

COVID-19 GOALS OF CARE DISCUSSIONS

TABLE OF CONTENTS

1. COVID-19 GOC Script for older adults - nursing home setting, p 1 - 3.
2. COVID-19 GOC Script for older adults - outpatient COVID positive, p. 4 - 5.
3. COVID-19 GOC Script for inpatient - crisis status/limited resources/poor prognosis, p. 6 - 8.
4. COVID-19 GOC Script for inpatient - stable patient/no resource limitations, p. 9 - 10.
5. COVID-19 Coaching families through saying goodbye remotely to dying patients - love, p. 11.
6. NURSE - Statements for articulating empathy: name, understand, respect, support, empathy, p. 12.
7. COVID-19 Communication art statements - inpatient/hospital, p. 13.
8. COVID-19 Communication art statements - primary care/telemedicine, p. 14.

Adapted from VITALtalk (vitaltalk.org), PREPARE for your care (prepareforyourcare.org), and Academy of Communication in Healthcare (ACHonline.org) by Rebecca Spear, DO, Auguste H Fortin VI, MD, MPH, Laura J. Morrison, MD, and the Palliative Care Service, Yale New Haven Health System. Submitted April 14, 2020.

COVID-19 GOC Script for Older Adults - Nursing Home Setting

C	<p>Check In</p>	<p>“I’m Dr. -----, one of the Yale Geriatrics doctors connected to [loved one]’s care facility. I believe this is our first meeting and I’m glad to meet you even if over the phone.”</p> <p>Take a deep breath. “How are you doing with all this?”</p> <p><i>Acknowledge emotion/content of the response.</i></p> <p>“It sounds like you’ve been worried.”</p>
A	<p>Ask about COVID</p>	<p>“We’ve identified that it’s important that we talk to all residents at this facility and their families about COVID pandemic. I would like to discuss this, is that okay?”</p> <p>“What have you been thinking about COVID and [loved one]’s situation?” (Just listen)</p> <p>“I hear and share your concerns.”</p>
L	<p>Lay out issues</p> <p><i>Clarify triaging status at the NH</i></p>	<p>“Unfortunately, many residents, like [loved one], are at higher risk of serious complications if they get COVID. We need to create a care plan in case [loved one] does get COVID or becomes ill from something else during the pandemic.”</p> <p>“Would it be okay if we talk more specifically about these details?”</p> <p>“Our goal is for our residents to receive the best care that reflects their wishes in the appropriate health care setting. With COVID, we need to think about whether our residents are best served by staying here or being admitted to a hospital.* Thus, some residents will want to stay here, even if they are dying from COVID, while others may still request hospital admission. Our institution needs to prepare for both.”</p> <p><i>Optional:*</i>We are learning from colleagues around the world that many older adults with COVID and chronic medical problems are dying despite aggressive hospital treatments.</p>
M	<p>Motivate them to choose a proxy and talk about what matters</p> <p><i>CT Next of Kin</i></p> <ol style="list-style-type: none"> 1. Spouse 2. Adult Children 3. Parents 4. Siblings 	<p>“In these extraordinary circumstances, we must plan for the worst to know how to help [loved one] and your family. This can be a hard discussion.”</p> <p>1) Surrogate</p> <p>None: “Did [patient name] ever complete paperwork to name a healthcare representative- a person to make medical decisions if [they] cannot?” If no- NOK order</p> <p>Designated prior: “I saw in your chart that [you] are the person to make decisions when [loved one] isn’t able to make them. It also says [name] is the backup person, is that still right?”</p> <p>2) Priorities</p> <p>“Now that we have clarified the decision maker, it is important to talk about what [loved one] would want for their own care in this pandemic situation. We will hope for the best but, in the worst-case scenario, it could come down to deciding the location and type of care for [loved one] dying. Can you share your thoughts and what [loved one] might have said in past discussions?”</p>

