

The PREPARED communication framework in clinical practice

P	<p>Prepare for the discussion:</p> <ul style="list-style-type: none"> ■ Ensure facts about the person’s clinical circumstances are correct ■ Ensure privacy and uninterrupted time for the discussion ■ Mentally prepare for the conversation ■ Negotiate who should be present during the discussion eg, “Is there anyone else you would like to be here with you while we talk?”
R	<p>Relate to the person:</p> <ul style="list-style-type: none"> ■ Develop a rapport ■ Show empathy, care and compassion during the entire conversation eg, “This has been a tough time for you and your family...” ■ Broach the topic in a culturally appropriate and sensitive manner ■ Make eye contact (if culturally appropriate) ■ Sit close to the person (if culturally appropriate) ■ Use culturally appropriate body language ■ Allow silence and time for them to express feelings.
E	<p>Elicit personal preferences:</p> <ul style="list-style-type: none"> ■ Identify the reason for this conversation and establish the person’s expectations ■ Clarify their understanding of the situation and establish how much detail they want to know eg, “Some people like to know everything that is going on with them and what may happen in the future, others prefer not to know too many details. What do you prefer?” ■ Consider cultural and contextual factors that can influence information preferences.
P	<p>Provide information that is tailored to the personal needs of all parties</p> <ul style="list-style-type: none"> ■ Offer to discuss what to expect, in a sensitive manner, giving the person the option not to discuss it ■ Provide information in small chunks at the person’s pace ■ Use clear, jargon-free, understandable language ■ Engage in active listening i.e. attend to the person completely, reflecting and repeating back what you think they have said eg, “If I’ve heard you right, you seem to be saying...” ■ Explain the uncertainty, limitations and unreliability of prognostic and end-of-life information – “I know that people often expect healthcare professionals to know what is going to happen, but in truth we can usually only take educated guesses and can often be quite wrong about what the future holds, and especially how long it is. What we can be sure about is ... and what we don’t know for sure is ...” ■ Avoid being too exact with time frames unless in the last few days ■ Consider the caregiver’s distinct information needs, which can require a separate meeting (providing consent is given by the person with a life-limiting illness, if mentally competent) ■ Ensure consistency of information and approach ■ Use the words ‘death’ and ‘dying’ where appropriate.

A	Acknowledge emotions and concerns
	<ul style="list-style-type: none"> ■ Explore and acknowledge fears, concerns and emotional reaction eg, "What worries you most about...?" or "What is your biggest concern at the moment?"
	<ul style="list-style-type: none"> ■ Be willing to initiate and engage in conversations about what can happen in the future and during the dying process eg, "Do you have any questions or other concerns?"
	<ul style="list-style-type: none"> ■ Respond to distress where applicable.
R	Realistic hope
	<ul style="list-style-type: none"> ■ Be honest without being blunt or giving more detailed information than desired
	<ul style="list-style-type: none"> ■ Do not provide misleading or false information that artificially influences hope
	<ul style="list-style-type: none"> ■ Reassure the person that support, treatment and resources are available to control pain and other symptoms but avoid premature reassurance
	<ul style="list-style-type: none"> ■ Explore and facilitate realistic goals, wishes and ways of coping on a day-to-day basis, where appropriate.
	<ul style="list-style-type: none"> ■ "I (or our team or whoever applicable) will do whatever (I/we) can to assist you in whatever lies ahead for you."
E	Encourage questions
	<ul style="list-style-type: none"> ■ Encourage questions and information clarification
	<ul style="list-style-type: none"> ■ Be prepared to repeat explanations
	<ul style="list-style-type: none"> ■ Check understanding of what has been discussed and whether the information provided meets personal needs eg, "We've spoken about an awful lot just now. It might be useful to summarise what we've said ... Is there anything from what I've said that you don't understand or want me to go over again?"
	<ul style="list-style-type: none"> ■ Leave the door open for topics to be discussed again in the future
D	Document
	<ul style="list-style-type: none"> ■ Write a summary in the medical record of what has been discussed
	<ul style="list-style-type: none"> ■ Speak or write to other key healthcare providers involved in the person's care.

Source: Clayton, J., Hancock, K., Butow, P., Tattersall, M. & Currow, D. (2007). Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. MJA, 186 (12), S77-S108. Retrieved September 15, 2010, from http://www.mja.com.au/public/issues/186_12_180607/cla11246_fm.html.^[3]

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