

## COVID-19-ready communication skills: A playbook of VitalTalk Tips

Adapted March 21 for AHS from Vital Talk: version 20 March 2020 which is also available [French](#), [German](#), and [Spanish](#).

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### Using these tips

This is a super-concentrated blast of tips focused on COVID. We've pared away all the usual educational stuff because we know you're busy. If you want more, check out the talking maps and videos on [fundamental communication skills](#), [family conferences](#), and [goals of care](#) at [vitaltalk.org](http://vitaltalk.org).

As the pandemic evolves, the caseload in your zone will determine whether your clinic or hospital or institution is 'conventional' mode (usual care), 'contingency mode' (resources stretched although care functionally close to usual), or 'crisis' mode (demand outstrips resources). Most of the tips here are for conventional or contingency mode. If your zone moves to [crisis standards](#), how medicine is practiced will change dramatically—triage decisions will be stark and choices will be limited. If needed, future versions of this document will shift towards crisis. For now, please note that the **crisis mode tips are marked [C] and should be reserved for a crisis** designated by your institution. And remember that even in a crisis, we can still provide compassion and respect for every person.

Some of the communication tips in this document depict ways to explain resource allocation to a patient or family or caregiver. However, note that decisions about how resources are allocated—what criteria are used or where lines are drawn—should happen at a different level—at the regional or provincial level. Rationing should not occur at the bedside. In these tips, we steer away from complex discussions about rationing, and use language that is for laypeople rather than ethicists.

### You can pitch in

Show this to the people you work with. Volunteer to edit so we can incorporate feedback in real time. Translate this into another language. Don't just spread worries about how bad things will get—be the change you want to see. You can get in touch with Vital Talk creators at [tonyback@uw.edu](mailto:tonyback@uw.edu) or [info@vitaltalk.org](mailto:info@vitaltalk.org). For AHS specific feedback please contact [conversationsmatter@ahs.ca](mailto:conversationsmatter@ahs.ca)

## Screening

## When someone is worried they might be infected

<i>What they say</i>	<i>What you say</i>
Why aren't they testing everybody?	We don't have enough test kits to do that. <b><i>I wish it were different.</i></b>
Why do the tests take so long?	The lab is doing them as fast as they can. <b><i>I know it's hard to wait.</i></b>
How come X got tested?	I don't know the details, but what I can tell you is that their situation may be different. <b><i>The situation is also changing so fast that what we did a week ago is not what we are doing today.</i></b>

## Preferencing

## When someone may want to opt out of hospitalization

<i>What they say</i>	<i>What you say</i>
I am worried about this new virus. What should I be doing?	<b>You are right to be concerned. Here's what you can do.</b> Please limit your contact with others—we call it social distancing. Then <b>you should pick a person who knows you well enough to talk to doctors for you if you did get really sick.</b> Complete a <a href="#">personal directive</a> to appoint that person as your "agent". Finally, if you are the kind of person who would say, no thanks, I don't want to go to the hospital and end up dying on machines, you should tell us and your agent.
I realize that I'm not doing well medically even without this new virus. I want to take my chances at home / in this long term care facility.	Thank you for telling me that. <b>What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus.</b> Did I get that right?

I don't want to come to the end of my life like a vegetable being kept alive on a machine. [in a long term care facility or at 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 here and make sure you are comfortable for as long as you are with us.
I am this person's decision maker / health care agent. I know their medical condition is bad—that they probably wouldn't survive the virus. Do you have to take them to the hospital?	It is so helpful for you to speak for them, thank you. If their medical condition did get worse, we could provide palliative focused care here and make sure that they are comfortable. We can hope for the best and plan for the worst.

## Triaging

### When you're deciding where a patient should go

<i>What they say</i>	<i>What you say</i>
Why shouldn't I just go to the hospital?	Our primary concern is your safety. We are trying to organize who needs hospital care so it is there for those who most need it. Please fill out the questions <a href="#">online</a> . <b>You can help speed up the process for yourself and everyone else.</b>
Why are you keeping me out of the hospital?	<b>I imagine you are worried and want the best possible care.</b> Right now, the hospital needs to be kept for those who really, really need it. <b>The safest thing for you</b> is to ____.

## Admitting

### When your patient needs the hospital, or the ICU

<i>What they say</i>	<i>What you say</i>
Does this mean I have COVID-19?	We will need to test you with a nasal swab, and we will know the result soon. <b>It is normal to feel stressed when you are waiting for results</b> and we will let you know as soon as we can.
How bad is this?	From the information I have now and from my exam, your situation is serious enough that you should stay in the hospital. It's difficult to predict how bad it will be and I hope

	you will get better but that's why we want to look after you here.
Is my grandfather going to make it?	<b>I imagine you are scared.</b> Here's what I can say: because he is 90, and is already dealing with other illnesses, <b><i>it is quite possible that he will not make it out of the hospital. Honestly, it is too soon to say for certain.</i></b>
Are you saying that no one can visit me?	<b>I know it is hard to not have visitors.</b> The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. <b><i>They will be in more danger if they come into the hospital.</i></b> I wish things were different. You can use your phone, although I realize that is not quite the same.
How can you not let me in for a visit?	The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. We can help you be in contact electronically. <b><i>I wish I could let you visit, because I know it's important. Sadly, it is not possible now.</i></b>

## Counseling

### When coping needs a boost, or emotions are running high

What they say	What you say
I'm scared.	This is such a tough situation. <b><i>I think anyone would be scared.</i></b> Could you share more with me?
I need some hope.	Tell me about the things you are hoping for? <b><i>I want to understand more.</i></b>
You people are incompetent!	I can see why you are not happy with things. <b><i>I am willing to do what is in my power to improve things for you.</i></b> What could I do that would help?
I want to talk to your boss.	I can see you are frustrated. <b><i>I will ask my boss to come by as soon as they can. Please realize that they are juggling many things right now.</i></b>
Do I need to say my goodbyes?	I'm hoping that's not the case. And I worry time could indeed be short. What is most pressing on your mind?