		<p>If no: “It can be difficult to talk about. We’re in an extraordinary situation. Given that, what do you think [loved one] would say matters most right now? (About any part of life? About their health care?)</p> <p>If yes: “What wishes did [loved one] share with you about future medical care if ever very sick or dying?”</p> <p>OR “ We all hold individual values in life. Would you be willing to share what matters to [loved one]?”</p> <p>3) Check summary for accuracy: “Thank you for sharing that and your courage, it sounds like you [recap keys themes, values, goals]. Did I get that right?”</p> <p>4) Recommendation: “Based on what you’ve shared with me, I’d like to make a recommendation. Is that okay?” “I recommend we [this]. What do you think?”</p> <p>Example: “You shared with me that your mother has been losing strength and expressed when your Dad died at home with hospice she would want a peaceful death like this. Given this information, I would recommend that she stay here and if her breathing worsens, we focus on her comfort rather than transfer to the hospital. We would get the support of the hospice team if that time came. How does that sit with you?”</p>
E	<p>Expect emotion</p> <p><i>Watch for this and acknowledge at any point</i></p>	<p>Use NURSE (Name, Understand, Respect, Support, Explore) or I wish statements</p> <ul style="list-style-type: none"> ▪ Name emotion. “I sense this is scary for you to think about.” ▪ Understand. “I can see how much you care about choosing the right thing for [loved one]” ▪ Respect. “This is a tough time for you.” ▪ Support. “We will continue to be here for you and your family.” ▪ Explore. “Can you tell me more about that?” ▪ “I wish we didn’t need to talk about this now.”
R	<p>Record the discussion</p>	<p>Any documentation—even brief—will help your colleagues in caring for the patient</p> <p>“I’ll write what we have discussed in the chart so the other people caring for [loved one] have this information too. It’s really helpful and can be updated at any time, thank you.”</p>

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Discharged from ICU	256 (16)	0	20 (36)	35 (25)	90 (21)	69 (12)	40 (12)	2 (10)	0
Still in ICU as of 3/25/2020*	920 (58)	2 (100)	32 (57)	91 (64)	270 (64)	353 (59)	164 (48)	8 (38)	0

COVID-19 GOC Script for Older Adults – Outpatient COVID Positive

C	Check In	<p>“This is Dr. ----- calling to check on you. We are calling all of our patients with COVID infection to check in on them.”</p> <p><i>Take a deep breath. “How are you doing with this so far?”</i></p> <p><i>Acknowledge emotion/content of the response.</i></p> <p>“That’s a lot of uncertainty. I imagine that has been difficult.”</p>
A	Ask about COVID	<p>“I was hoping we could take a few minutes to check in about your care plan for COVID.”</p> <p>“Is there anyone else you would like to have on the phone with us as we discuss this?”</p> <p>“What have you learned about COVID-19 and what questions do you have?”</p> <p>“It sounds like you and your family are very worried.”</p>
L	Lay out issues	<p>“I know we have spoken before about what matters in your life and how that impacts the decisions we make about what care is right for you. With this diagnosis of COVID, there are a couple things we can talk about now to help us assure you get the right care for you.”</p> <p>“I know you like to stay informed about what is going on in the news, so you may already know that older people with COVID, especially those with other medical conditions, are at higher risk for death or serious complications from COVID. We have learned this sometimes happens very quickly.”</p>
M	Motivate them to choose a proxy and talk about what matters	<p>“In these extraordinary circumstances, we must plan for the worst to know how to help you and your family. This can be a hard discussion.”</p> <p>1) Surrogate</p> <p>None: “Who would be the person to make medical decisions for you if you can’t speak for yourself? Who would be the back-up to that person?”</p> <p>Designated prior: “I saw in your chart that [name] is the person to help you make decisions. Is s/he still the right first person to contact?” “Who would be the next back up person in case s/he isn’t available?”</p> <p>2) Preferences</p> <p>“Now that we have clarified who would speak for you if you were unable to, it’s important to take this time to talk about what things you would want for your own care if you were to become sicker, perhaps quickly. I’m hoping we can talk about this now, is that okay?”</p> <p>If no: Indicate this is priority for all patients “When can we discuss this in the next day or two?”</p> <p>If yes:</p> <p>“We have discussed before what you enjoy and you have told me about the importance of being able to [hobby, activity]. What else is important to you?”</p> <p>OR</p> <p>“We all hold individual values in life. Can you share what matters most to you?”</p>

