



Five Wishes[®] Advance Care Planning for Serious Illness

DESCRIPTION:

This **Five Wishes® Advance Care Planning for Serious Illness** course provides an overview of key concepts and skills for facilitating effective and sensitive advance care planning and goals of care conversations with people at various stages of serious illness. It outlines considerations to ensure that advance care planning and goals of care conversations empower and equip people to make medically-informed treatment and end-of-life treatment choices that are consistent with their goals and values, and are likely to be honored.

This course is appropriate for clinicians who have completed the **Five Wishes® Advance Care Planning Facilitator Foundations** course and the **Five Wishes® Advance Care Planning Facilitator Communication Skills** course, or for those who have a firm understanding of the purpose, process, and components of effective advance care planning, and who possess a basic level of the communication skills involved.

PROGRAM DETAILS

This educational program is an asynchronous, online learning course. The course consists of self-directed and learner-paced content with interactive features that may include text blocks, flip cards, buttons, process interactions, sorting cards, knowledge checks, and short videos.

| AVAILABLE DATES: | Beginning March 19, 2024 |
|------------------|---|
| | You will have continued access to view the course presentation for one year from |
| Length: | your purchase date. approximately 60 minutes |
| CEs: | 1 hour for a variety of professional boards (see CE details below) |
| TARGET AUDIENCE: | This course is appropriate for clinicians who have a firm understanding of the |
| | purpose, process, and components of effective advance care planning, and who |
| | possess a basic level of the communication skills involved. It is appropriate for |
| | clinicians who have completed the Five Wishes® Advance Care Planning Facilitator |
| | Foundations course and the Five Wishes® Advance Care Planning Facilitator |
| | Communication Skills course. |
| TECHNICAL | |
| REQUIREMENTS: | Computer and screen, reliable internet access, and speakers. |

This educational activity is being jointly provided by Hospice Foundation of America and Five Wishes.

CONTINUING EDUCATION

This program is valid for 1 hour of continuing education for the following professional boards. *Continuing Education is available through March 19, 2026, unless otherwise noted.* To receive your CE certificate, first complete the entire program. CE hours may then be obtained from HFA's CE site at <u>educate.hospicefoundation.org</u>.* You will need to enter in the CE Code that is available to you upon successful completion of the course. *Detailed CE instructions will be provided to you via email at the conclusion of the course.

PROFESSIONAL CE BOARD APPROVALS.

- National Association of Social Work Boards (NASW)
 This program is approved by the National Association of Social Workers for 1 Social Work continuing education contact hour. Approval expires 2/28/2025*. Accepted/recognized in all states except NJ, NY, & WV.

 *Program and online CE process must be completed prior to expiration for NASW CE hours to be awarded
- Montana Nurses Association (an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation)
 This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

*Most states recognize ANCC Accreditation (N08) but please verify with your individual state board

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- California Board of Registered Nursing
- Florida Board of Nursing
- Certificate of Attendance

*Approval numbers will be provided on CE certificate

FIVE WISHES CERTIFICATION PROGRAM

This course is one of the requirements for becoming a Five Wishes Certified Advance Care Planning Facilitator. This competency-based certification is designed for professionals who want to increase their effectiveness in the work of advance care planning facilitation and/or community education.

*There are additional requirements and fees for Five Wishes Certifications. You can purchase and complete your required courses from HFA up to a year in advance of applying for Certification. For information about the required courses, additional fees, and other requirements for Five Wishes Certifications, visit **FiveWishes.org/certification**.

**Becoming Five Wishes Certified is <u>not</u> required to receive Continuing Education (CE) hours.

REGISTRATION

Registration is \$55 per learner. Register directly online at https://hospicefoundation.org/HFA-Products/Five-Wishes-Advance-Care-Planning-for-Serious-IIIn, or contact Hospice Foundation of America at 202-457-5811 or email educate@hospicefoundation.org.

