

Conversation Toolkit

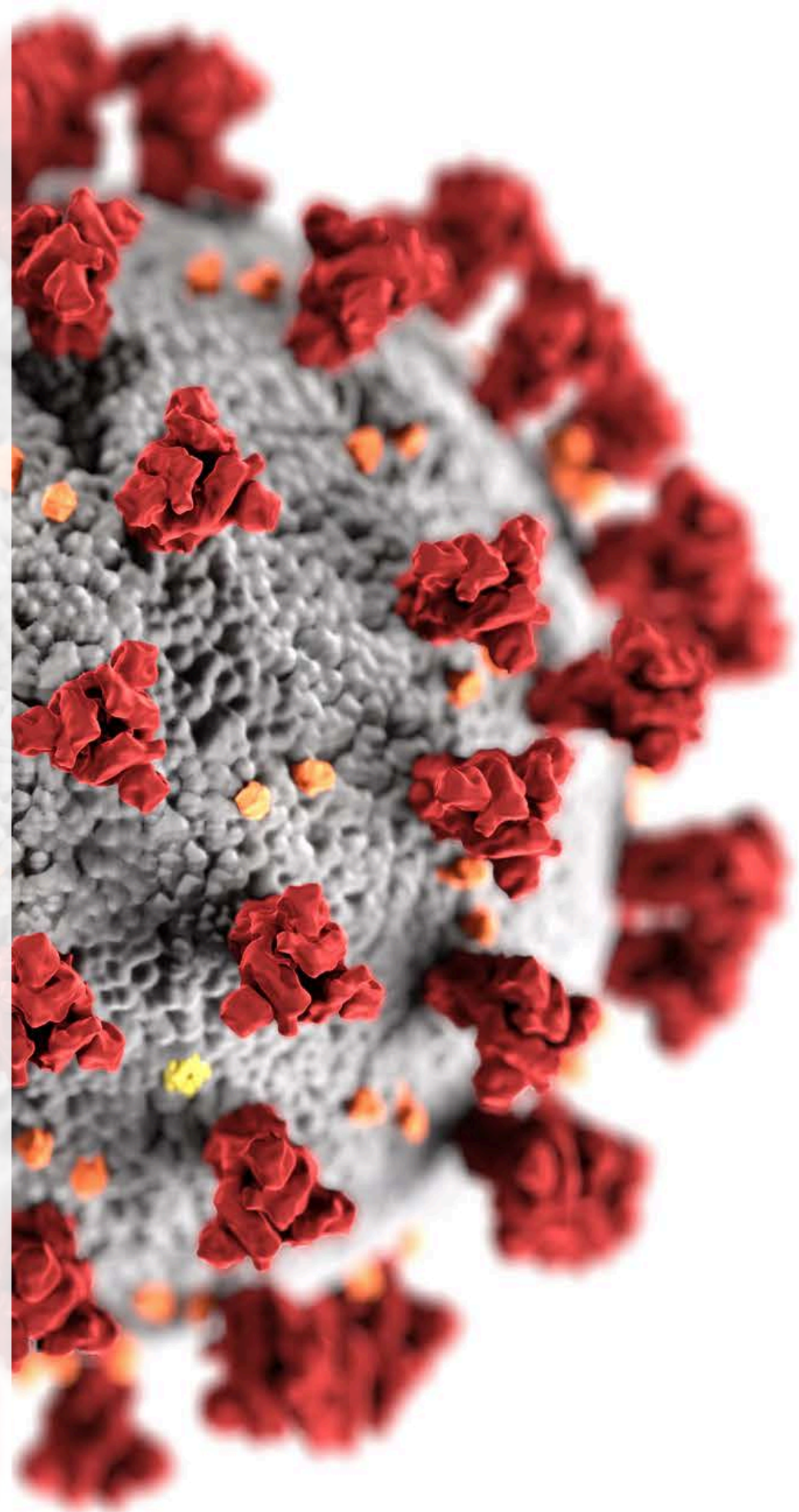
For COVID-19

From TalkVermont

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THE
University of Vermont
HEALTH NETWORK



About This Guide

Palliative Care Communication Skills For all Clinicians

The COVID-19 pandemic presents a severe acute care crisis of unknown duration, in which potentially thousands of people may get sick impacting patients, families and clinicians. In this moment, the priorities of palliative care — **quality of life, discernment of patient goals, pain and symptom management, and support for caregivers** — have never been more crucial.