		<p>“This can be challenging to think about, but it’s important. Have you ever thought about the care you would want if you were so sick you might die without life support or if you were dying?”</p> <p>3) Check summary for accuracy: “Thank you for sharing that, it sounds like you [recap keys themes, values, goals]. Did I get that right?”</p> <p>4) Recommendation: “Based on what you’ve shared with me, I’d like to make a recommendation. Is that okay?” “I recommend we [this]. What do you think?”</p> <p>Example: “You shared your hope to recover from COVID so you can spend more time with your grandchildren and return to the independence you value. You shared that you had a distressing experience being intubated for COPD and you would not want that again. Based on this, I would recommend we continue supportive treatment with the goal of getting you better and keeping you comfortable, including bringing you to the hospital if needed for shortness of breath. I would not recommend intensive care as you don’t want a breathing tube and I worry that a breathing tube, other life support, and CPR would not help you recover to your independent life. What are your thoughts about these recommendations?”</p>
E	Expect emotion	<p>Watch/listen for this — acknowledge at any point with NURSE (Name, Understand, Respect, Support, Explore) or I wish statements</p> <ul style="list-style-type: none"> ▪ Name emotion. “I sense this is scary for you to think about.” ▪ Respect. “You been through so much.” ▪ Support. “We will continue to be here for you and your family.” ▪ Explore. “Can you tell me more about that?” ▪ “I wish we didn’t need to talk about this now.”
R	Record the discussion	<ul style="list-style-type: none"> ▪ “I’ll write what you said in the chart and we can update at any point. It’s really helpful and can be updated later, thank you.” ▪ Record ACP note (.ACPINSERT) in chart.

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COVID19 - GOC Script Inpatient – Crisis Status/Limited Resources/Poor Prognosis

CALMER

C	<p>Check In <i>Know advance directive status. Discuss with next of kin or legal surrogate.</i></p>	<p>"I'm Dr -----, one of the people involved in your [loved one's] care. I believe this is our first meeting, and I'm glad to meet you even if over the phone."</p> <p><i>Take a deep breath.</i> "How are you doing with all of this?" "What's your understanding of your [loved one] is doing?"</p> <p><i>Acknowledge emotion/content of the response.</i> "I can hear that you have questions and it sounds hard right now."</p>
A	<p>Ask about COVID</p>	<p>"I realize this is abrupt, but the situation with COVID is extraordinary and very serious. Like quite a few patients here, your [loved one] is getting sicker right now. What have you been thinking about what this COVID infection may mean for your [loved one]?"</p> <p>"I hear that you are hopeful. I also hope [loved one] can recover but I am very worried."</p>
L	<p>Lay out issues</p>	<p>"In this COVID pandemic, we're learning from colleagues around the world that people with COVID infection and chronic medical problems are at high risk of getting much sicker quickly and of dying from COVID regardless of what the healthcare team does. If this happened to your [loved one], [his/her] heart and lungs would likely stop working and lead to [loved one's] death."</p> <p>"I imagine this is very hard to hear. I wish things were different."</p> <p>"Can you tell me your thoughts, given this serious situation?"</p>
M	<p>Motivate them to choose a proxy and talk about what matters</p> <p><i>If wishes align with comfort goals, go to recommendation for Inpatient – Stable Patient</i></p>	<p>"You can see it's absolutely critical we plan for the worst, including the best way to take care of [loved one] and your family if that happens. This can be a hard discussion."</p> <p>1) Surrogate None: "It's important to confirm that you are [loved one]'s next of kin. Who would be the back-up person?" Designated prior: "I saw in your [loved one]'s chart that you [or another] is the person to help make decisions." "Who would be the next back up person in case [you/they] aren't available?"</p> <p>2) Priorities: "Thank you for clarifying who the decision makers are for [loved one's] care." "As I said before, we are continuing to take care of [loved one] with all our resources and hope for recovery. However, [loved one] is sicker today and I worry that if [his/her] heart and lungs stop working, that a breathing machine or CPR would not help [loved one] live longer or improve [her/his] quality of life. These treatments can sometimes cause people more suffering and take away dignity as death approaches. Some people tell us they would prefer to focus on comfort in</p>

