

# Serious Illness Conversations: Understanding & Disseminating High Quality Communication

*UVM Community Medical School*

May 2017

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Chief, Division of Palliative Medicine

Department of Family Medicine



The University  
of Vermont

LARNER COLLEGE OF MEDICINE

I have no financial or ethical conflicts

Disclosure

An abstract graphic featuring three thick, curved lines in shades of green. One line is a dark forest green, another is a medium olive green, and the third is a light sage green. The lines flow from the left side of the frame towards the right, with the lightest line curving most sharply upwards. The text "I have no financial or ethical conflicts" is positioned in the upper left, and "Disclosure" is in the lower right.

“Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering...”

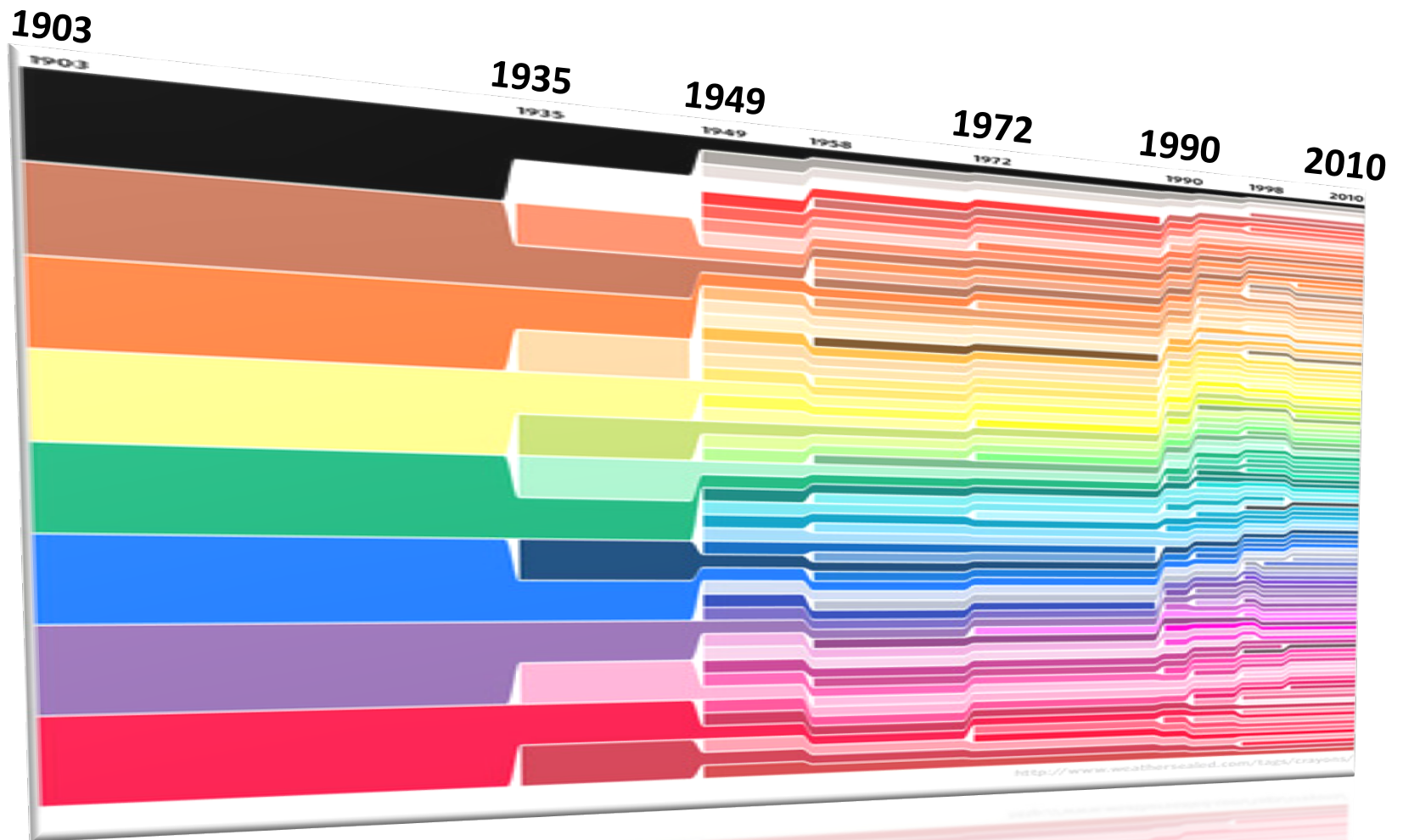
National Consensus Project

“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)

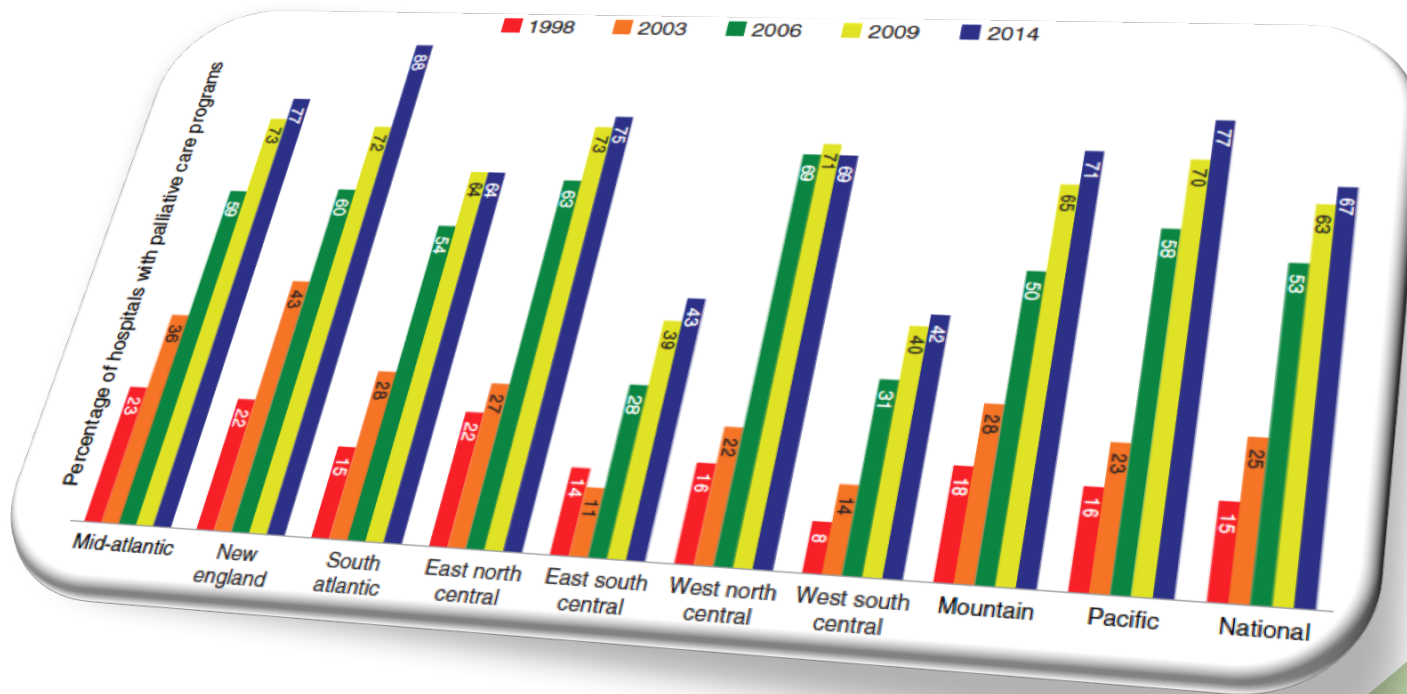


# Context



“...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)



