

## **Communication Guide for Nurses and Others During COVID-19**

As the spread of COVID-19 continues and levels of uncertainty among many increases, the ELNEC team wants to stress that strong communication skills are more important than ever. We have pulled several communication resources we have developed as well as resources from other sources, in order to provide nurses and other healthcare professionals with suggestions and guidelines for navigating difficult conversations during this global pandemic.

1. **Communication Needs of Patients and Families During COVID-19:** Effective communication skills are always important while caring for patients with serious or life-threatening illnesses, but the current pandemic brings different communication challenges. Below are several suggestions for addressing communication needs of patients and families:
  - A lot of information (accurate and inaccurate) has been available to the general public through multiple channels of communication. It is important to provide patients with clear, concise and accurate information so they can synthesize the information and make informed choices.
  - Many patients and families are uncertain about COVID-19 and emotions surrounding the virus and its prognosis are high. Allowing patients the opportunity to disclose feelings and verbalize fears associated with their acute illness is key.
  - Contracting COVID-19 will be a terminal event for many. Providing patients with a sense of control can help decrease their anxiety and lead to discussions about meaning of life.
  - Despite a high mortality rate internationally, maintaining a sense of hope that many people will survive the virus is important.
  - Many settings are restricting or prohibiting visitors. Nurses and other frontline clinicians will be conducting more phone calls than usual with patient's support systems. Allowing opportunities for frequent updates of patients condition, connecting the patient and family member virtually, and providing assurance of comfort will help ease family members' stress and anxiety during these times.
  
2. **Questions for Nurses and others to Use When Talking to Patients/Families:** Communicating with patients and families during the COVID-19 pandemic brings unique and unseen challenges. Focusing on questions that address the patient's goals of care while also serving to gain information about the patient can be useful.
  - Questions for Patients:
    - "Please tell me about you and life before COVID-19 became a pandemic."
    - "What matters the most to you right now?"
    - "What concerns you most right now?"
    - "What is important for you to maintain control over?"
    - "What do you know about COVID-19? What has been shared with you?"
    - "What activities such as music, art, reading, provide you peace and comfort?"
    - "What are the most important relationships in your life?"
    - "Who can we help you stay connected while we are on a no-visitor policy?"
  - Questions for Families:
    - "What information do you need right now?"
    - "I am so sorry you cannot physically be with your loved one right now. How can we help you two stay connected during this difficult time?"

3. **Recommendations for Conducting a Family Meeting During COVID-19:** Family meetings in general can be highly complex and complicated. Right now, more than ever, we are required to be creative and flexible in ways we communicate with family members, especially as more institutions are limiting or restricting visitation. We have modified our recommendations for conducting a family meeting in order accommodate many clinicians who are now having family meetings via phone calls or through video conferencing.

- Prepare for the Meeting
  - Review medical issues and history.
  - Coordinate healthcare team.
  - Discuss goals of meeting with team.
  - Identify a meeting leader among the health-care team.
  - Discuss which family members will be present.
  - Arrange the appropriate technical support required to conduct the meeting digitally
  - Try to minimize distractions (e.g. pagers)
  
- Open the Meeting
  - Introduce all in attendance.
  - Review the medical situation.
  - Establish the overall goal of the meeting by saying something like: *“Today, I’d like to make sure everyone understands how [the patient] is doing and answer all the questions that you have,”* or *“We wanted to meet today to discuss how [the patient] will be cared for once they leave the hospital.”*
  - Be prepared for the goals of the meeting to change based on the family’s desires.
  
- Elicit Family Understanding
  - Ask family members questions such as *“What have you been told about [the patient’s] condition?”*
  - After hearing from the family, a helpful follow-up question is *“Is there anything that isn’t clear that we can help to explain?”*
  
- Elicit Patient and Family Values and Goals
  - Elicit goals of all those present, especially if multiple perspectives are held.
  - Begin with an open-ended question such as, *“Given what’s gone on, what are your hopes for [the patient]?”* This may be followed by more specific suggestions for the family: *“Sometimes getting home is an important goal for a patient. Sometimes seeing a certain family member or friend is an important goal: are there things like this that you imagine are important for [the patient]?”*
  - Understand ethnic and cultural influences on communication styles, family relationships, medical treatments, and end-of-life care by asking: *“Can you please help me understand what I need to know about [the patient’s] beliefs and practices to take the best care of [the patient]?”*
  - Maintain focus on the patient’s perspectives. Often this can help to relieve guilt that family members may feel over making decisions. Such questions could include: *“What do you imagine [the patient] would have done or wanted in this situation?”* or *“Our goal is not so much to think about what you would want or not want but to use your knowledge of [the patient] to understand what he or she would want in this situation.”*

