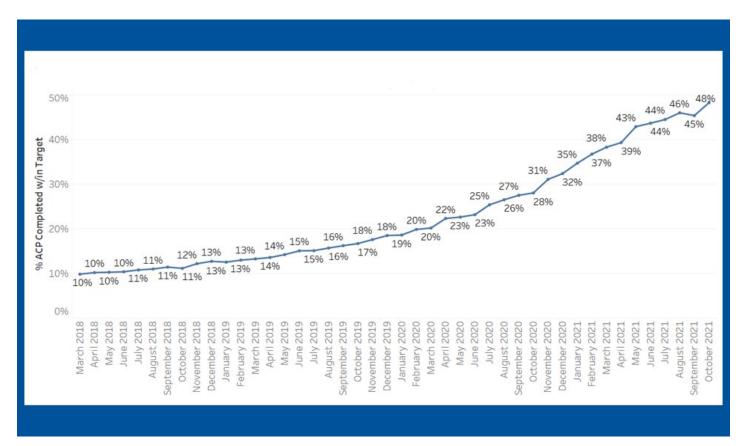
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Supporting goals conversations with patients

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The number of patients who had goals of care conversations with their provider within their last six months of life has increased nearly five-fold since 2018.

Having a discussion with a patient about their care goals can seem daunting. It can be hard to know how to approach this topic. Or maybe when a clinician does ask, the patient refuses to engage in the conversation.

The Duke Palliative Care team and partners from across Duke Health have developed educational tools to help clinicians frame these discussions. The aim is to train clinicians in

many settings, and to encourage early conversations, so patients' wishes are documented prior to a life-threatening event.

"This does not need to be an ICU conversation by a physician," said **Kristen Lakis**, MDiv, LCSW, strategic services associate and clinical social work team lead, Duke Palliative Care. "We believe goals of care conversations should be a team sport. Our training is designed so that everyone – including nurses, providers, social workers, chaplains and interpreters – can have elements of these conversations with patients in either the inpatient or outpatient setting."

When developing the training for clinicians as well as a patient questionnaire, the Duke Palliative Care team turned to Duke's Patient and Family Advisory Council for guidance.

"I think how we helped the most was that we suggested these conversations be free from medical and legal jargon," said **Judith Simon Muse**, Duke patient and family advisor. "Tell the patient that by identifying their goals of care, they are making their wishes known. We also suggested they create a handout to give patients in case they want to think about their goals and have a discussion with loved ones or additional healthcare providers."

The toolkit of resources to have these conversations about goals of care with patients can be found https://medicine.duke.edu/divisions/general-internal-medicine/duke-palliative-care/goals-care). Team members from hospital medicine, gynecologic oncology and cardiology have undergone the training thus far, as have trainees from medicine, oncology, and geriatrics.

"Feedback has been uniformly enthusiastic," said **David Casarett**, MD, MA, chief, Duke Palliative Care. "We've found that this training removes barriers to these conversations, so that clinicians begin to see them as an essential part of care."

The team is using triggers to identify patients who might benefit from a goals of care conversation. Those triggers, plus training, has led to a to a five-fold increase in the proportion of Duke Health patients who have a goals of care conversation in the last six months of life.

"We want to provide care that aligns with our patients' goals, and to do that we need to make these conversations an essential part of care," said Casarett. "Our aim is to ensure that every Duke Health patient has a chance to talk to a clinician about their goals."

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