

Feedback for Clinician on MVP Protocol

Missed Opportunity:

Sophie Hallman: I'm really worried because my pain has been getting worse lately. Can you tell me why that might be happening?

Alternative Example:

Dr. Tom Carroll: Sophie, it is completely understandable that you feel worried about the pain getting worse. It is a very serious and concerning situation for any patient to go through. Let's talk about what you have noticed about the pain and what might have contributed to the increase in intensity.

Transcript

Sophie Hallman: Hi, doctor. I'm meeting with you today to help get some questions answered about my condition.

Sophie Hallman: I'm really worried because my pain has been getting worse lately. Can you tell me why that might be happening?

Dr. Tom Carroll: Sophie, you look very anxious and I think that is completely normal and I am here to here to help answer your questions and get you in the right frame of mind.

Sophie Hallman: Thank you, dr. Carroll. That's very kind of you. Now, could you tell me why my pain has been getting worse?

Dr. Tom Carroll: Yes, but before I do, SOPHIE, I want to make sure you are ready for it. It is it is pretty bad news.

Sophie Hallman: I'm ready. Please tell me what's going on.

Dr. Tom Carroll: Sophie and I really, really am so sorry that this has happened to you, but the results of your chest x-rays showed that your cancer is getting worse. >> Explicit

Sophie Hallman: Oh my god. I can't believe this is happening. What do I do now?

Dr. Tom Carroll: Well, if you want, we can go over the prognosis in a little more detail. I just want to check in and see how you are taking this this terrible news.

Sophie Hallman: I'm okay. I'm just worried about what the future holds. Could you please tell me what my next steps should be?

Dr. Tom Carroll: Well, your next steps really depend on what your treatment goals are. Maybe if you are ready, we could talk about those. >> Empowering

Sophie Hallman: Sure, i'd love to. My treatment goals are to spend time with my grandson and to maintain a high quality of life.

Dr. Tom Carroll: Why is maintaining a high quality of life mean to you?

Sophie Hallman: To me, maintaining a high quality of life means being able to do the activities I enjoy, spending time with my family and friends, and having the energy to do the things I love.

Dr. Tom Carroll: Yes, I would say that that is that is how I feel about it too. And if you want to have a high quality of life, I think that we would probably want to pursue a certain treatment option.

Sophie Hallman: I understand my condition is bad, but I want you to be honest with me. How long do you think I have?

Dr. Tom Carroll: Based on the speed at which your cancer is spreading throughout your body, SOPHIE, I would say two months to a year. >> Explicit

Sophie Hallman: That's not a lot of time. I had an uncle fred who outlived his prognosis. Do you think I could do the same?

Dr. Tom Carroll: I hope so, SOPHIE. I really, really do. And maybe you will be one of the lucky ones. But even if your life is prolonged a little bit, I am afraid this cancer is terminal. >> Explicit

Sophie Hallman: How can you be so sure about my prognosis? I have an uncle fred who outlived his prognosis, so I thought anything was possible.

Dr. Tom Carroll: Nobody has a crystal ball and miracles do happen. However, based on people like you, patients of mine in the past that have had your cancer, I am afraid the prognosis is what it is. >> Empathy

Sophie Hallman: That's ridiculous. I don't accept that. I know I have more time than that. I have an uncle fred who outlived his prognosis. I want to know more about what I can do to give me a better chance.

Dr. Tom Carroll: What kind of cancer did your uncle fred have?

Sophie Hallman: He had lung cancer, just like me.

Dr. Tom Carroll: I see, I see. So your prognosis, SOPHIE, is that your cancer has spread to your lymph nodes, so it really is unstoppable at this point. >> Explicit

Sophie Hallman: I understand, but I am still determined to fight this. Is there anything else I can do to help improve my situation?

Dr. Tom Carroll: There are a couple of options based on what you told me about your treatment goals. We could do an aggressive chemotherapy which may or may not extend your life, but will definitely make that life. Uh, not really that high quality. Or we could pursue comfort care. >> Explicit

Sophie Hallman: I see. Well, I understand that I have to make a tough decision. I just want to make

sure I'm there for my grandson. Do you think any of these options will help me do that?

Dr. Tom Carroll: Well, if you want to be with your grandson and be able to spend good quality time with them, I would say comfort care. But if you want to just spend a longer time with your grandson, regardless of how you feel, then perhaps you should consider chemotherapy. >> Explicit

Sophie Hallman: Comfort care sounds like a good option for me, but I'm not sure how it works. Can you explain a bit more?

Dr. Tom Carroll: Yes, of course. Comfort care is very, very easy. We get you nice and comfortable in a hospital bed in your home or a family member's home, perhaps at your grandson's house. And we have a nurse that regularly checks in on you and administers medications to treat the symptoms of the cancer. >> Explicit

Sophie Hallman: That sounds like a good option for me. Should I get comfort care?