*Journal of Palliative Medicine, 2016*

“Goals of Care”

- State of the Science (Brief)
- How We are Learning (~10 min)
- How We are Disseminating (~40 min)
- Our Conversation (~20 min)

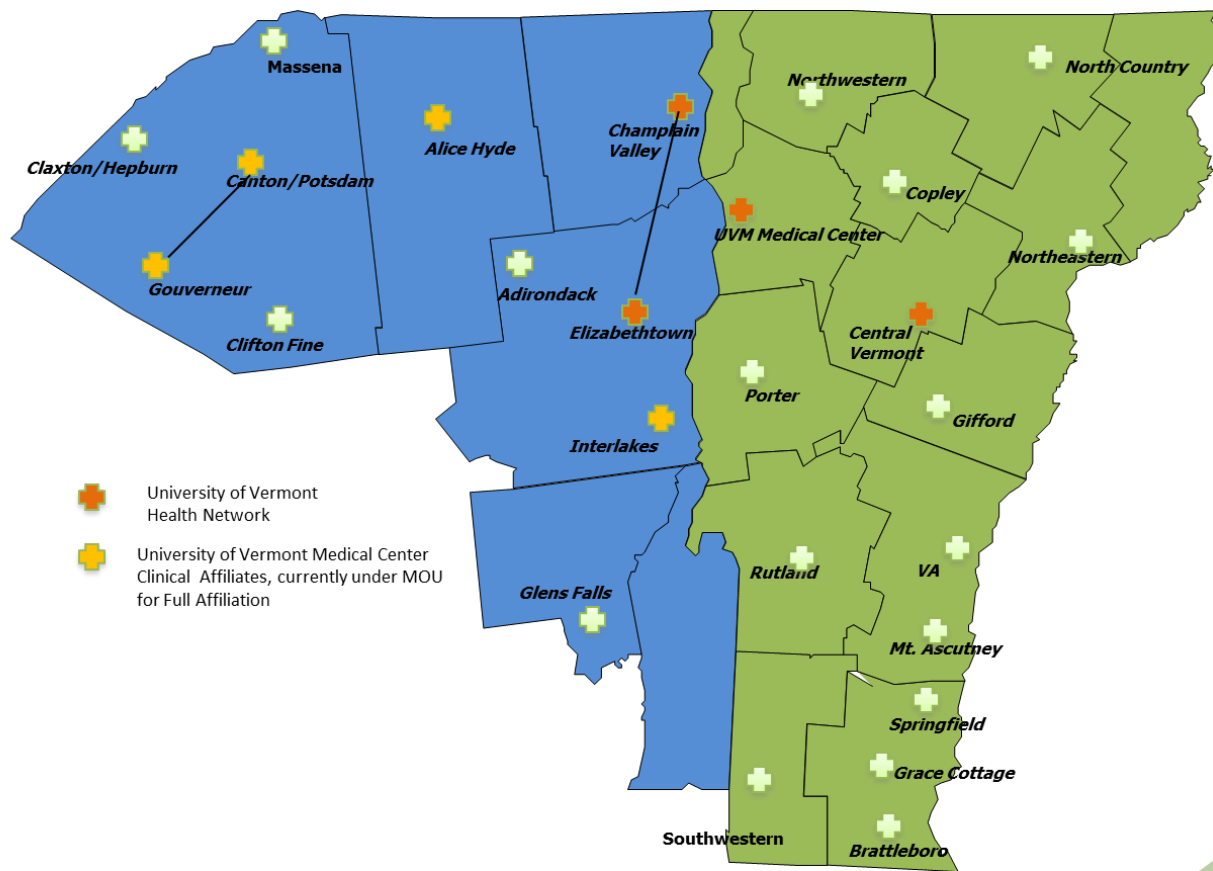
Next 75 minutes



- 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



State of the Science



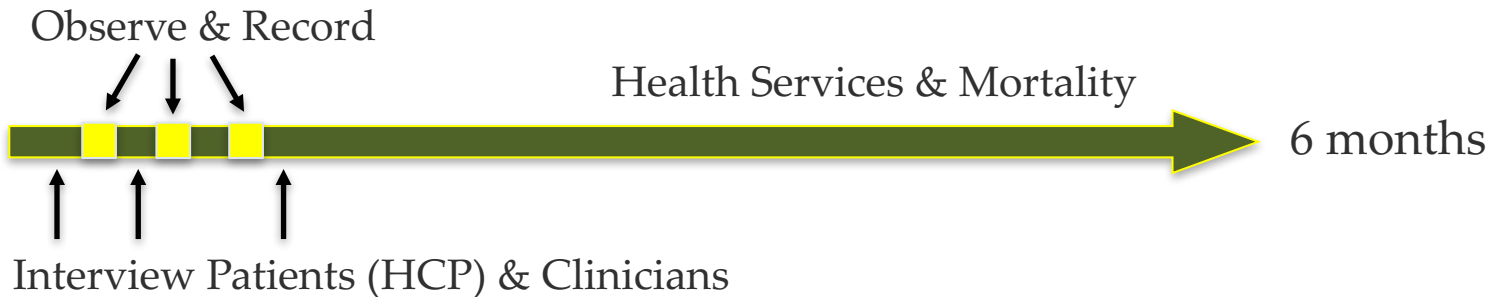
Disseminate / Scale



**MISSION:** To understand and  
disseminate high quality conversations  
in serious illness

*Vermont*  
**C**onversation  
*Lab*

## Palliative care visits



**363** “goals of care” conversations

**240** hospitalized patients with advanced cancer

**54** palliative care clinicians





## 1. Playback

https://hscopeprogram.ca Conversation: 1011C.pdf Microsoft Internet Explorer

1011C.pdf 03:29 Volume 1641

Code Set

- Report ?
- Access - OnceTalk ?
- Issue ?
- Bed News ?
- Ask For Bedside ?
- Name - OnceTalk ?
- Understand - OnceTalk ?
- Request ?
- Support ?
- Explore ?
- Check - OnceTalk ?
- Summary Plan ?

Summary Plan

- Refers to an attempt by the physician to reassure for the patient these IMMEDIATE next steps at the CONCLUSION of the encounter, so that the patient is not left wondering what will happen next.
- Follow-up plan refers to any action or steps which the physician and/or medical staff takes or describes for the patient's care.
- Giving patient instructions on what the patient needs to do does NOT qualify as a Summary Plan.
- NOTE This communication behavior may only be coded approaching the encounter's conclusion, code for reassurance is only the SECOND HALF of the encounter.
- Code the reassurance closest to the end, code for next immediate follow-up plan.
- Giving patient instructions on what the patient should do does not qualify as Summary Plan.
- Summary plan is about the things the physician and/or medical staff will do concerning the patient's current condition.

