

*Conversation Tips (originally shared on [coachingforhealth.org](https://coachingforhealth.org) during the COVID-19 pandemic; please feel free to use and adapt to your situation)*

## Communicating the risks of resuscitation (DNAR) - Coaching for Health

For those of you needing to have conversations with patients in high-risk categories and/or their family members about not having CPR, it might be that there are a few useful Coaching for Health skills that you can try. The key thing to recognise is that the level of Challenge we can deliver (i.e. how challenging the conversation is) is directly proportional to how much rapport we have. The more rapport we have, the more open someone will be to having a challenging conversation. Building rapport on such a sensitive issue and in such difficult times is incredibly hard, particularly over the phone/virtually. We can do this first with our highest quality listening to their situation and reflecting back (summarising to have someone feel heard).

When we feel ready to bring up resuscitation to hear someone's views, we can start by asking permission in Topic (TGROW):

Ask permission - ***'As a precaution, just in case people become unwell, we are being asked to discuss some difficult topics, in particular your views on resuscitation. Would it be OK to talk about this? Would you like someone from your family or a friend to be part of this discussion too?'***

And when you have the permission, you can go on to explore the patient's ideas (their Reality and Goal) including what treatments they would wish to have and whether or not they would want to be taken to hospital.

And obviously, if we don't get permission, we must respect this. And we can always ask if there's a better time to follow up.

If they are keen to have resuscitation and you feel they may not be fully informed, you may choose to address this with a **Challenge Sandwich**, for example:

### 1. Set up:

- Empathise/acknowledge - ***you can empathise with any particular desires they've shared already, or any concerns*** (to build rapport)
- Ask permission - ***'Do you mind if I tell you a bit about resuscitation?'*** (Here we wait for the 'yes', or some acknowledgement, to make sure the individual has given themselves permission to hear you)
- Shared value - ***'Because I want to make sure you have the right information so you can make the best decision possible for yourself'***

### 2. Deliver content/your message:

- In the Challenge Sandwich, we have a choice to use either Subjective Language, or A Rule/Procedure/Evidence. Here we'll use the latter:
- Evidence - ***We can discuss the risks of resuscitation in terms of: the process (what happens), the limits of success, the potential impact on quality of life afterwards, the difficulty of having friends and family stay or visit in hospital at this time.***

**3. Check Validity** (i.e. check how this lands with someone):

- *'What do you think?' OR 'What are your thoughts about this?'*