LEARNING OBJECTIVES

After this presentation, participants will be able to:

- 1. Define serious illness and understand the specific relevance of advance care planning conversations with this population
- 2. Describe the overlapping purpose and goals of serious illness conversations, goals of care conversations, and advance care planning conversations
- 3. Define key principles of conversations with patients who have a serious illness
- 4. Identify approaches to sensitively provide appropriate disease-specific information to help people make informed end-of-life treatment decisions

- 5. Describe important steps in facilitating effective conversations with patients who have a serious illness
- 6. Identify approaches to facilitating effective family meetings and handling disagreements about decision-making

PROGRAM OUTLINE

- 1. Introduction 2 minutes
 - a. Course Introduction
 - b. Learning Objectives
- 2. Advance Care Planning with serious illness 20 minutes
 - a. Serious Illness
 - b. Advance Care Planning
 - c. Why Focus on Serious Illness?
 - d. Principles of Conversations Around Serious Illness
 - e. Addressing Psychosocial Concerns
 - f. Adaptive Conversations
 - g. Shared Decision-Making
- 3. Guide for conversations 21 minutes
 - a. Resources
 - b. Starting Conversations
 - c. Exploring Preferences for Communication and Information
 - d. Assessing Understanding
 - e. Sharing Information
 - f. Exploring Values and Goals
 - g. Responding to Emotions
 - h. Aligning
 - i. Offering a Treatment Recommendation
- 4. Considerations 15 minutes
 - a. Family Meetings
 - b. Supporting Decision-Makers
 - c. Handling Conflicts
- 5. Summary and References 2 minutes
 - a. Summary
 - b. References
- 6. Quiz
 - a. Final exam

COURSE COMPLETION REQUIREMENTS

Participants must complete the course in its entirety. Partial credit is not awarded. Participants must also complete the entire CE process online, before the CE deadline (one year from course purchase). A Course Code will be provided at the end of the program, after the exam has been passed at 80%. Attendees will be able to choose the board they wish to receive credit from (from the approved list of boards*) and will then be able to print their CE certificate immediately after completing all CE requirements.

*A complete list of board approvals for this program is posted above (see Continuing Education, above).

COURSE AUTHOR

The content for this course was written by Kathleen Taylor, MA, LMHC

Kathleen Taylor has over 30 years of experience in the healthcare and nonprofit sectors. Her passion is centered in improving the healthcare experience for people who are sick and vulnerable, and helping healthcare professionals master skills in cultivating empathy and communicating compassionately. She operates a healthcare consulting practice focused on advance care planning, palliative care program strategy, and clinical training, and currently serves as the Healthcare Programs Director for Five Wishes, a program of the national nonprofit Aging with Dignity. Previously, she served for a decade as the Director of Community Engagement at the country's largest nonprofit hospice organization where she led their advance care planning education programs and developed their first training program on empathy and compassion in patient care. She also worked for several years as a hospice counselor serving patients and families coping with life-limiting illness, caregiving, and grief.

Kathleen is a Florida Licensed Mental Health Counselor and Qualified Clinical Supervisor. She earned a Bachelor's of Psychology degree at Stetson University, a Master's of Mental Health and Rehabilitation Counseling degree at the University of South Florida, and a Graduate Certificate in Nonprofit Management & Innovation at the University of Tampa's John Sykes College of Business. She is certified to administer, interpret, and provide coaching services on the EQ-I 2.0® Emotional Intelligence Inventory, and has completed training in Basic Professional Hypnosis.

REVIEWER

Angela Novas, MSN, RN, CRNP, Senior Medical Officer, Hospice Foundation of America

REFERENCES

Acquaviva, K.D. (2023). The Handbook of LGBTQIA-Inclusive Hospice and Palliative Care. p.101 and 136. Columbia University Press.

American Bar Association Commission on Law and Aging. (2009). Making Medical Decisions for Someone Else (proxy guide).

https://www.americanbar.org/content/dam/aba/administrative/law_aging/2011_aging_bk_proxy_guide_gen.p

Ariadne Labs. (2024). Serious Illness Care. https://www.ariadnelabs.org/serious-illness-care/

Ariadne Labs. (2023). Serious Illness Conversation Guide. https://www.ariadnelabs.org/serious-illness-care/

Ariadne Labs. (2016). Serious Illness Care Program Reference Guide for Clinicians. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwirmPjj4NuDAxUzibAF HddZABsQFnoECCwQAQ&url=https%3A%2F%2Fdivisionsbc.ca%2Fsites%2Fdefault%2Ffiles%2FDivisions %2FPowell%2520River%2FClinicianReferenceGuide.pdf&usg=AOvVaw1aAPvxleK1q0w8T8MZ0WB3&opi= 89978449

