

Yang

Index

[More Information](#)

Index

- active listening, conflict with colleagues and, 174–5
- ADAPT roadmap, for information negotiation in prognosis discussions, 57–9
- advance care planning, 76–7, 86
 - agenda-setting, 79–80
 - asking permission to discuss goals, 80–1
 - challenges for, 76–8
 - conversations with patient and family, starting points, 78
 - documenting the conversation, 84
 - early goals-of-care discussions, primary goal, 86
 - handling patient resistance, 84
 - patient values and, 81
 - PAUSE roadmap, 78
 - resources for, 86–7
 - surrogate decision-maker, choosing, 77, 82, 86
 - thanking the patient for engaging, 83
 - value of, 77
- agenda-setting
 - in advance care planning, 79–80
 - roadmap for, 20–2
 - sample conversation, 79–80
- anger, responding to, 192
- apologies, for medical errors, 49–50
- asking permission
 - for transition to a different topic, 28–9
 - in decision-making, 92
 - to disclose serious news, 41, 43
 - to discuss goals in advance care planning, 80–1
 - to discuss treatment options, 92
 - to make a recommendation, 93–4
 - to transition to a different topic, 28–9
- Ask-Tell-Ask
 - agenda-setting and, 20–2
 - in DNR order discussions, 201
 - “teach back” question, 20
 - the concept, 18–20
- assisted dying, requests for, 188–90
- avoiders, among clinicians, 53–4
- Being Mortal* (Gawande), 199
- benefits of good communication skills, 2–4, 7–8
- biomedical technology, influence on decision-making, 3
- “breaking bad news” *see also* “talking about serious news”
- burnout, and clinician self-care, 224
- cardiopulmonary resuscitation (CPR)
 - see also* “do not resuscitate” (DNR) orders
 - as assault under DNR orders, 198–9
 - goals of care in late stage disease and, 118, 125
 - information resources, 87
- caregiving
 - during family conferences, 140
 - stress of, 143
- clinicians
 - bad days, dealing with, 223
 - clinical experience of chronic illness, 103–4, 108, 114
 - conflict with colleagues, 167–84
 - conflict with patients, 155–66
 - difficult conversations, potential impact on, 224
 - emotional intelligence, 221–2
 - end-of-life discussions by, 116–19
 - patient and family responses, 131–3
 - patients’ values and, 121, 123–8
 - medical information from, 90–1
 - personal experiences and communication skills, 192–4

Yang

Index

[More Information](#)

Index

229

- and emotions, 192–4
- self-care, 224
- self-doubt in end-of-life transition
 - discussions, 117
- code status, making recommendations, 129
- cognition data, emotion data vs, 10–11, 22–3, 190
- common problems in communication, 15–18, 32–3
- conflict
 - communication skills and, 155–66, 167–84
 - feedback and, 171, 172
- conflict resolution
 - definition of conflict in, 158
 - listening skills for, 159
 - nonjudgmental starting points for, 157, 158
 - options for, 159–60
 - sample conversation, 161–3
 - shared interests in, 159
- conflict with colleagues, 167–84
 - active listening and, 174–5
 - avoiding the conversation, 180–1
 - differing points of view, looking for value in, 167–8
 - discussions that don't go well, 180
 - emotion data in, 169
 - empathy in, 175
 - hostile/uncivil behaviour, 181–2
 - neutral discussion zone and, 170–3
 - neutral language in, 175
 - nonjudgemental starting points, 173–4
 - power, role of, 169
 - recognizing conflict, 173
 - sample conversation, 176–9
 - shared interests and, 176
 - third-person neutral empathy and, 170
 - unresolved conflict, 182–3
 - vs conflict with patients, 168–70
- conflict with patients, 155–66
 - conflict with colleagues vs, 168–70
 - definition of conflict in, 155–6
 - emotion data and, 163
 - hostile/uncivil behaviour, 163–4
 - recognizing conflict, 156–7
 - reflective questions, 164
 - resolving conflict, 157–63
 - therapeutic relationship and, 168
 - threatening behaviour and, 163
 - unresolved, 160–1, 164, 165
- COVID Ready Communication Playbook (VitalTalk), x
- COVID-19 pandemic, x, 3
 - and communication skills, x
 - clinician burnout and, 224
 - conflict and, 155
- curiosity, and communication skills, 220–1
- death, hastened, requests for, 188–90
- debriefing, communication skill, 13
- decision-making
 - aids for, 97–8
 - asking permission, 92
 - audio recordings and, 98
 - best case/worst case/most likely language and, 71, 94, 97–8
 - biomedical technology and, 3
 - brief written summary and, 97
 - choosing a surrogate decision-maker, 77, 82, 86
 - clinician-led, 93
 - family conferences and, 141–4
 - for treatment options, 89–99
 - helping families with, 141–4
 - patient understanding, checking for, 94
 - patient-led, 93
 - patients' role in, 91–7
 - sample conversation, 95–7
 - shared, 8, 89, 93
 - statistics and, 97
- “do not resuscitate” (DNR) orders
 - abandonment concerns with, 200–2
 - communication skills, 199–205
 - CPR as assault during, 198–9
 - discussion roadmap, 201–2
 - emotion data of patients/family, clinician response to, 201–2
 - informed consent for, 198
 - POLST forms and, 202
- “double awareness”, in prognosis
 - discussions, 54–5
- emotion
 - nonverbal communication and, 24
 - use in communication skills, 10–11
- emotion data
 - and communication skills, 10–11, 22–8, 190–2, 219–20

