

# Opening the Conversation: Scripts & Starting Points

## The First Five Minutes

The opening of a difficult conversation sets the emotional trajectory for everything that follows. Research from VitalTalk and the REMAP framework shows that structured approaches lead to better patient outcomes and family satisfaction.

You do not need to have all the answers. You need to be present, honest, and willing to sit in the discomfort with them.

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## Opening Scripts

### When You're New to the Patient

"I'm [name], and I'm here today because I want to understand how things are going — from your perspective. There are no wrong answers. This is your time."

"Before I do anything clinical, can you tell me how you've been feeling? Not just physically — how are you doing?"

### When There's Been a Change in Condition

"I've noticed some changes since my last visit. Before I share what I'm seeing, I'd like to hear what you've noticed."

"I want to talk about what's happening and what we can expect. Is now a good time? Would you like anyone else here for this conversation?"

### When the Family Is Struggling

"I can see how hard this is. I want you to know — what you're doing is extraordinary. And it's okay to say it's hard."

"What's the hardest part of this for you right now?"

"I'm not going to pretend I have all the answers. But I'm here, and I'm not going anywhere."

### When Discussing Goals of Care

"Given what we know about [patient's] illness, I think it would help to talk about what matters most to them — and to you. Can we do that?"

"If [patient] could tell us what they want, what do you think they would say?"

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## The REMAP Framework

R — Reframe: "I think we're in a different place than we were last month. Can I share what I'm seeing?"

E — Expect Emotion: Pause. Let them react. Name the emotion: "I can see this is overwhelming."

M — Map Values: "What matters most to you right now?" "What are you hoping for?"

A — Align: "It sounds like being comfortable and being at home are the most important things. I want to make sure our plan reflects that."

P — Propose a Plan: "Based on what you've shared, here's what I'd recommend..."

Childers et al. (2017). REMAP: A Framework for Goals of Care Conversations. J Oncol Pract.

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## The NURSE Framework for Responding to Emotion

N — Name: "It sounds like you're feeling scared."

U — Understand: "I can understand why you'd feel that way."

R — Respect: "You've been doing an incredible job caring for them."

S — Support: "I want you to know we're going to walk through this together."

E — Explore: "Tell me more about what's worrying you."

VitalTalk Communication Quick Guides.

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## What Not to Say

- "Everything happens for a reason."
- "I know how you feel."
- "At least they're not suffering." (They may be. And the family is.)
- "Be strong." (They need permission to not be strong.)
- "They're in a better place." (Not your theology to impose.)
- "Call me if you need anything." (Be specific: "I'll be back Thursday. Call this number anytime before then.")