Fellow: _____ Observer: _____

Name a communication skill that you would like to focus on during this meeting: _____

To be completed by observer during the family meeting: Start time: ____ End time: ____

Family Meeting Skills Demonstrated	NA	No	Yes	Beginner	Intermediate	Expert
SPIKES						
(S) Setting:						
Meeting preparation						
Prepared room						
Body language						
Greeting						
(P) Perception:						
Assessed patient's/family's understanding						
(I) Invitation:						
Asked what the patient/family wants to know						
Gave a "warning shot"						
(K) Knowledge:						
Gave information *(about current medical condition)*						
Avoided use of medical jargon						
(E) Empathic Response:						
Responded to emotions						
Wish statements *(for unrealistic tx goals)*						
(S) Strategy:						
Check-in before moving on						
Check for understanding						
Summary						
Plan						
Other skills:						
Used empathic continuers *(NURSE-at least one)*						
Used empathic terminators						
Used Ask-Tell-Ask						
Prognosis *(delivered as range)*						
Used silence appropriately						
Used open-ended questions *(tell me about…)*						
Goal setting *(in context of ongoing or future care)*						
Made a treatment recommendation						
Spiritual and existential concerns						
Patient's/Family's cultural background						
Explored patient identity/ family support						
Mediated conflicts that arise						
Discussed the 5 things						
Discussed what to expect in dying process						
Time managed						
Used appropriate level of directiveness						
Leadership *(interdisciplinary team/consultants)*						

- Overall Impression of the Learner:

1	2	3	4
Needs instruction before further meetings	Perform only with faculty assistance	Competent to perform independently	Performs with expertise

- Overall Impression of the Difficulty of the Family Meeting:

1	2	3	4
Not difficult/Straightforward	Mildly difficult	Moderately difficult	Extremely difficult/Overwhelming

Feedback from Family Meeting Evaluation

Fellow: _____ Evaluator: _____ Evaluation Date: ___/___/____

Need for attending intervention during discussion Yes No

If yes, please explain circumstance: _____

1. Which skill did you want to work on? _____
2. What went well? _____
3. Was there a time when you felt stuck? _____
4. What could you have tried?_____
5. What skill would you like to try next time? _____
6. What is your take-home point? _____

Additional feedback:

_____

_____

_____

_____

_____

_____

Length of time for feedback: _____ minutes

Feedback was given and received:

Fellow signature: _____ Evaluator signature:_____

Geritalk Family Meeting Evaluation Training Manual

Criteria for Yes/No/NA	
SPIKES	
(S) Setting:	
Meeting preparation	Communicated with others caring for patient before meeting, negotiate roles, reached consensus on information, i.e. prognosis/treatment, identify decision-maker(s)
Prepared room	Assures comfort, appropriate setting, allows for interpersonal space, provides tissues and/or water *If made effort, then yes/no; if no effort, then N/A*
Body language	Sat down, makes eye contact, open posture, demonstrates being engaged
Greeting	Makes appropriate introductions, explains role (as palliative care fellow or geriatrics fellow)
(P) Perception:	Asked what the patient/family already knew/assessed patient's/family's understanding
(I) Invitation:	Asked what the patient/family wants to know *N/A if patient asks for information*
	Gave a "warning shot" to indicate bad news will be given or to address concerns about what happened in the past
(K) Knowledge:	Gave information (in balanced manner, clarified misconceptions or misunderstandings) *about current medical condition*
	Avoided use of medical jargon
(E) Empathic Response:	Responded to emotions
	Wish statements for unrealistic treatment goals
(S) Strategy:	Check-in before moving on
	Checked for understanding
Summary	Provided summary at end of meeting, assessed understanding
Plan	Created follow-up plan, gave business card, arranged for next meeting
Other skills:	
Used empathic continuers	Statements that directly address patients' emotions, validate their feelings, and invite further disclosure; used at least one nurse statement [(N)ame,(U)understand,(R)espect,(S)upport,(E)xplore]
Used empathic terminators	Statements that avoid the emotion or change the topic, or not respond to cues with expressions of empathy
Used Ask-Tell-Ask	Evaluating quality of ask-tell-ask, not quantity
Discussed Prognosis	Assessed desire for prognosis/life expectancy, delivered as range
Use of silence	Allowed patients and/or family members to respond to questions, nods head/verbal cues, appreciates and allows for silences/paused
Used open-ended questions	For example, "tell me about your loved one…"
Goal setting	Attempted to elicit patient's or family member's goals and expectations *in context of ongoing or future care*
Made a treatment recommendation	Tailored treatments to elicited patient's goals/values goals as appropriate—i.e. chemotherapy, CPR, treatment alternatives, artificial hydration/nutrition, or hospice care
Spiritual and existential concerns	Assessed spiritual and existential concerns, offered chaplaincy
Patient's/Family's cultural background	Assessed patient's cultural background and concerns