We've compiled this toolkit to help clinicians in our community respond to the pandemic. The volume of seriously ill patients may exceed the capacity of palliative care clinicians in our Network, so these guidelines are intended to provide an extra layer of support to any clinician managing serious illnesses caused by the COVID-19 pandemic.

This Toolkit Contains:

- Communication guidance specifically for the COVID-19 crisis for the outpatient and inpatient settings,
- Language to consider when facing scarce resources, and
- Communication Techniques for Telemedicine.

VitalTalk, a nonprofit organization dedicated to improving communication skills for serious illness, collaborated with national faculty to create the COVID-Related Conversation guide included in this toolkit. TalkVermont has adapted this crowdsourced material for our own community.

For general tools for serious illness conversations, go to our **TalkVermont Resources page** to download patient and clinician conversation guides for serious illness.

What Next?

As the pandemic evolves, we may issue updated guidelines to respond to the situation. If you have non-urgent questions about this toolkit, please reach out to talkvermont@med.uvm.edu. For everything else, please call or page our Palliative Care teams.

We are being called to action at a moment of unprecedented need. Together, we'll get through the weeks ahead by summoning our compassion and expertise in service of the communities we serve.

Contents

Section 1: General Communication Tools

- Sharing information
- Responding to emotion

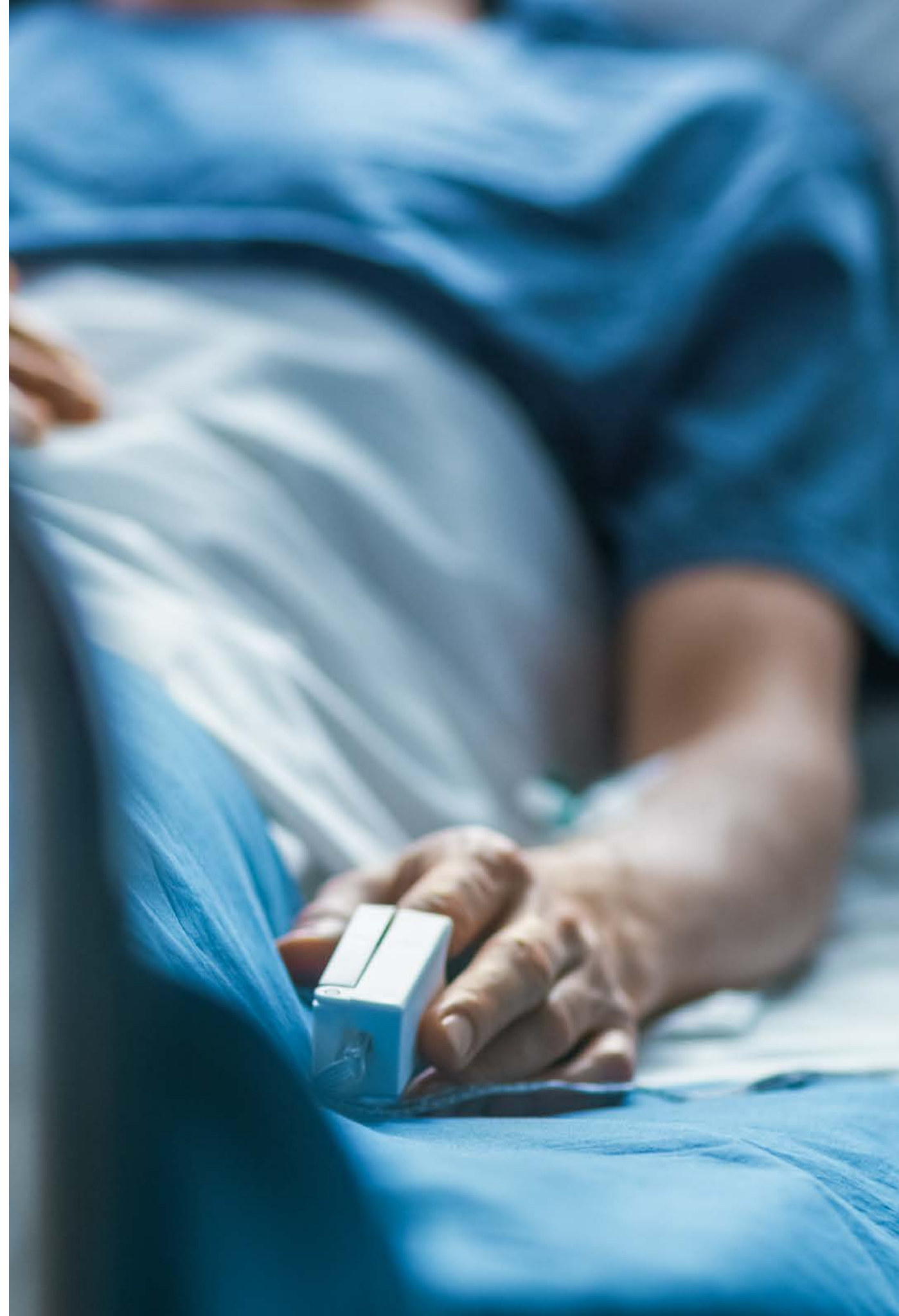
Section 2: COVID-Related Conversation Guide

