

BEST CASE - WORST CASE COMMUNICATION TOOL

A PRIMER FOR SURGEONS

BEST-CASE/WORST CASE STRATEGY

- A tool to assist in shared decision-making, developed by surgeon Dr. Gretchen Schwarze and colleagues at University of Wisconsin
- Allows a physician to describe the potential scenario and highlight the most likely outcomes for each option
- Matches your knowledge about the disease and treatment with the patient's values
- Used when there is a decision to be made: i.e surgery versus comfort focused care

COMPONENTS:

• Deliver difficult news

- Communication Tools:
 - Headlining: use a clear succinct message to deliver the difficult news
 - Responding with emotion: Using the NURSE statements can help to acknowledge the patient's and family's emotion while conveying care and sensitivity
 - **Name-** "I can see how sad this news has made you. Can you help me understand what is going through your mind right now?"
 - **Understand-** "I'm sorry you have to go through this."
 - **Respect-** "You have done a great job of taking care of your father."
 - **Support-** "The team will be here to support you and your family through this decision making."
 - **Explore-** "Tell me more about that."

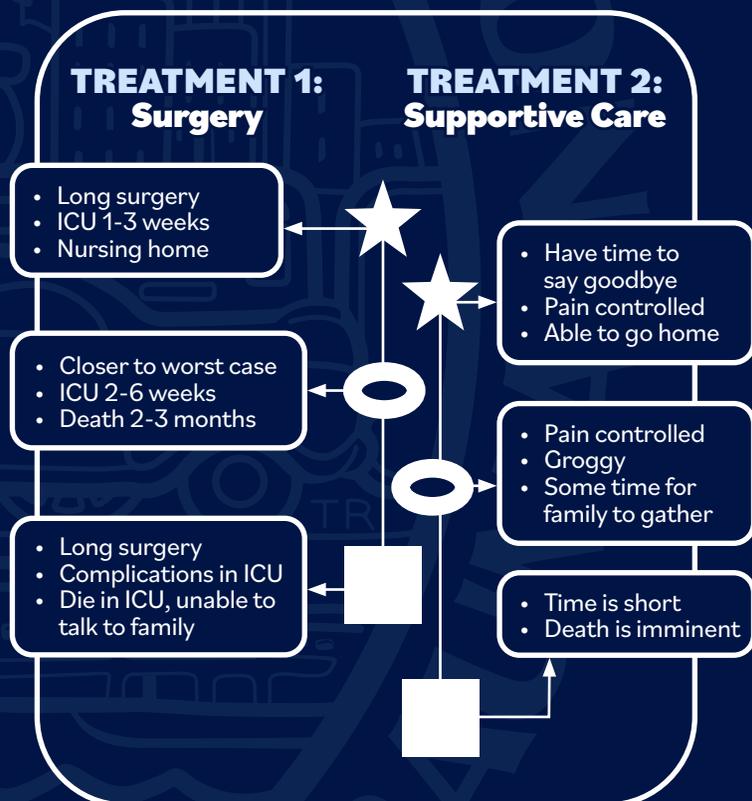
• Identify two clear treatment options and create a graphic aid

- Write option A and option B and draw lines to represent the spectrum of best-case and worst-case outcomes with each option. Write terms and labels that describe all of the outcomes. The most likely outcome with each option should be identified and labeled. The corresponding figure shows how the diagram is formatted
 - Star indicates the best case, square indicates the worst case, and circle indicates the most likely case
- Introduce the best-case scenario
 - Include time in ICU, time in hospital, need for future operations/interventions, where they will go after the hospital, if will ever discharge home, long-term and short-term functional status
- Introduce the worst-case scenario
 - What it will look like for the patient and family if things do not go as we hope
 - Although death is often considered the worst-case, many things are considered worse by patients and families (lack of mobility, incontinence, long-term care, ventilator dependency, etc.)
 - Discuss the same variables in the worst-case scenario as discussed in the best-case scenario

- **Use storytelling to describe the best, worst, and most likely scenarios for each option**
- **Elicit preferences**
- **Write 'what is important to you now?' Use the graphic aid**
- **Make a recommendation based on the patient's goals and values**

TIPS FOR GUIDING SERIOUS ILLNESS CONVERSATIONS:

- Set-up the conversation: "I would like to talk together about your health/current illness/treatment and what is most important to you."
- Assess the patient/family's understanding of what's going on with their health/current illness/treatment: "In your own words, can you tell me your understanding of what is going on with your health right now; why you are in the hospital?"
- Share details of any major changes in health and fill in any knowledge gaps
 - Use validating language: "I hope..." or "I wish...."
 - Introduce potential adverse events or changes in health: "I worry...."
- Use patient-friendly language
 - Limit medical jargon
- **DON'T FORGET TO PAUSE!** Validate and explore emotions
 - Use phrases like: "I can see that you are upset. Tell me what worries you about what we have talked about..."
- Explore the patient's/family's wishes/worries/what is important to them:
 - What are your most important goals/what is most important to you?
 - What is an acceptable quality of life for you?
- Establish what is an acceptable worst case and best case for the patient
- Validate and explore emotions to help build trust and rapport
- Close the conversation by summarizing what is important to the patient, the outcomes we are hoping for, recommendations, and answering any additional questions
 - Use open-ended questions: "What questions or concerns do you have?"
- Follow-up: Set up a time to meet again and answer further questions and offer directions and updates



WHERE TO HANG:

- Surgeon Lounge
- OR Locker Room
- Resident Workroom
- ICU Workroom

Need additional copies?

*Send an email to aast@aast.org with the subject header: **Goals of Care**, with mailing information.*

REFERENCES

- Taylor LJ, Nabozny MJ, Steffens NM, Tucholka JL, Brasel KJ, Johnson SK, Zelenski A, Rathouz PJ, Zhao Q, Kwekkeboom KL, Campbell TC, Schwarze ML. A Framework to Improve Surgeon Communication in High-Stakes Surgical Decisions: Best Case/Worst Case. *JAMA Surg.* 2017 Jun 1;152(6):531-538. doi: 10.1001/jamasurg.2016.5674. PMID: 28146230; PMCID: PMC5479749.
- Rubin EB, Buehler AE, Halpern SD. States Worse Than Death Among Hospitalized Patients With Serious Illnesses. *JAMA Intern Med.* 2016;176(10):1557-1559. doi:10.1001/jamainternmed.2016.4362