Examples

"So, we talked about your doing some chemo. You're going to check with your wife and get back to me. I'll see you next week to discuss this."

"We've covered a lot today. The tumor has shrunk, but it is not totally gone. I will plan to see you next week so we can all discuss and talk about getting started on treatment."

5. Summary Tab

4 - Segment Information

3 - Dropdown Answer List

6. Pop-up Window of Codebook

2. Codebook List of Codes

| ID: | Codes:                | Answer | Start | Stop  | N | E | I |
|-----|-----------------------|--------|-------|-------|---|---|---|
| 401 | Understand - OnceTalk | Yes    | 04:45 | 04:51 |   |   |   |
| 402 | Explore               | Yes    | 04:04 | 04:09 |   |   |   |
| 403 | Understand - OnceTalk | Yes    | 04:10 | 04:27 |   |   |   |
| 404 | Name - OnceTalk       | Yes    | 01:08 | 01:21 |   |   |   |

ID: 417

Start: 01:16

Stop: 03:20

Better Worse n/a

Segment Notes

Name - OnceTalk Yes

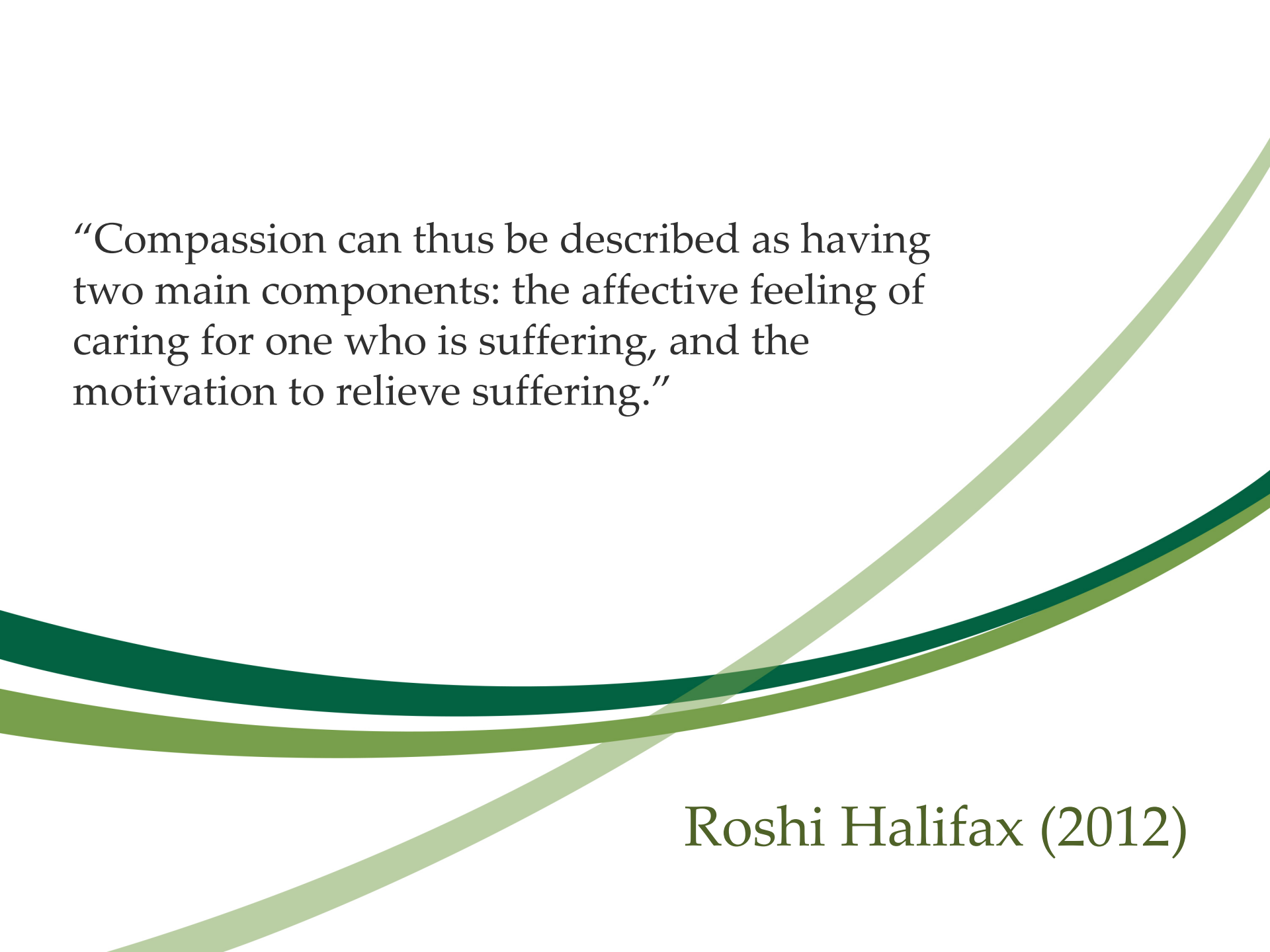
Delete Duplicate Save

Vermont  
Conversation  
Lab

*Over the past two days, how much have you felt heard and understood by the doctors, nurses and hospital staff?*

|                          |             |
|--------------------------|-------------|
| <input type="checkbox"/> | Completely  |
| <input type="checkbox"/> | Quite a bit |
| <input type="checkbox"/> | Moderately  |
| <input type="checkbox"/> | Slightly    |
| <input type="checkbox"/> | Not at all  |

*Vermont*  
**C**onversation  
*Lab*

The background features several thick, wavy green lines in various shades of green, creating a sense of movement and depth. These lines sweep across the bottom and right sides of the slide.

“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)