Explored patient identity/ family support	Explored patient identity, asked patient and/or family about their personal support
Mediated conflicts and anger	Among patient, family or interdisciplinary team, addressed medical errors
Discussed the 5 things	I love you, I forgive you, Please forgive me, Thank you, Goodbye
Discussed what to expect in the dying process	Explained what would happen if withdraw treatment, gave information about dying process (i.e. breathing sounds, death rattle, bodily function, delirium)
Managed time	Managed time effectively, balanced time constraints with needs of patient/family
Used appropriate level of directiveness	Guided conversation with patient and family
Leadership	Ran meeting appropriately, engaged other members of interdisciplinary team/consultants

Part 3: Evaluation Checklist Date: _____

Learner name: _____ Evaluator/Attending: _____

❑ Resident PGY Level: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
❑ Fellowship Year: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Rotation Site: [ ] Inpatient Cancer Center [ ] Inpatient GIM [ ] Oncology Clinic [ ] Continuity GIM clinic [ ] Other

Please rate the trainee's competency/skills/knowledge/attitude using the following scales:

For competency/skills
4 = Competent to perform independently
3 = Competent to perform with minimal supervision
2 = Competent to perform with close supervision / coaching
1 = Needs further basic instruction
n/o = not observed

For knowledge and attitudes (e.g., Medical Knowledge)
4 = Superior
3 = Satisfactory
2 = Below average
1 = Insufficient – needs further learning
n/o = not observed

OBJECTIVES

Patient Care

Overall Performance:

Cannot Evaluate	1 to 3 Unsatisfactory			4 to 6 Satisfactory			7 to 9 Superior		
0	1	2	3	4	5	6	7	8	9

Medical Knowledge

4❑ 3❑ 2❑ 1❑ n/o❑ The physical setting where a family conference should be held was appropriate.
4❑ 3❑ 2❑ 1❑ n/o❑ Identified who should be involved in a family conference.
4❑ 3❑ 2❑ 1❑ n/o❑ Explained the concepts of decision-making capacity and surrogate decision-maker.

Overall Performance:

Cannot Evaluate	1 to 3 Unsatisfactory			4 to 6 Satisfactory			7 to 9 Superior		
0	1	2	3	4	5	6	7	8	9

Interpersonal and Communication Skills

4❑ 3❑ 2❑ 1❑ n/o❑ Used the key steps in conducting the family conference.
4❑ 3❑ 2❑ 1❑ n/o❑ Described strategies for working with families when there is disagreement or indecision.
4❑ 3❑ 2❑ 1❑ n/o❑ Opened a family conference appropriately.
4❑ 3❑ 2❑ 1❑ n/o❑ Guided the discussion of the patient's medical status.
4❑ 3❑ 2❑ 1❑ n/o❑ Moderated a discussion of treatment decision-making.
4❑ 3❑ 2❑ 1❑ n/o❑ Concluded the family conference appropriately.
4❑ 3❑ 2❑ 1❑ n/o❑ Followed up after the family conference.

Overall Performance:

Cannot Evaluate	1 to 3 Unsatisfactory			4 to 6 Satisfactory			7 to 9 Superior		
0	1	2	3	4	5	6	7	8	9

Systems Based Practice

4❑ 3❑ 2❑ 1❑ n/o❑ Documented a complete summary of the family conference.