- Outpatient- Testing and Triage
- Inpatient- Admitting
- Goals of Care
- Crisis Conversations (when resources are scarce)
- Saying Goodbye
- Death Notifications
- Clinician Emotions

Section 3: Telemedicine Communication Techniques

Section 4: When to Call Palliative Care

- Specialist Palliative Care for COVID-19
- Contact Numbers



General Tools for Conversations

General | Sharing Information

	Example	Notes
Ask Patient's or loved one's understanding	"What is your understanding of why you came to the Emergency Department" "What have you been told about your test results"	Asking a patient (or their loved one) what they have heard can help you fill in the information gaps. If they already tell you the information, you do not need to ask the question or deliver the news.
Ask Permission to give information	"Would it be okay if I share what I heard?" "Would it be okay if I share some of my concerns?"	Asking permission can determine whether a patient (or their loved one) is ready to hear the news.
Tell Deliver a clear and concise headline	"I am afraid I have some serious news, the test results came back COVID-19 positive" "and I am concerned that given your other medical conditions and your age, this infection could get worse and even take your life"	Provide a headline without jargon, at a 5th grade reading level, and in 1-2 sentences. Headlines should include the big picture <ul style="list-style-type: none"> • Summary of medical facts, and • Meaning or impact on patient's life.
Ask Check for understanding	"To make sure I did a good job giving you the information, can you tell me what you will tell your spouse about our conversation" "How are you doing with this information"	This is a way for you to make sure they heard you. May be optional based on the patient's response (e.g. they cry and say "I can't believe this.. she is so young").

General | Responding to Emotion

Naming and Validating - This response to emotion helps patients feel heard. We often name and validate strong emotions both negative and positive.

- "That makes perfect sense. It feels hard to live in this uncertainty."
- "Wow, I see how happy you are that you are feeling better today and looking forward to your crossword puzzles!"

Normalizing - This tells people they are not alone with their emotions.

- "Most of my patients say the same things you are saying. It is so normal to feel scared that this is all happening."

Aligning/non-abandonment - This tells patients and their loved ones that you are there for them.

- "I hear how hard it is to speak to your children about the pandemic. I want you to know that we will be here with you to help you navigate these conversations."

Simple Reflection - This shows active listening.

- "I hear how very sad all of this is."
- "I hear that you are worried about your sister."

Complex Reflection - This not only shows you are actively listening, it also helps to validate a hypothesis that you might be thinking about the persons emotions.