Yang

Index

[More Information](#)

230

Index

- clinicians' response to, 23, 25–6
- cognition data vs, 10–11, 22–3, 190
- empathy and, 25, 26–8
- in family conferences, 146
- in prognosis discussions, 59, 62
- motivational interviewing and, 27
- physicians' response to, 11
- “talking about serious news” and, 37–9
- emotional intelligence, of clinicians, 221–2
- emotions
 - and asking permission to move forward, 28
 - clinicians' personal experiences and, 192–4
 - noticing and responding to, 190–2
 - NURSE statements and, 26, 43, 103, 121, 140, 189
 - recognising, 24–5
 - “wish statement,” 27
- empathy
 - emotion data and, 25, 26–8
 - in clinician responses, 83
 - in conflict with colleagues, 170, 175
 - in prognosis discussions, 59, 68
 - in transition to end-of-life care
 - discussions, 121
 - “talking about serious news” and, 43
 - third-person neutral empathy, 170
 - trust and, 83
 - value of for patient–clinician relationship, 83
- end-of-life care
 - families, clinician support for, 208
 - goodbyes to patients, 208–12
 - planning, 207–8
- end-of-life care discussions, transition to, 116–34
 - clinicians' self-doubt in, 117
 - code status recommendations, 129
 - definition, 116–19
 - empathic responses and, 121
 - family members' input, 121
 - patient and family responses, 131–3
 - patient's values and, 121, 123–8
- evidence-based discussions, for treatment
 - options, 89–99
 - aids for, 97–8
 - information overload, avoiding, 91
 - involving patients in decision-making, 91–7
 - medical information for patients, 90–1
 - family conferences, 136–53
 - abandonment feelings during, 143
 - challenges, 137, 138–41
 - clinical teams and, 144–5
 - concerns of family members, 149, 151, 153
 - critical care guideline recommendations, 137
 - decision-making during, 141–4
 - feedback, opportunities for, 153
 - feelings of guilt during, 143, 148
 - goals of care discussions as trigger for, 137
 - neutrality in, 138–41, 143, 152
 - roadmap, 145–9
 - VALUE skills during, 149
 - family members
 - asking about patient's values vs their own, 141–2, 147–8
 - Ask-Tell-Ask approach and, 18
 - influence on “talking about serious news”, 46–8
 - information negotiation, in prognosis discussions, 69
 - input in transition to end-of-life care
 - discussions, 121
 - nondisclosure influenced by, 46
 - risk of PTSD, 136, 143
 - feedback
 - asking colleagues for, 115
 - conflict and, 171, 172
 - examples of, 7, 223
 - from medical professionals, 13
 - on agenda setting, 21
 - on communication skills, 4, 12–13, 217–19
 - opportunities for, family conferences, 153
 - responding to positive feedback, 13
 - FICA (spiritual assessment tool), 207
 - foundational communication skills
 - Ask-Tell-Ask, 18–22
 - emotions, recognising and responding to, 22–8
 - “tell me more”, 30–1
 - transition to a different topic, asking permission, 28–9
 - goals for care, impact of delay in expressing, 52
 - “good death”, 118, 198
 - goodbyes to patients, 208–12
 - sample conversation, 211