Overall Performance:

Cannot Evaluate	1 to 3 Unsatisfactory			4 to 6 Satisfactory			7 to 9 Superior		
0	1	2	3	4	5	6	7	8	9

Part 3: Evaluation Checklist (Continued)

OBJECTIVES (Continued)

Professionalism

4❑ 3❑ 2❑ 1❑ n/o❑ Valued the physician's role in convening a family conference.
4❑ 3❑ 2❑ 1❑ n/o❑ Valued the patient and family's role in working with the health care team.
4❑ 3❑ 2❑ 1❑ n/o❑ Enhanced professional skills in conducting a family conference.
4❑ 3❑ 2❑ 1❑ n/o❑ Respected the patient's autonomy.

Overall Performance:

Cannot Evaluate	1 to 3 Unsatisfactory			4 to 6 Satisfactory			7 to 9 Superior		
0	1	2	3	4	5	6	7	8	9

Resident/Fellow strengths:

Resident/Fellow areas for improvement:

Overall impression: Did the Resident/Fellow demonstrate competency in a manner so as to do no harm?

Cannot Evaluate	1 to 3 Unsatisfactory			4 to 6 Satisfactory			7 to 9 Superior		
0	1	2	3	4	5	6	7	8	9

Resident/Fellow self-evaluation of performance: May comment on any of the above checklist items or other reflections on performance; perceived strengths, and need for improvement and learning.

Clinical Faculty Evaluator/Attending

Resident/Fellow

Clinical Faculty Evaluator/Attending – PRINTED NAME/DATE

Resident/Fellow – PRINTED NAME/DATE

The SECURE Framework—Palliative Care

Instructions for Use

This assessment tool can be used during or immediately after a communication interaction and on a monthly or quarterly schedule to track details of a fellow's communication skills on a longitudinal basis. It might also be used in a more focused time frame to assess a group of communication encounters in greater detail. It is best completed by the attending physician, interdisciplinary team, or peers and is easily adaptable to different settings.

The **SECURE** acronym (**S**et the Stage, **E**licit Information, **C**onvey Information, **U**nderstand the Patient's Perspective, **R**espond to Emotions, **E**nd the Encounter) serves as a reminder of the general areas on which to focus and connotes the transition or flow of the medical encounter from beginning to end, from problems to solutions.

Instructions for Entering Data

By Hand

- Print the assessment tool and fill it out.

On the Computer

- **Text**—Type the text (eg, fellow's name) in the shaded area, then press the **Tab** key to move to the next field.
- **Checkbox**—Click in the box or press the spacebar to select it.
- **Saving**—Select File, Save As, and save with a new name.
- **Editing**—If you want to make changes to the assessment tool, you must first unlock it so that it is no longer a form. To display the Forms toolbar in Word 2003, from the menu select View, Toolbars, Forms. Click the Protect Form icon to unlock it. Be sure to lock the form again after you have made the edits..

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The SECURE Framework—Palliative Care

Competency Domain: Interpersonal and Communication Skills

Purpose: To assess skills demonstrated by the fellow during a communication with the patient or the patient's family.

Instructions: Which behaviors did the fellow demonstrate during the encounter? Answer **Yes** or **No**. If the behavior was not applicable to the encounter, answer **NA**.
Note: The *Type of Visit* should describe the nature of the communication (eg, patient alone, patient with family, group meeting).

Fellow:	**Evaluator:**	**Signature:**
Rotation Name:	**Rotation Dates:**	**Evaluation Date:**
Patient:	**Type of Visit:**	**Visit Date:**

