

LEARNING TOOL: EXPLORATION PHASE OF ADVANCE CARE PLANNING (ACP) CONVERSATIONS

For use in the ACP Core Component Course for Facilitator Certification

Respecting Choices ACP Facilitators use an evidence-based approach to discern what matters most to individuals in delivering person-centered conversations. This is a learning tool for course participants to understand the “intention” of the Exploration phase and learn the flow of facilitating this part of the conversation in preparation for the ACP Intensive courses for First Steps, Next Steps, and/or Advanced Steps ACP. This tool includes exploratory questions for conversations with all individuals (Part A) and additional questions for individuals with chronic or serious illness (Part B).

The purpose of the Exploration phase of the ACP conversation is to listen for themes that highlight an individual’s goals, values, beliefs, and preferences as well as uncover gaps in understanding. The Facilitator uses communication skills, exercises critical thinking, and applies “flexibility within the framework” to tailor the conversation to each individual. What is learned during the Exploration phase lays the groundwork for using that information to align healthcare decisions with what matters. Themes that emerge are summarized by the Facilitator and carried forward to the Goals of Care phase of the ACP conversation to support person-centered decision making.

Note to Facilitator: The text in bold is not intended to be read aloud during conversations.

Part A: Exploratory Sections for Conversations With All Individuals

(Sections 1–6)

1. Introduce and explore understanding of advance care planning (ACP); identify fears or concerns

“Hello. My name is _____. I am an *Advance Care Planning Facilitator*. I help individuals learn how to plan for future healthcare decisions. We think this kind of planning ahead is part of providing good care for you. I will start with a few questions.”

“You may have received information about advance care planning. Tell me what you understand about this type of planning.”

“What fears or concerns, if any, do you have about this type of planning?”

For individuals who have completed an advance directive, ask:

“What do you hope this document will do for you in the future?”

“Have you chosen a person who would make decisions for you?” **If yes:** “Who did you choose? What conversations have you had with this person?”

“This conversation may help you update your plan.”

Provide the following information on ACP or AD as needed. For example:

Advance Care Planning: “Advance care planning is for all adults. It is thinking and talking about future healthcare decisions if you had a sudden event, like a car accident or illness, and could not make your own decisions. A person close to you would need to make choices for you. We call this person a healthcare agent. This conversation will help your agent understand your goals and values. This will help them to make decisions for you, if needed.”

Advance Directive: “It’s important to write down your goals, values, and preferences. There are many ways to do this. We recommend that you use a document called an *advance directive*. This allows you to name a person who can make healthcare decisions for you. This person will *only* make choices if you cannot make them for yourself.”

“These are new ideas for many people, so I want to make sure I was clear. Can you tell me what you now understand about advance care planning?”

2. IF AGENT NOT SELECTED — Help individual choose a healthcare agent
(If healthcare agent is present, proceed to next section: IF AGENT PRESENT)

“One of the most important decisions we encourage people to make is choosing someone you trust to make healthcare decisions for you. This person would only make decisions if you had a sudden event and could not make your own decisions.”

“It is important to think carefully about this decision. There are four qualities you should look for. A healthcare agent should be willing to:

- Accept this role;
- Talk to you about your goals, values, and preferences;
- Follow your decisions, even if they may not agree with them; our conversation today will help you learn more and will help you prepare them to make decisions; and
- Make decisions in difficult moments.”

“Do you know anyone who could do this?”

“I’d like to give you some information that you could use to start talking to this person.”

Provide written information on the role of the healthcare agent.

“When you talk to *[name]*, how will you explain the role of the healthcare agent?”

If an agent is not selected, create a follow-up plan to assist with designation of healthcare agent and inclusion in future ACP conversations.

3. IF AGENT PRESENT — Assess understanding of healthcare agent role
(Skip this section if agent is not present)

“*[Name of agent]*, thank you for joining us today to learn more as the healthcare agent. Tell me what you understand about this role.”

Provide written information on the role of the healthcare agent.

“I’d like to review four important qualities of a healthcare agent. A healthcare agent should be willing to:

- Accept this role;
- Talk to *[name of individual]* about his/her goals, values, and preferences;
- Follow *[name of individual’s]* decisions, even if you may not agree with them; our conversation today will help you learn more and will prepare you to make decisions; and
- Make decisions in difficult moments.”

“What questions do you have about the role of the healthcare agent?”

