Envisioning Respecting Choices

A COLLABORATIVE & DYNAMIC EDUCATIONAL PROCESS
THAT RELIABLY RESULTS IN PERSON-CENTERED TREATMENT PLANS

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Learning Outcomes

• Explain how leadership commitment to a broad vision of person-centered patient, provider and healthcare agent education results in SDM and person-centered treatment plans

• Describe at least one strategy that supports person-centered care programs and provides a reflection-based model for transforming culture and clinical decision-making
Why Leadership? Why Envisioning?

- Leaders envision what successful organizations achieve
- Tell stories that engage others to realize vision

RC: Vision Statement

- Transform healthcare culture by integrating and disseminating best practices to achieve person-centered care
Definition Statement of PCC

- An authentic clinician-patient relationship that supports collaborative SDM and ACP in which care desired is in concordance with care provided.

My Goals

- Tell a story about Respecting Choices
- Explain how ACP models person-centered care
Envisioning Advance Care Planning

First: A few thoughts on treatment decisions
Paradigm Shift
From transaction to conversation

The Evolution of Health Care Advance Planning Law and Policy

CHARLES P. SABATINO
American Bar Association

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Overarching Goals of Treatment

Prolong life Relieve suffering
A collaborative and dynamic educational process that reliably results in person-centered treatment plans?

Search for the tipping point

Education required!
From Conversation to Education

BROADENING THE FRAMEWORK

**First Steps®**
Create an AD that identifies healthcare agent and goals of care for permanent brain injury

**Next Steps**
Identify goals of care, if illness complications result in “bad outcomes”

**Last Steps®**
Identify goals of care, expressed as medical orders using POLST paradigm

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Stages of Advance Care Planning Over an Individual’s Lifetime

- **Healthy adults or those who have not planned**
- **Individuals with advanced illness, complications, frequent encounters**
- **Individuals whom it would not be a surprise if they died in the next 12 months**
Making a Treatment Plan

- **Process**
  - Collaborative and dynamic education

- **Outcome**
  - Reliably person-centered
A Different Take

MY STORY OF TEACHING MEDICAL STUDENTS

A Challenge for Physicians

- Resist talk about death and dying
- Does not fit their self-image as professionals
- How can physicians reconcile the goals of ACP with their self-image?
What I tell my students

- ACP is intimate, requires asking personal questions
- Before you start, share your goals with your patient
  - My goal is to help you live as well as you can for as long as you can.
  - In order to do my job I need to know what living well means to you.
    - Can you tell me about the things you enjoy doing?
    - What does a good day look like?

Alternative Statement

- My goal is to help you live have enough good days to endure the bad days.
- In order to do my job I need to know about your good days and your bad days.
  - Can you tell me what a good day looks like?
  - What about a bad day?
What matters most

- Individual quality of life markers
- Inform decision when to shift goals of care

Questions?

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