Set the Stage	**Yes**	**No**	**NA**
1. Introduces self and team	☐	☐	☐
2. Describes clinician's reason or agenda for the visit	☐	☐	☐
3. Maintains a respectful attitude and tone	☐	☐	☐
4. Establishes rapport, including going beyond medical issues at hand to make a personal connection	☐	☐	☐
Elicit Information	**Yes**	**No**	**NA**
5. Assesses patient's and family's understanding of illness	☐	☐	☐
6. Assesses how the patient wants decisions to be made, including who should be involved in decisions	☐	☐	☐
7. Explores and clarifies key physical symptoms and their treatment	☐	☐	☐
8. Explores and clarifies psychosocial issues and concerns, how they have been managed, and support systems	☐	☐	☐
9. Assesses spiritual and existential issues and concerns	☐	☐	☐
10.Determines how identified problems affect the patient's daily living, functional status, and quality of life	☐	☐	☐
11.Obtains a thorough past medical history, social history, family history, and review of symptoms	☐	☐	☐
12. Elicits concerns and worries	☐	☐	☐
13. Checks and clarifies information (eg, summarizes, asks follow-up questions)	☐	☐	☐
14. Generally avoids directive and leading questions, especially early in the interview	☐	☐	☐
15. Gives patients and families opportunity and time to talk (eg, listens carefully, does not interrupt)	☐	☐	☐
Convey Information	**Yes**	**No**	**NA**
16. Assesses patient's and family's desire for information and how information should be shared	☐	☐	☐
17. Teaches patients about their medical condition and diagnostic and treatment options (eg, provides feedback/education about diagnosis, current status, management rationale, and diagnostic procedures)	☐	☐	☐
18. Educates and supports the patient and family about end-of-life issues (eg, pain and symptom management, prognosis, nutrition, hydration, hospice care, active dying)	☐	☐	☐
19. Encourages patients and families to ask questions	☐	☐	☐
20. Communicates information to the patient and family based on their level of understanding (eg, avoids jargon)	☐	☐	☐

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The SECURE Framework—Palliative Care

Understand the Patient's and Family's Perspective	Yes	No	NA
21. Elicits and responds to patient values, goals, and preferences about managing the illness	☐	☐	☐
22. Explores how the family is coping with the illness, including family and caregiver burden and the well-being of affected children	☐	☐	☐
23. Negotiates goals and methods of treatment	☐	☐	☐
24. Mediates conflicts (eg, intra-family or between clinicians and patient/family)	☐	☐	☐
Respond to emotions	**Yes**	**No**	**NA**
25. Deepens the encounter by appropriately eliciting, exploring, and responding to affect	☐	☐	☐
26. Employs empathic and facilitating verbal behaviors in an appropriate and effective manner (eg, attentive listening, use of silence, naming and normalizing feelings, acknowledging affect, reflection)	☐	☐	☐
27. Employs empathic and facilitating nonverbal behaviors in an effective and appropriate manner (eg, uses touch, facial expression, and head nodding and maintains eye contact)	☐	☐	☐
28. Acknowledges patient's accomplishments, progress, and challenges	☐	☐	☐
End the Encounter	**Yes**	**No**	**NA**
29. Asks if there is anything else the patient or family would like to discuss	☐	☐	☐
30. Summarizes the discussion and reviews next steps including plans for follow-up	☐	☐	☐

Comments:

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	21. Communicates effectively with patients and caregivers. (ICS1)				
Geriatric Context (Curricular Milestones)	**Critical Deficiencies**			**Ready for unsupervised practice**	**Aspirational**
(1) Elicits patient preferences. (CM: 3, 4, 26, 27) • Regarding goals of care and advance care planning. • Regarding site of care. (2) Practices shared decision making. (CM: 7, 24, 27, 73, 40, 46) • Convenes family/caregiver meetings, as appropriate. • Considers patient and family needs and limitations in suggesting options. (3) Establishes therapeutic relationships. (CM: 6, 10b, 40,) • Modifies communication with hearing, vision or cog impaired patients. • Provides compassionate care while establishing personal and professional boundaries.	Ignores patient preferences for plan of care (1) Makes no attempt to engage patient in shared decision-making (2) Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers (3)	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences (1) Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful (3) Defers difficult or ambiguous conversations to others (3)	Engages patients in shared decision-making in uncomplicated conversations (2) Requires assistance facilitating discussions in difficult or ambiguous conversations (3) Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds (3)	Identifies and incorporates patient preference in shared decision-making in complex patient care conversations and the plan of care (1, 2) Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds (3)	Role-models effective communication and development of therapeutic relationships in both routine and challenging situations (3) Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds (3) Assists others with effective communication and development of therapeutic relationships (3)