Best Case/Worst Case: A Communication Framework for High-Stakes Surgical Decisions

DEPARTMENT OF SURGERY
Wisconsin Surgical Outcomes Research Program (WiSOR)
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

Health Innovation Program
Integrating healthcare research and practice

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Use of the Best Case/Worst Case Communication Framework

Training materials for the Best Case/Worst Case communication framework are available at http://www.hipxchange.org/BCWC.

Best Case/Worst Case training materials exist for the benefit of the health care community. These materials are available free of charge and can be used without permission; however, we ask that you register with HIPxChange prior to using this intervention so that we may provide information on usage to our funders. It is acceptable to link to this Web site without express permission.

Qualitative evaluation of surgeon and patient perspectives of Best Case/Worst Case is available in the following article: Kruser JM, Nabozny MJ, Steffens NM, Brasel KJ, Campbell TC, Gaines ME, Schwarze ML. “Best Case/Worst Case:” Qualitative Evaluation of a Novel Communication Tool for Difficult in-the-Moment Surgical Decisions. *J Am Geriatr Soc*. 2015;63(9):1805-11.

If you decide to use these materials, we ask that you please cite the above article, and credit the Wisconsin Surgical Outcomes Research Program (WiSOR) at the University of Wisconsin – Madison. In addition, we ask that you do not modify the Best Case/Worst Case training intervention itself.

Background

Many frail older adults receive burdensome treatments near the end of life that may be inconsistent with their values and goals. We believe improved communication and partnership between surgeons, patients and families can help patients make treatment decisions based on what is important to them.

To promote shared decision making in high-stakes decisions, researchers at the University of Wisconsin – Madison developed the Best Case/Worst Case communication framework for face-to-face discussions about treatment options in the context of serious illness. This framework is designed to help physicians discuss options with frail older patients and their families to achieve treatment decisions that align with patient preferences.

Our research group at the University of Wisconsin developed the Best Case/Worst Case framework with input from surgeons, patients, and experts in education and palliative care. As part of a pilot study, we trained surgeons at our institution to use the Best Case/Worst Case framework and evaluated its use for frail, older inpatients hospitalized with an acute surgical condition.

Based on our experience training surgeons, we developed training materials to allow healthcare providers to learn how to use Best Case/Worst Case. These materials also provide guidance on how to structure a Best Case/Worst Case training session at your institution.

What do the Best Case/Worst Case training materials contain?

This intervention contains the following items:

1. An instructional whiteboard video that introduces the principles of Best Case/Worst Case
2. An instructor manual outlining learning objectives and lesson plans for teaching Best Case/Worst Case
3. A trainee manual outlining learning objectives and core principles of Best Case/Worst Case
4. Hypothetical case vignettes to use for practice
5. A checklist of essential Best Case/Worst Case elements to use for practice and assessment of competency
6. A pocket card that can serve as a quick reference for clinicians
7. A video for instructors that demonstrates the use of Best Case/Worst Case and coaching

These items are available in English only.

Who should use these Best Case/Worst Case training materials?

These Best Case/Worst Case training materials are intended for use by (1) physicians who care for frail older patients and (2) educators who would like to teach others to use Best Case/Worst Case.

How should the Best Case/Worst Case Training materials be used?

The first step is to watch the instructional whiteboard video. This will provide an overview of the Best Case/Worst Case framework and how it is used in practice.

If you would like to organize a training session to teach others how to use Best Case/Worst Case, read the Instructor Manual. This document outlines learning objectives, a materials list and guidance on how to conduct the training session.

The Trainee Manual should be distributed to learners who attend the training session. Hypothetical case vignettes are intended for practice during the training session and are available for general surgery, vascular surgery, cardiothoracic surgery, and urology. The Best Case/Worst Case checklist may be used during the training by both trainees and instructors to facilitate learning as well as a final measure of competency after the trainee as completed the session.

Development of the Best Case/Worst Case Training Materials

The Best Case/Worst Case communication framework was developed by researchers, palliative care physicians (Toby Campbell, Sara Johnson), education experts (Amy Zelenski) and surgeons (Margaret (Gretchen) L. Schwarze and Lauren J Taylor) in the Wisconsin Surgical Outcomes Research Program (WiSOR) at the University of Wisconsin – Madison).

They believed that part of the problem of unwanted care near the end of life is related to the way in which surgeons typically have been taught to talk to patients about high-risk surgery. Surgeons commonly focus on describing the risks and benefits of treatments using the language of informed consent. However, this information does not allow patients to consider how they might experience adverse outcomes or anticipate expected downstream consequences that can result in unwanted aggressive treatments.

Although surgeons often lead complex preoperative conversations with patients and their families, they receive little communication training. Thus, the research team identified a need to help surgeons conduct challenging conversations with seriously ill older patients facing a decision about high-risk surgery. To address this need, they developed the Best Case/Worst Case framework with input from focus groups consisting of surgeons and older adults.

As part of a pilot study at the University of Wisconsin, researchers taught attending surgeons how to use Best Case/Worst Case in an intensive one-on-one 2-hour training program. Trained surgeons then used the Best Case/Worst Case framework in their practice. The research team audio-recorded and analyzed conversations between surgeons, frail older inpatients and their families.

Based on this initial experience, researchers applied conceptual models from implementation science to adapt the training program to accommodate larger groups of learners. This program incorporates an instructional video and small group practice using role play. It was developed and tested with surgical residents at the University of Wisconsin and is currently being studied at institutions across the country.

Future research includes studying use of the Best Case/Worst Case framework for non-surgical patients and evaluating the impact on clinical outcomes.

Want to Learn More?

For specific details, please see the following:

- Kruser JM, Nabozny MJ, Steffens NM, Brasel KJ, Campbell TC, Gaines ME, Schwarze ML. "Best Case/Worst Case:" Evaluation of a Novel Communication tool for Difficult in-the-Moment Surgical Decisions. J Am Geriatr Soc. 2015;63(9):1805-1811.
- Taylor LJ, Nabozny MJ, Steffens NM, Tucholka JL, Brasel KJ, Johnson SK, Zelenski A, Rathouz PJ, Zhao Q, Kwekkeboom KL, Campbell TC, Schwarze ML. A Framework to Improve Surgeon Communication in High-Stakes Surgical Decisions: Best Case/Worst Case. JAMA Surg. 2017 Jun 1;152(6):531-538.
- Schwarze ML, Taylor LJ. Managing Uncertainty - Harnessing the Power of Scenario Planning. N Engl J Med. 2017 Jul 20;377(3):206-208.

For more information about the research team and their projects, please visit the following website: http://www.surgery.wisc.edu/research/researchers-labs/schwarze/

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Please send requests, questions, comments and suggestions to HIPxChange@hip.wisc.edu.