



Checklist

Patient-Centred Communication and Shared Decision-Making

- Have you had an end-of-life care talk within your own family? Is there a family member approaching the end of life, are you the best placed person to start this discussion? What are the barriers to starting a dialogue about your family member's end-of-life care preferences? How might they be overcome?

- Have you discussed your own wishes for end-of-life care or appointed someone to make decisions in the event that you are no longer able to communicate them? Take some time to think about what would be important to you personally and who you think is best placed to communicate those preferences.

- Remember to introduce yourself to each new patient and any family members. Hello, my name is... Campaign www.hellomynameis.org.uk

- Tell a colleague or student about the "Hello My Name Is" Project to promote awareness of the importance of patient-centred care www.hellomynameis.org.uk

- Think of one question from a patient approaching the end of life that you found difficult to respond to. Imagine you are being asked this question again now. How would you answer that question now based on what you have learnt from the End-of-life Essentials Modules? Ask a colleague what they would have said in that situation. Talk about their suggested response.

- Think of one question from a *family member or carer of a patient* at the end of life that you found difficult to respond to. Imagine you are being asked this question again now. How would you answer that question now based on what you have learnt from the End-of-life Essentials Modules? Ask a colleague what they would have said in that situation. Talk about their suggested response.



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- Request training on communicating with patients and their families. A training program with role plays will allow you to practice your communication skills in a safe environment.

- Ask your patient: *What is the most important thing I should know about you?*

- When relaying new information to a patient, give them time to think and respond. Talk to the patient about whether the new information impacts on their wishes or preferences.

- When a patient is non-verbal or has limited capacity for speech, check if they have any communication aids. Ensure that your team knows that they need to make sure these are in place before they communicate with the patient.

- Reflect on what conditions are needed to ensure that your patient has the best opportunity for engaging with you and other members of the team. Think about how to improve communication. Check if others in the team have been successfully communicating with the person. Have they got their hearing aid in? Do they need glasses if you are going to provide them with some written information? Is this the time of day when they are most alert? Are they adequately hydrated and fed? Ask if they are more comfortable if a family member or carer is there.

- Ask open ended questions: *How is your treatment affecting you and your family?* Use "other people" framing so that patients or family members know it is OK to be scared, concerned, or confused. For example, *"Other people with conditions like yours sometimes worry about things that may or may not happen in the future, so I just wanted to check in with you. What concerns you most?"*

- When talking to a patient by the bedside, sit down so that your face is as much on the same level as the patient as possible. Standing over someone can be intimidating. Sitting down signals that you are taking time to address their concerns and that you are approachable. Be aware of the cultural appropriateness of eye contact and proximity.

- Practice active listening, and feedback to check your understanding. You can do this with a patient, a patient's family member or a colleague.



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- Consider printing the following and placing them in the tea room as a reminder of some communication responses:
 - Responding to emotional cues: The NURSES mnemonic:
<https://training.caresearch.com.au/files/file/EoLEss/NURSE.pdf>
 - Exploring the patient's concerns about their end of life preferences / care:
<https://training.caresearch.com.au/files/file/EoLEss/ask-tell-ask.pdf>

- Make yourself aware of the ACSQHC End-of-Life Care Audit toolkit. Find the person in your organisation responsible for QA and bring it to their attention:
<https://www.safetyandquality.gov.au/audit-toolkit-home/>

- Are you respectful of patients who do not wish to discuss their future with you?

For resources go to the My Toolkit pages in End-of-Life Essentials website: <https://www.endoflifeessentials.com.au/>

Resources

Patient-Centred Communication and Shared Decision-Making

Palliative Care Network of Wisconsin, Fast Facts #17, Patient-centred interviewing

Australian and New Zealand Intensive Care Society (ANZICS), 2014, Recommended language for communicating end-of-life care concepts

VITAL talk, Talking about dying: quick guide

Australian and New Zealand Intensive Care Society, 2014: ANZICS Statement on Care and Decision-Making at the End of Life for the Critically Ill

The Family Meeting, Fast Facts, Palliative Care Network of Wisconsin:

- Part 1: Preparing for the meeting
 - Part 2: Starting the conversation
 - Part 3: Responding to emotion
 - Part 4: Causes of Conflict
 - Part 5: Helping surrogates make decisions
 - Part 6: Goal Setting and Future Planning
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SPIKES: A six step protocol for delivering bad news

End-of-Life Essentials: Exploring the patient's concerns about their end of life preferences / care

End-of-Life Essentials: Responding to emotional cues: The NURSES mnemonic

CareSearch, Communication: Key points

End-of-Life Essentials: Glossary of terms

End-of-Life Essentials Able versus Novice: Which one are You?