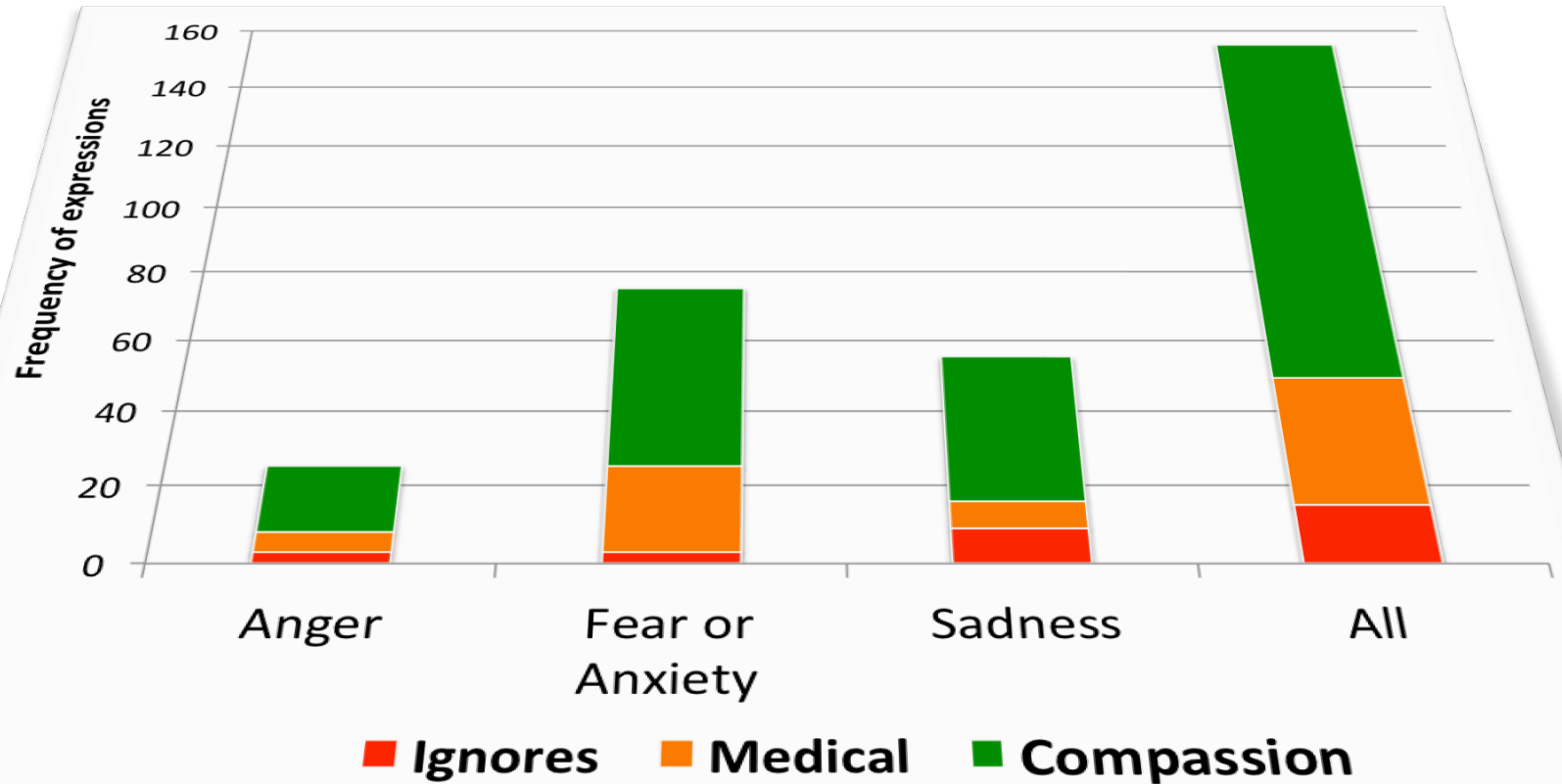
“One of my jobs here, while we are getting the chance to know each other, however long that time is, is to help make sure all of your energies and all your fight is going in the direction you want them to go in. As your doctor, I am here for you. **From what you told me, I know your struggle has been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

*-PC Physician*

Alexander et al. *JPM*. 2014.

71 year-old person with  
Stage D heart failure

# Compassion in Palliative Care



*~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...

Alexander et al. *JPM*. 2014.

72 year-old person with  
metastatic lung cancer

The background features several thick, wavy green lines in various shades of green, creating a modern, abstract design. These lines flow across the bottom and right side of the slide, with some overlapping each other.

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

Epstein & Back, *JAMA* (2015)



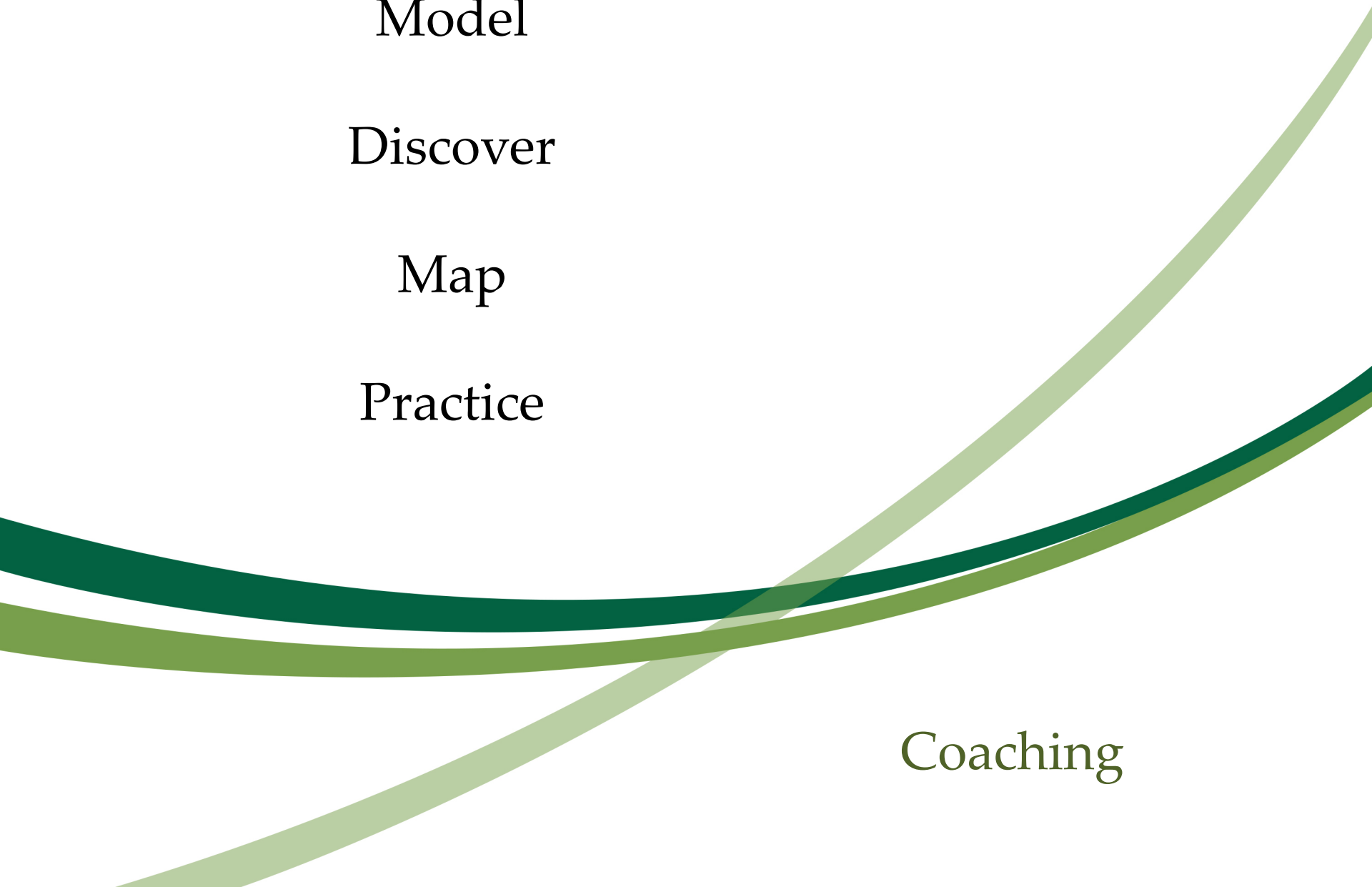
Model

Discover

Map

Practice

Coaching





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**

The image features three thick, wavy green lines that sweep across the lower half of the frame. One line is a dark forest green, another is a medium olive green, and the third is a light sage green. They overlap and curve upwards from left to right. The word 'Practice' is written in a dark green serif font in the lower right area.

