Instructor Manual

Teaching the Best Case/Worst Case-ICU Communication Framework to Residents/APPs

Overall Goals for Teaching Session

* Learners will describe the Best Case/Worst Case tool and their role as resident/APP
* Learners will identify major events in the clinical course that change the best case
* Learners will understand the use of scenario planning during rounds to generate the patient outlook with a range of clinical trajectories including the best and worst cases
* Learners will demonstrate ability to communicate “what we are hoping for” and “what we are worried about” to patients and families to support shared decision making

Resources List

1. General resources:
   1. Classroom or meeting room equipped to show PowerPoint presentation
2. Instructor materials for training:
   1. Instructor manual
3. Learner materials for training:
   1. Learner guide, printed for each learner
   2. One blank graphic aid, printed for each learner
   3. Case 2 “SD” Story Documents, printed for each learner
   4. Step-by-Step Guide, printed for each learner

Teaching Session Logistics

The content and exact style of the teaching session for residents will vary based on how much time is available. To facilitate this, we have divided the content into two parts.

Part I is approximately 15 minutes and includes steps 1-5 below. Part II is approximately 20-25 minutes (with options to shorten further) and includes steps 6-8.

If you are only able to present one of the parts, please prioritize Part I. You can present Part I and II together in the same education session, or you can present Part I and Part II on two separate days to the learners. If you are presenting in two separate sessions, learners should receive Part I of the presentation prior to progressing to Part II.

**PART I**

1. **Title slide (1 min, slide 1)**
   1. Best Case/Worst Case is a project to enhance communication in the ICU.
   2. Our goal here today is to familiarize you with this communication tool and how it will be used.
2. **Background for the presentation (1 min, slide 2)**
   1. Outline of the presentation
      1. Please let the residents know which portions of the presentation you will be completing with them today: whether that is Part I, Part II, or both Parts I & II.
   2. First, we will watch a video describing the intervention and then go through the logistics of how it is used in the ICU.
3. **Introduction of Best Case/Worst Case-ICU (BC/WC-ICU) (9 min, slide 4)**
4. Play the whiteboard video that explains BC/WC-ICU.
5. **Step-by-Step Guide to BC/WC-ICU (5 min, slide 5-7)**
   1. Ask learners to reference the Step-by-Step Guide they have in front of them, as well as the blank BC/WC-ICU graphic aid
   2. Explain how each aspect of the graphic aid is completed daily
   3. Briefly explain the concept of “Outlook”
   4. When pointing out where we record events, emphasize that we only want to write down events that change the story
   5. Define the Star (Best Case), Box (Worst Case), and emphasize that these are *possible* scenarios, not predictions
   6. **Please emphasize that the BC story is not a to-do list for that day but a big picture story about how things might go for this patient over days, weeks, months.**
   7. Spend time on BC/WC-ICU as a team and describe that there are multiple ways to accomplish the tool, highlight the ‘suggested for resident/APP’ roles
6. **End of Part One**
   1. If you are concluding here for the session: please take a moment to elicit any questions from the learners and add addressing them as best you can.
   2. If you are unable to answer a question, please reach out to our study team at [BCWC.trauma@surgery.wisc.edu](mailto:BCWC.trauma@surgery.wisc.edu) and we will get back to you as soon as we can.