Ariadne Labs | Serious Illness Care Program. (2023). The Role of Social Workers. https://www.ariadnelabs.org/wp-content/uploads/2023/11/TheRoleofSocialWorkers_Tool.pdf

Back, A., Arnold, R., Tulsky, J. (2009). Mastering Communication with Seriously III Patients: Balancing Honesty with Empathy and Hope. p.8-10. Cambridge University Press

Baile, W., Buckman, R., Lenzi, R., Glober, G., Beale, E., & Kudelka, A. (2000). SPIKES—a six-step protocol for delivering bad news: Application to the patient with cancer. The Oncologist, 5(4), 302-311.

Bernacki, R. E., Block, S. D., & American College of Physicians High Value Care Task Force. (2014). Communication about serious illness care goals: a review and synthesis of best practices. JAMA internal medicine, 174(12), 1994–2003. https://doi.org/10.1001/jamainternmed.2014.5271 Block, S. (2019). Moving Towards Universal Access to High-Quality Serious Illness Care. Center to Advance Palliative Care. https://www.capc.org/blog/palliative-pulse-palliative-pulse-september-2017-moving-towards-universal-access-high-quality-serious-illness-care/

Briscoe, J. (2023) Serious Illness Conversations and Ping Pong. Notes from a Family Meeting, Vol. 4, No. 6. https://familymeetingnotes.substack.com/p/serious-illness-conversations-and

Empath Health. (2023). PREFER Series ft Sue Rice: Palliative Approach to Ovarian Cancer. https://vimeo.com/851735544/a44cfb7237

Gawande, A. (2014). Being Mortal: Illness, Medicine and What Matters in the End. Profile Books. 2014.

Hardt, E., Roessner, J., McCannon, J., Norton, L., Suen, W. (2020). Institute for Healthcare Improvement. IHI PFC 202: Having the Conversation: Basic Skills for Conversations about End of Life Care.

Heyland, D. (2023). Plan Well Advance Serious Illness Planning Guide. https://planwellguide.com/resources/

Howard, M., Elston, D., Borhan, S, et al. (2022). Randomised trial of a serious illness decision aid (Plan Well Guide) for patients and their substitute decision-makers to improve engagement in advance care planning. BMJ Supportive & Palliative Care. https://spcare.bmj.com/content/12/1/99#ref-16

Hui, D., Zhukovsky, D. S., & Bruera, E. (2018). Serious Illness Conversations: Paving the Road with Metaphors. The oncologist, 23(6), 730–733. https://doi.org/10.1634/theoncologist.2017-0448

Jacobsen J, Bernacki R, Paladino J. (2022). Shifting to Serious Illness Communication. JAMA. 2022;327(4):321–322. doi:10.1001/jama.2021.23695

Janssen DJA, Spruit MA, Schols JMGA, et al. Predicting changes in preferences for life-sustaining treatment among patients with advanced chronic organ failure. Chest. 2012;141(5):1251-1259. http://journal.chestnet.org/article/S0012-3692(12)60283-9/pdf

Kelley, A. S., & Bollens-Lund, E. (2018). Identifying the Population with Serious Illness: The "Denominator" Challenge. Journal of palliative medicine, 21(S2), S7–S16. https://doi.org/10.1089/jpm.2017.0548

Lu, E., & Nakagawa, S. (2020). A "Three-Stage Protocol" for Serious Illness Conversations: Reframing Communication in Real Time. Mayo Clinic proceedings, 95(8), 1589–1593. https://doi.org/10.1016/j.mayocp.2020.02.005

Manz, C. R., Rocque, G. B., & Patel, M. I. (2023). Leveraging Goals of Care Interventions to Deliver Personalized Care Near the End of Life. JAMA oncology, 9(8), 1029–1030. https://doi.org/10.1001/jamaoncol.2023.1981

Merschel, M. (2023). What is shared decision-making, and how can it help patients. American Heart Association News. https://www.heart.org/en/news/2023/08/14/what-is-shared-decision-making-and-how-can-it-help-patients

Moody, S.Y. (2021), "Advance" Care Planning Reenvisioned. J Am Geriatr Soc, 69: 330-332. https://doi.org/10.1111/jgs.16903