Vivian Jordan

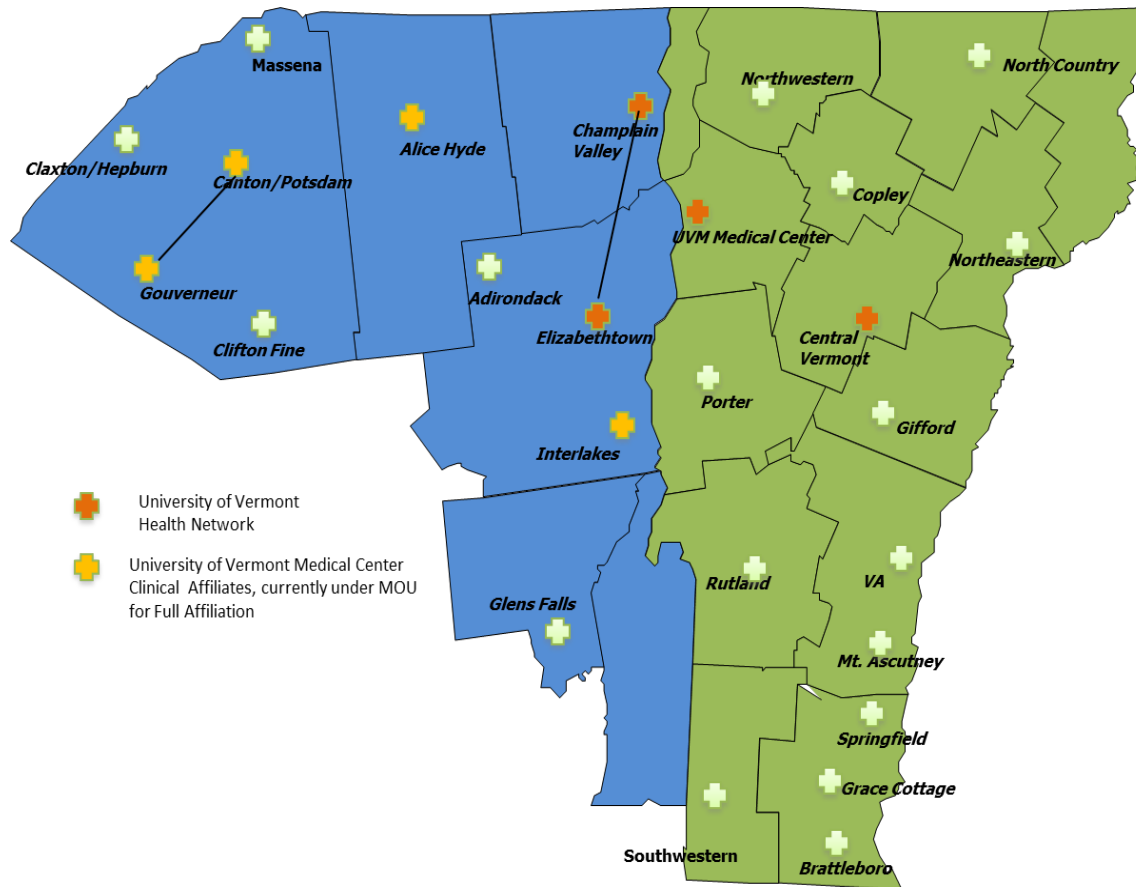
*-Actor, UVM Clinical Simulation Lab*

Bailey Fay

*- UVM Medical Student*

Practice

# Culture Change | Systems Change



# 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
- UVMHC, CVMC, CVPH, Porter, Alice Hyde
- Multidisciplinary Teams

Medicine  
Nursing  
Advanced Practice Nursing  
Social Work  
Chaplaincy

Culture Change





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

May, 2017

30 Faculty Training

"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

Systems Change



5 Serious Illness Care Program Practices

Evaluation

October, 2020

Implementation

Preparation

May, 2017

"Mastering Tough Conversations"

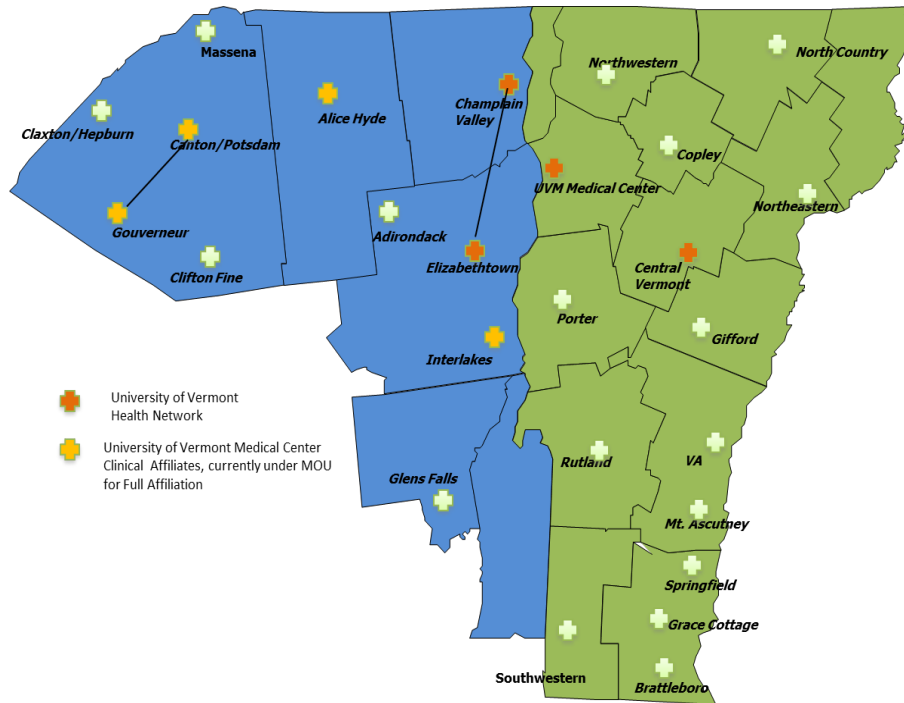
Monthly  
Diverse Network Locations  
Capacity for 432 Clinicians