Resources

Patient-Centred Communication and Shared Decision-Making

Videos, Blogs and Podcasts

CareSearch Blog: Mary Patetsos: [Providing person and family-centred palliative care for a culturally diverse Australia](#)

CareSearch Blog: Kim Devery: [Learning and vulnerability in end-of-life communication](#)

From The Palliative Care Bridge: A/Prof Richard Chye: [Medical decision-making and the ethics behind it](#)

Further Reading

Moore PM, Rivera S, Bravo-Soto GA, Olivares C, Lawrie TA. Communication skills training for healthcare professionals working with people who have cancer. *Cochrane Database Syst Rev*. 2018 Jul 24;7:CD003751. doi: [10.1002/14651858.CD003751.pub4](#)

Brooke J, Ojo O. Elements of a sustainable, competent, and empathetic workforce to support patients with dementia during an acute hospital stay: A comprehensive literature review. *Int J Health Plann Manage*. 2018 Jan;33(1):e10-e25. doi: [10.1002/hpm.2448](#)

Vanderhaeghen B, Van Beek K, De Pril M, Bossuyt I, Menten J, Rober P. What do hospitalists experience as barriers and helpful factors for having ACP conversations? A systematic qualitative evidence synthesis. *Perspect Public Health*. 2018 Jul 1:1757913918786524. doi: [10.1177/1757913918786524](#)

Bennett F, O'Conner-Von S. Communication Interventions to Improve Goal-Concordant Care of Seriously Ill Patients: An Integrative Review. *J Hosp Palliat Nurs*. 2020 Feb;22(1):40-48. doi: [10.1097/NJH.0000000000000606](#)

Nagelschmidt K, Leppin N, Seifart C, Rief W, von Blanckenburg P. Systematic mixed-method review of barriers to end-of-life communication in the family context. *BMJ Support Palliat Care*. 2020 Aug 27;bmjpcare-2020-002219. doi: [10.1136/bmjpcare-2020-002219](#). [Epub ahead of print]

Baik D, Cho H, Masterson Creber RM. Examining interventions designed to support shared decision making and subsequent patient outcomes in palliative care: A systematic review of the literature. *Am J Hosp Palliat Care*. 2018 Jan 1:1049909118783688. doi: [10.1177/1049909118783688](#). [Epub ahead of print]

Scholz B, Goncharov L, Emmerich N, Lu VN, Chapman M, Clark SJ, Wilson T, Slade D, Mitchell I. Clinicians' accounts of communication with patients in end-of-life care contexts: A systematic review. *Patient Educ Couns*. 2020 Oct;103(10):1913-1921. doi: [10.1016/j.pec.2020.06.033](#).

Resources

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Pel-Littel RE, Snaterse M, Teppich NM, Buurman BM, van Etten-Jamaludin FS, van Weert JCM, Minkman MM, Scholte Op Reimer WJM. Barriers and facilitators for shared decision making in older patients with multiple chronic conditions: a systematic review. *BMC Geriatr*. 2021 Feb 6;21(1):112. doi: [10.1186/s12877-021-02050-y](https://doi.org/10.1186/s12877-021-02050-y).

Noorlandt HW, Echteld MA, Tuffrey-Wijne I, Festen DAM, Vrijmoeth C, van der Heide A, Korfage IJ. Shared decision-making with people with intellectual disabilities in the last phase of life: A scoping review. *Journal of Intellectual Disability Research*. 2020 Sept;64:881– 894. doi: [/10.1111/jir.12774](https://doi.org/10.1111/jir.12774).

Spencer E, Waran E. Opening the lines of communication: towards shared decision making and improved end-of-life care in the Top End. *MJA*. 2020;213(1):10-11.e1. doi: [10.5694/mja2.50656](https://doi.org/10.5694/mja2.50656)

Bloomer MJ, Ranse K, Butler A, Brooks L. A national Position Statement on adult end-of-life care in critical care. *Aust Crit Care*. 2021 Aug. Epub ahead of print. doi: <https://doi.org/10.1016/j.aucc.2021.06.006>