Morrison, R. S., Meier, D. E., & Arnold, R. M. (2021). What's Wrong With Advance Care Planning?. JAMA, 326(16), 1575–1576. https://doi.org/10.1001/jama.2021.16430

Nakagawa, S., Callahan, M. E., & Berlin, A. (2023). Patient Values: Three Important Questions-Tell me more? Why? What else?. BMJ supportive & palliative care, 13(3), 363–364. https://doi.org/10.1136/spcare-2023-004302

Robert A. Pearlman, Mark Tonelli, Clarence Braddock III, Kelly Edwards. (2018). Advance Care Planning & Advance Directives. U.W. Medicine Department of Bioethics and Humanities. http://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/articles/article-advance-care-planning-advance-directives

PerryUndem Research/Communication. (2016). Conversation Starters: Research Insights from Clinicians and Patients on Conversations About End-of-Life Care and Wishes. Conducted for The John A. Hartford Foundation, Cambia Health Foundation, and California HealthCare Foundation. https://www.johnahartford.org/dissemination-center/view/advance-care-planning-poll

Scheunemann, Leslie & Arnold, Robert & White, Douglas. (2012). The Facilitated Values History Helping Surrogates Make Authentic Decisions for Incapacitated Patients with Advanced Illness. American journal of respiratory and critical care medicine. 186. 480-6. 10.1164/rccm.201204-0710CP

Smith, A. (2016). JAMA ICU Trial: Messaging, Information Toxicity, and The Simpsons. GeriPal. https://geripal.org/jama-icu-trial-messaging-information/

Sokol-Hessner, L., Zambeaux, A., Little, K., Macy, L., Lally, K., McCutcheon Adams, K. (2019). Conversation Ready: A Framework for Improving End-of-Life Care (Second Edition). IHI White Paper. Boston, Massachusetts: Institute for Healthcare Improvement

Sudore, R.L., Lum, H.D., You, J.J., et al. (2017). Defining advance care planning for adults: A consensus definition from a multidisciplinary Delphi panel. Journal of Pain and Symptom Management. 2017 May;53(5):821-832.e1.

Sudore, R.L., Heyland, D.K., Lum, H.D., et al. (2018). Outcomes that define successful advance care planning: A Delphi panel consensus. Journal of Pain and Symptom Management. 2018 Feb;55(2):245-255.e8.

VitalTalk. (2019). Quick Guides. https://www.vitaltalk.org/resources/quick-guides/

VitalTalk. (n.d.). Communication Skills for Bridging Inequity. https://www.vitaltalk.org/guides/bridginginequity/

VitalTalk (n.d.). Conduct a Family Conference. How to build relationships with family and promote patientcentered care. https://www.vitaltalk.org/topics/conduct-a-family-conference/

VitalTalk. (2019). Defusing Conflicts. VitalTalk Quick Guides. https://www.vitaltalk.org/guides/conflicts/

VitalTalk. (2019). Family Conference. VitalTalk Quick Guides. https://www.vitaltalk.org/guides/familyconference/

VitalTalk. (2019). Responding to Emotion: Articulating empathy using NURSE statements. VitakTalk Quick Guides. https://www.vitaltalk.org/guides/responding-to-emotion-respecting/

White DB, Angus DC, Shields AM, et al. A randomized trial of a family-support intervention in intensive care units. N Engl J Med. 2018; 378(25): 2365-2375. https://doi.org/10.1056/NEJMoa1802637.

Widera, E., Anderson, W. G., Santhosh, L., McKee, K. Y., Smith, A. K., & Frank, J. (2020). Family Meetings on Behalf of Patients with Serious Illness. The New England journal of medicine, 383(11), e71.

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CE Certificates for this program may only be obtained through Hospice Foundation of America. Detailed CE instructions will be provided to attendees at the conclusion of the program, after passing the exam.

SPECIAL ACCOMMODATIONS FOR DISABILITY (ADA)

Reasonable accommodation may be made available, on an individual basis. To request accommodation, contact Hospice Foundation of America via email at educate@hospicefoundation.org or call 202-457-5811.

CONFLICT OF INTEREST

This educational activity is being jointly provided by Hospice Foundation of America and Five Wishes.

Program Planners and Review Committee Members disclose <u>no</u> conflict of interest relative to this educational activity. None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies.

FOR QUESTIONS, COMMENTS, OR ADDRESSING GRIEVANCES

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