- Deal with Decisions That Need to Be Made
  - Achieve a common understanding of the issue.
  - Find out if the patient had made his or her wishes about the decision known by asking, “Has [the patient] ever discussed what he would want or not want in this kind of a situation?”
  - Reassure family members that they are deciding about what is in the best interests of the patient, not necessarily what is in their own best interests.
  - Begin with open-ended assessments and then turn to specific interventions, if necessary.
  - Offer clear recommendations based on patient and family goals
  - Seek consensus whenever possible, agreeing on the decision or on the need for more information.
  - Use summary statements, such as, “It sounds like we are coming to an understanding that [the patient] would not want to continue on the ventilator. Is that how everyone understands [the patient’s] wishes?”
  - Check for understanding of the decisions made by saying something like, “I want to make sure everyone understands that we’ve decided to ...”
  
- Close the Meeting
  - Offer a brief summary of what was discussed.
  - Ask for any final questions.
  - Offer a statement of appreciation and respect for the family: “I appreciate how difficult this must be, but I respect everyone for trying so hard to do right by [the patient],” or “I want to thank everyone for being here and for helping to make the difficult decisions.”
  - Make a clear follow-up plan and how to contact the health-care team.
  
- Follow-up on the Meeting
  - Document the meeting in the chart.
  - Follow-up with any information or reassessment agreed upon during the meeting by saying, “When we last spoke, you were going to talk with your brother about our meeting. How did that go?”

Source: Adapted from Rabow, M.W., Hauser, J.M., & Adams, J. (2004). Supporting family caregivers at the end of life: “They don’t know what they don’t know.” *Journal of the American Medical Association*, 291(4), 487)

4. **Hope Communication Tool:** The Hope Communication Tool was developed to help clinicians get to know a patient or to provide support and often is associated with conversations regarding spirituality. This tool can be very useful when caring for patients with COVID-19 because often in times of crisis or acute care, it is easy to forget to have such conversations:

What do you hope for your future?  
 What does this hope mean to you?

What makes you lose hope?  
 What can I do for you during those moments?

What gives you hope or strength?  
 How does this hope help or hinder you?

What helps you cope with your illness?  
How can I accompany you in that?

Sources:

Olsman, E., Leget, C., & Willems, D. (2015). Palliative care professionals' evaluations of the feasibility of a hope communication tool: A pilot study. *Progress in Palliative Care*, 23(6), 321-325.

Herth, K. (1992). Abbreviated instrument to measure hope: development and psychometric evaluation. *Journal of Advanced Nursing*, 17, 1251-1259.

5. **Spiritual Care Questions for Speaking with Patients:** During these difficult times, it is important to not lose sight of having meaningful conversation with patients, especially while many are unable to spend in-person time with family or friends. Below are questions to help guide conversations about spirituality during COVID-19:

- How is your spirit doing today?
- Are you scared?
- What are you most afraid of?
- What makes life worth living?
- Is there anything you haven't done that you need to do?
- What do you hope for?
- What is your deeper hope?
- Is there anything worse than death?
- What are you most proud of in your life?
- Do you have regrets?
- Do you need to forgive anyone?
- Do you need to ask forgiveness from anyone?
- What will your legacy be?
- What do you love most about your life?
- Are you at peace?

Source: Adapted from Baird P. Spiritual care intervention. In: Ferrell BR, Coyle N, Paice JA, eds. *Oxford Textbook of Palliative Nursing*. 4th ed. New York, NY: Oxford University Press; 2015: 546-553.

6. **Patient Questions or Statements Requiring a Chaplain:** Many patients during this time will experience distress and uncertainty and although we anticipate a shortage in chaplaincy due to the increase of patients across all care types, it is important to screen for patients who might require a chaplain:

- What have I done to deserve this?
- I pray but I'm still sick.
- I used to believe in God, but now I'm not so sure.
- I feel like all hope is gone.
- No one has ever accepted me because I'm different.
- How will my family get along without me?
- What did my life mean?
- What is there left to care about?
- No one understands.
- I'm scared.