## Deciding

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

What they say	What you say
I want everything possible. I want to live.	We are doing everything we can. This is a tough situation. <b><i>What do I need to know about you to do a better job taking care of you?</i></b>
I don't think my spouse would have wanted this.	Well, let's pause and talk about what they would have wanted. Can you tell me what they considered most important in their life? <b><i>What meant the most to them, gave their life meaning?</i></b>
I don't want to end up being a vegetable or on a machine.	Thank you, it is very important for me to know that. <b><i>Can you say more about what you mean?</i></b>
I am not sure what my spouse 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 their overall condition now, if we need to put them on a breathing machine or do CPR, they will not make it. The odds are just against us. <b><i>My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully.</i></b> I suspect that may be hard to hear. What do you think?

## Resourcing

### When limitations force you to choose, and even ration

What they say	What you say, and why
Why can't my 90 year old grandmother go to the ICU?	<b><i>This is an extraordinary time. We are trying to use resources in a way that is fair for everyone.</i></b> Your grandmother's situation does not meet the criteria for the ICU today. I wish things were different. [C]
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 about the ICU because we are trying to use our resources in a way that is fair for everyone. <b><i>This is an extraordinary time.</i></b> I wish I had more resources. [C]
My grandmother needs the ICU! Or she is going to die!	I know this is a scary situation, and I am worried for your grandmother myself. <b><i>This virus is so deadly that even if we could transfer her to the ICU, I am not sure she would make it.</i></b>

	So we need to be prepared that she could die. We will do everything we can for her. [C]
Are you just discriminating against her because she is old?	I can see how it might seem like that. No, we are not discriminating. <b>We are using guidelines that were developed by people in this community to prepare for an event like this.</b> The guidelines have been developed over the years, involving health care professionals, ethicists, and lay people to consider all the pros and cons. I can see that you really care about her. [C]
You're treating us differently because of the color of our skin.	<b>I can imagine that you may have had negative experiences in the past with health care simply because of who you are.</b> That is not fair, and I wish things had been different. The situation today is that our medical resources are stretched so thin that we are using guidelines that were developed by people in this community, including people of color, so that we can be fair. I do not want people to be treated by the color of their skin either. [C]
It sounds like you are rationing.	What we are doing is trying to spread out our resources in the best way possible. <b>This is a time where I wish we had more for every single person in this hospital.</b> [C]
You're playing God. You can't do that.	I am sorry. I did not mean to give you that feeling. <b>Across the city, 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.</b> I wish we had more. Please understand that we are all working as hard as possible. [C]
Can't you get 15 more ventilators from somewhere else?	Right now the hospital is operating all the ventilators we can get. It is not possible for us to increase our capacity more quickly, as everyone is looking for them. And <b>I realize that must be frustrating to hear.</b> [C]
How can you just take them off a ventilator when their life depends on it?	I'm so sorry that her condition has gotten worse, even though we are doing everything. Because we are in an extraordinary time, we are following special guidelines that apply to everyone here. We cannot continue to provide critical care to patients who are not getting better. This means that we need to accept that she will die, and that we need to take her off the ventilator. I will make sure she doesn't suffer. I wish things were different. [C]

## Notifying

### When you are telling someone over the phone

What they say	What you 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]	I am so sorry for your loss. [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. It is sad. [Silence] [Wait for them to restart]

## Anticipating

### When you're worrying about what might happen

What you 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. <b>What's the anger about?</b> 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 going to die.	<b>Remember what you can do:</b> 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.	Talk to them about what you are worried about. You can decide together about what is best. There are no simple answers. But <b>worries are easier to bear when you share them.</b>
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? <b>It is</b>

	<b><i>possible to find little pockets of peace even in the middle of a crisis.</i></b>
I'm worried that I will be overwhelmed and that I won't be able to do what is really the best for my patients.	Check your own state of being, even if you only have a moment. If one extreme is wiped out, and the other is feeling strong, where am I now? <b><i>Remember that whatever your own state, that these feelings are inextricable to our human condition.</i></b> Can you accept them, not try to push them away, and then decide what you need

## Grieving

### When you've lost someone

What I'm thinking	What you can do
I should have been able to save that person.	Notice: <b><i>am I talking myself the way I would talk to a good friend?</i></b> 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 its blowing up	Notice: <b><i>am I letting everything get to me?</i></b> Is all this analyzing really about something else? Like how sad this is, how powerless I feel, how puny our efforts look? Under these conditions, such thoughts are to be expected. But we don't have to let them suck us under. Can we notice them, and feel them, maybe share them?  And then ask ourselves: <b><i>can I step into a less reactive, more balanced place even as I move into the next thing?</i></b>
Check out <a href="#">Supporting mental health during COVID-19</a>	

## Your comments and feedback

Thank you all for contributing edits and ideas-they are extremely valuable. You can email me at [tonyback@uw.edu](mailto:tonyback@uw.edu). Please note that this guide is designed as a completely-stand-alone-guide for clinicians, and thus some recommendations are slightly different than what we would teach in the context of an in-person or live virtual course.

### Thank you

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