“*[Name of individual]*, I have a few more questions for you. These questions will help you talk about your goals and values. Our conversation will also prepare *[name of agent]* to make healthcare decisions for you. *[Name of agent]*, please ask questions as needed to best understand your role as a healthcare agent.”

4. Explore “living well” and listen for themes that help the individual express what is important to live well or give life meaning

“What does ‘living well’ mean to you? For example, if you were having a good day, what would happen on that day? Who would you talk to? What would you do?”

“What else does living well mean to you?”

Ask agent, if present: “In addition, what do you think ‘living well’ means to *[name of individual]*?”

5. Explore and listen for past experiences that help the individual express goals and values that may impact future decision making

"Tell me briefly about any experiences you have had with family or friends who became seriously ill or injured (like an accident)."

"What did you learn from that experience?"

"What else did you learn? Anything else?"

If needed, ask: "Are there other experiences?"

"What did you learn from that experience?"

Ask agent, if present: "If you were present for these experiences, do you have anything to add?"

6. Explore cultural or spiritual beliefs that may influence care and treatment preferences

"By talking about your experiences and what it means to live well, you have shared many personal beliefs. I'd like to ask you about any additional beliefs that might help you choose the care you want, or don't want."

"What cultural beliefs do you have, if any?"

Ask follow-up questions, if needed, such as: "How are healthcare decisions made in your culture or family?" or "Who do you want included in such conversations?"

"What spiritual beliefs do you have, if any?" **Provide examples, if needed, such as prayer, meditation, music.**

"How can we support your needs and/or practices?"

Examples of critical thinking to ask more follow-up questions to promote dialogue:

Ask individual: "Who or what gives you comfort or helps during difficult (or tough) times?"

Ask agent, if present: "What else do you think gives comfort or helps *[name of individual]* during difficult (or tough) times?"

Part B: Additional Exploratory Sections for Individuals With Chronic or Serious Illness

(Sections 7–9)

7. Explore understanding of medical condition(s) and potential complications

"I have a few questions about your medical condition(s). You may have questions that I cannot answer. I will help you make a list of questions for your doctor."

"Tell me what you understand about your *[name of medical condition(s)]*" **and/or**, "What current symptoms are you having?"

"Have there been any changes with your *[name of medical condition(s)]* in the past few months?"

"How has your *[name of medical condition(s)]* changed your life?"

Ask agent, if present: "In addition, what other changes have you noticed?"

"What problems do you think you may have in the future from your *[name of medical condition(s)]*?"

"What worries you most about your *[name of medical condition(s)]*? What fears do you have?"

Add, if needed: "What needs or services, if any, do you want to discuss?"

Ask follow-up questions to promote dialogue, if needed.

Ask agent, if present: "What else would you add to our discussion about *[name of individual]*'s medical condition?"

If appropriate, add: "Let's review the questions about your *[name of medical condition(s)]* that you will talk about with your doctor or nurse."

Review and ask: "Did I capture all of them?"

8. Explore hopes that help the individual express an outlook for their future

Note to Facilitator: Experience has shown that questions related to what one hopes for and "what if they do not come true" do not take away hope but rather give voice to individuals to share their hopes or reframe hopes. By reflecting on hope, one can imagine new meanings and purposes for the future.

"Based on your current understanding of your *[name of medical condition(s)]*, what do you hope for with your current plan of care?" "Is there anything else you hope for?"

Provide a summary of hopes and explore again.

"I understand these hopes. If these hopes do not come true, what else do you hope for?"

Ask agent, if present: "In addition to what you heard, what else does *[name of individual]* hope for with their plan of care?"

9. Explore hospital experiences that help the individual express goals and values that may impact future decision making

"Have you been in the hospital or ER recently because of your *[name of medical condition(s)]*?" **Explore only if occurred in the last 6 months.**

If yes: "Briefly tell me about it."

"What did you *learn* from that experience?"

"What else did you *learn*? Anything else?"

Ask agent, if present: "If you were present for these experiences, what would you add?"

Closing the Exploration Phase of the Conversation

"Thank you for sharing. I'd like to summarize what I heard you say matters most to you thus far."

Briefly describe themes from the conversation, e.g., goals, values, what living well means, beliefs, lessons learned from experiences, fears or worries, need for services].

"Does this summary capture our conversation accurately?" **If no, amend. If yes, continue.**

"What questions do you have for me at this time?"

Learning the remainder of the ACP Conversation Guide framework will continue in the Intensive Course(s) to become a certified ACP Facilitator.