

**Tips for Leading a Group Advance Care Planning Conversation**

Effective facilitation of a group conversation involves the recognition of different perspectives and use of different skills to create an inclusive environment and encourage participation. A well-facilitated discussion allows the participants to explore ideas and to recognize, value and learn from the contributions of others.

The responsibilities of a group facilitator include fostering the open process; encouraging the participation of all; asking questions or offering ideas to advance the discussion; summarizing or clarifying important points, arguments and ideas; and wrapping up the session. As end-of-life issues pose a rich environment for potential conflict, facilitators must also be prepared to resolve conflicts.

**CREATE AN INCLUSIVE ENVIRONMENT**

* Have participants introduce themselves – ask, “What do you hope to gain by being here?” Use name tent cards.
* Clarify the goals of the session.
* Give all participants a voice – at the start highlight the value of diversity of perspectives, but never force someone to participate in discussion.
* Don’t assume that someone from a particular culture, race or background speaks for everyone else from that situation.
* Recognize and control your own biases.
* Allow for disagreement and help the group use it creatively. It makes people think.

**ENCOURAGE PARTICIPATION**

* Ask open-ended follow-up questions. Provide more questions than answers.
* Explore the meaning of words and phrases.
* Ask, “Did you learn anything else?”
* Paraphrase comments.
* Incorporate past comments into subsequent discussions.
* Encourage others to add their thoughts to build on someone’s comment.
* Invite others to respond if you don’t know something. Say, “That’s a good question. What do others think?”
* Provide sufficient time for participants to gather their thoughts and contribute to discussions. Be comfortable with silence.
* Utilize storytelling and share personal experiences, but select them on the basis of what they are intended to teach.

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**MANAGE COMMON PROBLEMS**

*The Participant Who Talks Too Much*

* Redirect the discussion to another person or another topic. Say, “This is an interesting point, and it’s certainly worth the time we’ve spent on it, but there are other points of view that need to be heard as well. I think Alice has been waiting to speak. . .”
* Reframe their comments, making them viable additions to the discussion.
* Offer to talk more with them after the session.

*The Participant Who Will Not Talk*

* Provide opportunities for smaller group discussions or pair-share discussions.
* Ask participants to share what “someone” might say, rather than what they would say.
* Be OK with their silence.

*The Discussion That Goes Off Track*

* If the topic is elsewhere on the agenda, let participants know it will be discussed later.
* Remind about the goals for the session.

*Conflict Resolution*

* Maintain composure. Pay attention to your non-verbal communication and tone of voice.
* Participants who argue often want attention, so simply giving them some recognition while firmly moving on often takes care of the problem.
* Use the critical thinking strategy of questioning to explore why a person feels the way they do, allowing them to express themselves without having to defend their position.
* Employ active listening and reframe. Paraphrase the message and check the accuracy before responding. Focus on clarifying the assumptions behind the person’s argument.
* Defer. Invite further discussion at another time and acknowledge the need to move to another subject.

**Frequently Asked Questions and Possible Answers during ACP Group Presentations**

* Q: Are we going to discuss funeral planning (*or*, estate planning, dementia resources, etc.) today?
* A: We won’t be going into funeral planning today, although it’s an important topic to think about and plan for as well. We do have some resources we can share with you that might be helpful to get you started.
* Q: Is the Advance Medical Directive (AMD) that I completed in another state valid here?
* A: Yes, as long as it was completed to the legal requirements of that state.
* Q: I think I completed an AMD when I did my estate planning. I remember appointing a proxy.
* A: Yes, completing an AMD is often part of estate planning. However, there are several types of proxies. An ACP Facilitator can review your existing documents and make sure that everything is in place.
* Q: Do I really need an AMD? My children, partner, etc know what is important to me.
* A: Having a thoughtful conversation with your loved ones is certainly the most important part of Advance Care Planning. However, an Advance Medical Directive is still extremely helpful in the event that your loved ones cannot be reached, or if an unexpected disagreement arises.
* Q: Do I have to be an organ donor? What if I only want to be a donor for certain organs?
* A: You can decline organ donation altogether on the AMD, or specify which organs you do or do not want to be considered for donation.
* Q: Would my common law partner of ten years be recognized as my decision maker? What about my spouse, from whom I am separated?
* A: Virginia law does not recognize common law partnerships, so it is important to designate partners as an agent if desired through the AMD. Unless you have legally filed for divorce, an estranged spouse is still contacted under the hierarchy of medical decision makers.
* Q: Do I have to just choose one agent? What if I don’t want to appoint an agent?
* A: While it is possible to appoint multiple individuals as shared primary agents, it is a best practice to appoint just one, with a secondary or tertiary agent. It is possible to specify individuals with whom the primary agent should confer in the AMD. It is not required to appoint any agent. However, the hierarchy of medical decision makers still applies, and an AMD should still be completed to provide an important source of information to decision makers.
* Q: What if the doctors are wrong about my chances of recovery? (referring to the “little chance that you will recover the ability to know who you are or who you are with” scenario in the group facilitation)
* A: For the purposes of this discussion, we are assuming that the doctors have done thorough analysis and that the chances of recovery are 5% or less. However, an ACP Facilitator or your physician could explore this type of scenario in further depth with you if you have concerns. Many individuals find it helpful to request a “trial of treatment” for a specified length of time or to specify what “good odds” look like to them in their AMDs as well.
* Q: What is the difference between being a vegetable and being in a coma?
* A: Brain death is a complex diagnosis that medical professionals take very seriously. I would recommend speaking with your doctor if you have questions about this medical diagnosis, or I can connect you with someone who can help.
* Q: Isn’t CPR pretty effective?
* A: The success rate of CPR isn’t always as high as many people think it is. However, there are many factors that influence that. I would recommend speaking with your doctor if you have questions about this medical procedure, or I can connect you with someone who can help.

**When in doubt: “I don’t know”, “That’s a great question”, and “Can I follow up with you?” are all great responses. ACP can bring up emotions. Listen, convey understanding, and express empathy!**