Source: Adapted from Baird P. Spiritual care intervention. In: Ferrell BR, Coyle N, Paice JA, eds. *Oxford Textbook of Palliative Nursing*. 4th ed. New York, NY: Oxford University Press; 2015: 546-553.

7. **CASH Assessment Questions with Associated Existential Themes:** In addition to the tools above, the CASH Assessment Questions can also assist clinicians in having spiritual care conversations.

CASH Assessment Questions with Associated Existential Themes		
<i>Mnemonic</i>	<i>Question</i>	<i>Existential themes</i>
C <u>C</u> are	What do I need to know about you to take better <u>care</u> of you?	Meaning, identity, autonomy, dignity
A <u>A</u> ssistance/help	What has <u>helped</u> you most during the course of your illness?	Support, connectedness, relationships
S <u>S</u> tress	What are the biggest <u>stressors</u> in your life now?	Stress, anxiety, guilt, isolation
H <u>H</u> opes/fears	What is your biggest fear? What are you <u>hoping</u> for?	Hope, fear, anxiety, isolation

Source: Alesi, E., Ford, T., Chen, C., Fletcher, D., Morel, T., Bobb, B., Lyckholm, L. (2015) Development of the CASH assessment tool to address existential concerns in patients with serious illness. *Journal of Palliative Medicine*, 18(1) 71-75.

8. **Useful Language in Goals of Care Discussions:** Addressing goals of care during acute illness is crucial and with the heightened uncertainty associated with COVID-19, we must have these conversations with patients and their families to better understand how to provide them with the best care possible. Below is useful language to use while having goals of care discussions:

Assess understanding of diagnosis/prognosis

- “How are things going?”
- “What is your understanding of this virus and your diagnosis?”
- “What have the doctors told you about COVID-19?”
- “What information do you need right now?”

Exploratory questions

- “Tell me more...”
- “Can you explain what you mean?”
- “Can you tell me what you’re worried about?”
- “You said you were worried about your family getting sick. Tell me more...”
- “How can I be of help to you?”

Assess patient’s support systems

- “Is this the most stressful time of your life?”
- “How have you handled stress in the past?”
- “Where are you getting your support?”
- “What/who is helping you the most?”
- “How does your family communicate with each other and how can we help you communicate with them right now?”
- “Can you anticipate any potential areas of concern for the family?”
- “Is there anyone you rely on to help you make important decisions?”
- “Who are the important people to be at a family meeting?”

Define the patient’s goals of care

- “What do you hope for most in the next few days?”

- “What are your goals?”
- “What is important to you right now?”
- “Is there anything that you are afraid of?”

Pertinent questions for families to be asked when the patient is not able to make his/her own healthcare decisions

- “Tell me about your loved one.”
- “Tell me about his/her life so I can learn a little about him/her as a person.”
- “What is important to him/her?”

Source: Adapted from Peereboom, K, & Coyle, N. (2012). Facilitating goals-of-care discussions for patients with life-limiting disease: communication strategies for nurses. *Journal of Hospice & Palliative Nursing*, 14(4), 254.

9. **What is Our Role During COVID-19?**

- We want to try our best to convey caring, sensitivity and compassion especially during COVID-19. Our patients and families are filled with uncertainty and it is important to remember their lives have changed drastically in a short period of time.
- Providing information in simple terms and asking for clarification will help minimize miscommunication and decrease stress.
- Maintaining a positive and approachable presence for patients and families.
- Being an advocate for our patients and family’s choices regarding the presence of others and support.
- Demonstrating empathy and putting ourselves in another’s place during COVID-19 can help ground us while we navigate complicated situations

10. **Additional Resources for Communication During COVID-19:**

- CAPC COVID-19 Response Resources:
  - [www.capc.org/toolkits/covid-19-response-resources/](http://www.capc.org/toolkits/covid-19-response-resources/)
- Patient Provider Communication During COVID-19:
  - [www.patientprovidercommunication.org/supporting-communication-covid-19.htm](http://www.patientprovidercommunication.org/supporting-communication-covid-19.htm)
- COVID-Ready Communication Skills: A Playbook of VitalTalk Tips:
  - [www.vitaltalk.org/guides/covid-19-communication-skills/](http://www.vitaltalk.org/guides/covid-19-communication-skills/)