Behavioral Checklist Definitions
Module 1: Setting the Context

Developed a Therapeutic Relationship

- Demonstrated Commitment:
  - Clinician stressed she/he will care for the patient and family through and beyond death
  - Clinician provided care to pt/family beyond traditional medical role.
    - Helping pt to their car
    - Home visit
    - Unexpected visit in hospital
    - Phone call between visits
  Were perceived examples of commitment by pts and families.
- Demonstrated Connection: Unconditional positive regard
  - Creating a special relationship that allows any topic of importance to the patient and family to be discussed regardless of whether it is medical
  - Empathic/supportive clinicians who listen and allow pts/families to express their personal concerns
- Demonstrated Consciousness: Personal/professional empathy/understanding
  - Treated pt/family as “persons” and not as a “disease.”
  - Communicated a sense of caring and openness to the pt/family experience
- Acknowledged Suffering
  - Acknowledged patient suffering
  - Acknowledged family suffering
  - Acknowledged clinician suffering
- Compassionate Witness: In the face of unsolvable body (biomedical), mind (psychosocial), spirit (spiritual) problems:
  - Clinician stays emotionally connected to pt/family
  - Clinician uses therapeutic relationship to support pt/family
  - Clinician uses therapeutic relationship to allow pt/family and medical care team to support him/her

Set Safe Context for Palliative Care Discussion:

- Explained Palliative Care
  - Clinician expert in caring for patients and families dealing with complicated illness where there are no easy medical solutions
- Defined “Good Medical Care”
  - When a pt/family are facing a serious illness for which there are no medical treatments for cure, most patients and families wonder: **What is good medical care for me?**
  - Any medical treatment that helps the pt live a life that has meaning and makes sense to them is **GOOD** medical care.
  - Any medical treatment that causes the patient to live a life that **doesn’t make sense to them or increases their suffering** should be discussed and likely discontinued.
Their family who is accompanying them must also live a life that makes sense to them as they share the journey.

Explain Limits of Medical Model:
- This presents a problem for nurses and doctors because the way we know if treatments are effective is by objective tests and measures of function. If test results or measure of physical function are better, treatment is working. If test results or physical function is worse, treatment is not working. There are no objective tests or measures that tell the medical team if the treatments we are providing support you in living a life that makes sense to you and your family. The only way to know what makes sense to you and your family is to have a conversation.

Explain value of pt/family expertise
- You are the experts on how you and your family want to live your life.

Explain value of integrating pt/family and medical expertise
- As a Palliative Care Physician, I am an expert at caring for very sick patients. I know many treatments that might be of benefit to you. But until I know what you and your families goals and values are, I don’t know if my suggested treatments will help you live the life you wish or cause more suffering and distress.

Invited pt/family to share story
- So I would like to ask you some questions that Doctors don’t typically ask. Got permission to explore pt/family story
- Is that OK?