Best Case/Worst Case: Neurology

A communication tool to help patients and families make high-stakes, goal-concordant medical decisions

Contents

Background

Patients and families experiencing serious neurological illnesses often face major medical decisions despite the presence of prognostic uncertainty around long-term functional outcomes. In the face of such uncertainty, a model of shared-decision making between clinicians, patients, and surrogate decision-makers is critical in reaching decisions that align with patients' values and treatment preferences. In a shared decision-making model, patients and surrogate decision-makers describe what constitutes quality of life and meaning, and clinicians use their knowledge of the range of possible outcomes to make treatment recommendations that best fit patient values. The Best Case/Worst Case framework was previously developed and studied in the setting of non-neurological medical and surgical illnesses.

To promote shared decision-making in the setting of serious neurological illness, a group of neuropalliative educators adapted the Best Case/Worst Case communication framework to address the unique communication needs of patients with severe neurological illness.

Our team of neuropalliative educators across three sites (University of Wisconsin, Rush University, and Cedars-Sinai Medical Center) adapted this framework with input from neurovascular specialists, and experts in palliative care and communication. To facilitate use of the tool, we have developed training materials to help clinicians to learn to use the Best Case/Worst Case framework, and to teach others at their institutions to use it as well.

What do the Best Case/Worst Case: Neurology training materials contain?

The Best Case/Worst: Neurology training toolkit includes the following:

1. An instructional whiteboard video that describes the Best Case/Worst Case tool, using the example of a patient with Severe Acute Brain Injury
2. A Powerpoint slide deck outlining teaching objectives, case-based educational strategies, and discussion points
3. A printable pocket card that can serve as a quick reference for clinicians

Who should use the Best Case/Worst Case: Neurology training materials?

The Best Case/Worst Case: Neurology training materials are intended for use by (1) physicians who care for patients with serious neurological illnesses, and (2) educators who would like to teach others to use Best Case/Worst Case: Neurology.

How should the Best Case/Worst Case: Neurology Training materials be used?

We recommend first watching the instructional whiteboard video, to gain an understanding of the communication framework and how it can be applied to neurological patients in practice.

If you plan to hold a teaching session to educate others on how to use the framework, we recommend adapting the slide deck to best meet the needs of your target audience. For instance, you may choose to remove or edit certain slides for an audience of palliative care clinicians, as compared to an audience of neurologists.

The pocket guide can be carried as a quick reference for clinicians using the framework in everyday practice, and can be printed and distributed to learners at the conclusion of a teaching session.

Development of the Best Case/Worst Case Training Materials

The Best Case/Worst Case communication framework was initially developed by experts at the University of Wisconsin – Madison, including Toby Campbell, Amy Zelenski, and Margaret "Gretchen" Schwarze. In order to expand use of the tool to the setting of serious neurological illness, it was adapted by neuropalliative clinician-educators Drs. Jessica Baker, Jessica Besbris, and Neha Kramer, in collaboration with Toby Campbell. This work was generously funded by the Ellen and Peter O. Johnson Chair in Palliative Care.

Our team of neuropalliative care experts recognized that patients with neurological illnesses experience high levels of prognostic uncertainty and would strongly stand to benefit from a framework that allows clinicians to describe clearly the range of possible outcomes in a way that emphasizes what is most important to an individual patient. This approach allows patients to "hope for the best and prepare for the worst" within the bounds of what is actually possible, and allows clinicians to *make recommendations* that reflect patient values and expected outcomes.

The project was presented in a poster session at the International Neuropalliative Care Society Annual Meeting in 2023, where it was enthusiastically received. Future opportunities may include research on studying use of the Best Case/Worst Case framework and its impact on patient care and satisfaction, as well as the development of additional videos showcasing use of the framework for patients with neurodegenerative conditions.

Additional Resources

We strongly recommend exploring the original Best Case/Worst Case videos and accompanying educational materials, which can be found at the Patient Preferences Project website: https://patientpreferences.org/best-case-worst-case/

To review publications around the original Best Case/Worst Case tool, see:

- Kruser JM, Nabozny MJ, Steffens NM, Brasel KJ, Campbell TC, Gaines ME, Schwarze ML. "Best Case/Worst Case:" Evaluation of a Novel Communication tool for Difficult inthe-Moment Surgical Decisions. J Am Geriatr Soc. 2015;63(9):1805-1811.
- Taylor LJ, Nabozny MJ, Steffens NM, Tucholka JL, Brasel KJ, Johnson SK, Zelenski A, Rathouz PJ, Zhao Q, Kwekkeboom KL, Campbell TC, Schwarze ML. A Framework to 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.

To learn more about education and serious illness communication strategies in neuropalliative care, we recommend:

- Goyal T, Bereknyei Merrell S, Weimer-Elder B, Kline M, Rassbach CE, Gold CA. A Novel Serious Illness Communication Curriculum Improves Neurology Residents' Confidence and Skills. *J Palliat Med*. 2023;26(9):1180-1187. doi:10.1089/jpm.2022.0371
- Creutzfeldt CJ, Robinson MT, Holloway RG. Neurologists as primary palliative care providers: Communication and practice approaches. *Neurol Clin Pract*. 2016;6(1):40-48. doi:10.1212/CPJ.0000000000000213
- Kramer NM, Besbris J, Hudoba C. Education in neuropalliative care. *Handb Clin Neurol*. 2023;191:259-272. doi:10.1016/B978-0-12-824535-4.00006-9
- Holloway RG, Gramling R, Kelly AG. Estimating and communicating prognosis in advanced neurologic disease. *Neurology*. 2013;80(8):764-772. doi:10.1212/WNL.0b013e318282509c
- Kramer NM, Besbris J, Dafer RM. Poststroke Communication. *Practical Neurology*. July/August 2020:61-64. Available https://practicalneurology.com/articles/2020-july-aug/stroke-snapshot-poststroke-communication
- Baker, JM. Palliative Neurology. *Practical Neurology*. July/August 2020:57-60. Available https://practicalneurology.com/articles/2020-july-aug/palliative-neurology?c4src=top5
- Besbris JM, Baker JM, Kramer NM. Communication in Neuropalliative Care. *Seminars in Neurology*. In Press 2024.