**PART II**

1. **Watch the Demonstration Video (4 min, slide 9)**
2. Ask learners to write down questions they have while they watch.
3. Review any questions learners have after watching the video.
4. **Using BC/WC-ICU with patients and families (5 min, slide 10-11)**
5. (slide 8) Discuss ways to explain the graphic aid to the family
   1. “we use this tool to help us focus on the best case scenario, what we are hoping for”
   2. Please do not describe this as 'part of a research study' - it may be confusing to patients and families. Even though we are looking at the effect of this communication tool, using a graphic aid is not an experimental procedure and is well within accepted approaches to communication in healthcare. Words like "research study" may make patients and families feel like they are being experimented on, which is not the case.
6. Provide some language suggestions for introducing the graphic aid.
   1. “the star represents what we are hoping for (the Best Case Scenario), the box at the bottom represents what we are worried about (the Worst Case Scenario)”
   2. “when there is a lot of space in between the star and the box, it means that there is a lot we don’t know about what could happen – what ends up happening could fall anywhere in here"
7. (slide 8) Emphasize that we hope they will use the graphic aid whenever they are providing daily updates to family.
   1. They can focus on the event(s), star location, and any changes to the bullet points/outlook of Best Case Scenario.
8. (slide 9) The back of the graphic aid can be completed by the patient’s family or loved one.
   1. When you give daily updates, it might be helpful to point out the back side so that they know to fill it out. This helps us understand more about who the patient is and what is important to them.
9. Reference learner guide, where they have a section on this topic.
10. **Sample Case (15-20 min, slide 12-15)**
    1. Here, you will guide residents through a sample case (Case 2: “SD”)
    2. Have them read the patient story and provide 5-7 minutes for them to write down individually or in pairs what the graphic aid might look like for each day for that patient. **Ask them to focus on events, star location, annotations for best and worst case.**
       1. Slide 12 contains day 1, much of the background for the patient. A day-by-day review of the rest of his hospital stay is on Slide 13-14. The residents should have a printed copy as well to reference.
       2. **If short on time,** ask them to complete the graphic aid **through day 1/7**.
    3. **Watch the pre-recorded video that reviews how BC/WC-ICU might play out for this patient (11 min, slide 15)**
       1. **If short on time,** you can do either of the following options:
          1. Watch **a portion** of the video. Recommend watching through the end of day 1/7 (~6 min).
          2. You can lead the residents in a review of the graphic aid for 1/4, 1/5, 1/6, 1/7. The notes from the video are included below for your reference.
             1. 1/4: Admitted to ICU last night and we are rounding on 1/4. Each column = 1 day in ICU. We are rounding on 1/4, but want to capture that he was admitted yesterday in column 1. For clarity, it may be helpful to write ‘admitted’ next to the date, instead of as the ‘event’.

Event: breathing tube placed, broken bones in face.

Star: goes in middle because there is a fair amount of uncertainty: he is older and has multiple medical problems, but his injuries seem isolated and his story could go either way.

Best Case: Write a few notes around the star about what it will look like in best case: Surgery: trach/peg. Hope to wean off vent in 1-2 days, trach and peg for ~2 months. Likely in ICU for few more days, in hospital for 1-2 weeks. Rehab/SNF for 6-8 weeks. Important to note that he can’t go straight home after this hospitalization. We think he will return home eventually, might walk/talk slower but mostly like he was before.

Worst Case: complications add up, loses independence, and requires SNF or assisted living for the rest of his life. Given his age, we might worry that complications could add up and he could die, but given what we know now (isolated, treatable injuries), this isn’t very plausible. If in the future he developed a complication where outcome of death seems more plausible, would change worst case at that point.

Key point: language matters! Use “hoping for” to describe best case, and “worried about” to describe worst case.

* + - * 1. 1/5: he had a stroke in the afternoon

Event: stroke

Star: lower

Best Case: Use your judgment about this new stroke. His stroke appears to be minor (deficits improving and repeat head CT stable). May need ventilator longer, may need SNF longer. Will need close support to do ADLs, may move slower due to stroke

Worst Case: Loss of independence, particularly if stroke is more serious than it currently appears to be.

Key point: If this were a bigger stroke based on clinical exam or radiology findings, star would go lower. If his clinical findings improve, star might go back up.

* + - * 1. 1/6 no significant events

Event: none

Star: same as before

Best Case: same as before

Worst Case: same as before

Key point: Fever overnight was not associated with hemodynamic instability or leukocytosis (systemic signs), so we do not list it as event that would impact outlook.

* + - * 1. 1/7 no significant events

Event: none

Star: same as before

Best Case: same as before

Worst Case: same as before

Follow-up After Training

* Please send an email to all incoming ICU residents with **learner manual, sample cases, blank graphic aid**, so that even if they missed the in-person training they have the resources available to them.
* If you have arranged to have the learners receive the learner manual through an administrator when they rotate onto the ICU, you may omit this step.