- "I hear how sad this is and I wonder if it is even harder right now given that your daughter is going off to college?"
- "I hear how scared you are and I wonder if you are most scared about losing your dad?"

Curiosity - Be curious. This helps to build connection and further your understanding the person's situation and emotions.

- "What was that experience like for you? Tell me more about what specifically the hardest part was?"

General | Empathic Continuers (NURSE)

	Example	Notes
Naming Name the emotion you see in front of you	<p>"You seem upset."</p> <p>"This must be overwhelming."</p>	<p>In general, turn down the intensity a notch when you name the emotion.</p> <p>You can also name the emotion of the situation, "this is really sad."</p>
Understanding Try to put yourself in their shoes	<p>"I can't begin to understand how hard this has been."</p> <p>"I can't imagine what you are going through."</p>	<p>Think of this as another kind of acknowledgment, but stop short of suggesting you understand everything (you don't).</p>
Respecting Demonstrate respect for the person in front of you	<p>"I can see how hard you have been working to stay healthy."</p> <p>"I can see what an amazing advocate you are for your mother."</p>	<p>Remember that praise also fits in here, e.g. "I think you have done a great job with this".</p>
Supporting Demonstrate your ongoing support	<p>"I will do my best to make sure you have what you need."</p> <p>"We will be here for you."</p>	<p>Making this kind of commitment is a powerful statement.</p>
Explore Learn more about what the person is feeling, especially if you don't understand	<p>"Tell me more."</p> <p>"Could you say more about what you mean when you say..."</p>	<p>If it's a cognitive way of expressing emotion, explore why they ask the question.</p>

COVID-Related Conversation Guide



Conversations | Testing and Triage

When someone is worried they might be infected

What They Say	What You Could Say
Why aren't they testing everybody?	Currently in our state, we don't have enough test kits. I wish it were different.
Why do the tests take so long?	It can be hard to wait. The lab is doing them as fast as they can.
How come the basketball players got tested?	I don't know the details. What I can tell you is that was a different time. The situation is changing so fast that what we did a week ago is not what we are doing today.

When someone may want to opt out of hospitalization

What They Say	What You Could Say
I am worried about this new virus. What should I be doing?	You are right to be concerned. Here's what you can do: Please limit your contact with others. Then you should pick a person who knows you well enough to talk to doctors for you if you did get really sick. That person is your health care agent. If you are the kind of person who would say, no thanks, I don't want to go to the hospital if I were to get very sick, you should tell us and your health care agent.
I realize that I'm not doing well medically even without this new virus. I want to take my chances at home [or in this long term care facility].	Thank you for telling me that. What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus. Did I get that right?

Conversations | Triage

When you're deciding where a patient should go

What They Say	What You Could Say
Does this mean I have COVID19?	We will need to test you with a nasal swab, and we will know the result within the next few days. It is normal to feel stressed when you are waiting for results.
Why shouldn't I just go to the hospital?	Our primary concern is your safety. We are trying to organize how people come in. You can help speed up the process for yourself and everyone else by _____.
Why are you keeping me out of the hospital?	I imagine you are worried and want the best possible care. Right now, the hospital should be for those that absolutely need it. The safest thing for you is to _____.
I don't want to come to the end of my life like a vegetable being kept alive on a machine [patient is in a long term care facility or home].	I respect that. Here's what I'd like to propose: we will continue to take care of you. The best case is that you don't get the virus. The worst case is that you get the virus despite our precautions —and then we will keep you where you are and make sure you are comfortable for as long as you are with us.

Conversations | Admitting

When your patient needs the hospital, or the ICU

What They Say	What You Could Say
How bad is this?	From the information I have now and from my exam, your situation is serious enough that you should be in the hospital. We will know more in the next day, and we will update you.
Is my grandfather going to make it?	I imagine you are scared. Here's what I can say: because he is 90, and is already dealing with other illnesses, it is quite possible that he may die in the hospital. Honestly, it is too soon to say for certain.
How can you not let me in for a visit?	I so wish I could let you visit, because I hear it's important to you. The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. We can, however, help you be in contact with your loved one electronically.
Are you saying that no one can visit me?	I imagine it is hard to not have visitors. The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. You can use your phone or FaceTime, although I realize that is not quite the same.