Dr. Tom Carroll: That is up to you and your family to make as your doctor. I can only give you treatment options and do my best as a physician to make sure that the treatment plan that we pursue is the one you really, really want. >> Explicit

Sophie Hallman: I understand that. What are my options for treatment?

Dr. Tom Carroll: For treatment, we could do comfort care where we treat the symptoms like the pain that you have been feeling due to the cancer growing in your lungs. Or we could do a chemotherapy based treatment, perhaps radiation therapy where we try to attack the cancer cells and slow their growth. >> Explicit

Sophie Hallman: I'm really not sure about the chemotherapy, it sounds too painful and exhausting for me at this stage. Do you think comfort care would be enough?

Dr. Tom Carroll: I think comfort care would be enough, but it is not. You need to realize those SOPHIE comfort care is not a treatment to treat the cancer. You will not get better if you do comfort care, but you will feel better. >> Explicit

Sophie Hallman: I understand. I think I'm going to go with comfort care then.

Dr. Tom Carroll: I think that is a good decision, but I really would recommend that you talk everything over with your family, let everything sink in, and that we have another discussion about this in the near future.

Sophie Hallman: Thank you for all your help and for giving me more information about my options. I need to take some time to think about these more and also talk to my family.

Dr. Tom Carroll: I think that is great. And if you would like, I would be more than happy to be there with you to convey the prognosis and break this. Also, terrible news, SOPHIE. So terrible. I am so, so sorry. >> Empathy

Sophie Hallman: Thank you, doctor. I appreciate your understanding and your help. I think I'll take some time to talk to my family.

Dr. Tom Carroll: Ok, I really think that is a good idea. Umm, sometimes this news can sneak up on you, so please my you have my cell phone number. Feel free to reach out at any time.

Sophie Hallman: Thank you. I will.

Dr. Tom Carroll: And would it be alright with you if I do not hear from you in about a week? Is it alright if I have my receptionist reach out just to check in on things?

Sophie Hallman: Yes, I think that would be great. I'm sure I will have more questions.

Dr. Tom Carroll: And I am sure I will have some answers for you, or at least do the best I can to have a conversation with you about how we can, how we can tackle your treatment.

Sophie Hallman: That sounds great. Thank you, doctor, for all of your help.

Dr. Tom Carroll: You are welcome, SOPHIE. It is been a real pleasure to be your physician and and a real joy your wonderful human being. And again, I am, I am so sorry that this has happened to you. >> Empathy

Sophie Hallman: Thank you.

Dr. Tom Carroll: Alright, well, if that is all, I think you should.

Sophie Hallman: Yes, I think I'm done talking about my condition for now.

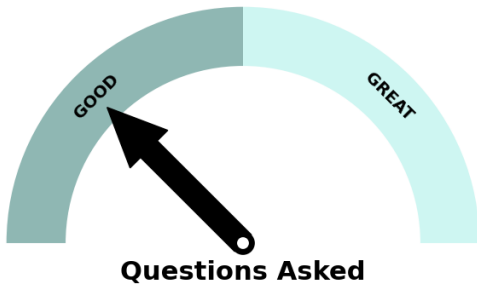
Dr. Tom Carroll: Ok, great. Well, I will see you soon, SOPHIE.

Sophie Hallman: Thank you, doctor.

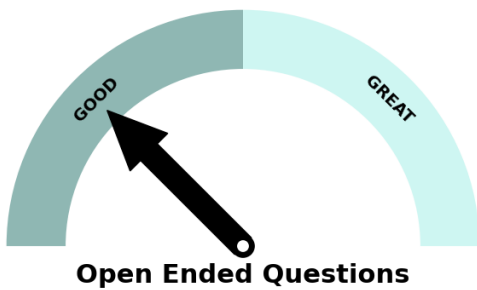
Dr. Tom Carroll: Goodbye.

Sophie Hallman: Thank you for taking the time to talk with me today. Bye.

