forward."* ✓ *"The imaging shows that the weakness was caused by a large stroke. What this means is that it is unlikely that you will regain the ability to move that side of your body."*

LEARN: And build trust early before engaging in a SIC

Build Rapport	*"I'd love to learn more about you as a person, and the important people in your life."*	It is trust-building to learn more about a person and their world.
Assess Communication Preferences	*"When you have conversations about your health, do you prefer to be alone, with someone, or do you prefer to have someone else receive information and make medical decisions for you?"* *"When you receive medical information, do you generally prefer all the details and numbers, the big picture, or both?"*	People differ in when and how they like to receive information and make decisions, and some may have more collective/ relational preferences.
Explore Prior Experiences	*"Have you had experiences either yourself or with friends or family who have been very sick? (If yes) How has that impacted your thoughts on your own care?"*	Prior experience with illness, advance care planning, and the healthcare system might influence communication and care preferences.

APPLY: Additional trust-building techniques

Support/ Partnership	*"I would like to talk together…"* *"We will do everything we can to support you through this and to help you to get the best care possible."*	Contribute to micro trust-building moments by explicitly (and authentically) partnering throughout the conversation.
Ask Permission	*"Would this be okay?"*	This hands over some control and agency in a conversation with a significant power dynamic.
Allow Multiple Opportunities for Questions	*"What other questions do you have?"* *"That was a lot of information. What part do you want to go over again?"*	Not everyone feels empowered to ask questions during SIC and benefit from a deliberate effort to normalize asking them.

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(Frydman & Smith, JPSM 2023; Davila & Paladino, manuscript in progress)