When coping needs a boost, or emotions are running high

What They Say	What You Could Say
I'm scared.	This is such a tough situation. I think anyone would be scared. Could you share more with me?
I need some hope.	Tell me about the things you are hoping for? I want to understand more. What gives you hope on an ordinary day?
You people are incompetent!	I can see why you are not happy with things. I am willing to do what is in my power to improve things for you. What can I do to help?
I want to talk to your boss.	I can see you are frustrated. I will ask my boss to come by as soon as they can. Please realize that they are juggling many things right now.
Do I need to say my goodbyes?	I see you are worried. We are worried too. What's most pressing on your mind? Are there people in your life that need to know you love them, even if things are fine?

Conversations | Goals of Care Script

This is for patients whom you are worried could die from their COVID-19 infection.

Step 1: Heads Up + Asking Permission

"I am afraid that I have some serious news to share with you. Would it be okay if we talk about it?"

Step 2: Deliver a Headline

"The test results show that it is highly likely you (your loved one) have COVID-19. I am very worried that you (your loved one) could develop a serious complication or even die from this virus."

Step 3: Respond to Emotion

"I can't even imagine how hard it is to hear this news."

"I want you to know that we will be here with you as you face these challenges."

[respond to emotion until they are ready for next steps]

Step 4: Ask Permission to Move Forward

"Would it be okay if we take a step back and talk about what is important to you (your loved one)."

Step 5: Asking about Goals

"Knowing this news, tell me what is important to you (your loved one)"

"Knowing what could happen, what worries you (your loved one) the most?"

"What would be an unacceptable life or a life worse than death for you (your loved one)?"

Step 6: Align with Goals

"What I am hearing you say is that your _____ is most important to you"

Step 7: Propose a Plan that Matches Goals

"Thank you for sharing that information with me."

"Would it be okay if I make a recommendation based off of what you told me."

"Given what you told me, I would recommend that we admit you to the hospital and continue to support your breathing through oxygen and medications. However, if things got worse, I would not recommend putting you on a breathing machine as I do not think that is aligned with your goals."

"How does that sound?"

Conversations | Goals of Care

When things aren't going well, goals of care, code status

What They Say	What You Could Say
I want everything possible. I want to live.	We are doing everything we can. This is a tough situation. Could we step back for a moment so I can learn more about you? What do I need to know about you to do a better job of taking care of you? What is important in your life?
I don't think my spouse would have wanted this.	Well, let's pause and talk about what he would have wanted. Can you tell me what he considered most important in his life?
I don't want to end up being a vegetable or on a machine. [patient is in the hospital]	Thank you, it is very important for me to know that. Can you say more about what you mean?
I am not sure what my grandfather wanted—we never spoke about it.	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given his overall condition now, if we need to put him on a breathing machine or do CPR, he will not survive. Given all this, I would recommend that we allow him to die peacefully and not try to restart his heart as I don't think it will benefit him. I know that is hard to hear. What do you think?

Conversations | Crisis Script

This is for patients whom you are worried could die from their COVID-19 infection and when there is a shortage of resources.

Step 1: Heads Up + Asking Permission

"I am afraid that I have some serious news to share with you. Would it be okay if we talk about it?"

Step 2: Headline with Resource Allocation

"If this infection becomes severe, despite our best efforts, we know that in people who already have serious medical conditions, invasive treatments like CPR and ventilators (breathing machines that require a tube down into your lungs) do not help people survive and would only cause harm.

So for you, what this means is that we care for you on the floor and do everything we can to help you feel better and fight this illness. What we won't do is to transfer you to the ICU, or do CPR if your heart stops".

(Allow a pause for family to absorb this information).

Step 3: Respond to Emotion

"I have no words."

"We will continue to support you and your family."

[respond to emotion until they are ready for next steps]

Step 4: Ask Permission to Move Forward

"Would it be okay if we talk about what is important to you (your loved one)."