Empower

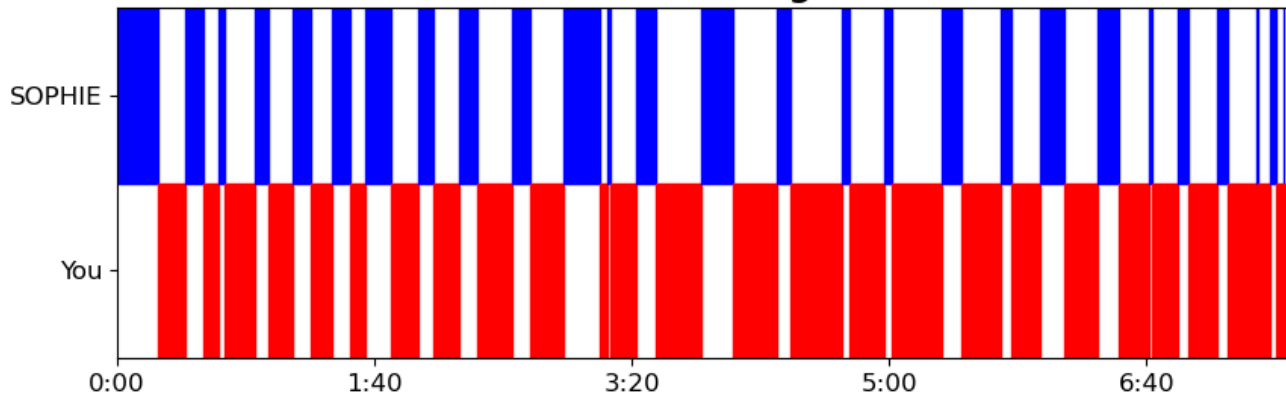


You have asked 4 questions.



1 of your questions were open-ended.

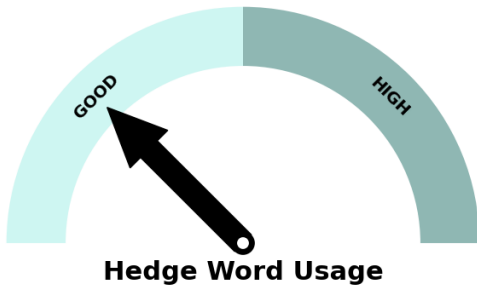
Turn Taking



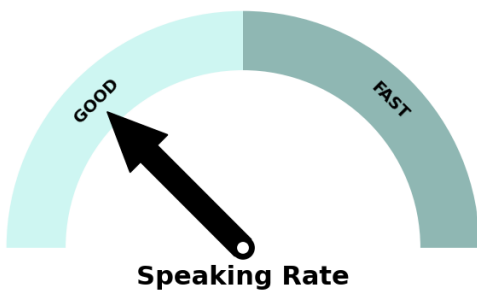
Empower - Tips and Examples

- > I'd like to discuss your Medical Situation with you, OK?
- > Is there anyone else you'd like to join this conversation?
- > What do you understand about your medical situation?
- > May I share my understanding?
- > Do you like the basics or the details?
- > I've just shared a lot of information with you; what do you understand now?
- > Now that you understand the Medical Situation, let's explore your Values, OK? (agenda-setting)
- > Given what's going on medically, what are your hopes? Worries? Fears?
- > Who are your people? Your supports?
- > When you think about dying, what concerns you?
- > Does faith, religion, or spirituality play a role in your life?
- > What questions do you have?
- > Are there things you want to avoid?
- > May I make a recommendation?
- > Does this make sense?

Be Explicit



Hedge words are used to soften the impact of a statement and are often fine to use in a clinical setting. However, using too many of these words can make a response sound indecisive or unclear. Examples of hedge words include: 'kind of,' 'sort of,' 'maybe,' or 'probably.' Use your judgement to determine if a hedge word is necessary.



Your speech rate is 2.86 words/second.



You spoke at a 7th grade reading level.

Be Explicit - Tips and Examples

- > I'm afraid I have some bad news.
- > You have widespread and aggressive cancer.
- > You have suffered severe and irreversible lung damage.
- > The treatment is not working; the cancer is spreading.
- > You want us to do everything possible to live longer, even if it is uncomfortable and keeps you in the ICU. Right?
- > Would you want to be kept alive with a machine to help you breathe?
- > You want to be out of the hospital from here forward, and focus all efforts on your well-being at home, until you die.
- > Given what you've told me, I recommend that we take a break now, and pick up this tough conversation later.
- > Would you like to revisit the Medical situation to clarify your question about your prognosis?
- > It sounds like you've heard enough for today. How about if we resume this conversation tomorrow?
- > I'm concerned that your wish for X will compromise your preference for Y. So I would like to revisit your Values in this tough medical situation, okay?

Empathy - Tips and Examples

- > I can see this is hard to hear.
- > I can only imagine how upsetting this is.
- > Can you tell me how you're feeling about this tough news?
- > You're right, this sucks.
- > I wish I had a treatment that worked.
- > I hear that you want me to focus on the facts, not your emotions. I can do that.
- > I wish we had the cure you so want and deserve.
- > Your values clearly reflect your love for your kids. They are lucky to have you in their lives.
- > Yes, you are between a rock and a hard place.
- > You are managing this unbearable situation with such grace!
- > It is such an honor to know and work with you.
- > You are handling this impossible situation with impressive clarity, kindness, and wisdom.
- > I am with you.