	<p>this situation. We can manage shortness of breath and other symptoms with medications and ensure that people die comfortably.”</p> <p>“Could you share with me what would be most important to [loved one] if [he/she] continues to get sicker and comes to the time of dying?”</p> <p>3) Check summary for accuracy:</p> <p>“Thank you for sharing that, it sounds like you [recap keys themes, values, goals]. Did I get that right?”</p> <p>4) Recommendation or Resource Limitation:</p> <p>“Based on what you’ve shared with me, I’d like to clarify our current plan.”</p> <p>“Given you are comfortable with the current care and hope [loved one] will eventually improve, I recommend we continue this current level of care and keep monitoring [loved one] closely. We hope [she/he] can recover to leave the hospital.”</p> <p>“Now, if [loved one] were to get sicker and be dying with the heart and lungs shutting down, you’re indicating [loved one] would want intensive care, CPR and life support.”</p> <p>Recommendation: “So, I do hear those preferences but need to be clear that this is not my/our recommendation. Unfortunately, COVID is an extraordinary situation and we have seen patients like [loved one] die despite life support measures and have more suffering on those treatments. For this reason, I recommend we focus our care instead on [loved one’s] comfort, treating shortness of breath and any other symptoms if [loved one] is dying. If you aren’t comfortable with my recommendation, I respectfully request that we agree to continue this discussion as we monitor [loved one’s] condition. Decisions may need to be made soon.”</p>
<p><i>Adapt to current resource limitations and move earlier in discussion if appropriate</i></p>	<p>Resource Limitation: “I need to tell you that in this extraordinary situation, we are operating under new rules that apply to all patients equally. [Can show policy if helpful for reference]. This means that if [loved one] or a similar patient gets sicker, we will care for [her/him] on this medical floor and do everything to keep [him/her] comfortable and still trying to recover. If [she/he] is dying, we will not transfer [loved one] to intensive care, perform CPR, or put [them] on life support. We will help [him/her] die peacefully.”</p> <p>“What questions do you have?”</p>
<p>E Expect emotion</p> <p><i>Watch for this and acknowledge at any point</i></p>	<p>Use NURSE (Name, Understand, Respect, Support, Explore) or I wish statements</p> <ul style="list-style-type: none"> ▪ Name emotion. “I sense this is scary for you to think about.” ▪ Understand. “I can see how much you care about choosing the right thing for [loved one]” ▪ Respect. “This is a tough time for you.” ▪ Support. “We will continue to be here for you and your family.” ▪ Explore. “Tell me more about your [loved one].” ▪ “I wish we didn’t need to talk about this now.” “I imagine this is hard to hear. I wish things were different.”

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R	Record the discussion	<p>“As we end this talk today, we are continuing [loved one’s] current COVID treatments and hope for the best from here. Your team and I will continue to be available to you and your family to answer questions [Limited Resources: “about the current rules”]. I will document our discussion in [love one’s] chart.”</p> <p>Record ACP note (.ACPINSERT) in chart.</p>
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COVID19 - GOC Script for Inpatient – Stable Patient/No Resource Limitations