Step 5: Asking about Goals

"If things do get worse, tell me what is important to you (your loved one)"

"What worries you (your loved one) the most?"

"What would be an unacceptable life or a life worse than death for you (your loved one)?"

Step 6: Align after Each Goal

"What I am hearing you say is that your _____ is most important to you"

Step 7: Propose a Plan

"Thank you for sharing that information with me."

"Would it be okay if I make a recommendation based off of what you told me."

"Given what you told me, I would recommend that we continue to care for your husband with oxygen and medications. And if things get worse and he is dying, we will focus on his comfort and dignity as you mentioned that those are important to him"

"How does that sound?"

Conversations | Scarcity of Resources

When scarcity of resources forces triage and rationing

What They Say

What You Could Say

Shouldn't I be in an intensive care unit?

Your situation does not meet criteria for the ICU right now. **The hospital is using special rules that let us use ICU beds fairly for everyone when there just aren't enough of them.** I wish this was a year ago, when we had enough beds. We'll keep doing everything we can no matter which floor you are on.

My grandmother needs the ICU! Or she is going to die!

This is a scary situation, and I am also worried for your grandmother. **Even if we could transfer her to the ICU, I am not sure she would live.** We will continue to do everything we can for her.

Are you just discriminating against her because she is old?

No. We are using guidelines that were developed by people in this community--clinicians, policymakers, and regular people--to be sure that no one is singled out during this crisis. I know it is hard to hear.

It sounds like you are rationing.

These are extraordinary times. **What we are doing is trying to spread out our resources in the best way possible.** This is a time where I wish we had more for every single person in this hospital.

You're playing God. You can't do that.

I didn't mean to give you that feeling. **Across Vermont, every hospital is working together to try to use resources in a way that is fair for everyone.** I realize that we don't have enough. I wish we had more. Please understand that we are all working as hard as possible.

Can't you get 15 more ventilators from somewhere else?

Right now the hospital and hospitals around the country are operating over capacity. Unfortunately, it is not possible for us to increase our capacity like that overnight. **I realize that is disappointing to hear.**

How can you just take her off a ventilator when her life depends on it?

I can't even imagine how hard this is for you and your family. Unfortunately, her condition has gotten worse, even though we are doing everything. Because we are in extraordinary times, we are following special guidelines that apply to everyone here. We cannot continue to provide critical care to patients who are not getting better. **Because your wife will likely die even on the ventilator, we will plan to take her off of it and continue to care for her in the best way possible.** I know that is hard to hear.

Conversations | Saying Goodbye

When you need to guide a family member to say goodbye over the phone to a dying patient

What You Could Say	
Lead the way forward	"I am [xxxxx], one of the [professionals] on the team." "For most people, this is a tough situation." "I'm here to walk you through it if you'd like."
Offer the five ways to say goodbye	"So we have the opportunity to make this time special." "Here are five things you might want to say. Use the ones that ring true for you." <ul style="list-style-type: none">• "Please forgive me."• "I forgive you."• "Thank you."• "I love you."• "Goodbye and we will be OK." "How do these suggestions sound?"
Validate what they want to say	"I think that is a beautiful thing to say." "If my [daughter] were saying that to me, I would feel so valued and so touched." "I think he/she can hear you even if they can't say anything back." "Go ahead, just say one thing at a time. Take your time."
Emphasize that the same rules apply to everyone	"I can see that he/she means a lot to you." "Can you stay on the line a minute? I just want to check on how you're doing."

