**Best Case/Worst Case-ICU: A Communication Framework for Trauma Patients and Families**

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# **Background**

Each year, half a million older adults suffer injuries from falls or car crashes, making traumatic injury the fifth leading cause of death. Older adults fare worse than younger patients due to chronic conditions and reduced physiologic reserve, leading to high in-hospital and one-year mortality rates. Severely injured older adults often undergo invasive interventions in the trauma ICU, resulting in prolonged life support or nursing home confinement, which may not align with their preferences and goals.

This disconnect between patients' priorities and the treatments they receive can lead to conflicts among clinicians and with families during treatment discussions. Additionally, overtreatment at the end of life contributes significantly to healthcare costs.

The Best Case/Worst Case-ICU framework aims to address these issues by improving communication and decision-making in the Intensive Care Unit (ICU), ensuring that treatment plans align with patients' values and goals.



**The Best Case/Worst Case-ICU framework uses a communication tool developed to support decision-making for patients and their families in the ICU.**

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-ICU training materials contain?**

This intervention contains the following items:

1. Blank graphic aids, including a templated version with written prompts
2. An instructional whiteboard video that introduces the Best Case/Worst Case-ICU communication tool
3. Informational materials about the communication tool, including a brochure, pocket card that serves as a quick reference for physicians, posters, and magnet design
4. Step-by-step instructions for using the Best Case/Worst Case-ICU communication tool
5. Training materials for teaching attendings and fellows to use Best Case/Worst Case-ICU, including an instructor manual and a learner manual
6. Training materials for teaching residents and APPs to use Best Case/Worst Case-ICU, including an instructor manual and a learner manual
7. Hypothetical practice cases to reinforce the skills of using Best Case/Worst Case-ICU

**These items are available in English only.**

# **Who should use these Best Case/Worst Case-ICU training materials?**

These Best Case/Worst Case training materials are intended for use by (1) physicians who care for patients admitted to the ICU after serious injury and (2) educators who would like to teach others to use Best Case/Worst Case-ICU.

# **How should the Best Case/Worst Case-ICU Training materials be used?**

The first step is to watch the [instructional whiteboard video](https://www.youtube.com/watch?v=31pv2Rlp6R4). This will provide an overview of the Best Case/Worst Case-ICU 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-ICU, read the Instructor Manual. This document outlines learning objectives, a materials list and guidance on how to conduct the training session.



**Want to Learn More?**

For specific details, please see the following:

* Fritz M, Hernandez A, Zelenski A, Nitkowski J, Kwekkeboom K, Schwarze M. Clinician Experiences Using the Best Case/worst Case-ICU Communication Tool. Journal of Pain and Symptom Management. 2025 May 1;69(5):e442-3.
* Stalter L, Hanlon BM, Bushaw KJ, Kwekkeboom KL, Zelenski A, Fritz M, Buffington A, Stein DM, Cocanour CS, Robles AJ, Jansen J. Best Case/Worst Case-ICU: protocol for a multisite, stepped-wedge, randomised clinical trial of scenario planning to improve communication in the ICU in US trauma centres for older adults with serious injury. BMJ open. 2024 Aug 1;14(8):e083603.
* 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 our website: <https://patientpreferences.org/>

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.

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Please send requests, questions, comments and suggestions to [patientpreferences@surgery.wisc.edu](mailto:patientpreferences@surgery.wisc.edu).