24 Faculty Training



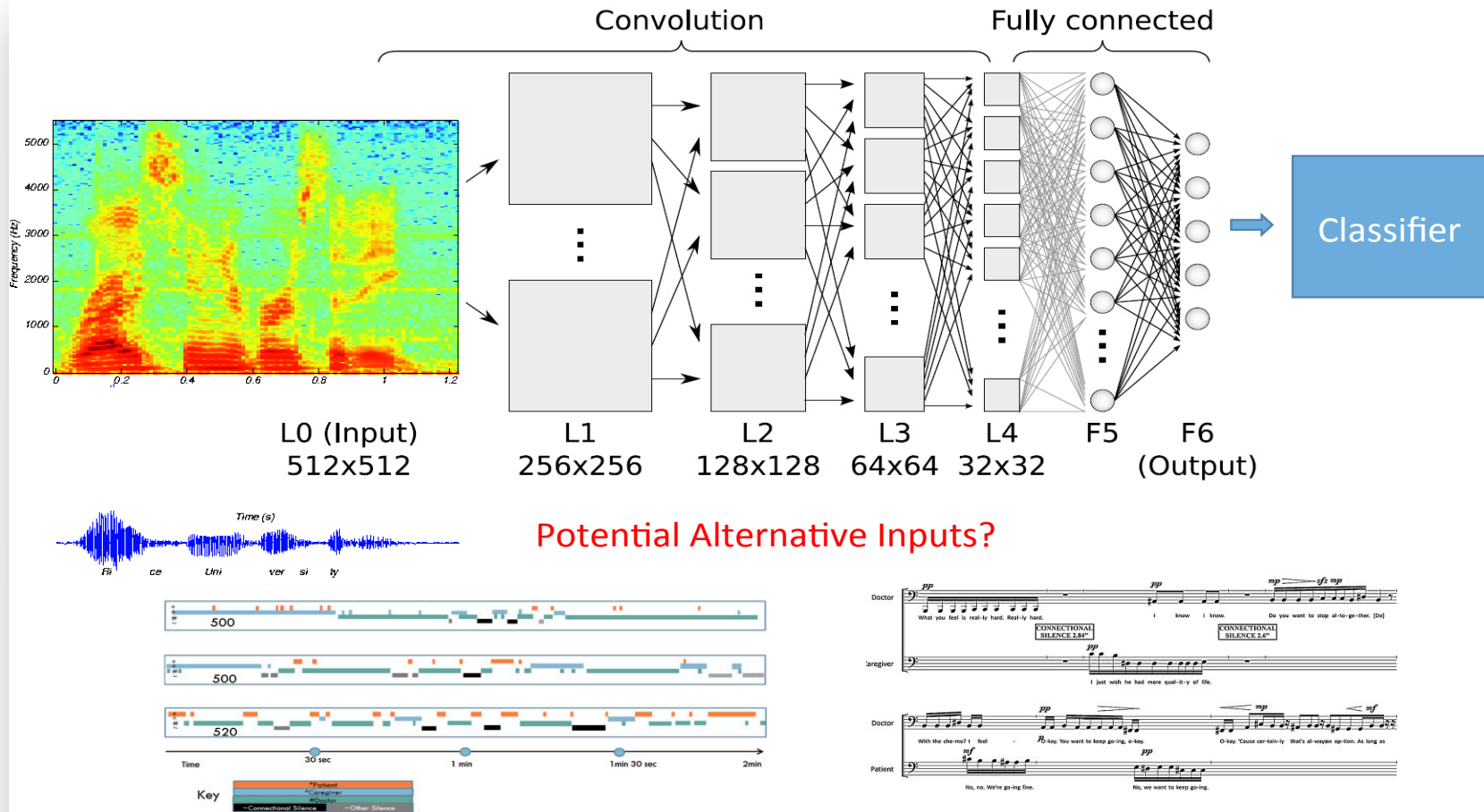
VITALtalk

Culture | Systems Change



Measure Quality

# Machine Learning



<http://picturetip.com/imagenet-convolutional-neural-network.html>

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



Quality Indicator

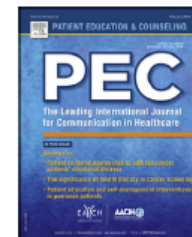
# Silence



Contents lists available at [ScienceDirect](#)

## Patient Education and Counseling

journal homepage: [www.elsevier.com/locate/pateducou](http://www.elsevier.com/locate/pateducou)



### Eloquent silences: A musical and lexical analysis of conversation between oncologists and their patients



Josef Bartels<sup>a,\*</sup>, Rachel Rodenbach<sup>a</sup>, Katherine Ciesinski<sup>b</sup>, Robert Gramling<sup>c</sup>, Kevin Fiscella<sup>c</sup>, Ronald Epstein<sup>c</sup>

<sup>a</sup> University of Rochester School of Medicine and Dentistry, 601 Elmwood Ave, Rochester, NY 14642, USA

<sup>b</sup> Eastman School of Music, 26 Gibbs St., Rochester, NY 14604, USA

<sup>c</sup> Center for Communication and Disparities Research, University of Rochester Department of Family Medicine, 1381 South Avenue, Rochester, NY 14620, USA

#### ARTICLE INFO

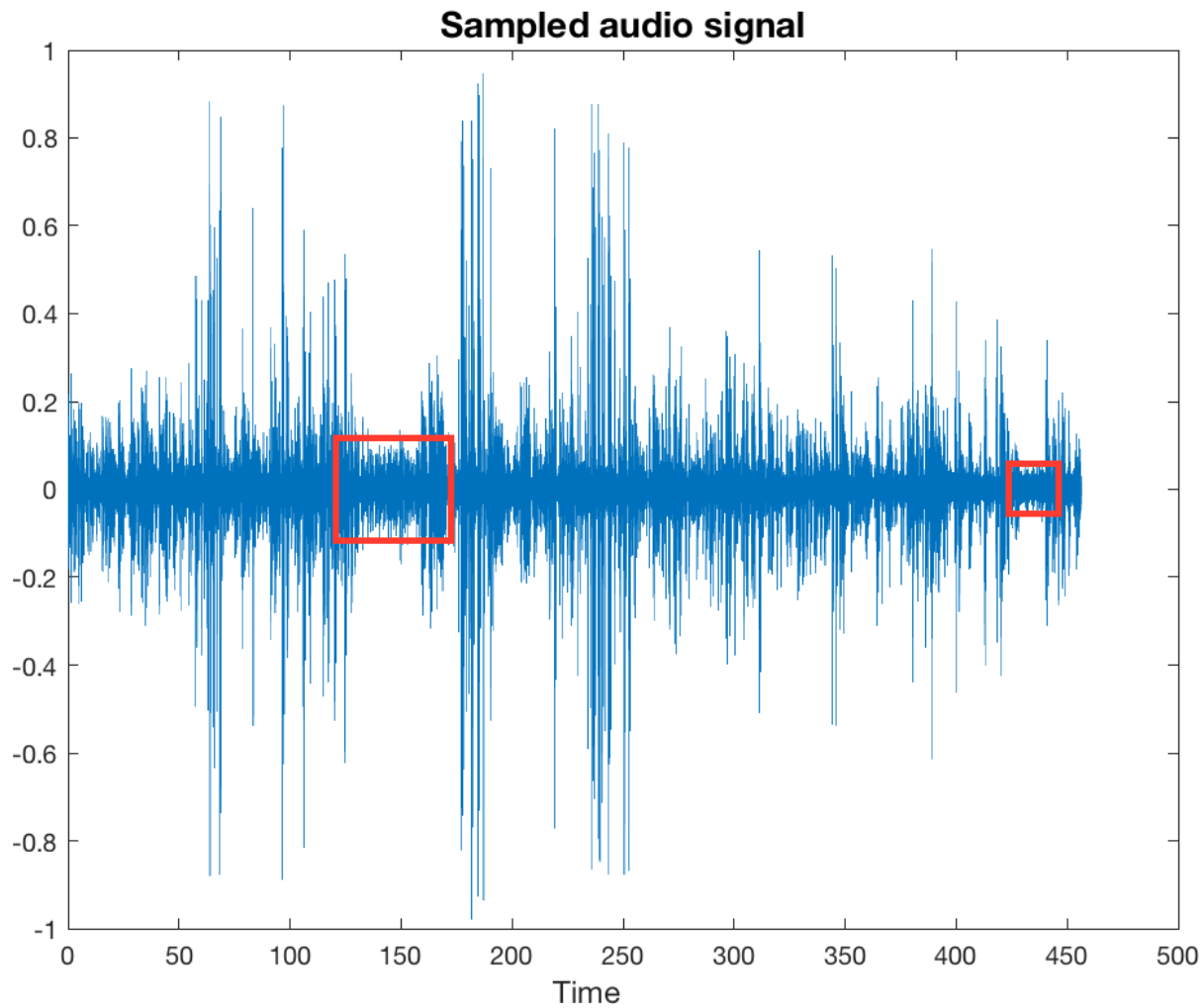
Article history:

#### ABSTRACT

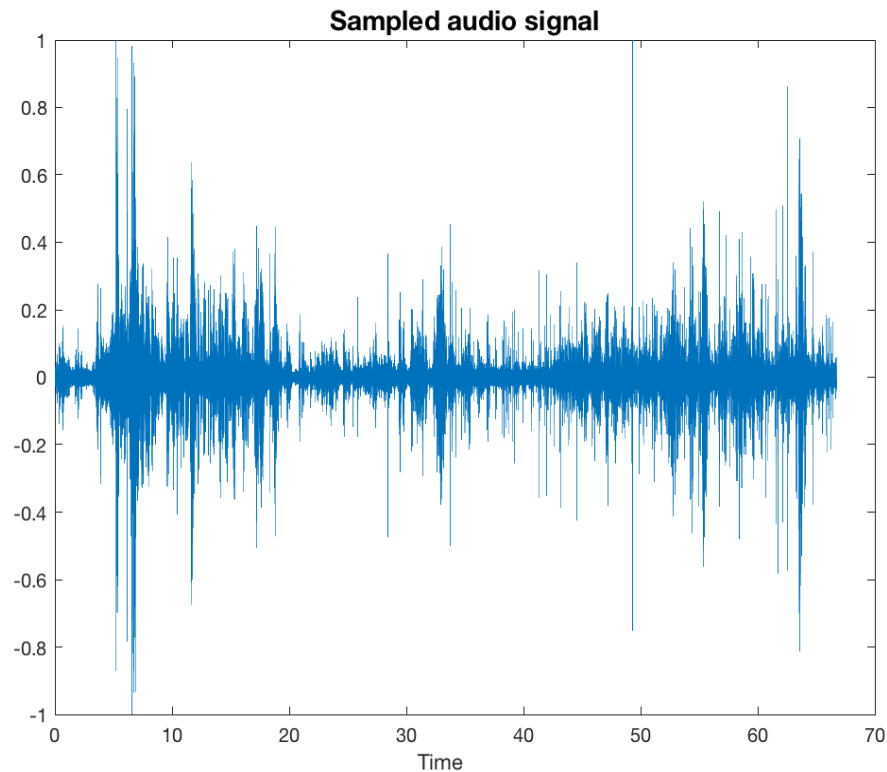
**Objective:** Silences in doctor-patient communication can be “connectional” and communicative, in