Conversations | Death Notification

When you are telling someone over the phone

What They Say	What You Could Say
Yes I'm his daughter. I am 5 hours away.	I have something serious to talk about with you. Are you in a place where you can talk?
What is going on? Has something happened?	I am calling about your father. He died a short time ago. The cause was COVID-19.
[Crying]	My deepest condolences. [Silence. If you feel you must say something: "Take your time. I am here"].
I knew this was coming, but I didn't realize it would happen this fast.	I can only imagine how shocking this must be. [Silence. Wait for them to restart]

Managing | Your Own Emotions

When you're worrying about what might happen

What You May Fear	What You Can Do
That patient's son is going to be very angry.	Before you go in the room, take a moment for one deep breath. What's the anger about? Love, responsibility, fear?
I don't know how to tell this adorable grandmother that I can't put her in the ICU and that she is likely going to die.	Remember what you can do: you can hear what she's concerned about, you can explain what's happening, you can help her prepare, you can be present. These are gifts.
I have been working all day with infected people and I am worried I could be passing this on to the people who matter most to me.	Talk to them about what you are worried about. You can decide together about what is best. There are no simple answers. And worries are easier to bear when you share them.
I am afraid of burnout, and of losing my heart.	Can you look for moments every day where you connect with someone, share something, enjoy something? Remember that whatever your own state, that these feelings (e.g. burnout, loss) are intrinsic to our human condition. Can you accept them, not try to push them away, and then decide what you need?

When you've lost someone

What You May Be Thinking	What You Can Do
I should have been able to save that person.	Notice: am I grading myself? Could I step back and just feel? Maybe it's sadness, or frustration, or just fatigue. Those feelings are normal. And these times are distinctly abnormal.
OMG I cannot believe we don't have the right equipment / how mean that person was to me / how everything I do seems like it's blowing up.	Notice: am I catastrophizing? Is all this analyzing really about something else? Like how sad this is, how powerless I feel? Under these conditions, such thoughts are to be expected. Can we notice them, and feel them, maybe share them? And then ask ourselves: can I step into a less reactive, more balanced place even as I move into the next thing?

Telemedicine Communication Tips



Telemedicine | Communication Tips

During the the COVID-19 pandemic, telemedicine is playing a key role for our communities so that those who are symptomatic or wish to stay home can still connect with their clinicians. Below are helpful communication techniques that are unique to telemedicine encounters.

Introduction

This can be stressful and a new experience for patients who will need reassurance. It is important to orient them to the visit, setting expectations and the length of time. Also, let them know if something goes wrong you will call them back.

Environment

If you anticipate there will be expressions of strong emotions, make sure to cue the patient to be in a more private setting where they will feel comfortable expressing emotions. For example, they may not want to have the kids around.

Look into the Camera

Make sure you have your screen aligned in such a way that you can look into the camera directly, creating eye contact. Paradoxically, one trick is to use a smaller device (i.e., phone, tablet) to foster a more intimate connection. Background should be plain and without windows.

Attend to Environmental Cues

In telemedicine, we are invited into a patient's inner world. What do you notice? For example, are they in a darkened room? Are they wanting to have a more superficial conversation today? These clues can help guide your questions and emotional responses.

Conveying Emotion

Visual gestures can convey empathy and connection such as touching your heart when expressing concern. You can also use verbal or sound cues to indicate you are listening.

Ending the Session

Ending a telemedicine session can feel very abrupt. We don't get to walk the patient to the door and say goodbye. Think about how you might want to wind things down if a patient has expressed emotions. You may want to signpost that the appointment is coming to an end.

- "I see that we have about 10 minutes left. I wonder what might be most helpful to discuss as we finish up for today?"

Be sure to include next steps and what to expect after the visit.



When To Call A Palliative Care Specialist



Specialist Palliative Care for COVID-19

Palliative Care remains a resource for primary care providers and inpatient teams for consultation regarding difficult symptom management and complex medical decision making.

The COVID-19 pandemic will likely pose challenging questions and prompt difficult conversations and choices. While triage decisions about resource allocation, if needed, will be made at the institutional level, we are available for the following needs:

- **Physical symptoms** that are either difficult to control or refractory to basic management;
- **Difficult decisions and discussions** regarding goals of care after initial attempts by primary team;
- **Challenging communication** issues with patients and/or caregivers; refractory emotional or spiritual distress in persons grappling with meaning, purpose, and connection;
- **Caregiver or team distress** that have not improved after initial attempts to console; or,
- **Inter- or intra- team conflicts** that are refractory to initial attempts to mediate.



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