Yang

Index

[More Information](#)

Index

231

- gratitude to patient for engaging, benefits of expressing, 83
- GUIDE roadmap for talking about serious news, 39–43, 49, 57
- health care proxy, choosing *see also* surrogate decision-makers, 77
- HOPE (spiritual assessment tool), 207
- hoping for a miracle, 186–8
 - sample conversation, 187
- hostile/uncivil behaviour
 - in conflict with colleagues, 181–2
 - in conflict with patients, 163–4
- information negotiation
 - disclosure
 - asking “permission”, 41, 43
 - headline approach, 20, 41–3
 - for patients who are ambivalent, 29
 - for patients who don’t want information, 29
 - for patients who want information, 30, 47
 - for prognosis discussions
 - ADAPT roadmap, 57–9
 - emotion data from patients/family, 59, 62
 - family members, 69
 - for content, 55
 - level of detail, 56
 - navigating uncertainty, 70–1
 - patient hope and, 69–70
 - patient/family disagrees with prognosis, 71–4
 - patients who are ambivalent, 67–8
 - patients who don’t want information, 62–4
 - patients who want information, 57–9
 - preparation for, 56
 - rate of information provision, 59
 - reviewing experiences of, 74
 - sample conversations, 59–62, 65–7
 - for prognosis discussions, 29
 - technology and, 48–9
- Internet
 - communication skills and, 3, 18–19
 - medical information on, 90–1
- JEDI (Justice, Equity, Diversity, and Inclusion) mobile curriculum, xiii
- late-stage disease, goals of care discussions, 116–34
 - as trigger for family conferences, 137
 - clinician self-doubt, 117
 - discontinuation of disease-modifying therapy and, 117
 - emotions elicited by, 133
 - patient responses, 129–31
 - quality of life focus, 117–18
 - roadmap for, 119–23
- listening skills
 - active listening and, 174–5
 - for conflict resolution, 159
 - reflective listening, 27
- mechanical ventilation, goals of care in late stage disease and, 118
- medical assistance in dying (MAiD), requests for, 188–90
- medical errors, “talking about serious news” and, 49–50
- medical information
 - challenges for patients, 90–1
 - informing patients vs overwhelming, 91
 - on the Internet, 90–1
- meditation, 225
- miracle, hoping for in difficult conversations, 186–8
- Motivational Interviewing (MI), 27
- neutral discussion zone, creation of, 138–41
- nondisclosure, of serious news, 46
- nonverbal communication, 25
 - emotion and, 24
 - examples of, 26
 - in virtual settings, 31
- NURSE statements
 - emotions and, 26, 43, 103, 121, 140, 189
 - goals of care in late-stage disease and, 121
 - the concept, 26
- observational skills, 12, 217
- patient resistance, communication skills for, 84–5

Yang

Index

[More Information](#)