# Silence



# Silence



|    | 1        | 2        | 3      | 4        | 5        | 6      | 7      | 8      | 9       | 10     | 11      | 12      |
|----|----------|----------|--------|----------|----------|--------|--------|--------|---------|--------|---------|---------|
| 1  | -31.3123 | -31.1440 | 0.9422 | -32.8718 | -29.3121 | 1.9246 | 1.8860 | 0.3122 | 1.2706  | 2.5278 | -1.2131 | -1.1304 |
| 2  | -31.3090 | -31.9929 | 1.6124 | -33.0304 | -27.4064 | 1.2583 | 1.4613 | 0.5855 | -0.0104 | 2.0755 | -0.8019 | -0.7961 |
| 3  | -28.3833 | -28.7664 | 2.1641 | -30.9354 | -23.2081 | 1.4195 | 1.4437 | 0.4679 | 0.5075  | 2.2495 | -0.8472 | -0.8465 |
| 4  | -26.8815 | -27.4952 | 2.0630 | -29.6313 | -22.7537 | 1.1530 | 1.2364 | 0.6305 | -0.6336 | 1.9400 | -1.1655 | -1.1221 |
| 5  | -29.1090 | -29.3220 | 0.9988 | -30.2525 | -26.7920 | 1.1375 | 0.9870 | 0.5102 | 0.2202  | 2.1989 | -0.6573 | -0.6041 |
| 6  | -28.9123 | -29.1000 | 1.2846 | -30.6054 | -25.7242 | 1.4040 | 1.4530 | 0.6493 | -0.1820 | 2.3253 | -0.7125 | -0.8230 |
| 7  | -29.2905 | -29.0733 | 0.9749 | -31.0414 | -27.0914 | 1.2674 | 1.5174 | 0.5031 | 0.2918  | 1.8481 | -1.3068 | -1.4293 |
| 8  | -28.8509 | -28.9193 | 1.1206 | -30.4471 | -27.1444 | 1.2664 | 1.2429 | 0.4296 | 0.5310  | 2.0965 | -0.7158 | -0.7760 |
| 9  | -28.7425 | -28.7302 | 1.0189 | -30.5672 | -26.8703 | 1.2637 | 1.4528 | 0.5467 | 0.0024  | 1.9493 | -1.4251 | -1.4286 |
| 10 | -30.3972 | -30.5971 | 1.2497 | -32.1205 | -27.6024 | 1.1418 | 1.1882 | 0.7276 | -0.3583 | 2.1865 | -1.0276 | -1.1562 |
| 11 | -32.0937 | -32.1749 | 1.0519 | -33.5303 | -29.4431 | 1.8154 | 1.8962 | 0.4736 | 0.5675  | 2.3511 | -0.7200 | -0.5815 |
| 12 | -31.3501 | -31.5217 | 0.8338 | -32.9479 | -29.6056 | 1.6323 | 1.6277 | 0.3749 | 0.7061  | 2.1391 | -0.6793 | -0.6906 |
| 13 | -31.3909 | -31.3156 | 1.1565 | -33.4054 | -29.2362 | 1.6056 | 1.6275 | 0.5132 | 0.1177  | 2.3095 | -0.7004 | -0.6611 |
| 14 | -31.3094 | -31.3046 | 0.6354 | -32.2857 | -30.1252 | 1.5741 | 1.6655 | 0.4921 | 0.7142  | 2.3002 | -0.8342 | -0.7359 |
| 15 | -31.0383 | -31.3064 | 1.2561 | -32.7694 | -27.5347 | 1.3517 | 1.4769 | 0.6439 | 0.0182  | 2.1620 | -0.7355 | -0.5810 |
| 16 | -30.2992 | -30.2226 | 1.3545 | -32.8030 | -28.1881 | 1.4036 | 1.5154 | 0.6578 | -0.3222 | 2.4042 | -0.7513 | -0.7545 |
| 17 | -29.0921 | -28.8717 | 1.7054 | -32.4172 | -26.6326 | 0.8246 | 0.8227 | 0.5420 | -0.9054 | 1.8270 | -0.8761 | -0.7283 |
| 18 | -30.8292 | -30.8418 | 1.0497 | -32.4732 | -28.1241 | 1.0332 | 1.0009 | 0.6799 | -0.9258 | 1.9488 | -0.1964 | -0.0528 |
| 19 | -31.3999 | -31.4820 | 0.8894 | -32.5903 | -29.0009 | 0.8546 | 0.7936 | 0.4666 | 0.2171  | 1.8060 | -0.4315 | -0.4195 |
| 20 | -31.1324 | -31.1129 | 0.8910 | -32.6930 | -29.3144 | 0.8001 | 0.7646 | 0.4882 | -0.6715 | 1.5604 | -0.5024 | -0.3450 |
| 21 | -31.0675 | -31.4987 | 1.2449 | -32.3729 | -27.2175 | 0.8010 | 0.7512 | 0.4521 | -0.0328 | 1.5963 | -0.4657 | -0.3186 |
| 22 | -30.2782 | -30.1947 | 0.9096 | -32.2117 | -28.9380 | 0.9856 | 1.0451 | 0.5680 | -0.1232 | 1.8085 | -0.4476 | -0.4344 |
| 23 | -29.6994 | -29.6795 | 0.8938 | -31.4281 | -27.5471 | 1.4023 | 1.4649 | 0.5117 | -0.2187 | 2.0193 | -0.5914 | -0.5109 |
| 24 | -29.2349 | -29.0915 | 0.8257 | -30.8561 | -27.9663 | 1.1971 | 1.2125 | 0.4994 | 0.2743  | 1.9081 | -0.7888 | -0.6152 |
| 25 | -29.6529 | -29.4541 | 0.7470 | -31.3441 | -28.5967 | 1.1685 | 1.2972 | 0.5170 | -0.8053 | 1.6812 | -0.7627 | -0.6161 |
| 26 | -29.2939 | -29.4734 | 0.9685 | -30.9304 | -27.3617 | 1.0366 | 1.0422 | 0.4345 | 0.1262  | 1.7639 | -0.8073 | -0.7489 |
| 27 | -28.3231 | -28.2693 | 1.0169 | -30.3349 | -26.3345 | 1.4760 | 1.4696 | 0.5086 | 0.0447  | 2.3485 | -0.6694 | -0.7014 |
| 28 | -28.1809 | -28.1513 | 1.1751 | -29.9195 | -26.3947 | 1.2008 | 1.3094 | 0.3624 | 0.3439  | 1.8509 | -1.0018 | -1.0464 |
| 29 | -29.0601 | -28.8585 | 1.0909 | -30.6222 | -26.3555 | 1.3947 | 1.3826 | 0.6075 | -0.3419 | 2.3806 | -0.3252 | -0.2984 |
| 30 | -28.3284 | -28.5126 | 1.0194 | -30.1516 | -26.5393 | 1.3904 | 1.3538 | 0.5357 | -0.1575 | 2.3765 | -0.5981 | -0.4529 |
| 31 | -29.4971 | -29.7354 | 1.1795 | -31.0724 | -26.5295 | 0.9917 | 1.1293 | 0.6142 | -0.2880 | 2.0679 | -0.6612 | -0.5024 |
| 32 | -28.3588 | -28.4379 | 1.1729 | -30.3056 | -26.3694 | 1.1285 | 1.0777 | 0.6903 | 0.1278  | 2.6447 | -0.9263 | -0.5803 |
| 33 | -29.9693 | -30.3943 | 1.2207 | -31.5143 | -27.2003 | 1.3268 | 1.3692 | 0.4640 | 0.6346  | 2.2790 | -0.6501 | -0.4789 |

## Where we are

“**Some** of the right  
things for **some**  
seriously ill people  
**some** of the time...”

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

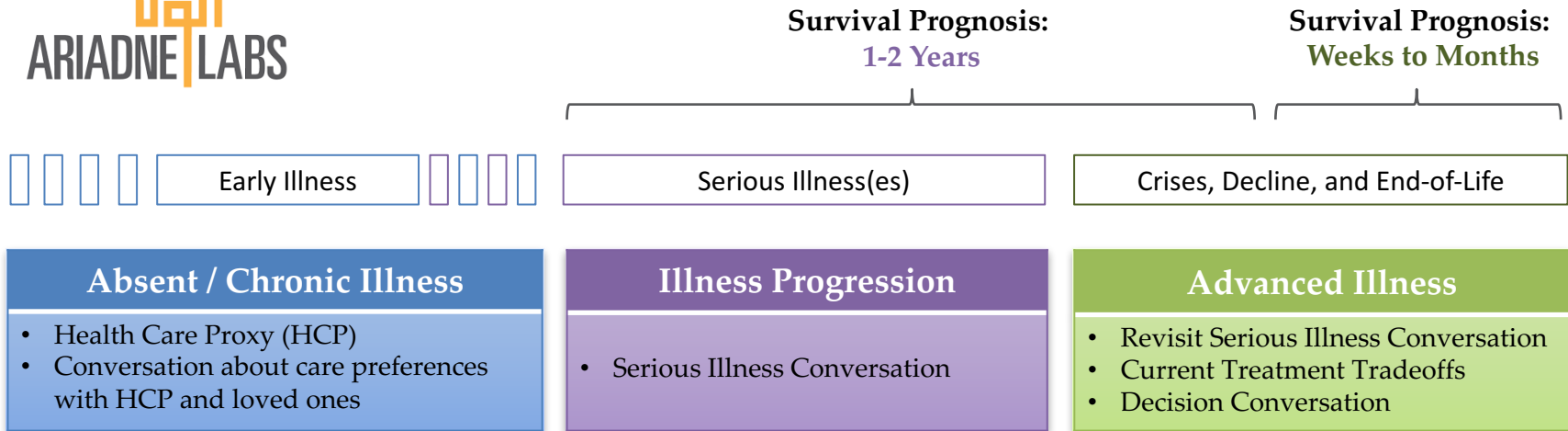
## Where we want to be

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

Imagine...



# Conversations



**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