232

Index

- patient understanding, checking for, 94
- patient(s)
 - conflict with clinicians, 155–66
 - decision-making by, 91–7
 - end-of-life care discussions
 - transition to, 117–19
 - values in, 121, 123–8
 - medical information for, 90–1
- patient/family disagrees with prognosis, 72–4
- patient-centred communication, 8
- patient-clinician relationship, value of
 - empathy for, 83
- patients who are ambivalent in prognosis
 - discussions, clinicians' empathy for, 67
- patients who don't want information in
 - prognosis discussions
 - clinicians' assessment of, 64
 - negotiating for limited disclosure, 64
 - reasons for, 63–4
- patients who want information in prognosis
 - discussions
 - emotion data from patients/family, 59
 - patient comprehension in, 57–8
- patients, saying goodbye to, 209–10
- physician orders for life-sustaining
 - treatment (POLST form), DNR orders and, 202
- physicians
 - see also* clinicians
 - prognosis discussions, preferences for
 - accuracy, 53
- “planning for the future” *see also* advance care planning, 76
- poor communication skills, disadvantages
 - of, 3
- power, role of in conflict with colleagues, 169
- principles of communication, 9–10
- prognosis discussions, 52–74
 - avoiders and, 53–4
 - contradictory impulses in, 52–3
 - cultural perspectives, 52
 - “don't ask, don't tell” arrangements, 54
 - emotion data from patients/family, 59, 62
 - family members, 69
 - information negotiation
 - for patients who are ambivalent, 29
 - for patients who don't want information, 29
 - for patients who want information, 30, 47
 - rate of information provision, 59
 - reviewing experiences of, 74
 - sample conversations, 59–62, 65–7
 - mutual influence between clinician and patient, 54
 - navigating uncertainty, 70–1
 - optimists and, 53
 - prognostic awareness pendulum, 54–5
 - realists and, 53
- prognosis, unintentional disclosure,
 - potential impact, 17
- prognostic uncertainty, and
 - communication skills, 71
- quality of life, focus on in late-stage disease
 - discussions, 117–18
- recordings, for self-assessment, 12
- reflective listening, 27
- relationship-centred communication, 8
- resuscitation
 - see also* “do not resuscitate” (DNR) orders; cardiopulmonary resuscitation (CPR)
 - and goals of care in late stage disease, 118
 - forgoing, 198
 - transition to end-of-life care discussions,
 - making recommendations, 129
 - routine patterns of communication, 4
- saying goodbye to patients, 197, 208, 209–10
 - sample conversation, 211
- self-care, for clinicians, 224
- shared decision-making, 8, 89, 93
- SPIKES (Setting, Perception, Invitation, Knowledge, Emotion, Summarize), 40
- spiritual assessment, tools for, 207
- surrogate decision-makers
 - choosing, 77, 82, 86
 - sample conversation, 82–4
 - engaging other family stakeholders, 142
 - role of, 153

Yang

Index

[More Information](#)

Index

233

- talking about dying
 - communication skills for, 196–213
 - cultural influences, 199
 - death denial and, 198–9
 - DNR orders and, 199–205
 - end-of-life concerns, addressing, 205–8
 - end-of-life issues in the media and, 199
 - “good death” and, 198
 - goodbyes to patients, 208–12
 - outcome assessment in, 199
 - patient resistance to, 197
 - sample conversation, 202–5
 - spiritual and existential issues, 207
 - the patient–clinician relationship and, 197
 - “talking about serious news”, 36–50
 - cognitive map for, 39–45
 - disclosure
 - asking permission, 41, 43
 - headline approach, 20, 41–3
 - emotion data and, 37–9
 - empathy and, 43
 - family members’ influence on, 46–8
 - GUIDE roadmap, 39
 - medical errors and, 49–50
 - nondisclosure and, 46
 - pitfalls, 39
 - preparatory work, 41
 - technology, impact on, 48–9
 - “teach back” question, 20
 - technology, impact on talking about serious news, 48–9
 - telehealth, x, 12, 31, 224
 - telehealth practices, impact on
 - communication skills, 224
 - “tell me more”, communication skill, 30–1
 - therapeutic relationship
 - and communication skills, 2
 - conflict with patients and, 168
 - potential impact of difficult conversations on, 2
 - therapy completion, communication skills for, 104–6
 - transition to a different topic, asking permission, communication skill, 28–9
 - treatment options
 - asking permission to discuss, 92
 - decision-making for, 89–99
 - evidence-based discussion for, 89–99
 - making a recommendation, asking permission, 93–4
 - medical information for, 90–1
 - trust
 - communication skills and, 3
 - empathy and, 83
 - uncivil behaviour
 - in conflict with colleagues, 181–2
 - in conflict with patients, 163–4
 - VALUE skills, family conferences and, 149
 - virtual communication, 31
 - VitalTalk course
 - clinician’s experience, 7–8
 - COVID Ready Communication Playbook, x
 - goal of workshops, 15
 - the approach, xv