CALMER

C	<p>Check In</p> <p><i>Know advance directive status. Who should participate?</i></p>	<p>“I’m Dr-----, one of the [professionals] involved in your care. I believe this is our first meeting and I’m glad to meet you even if over the phone.”</p> <p><i>Take a deep breath. “How are you doing with all of this?”</i></p> <p><i>Acknowledge emotion/content of the response.</i></p> <p>“I can hear that you have questions and it sounds hard right now.”</p>
A	<p>Ask about COVID</p>	<p>“We’ve identified that it’s important to talk to all patients in the hospital about COVID. Is it okay if we talk more about that now to plan for your care?”</p> <p>“What have you been thinking about COVID and your situation?”</p> <p>“I share your concerns.”</p>
L	<p>Lay out issues</p>	<p>“Because you have other chronic medical issues and are already in the hospital, you are at risk to get very sick <u>if you become COVID positive.</u>”</p> <p style="text-align: center;">OR:</p> <p>“<u>Because you’re COVID positive</u> and have chronic medical issues, we are concerned that you may get sicker very quickly, or even die from it. Colleagues from around the world are reporting that some patients are dying despite our aggressive hospital treatments.”</p> <p><i>Silence. Respond to emotion or “How does that sit with you?”</i></p>
M	<p>Motivate them to choose a proxy and talk about what matters</p>	<p>“In these extraordinary circumstances, we must plan for the worst to know how to help you and your family if that happened. This can be a hard discussion.”</p> <p>1) Surrogate</p> <p>None: “Who would be the person to make medical decisions for you if you can’t speak for yourself? Who would be the back-up to that person?”</p> <p>Designated prior: “I saw in your chart that [name] is the person to help you make decisions. Are they still the right first person to contact? Who would be the next back up person in case they aren’t available?”</p> <p>2) “Is it okay to continue?”</p> <p>If no: Indicate this planning is a priority for all patients “When can I call you back to continue this discussion today?”</p> <p>If yes: “Thank you for continuing our discussion. While we hope for the best and continue your current care, again, it is important that we plan for the worst. If this happened, you could require intensive care with a breathing machine or even CPR for us to attempt to keep you alive. Some people prefer a focus on comfort and treating shortness of breath instead when they are likely dying. Have you ever thought about being that sick, sick enough that you might die with or without a breathing machine?”</p>

		<p>3) Check summary for accuracy: “Thank you for sharing that, it sounds like you [recap keys themes, values, goals]. Did I get that right?”</p> <p>4) Recommendation: “Based on what you’ve shared with me, I’d like to make a recommendation. Is that okay?” “I recommend we [this]. What do you think?”</p> <p>Example: “Given you are comfortable with the current care and hope to improve, I recommend we continue this current level of care and keep monitoring you closely. We hope you can recover to leave the hospital. Since you don’t want to go to the intensive care unit, we will care for you here if your need for oxygen increases and focus on treating any shortness of breath with medications. If it gets worse and you are dying, we will support you and your family so you can die peacefully. You will not be put on a ventilator or any other life support.”</p>
E	<p>Expect emotion</p> <p><i>Watch for this and acknowledge at any point</i></p>	<p>Scan for emotion and acknowledge throughout. NURSE statements for empathy. Name, Understand, Respect, Support, Explore.</p> <ul style="list-style-type: none"> Name emotion. “I sense this is scary for you.” Respect. “You been through so much.” Support. “We will continue to be here for you and your family.” Explore. “Can you tell me more about that?”
R	Record the discussion	<ul style="list-style-type: none"> “Thank you again for having this discussion with me. You have shown so much courage. I will record what you shared in your chart and make sure the other doctors know. What questions or concerns do you have before I go?” Record ACP note (.ACPINSERT) in chart.

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COVID19 - Coaching Families Through Saying Goodbye Remotely to Dying Patients

LOVE

		Family member is aware that patient is dying and is on phone/video to interact with patient.
L	Lead the Way	<p>“I’m [name], one of the [professionals] involved in your [loved one’s] care. I’m glad you can do this for you and [loved one] even if over the phone.”</p> <p>“For most people, this is very difficult. I’m here to walk this path with you, if I can be helpful.”</p> <p>“Shall we take a deep breath together?”</p> <p>“Here’s what this hospital is doing for patients with COVID who are as sick as [loved one]...<i>State what is relevant to this patient and emphasize the care that will be provided...</i>What questions do you have?”</p>
O	Offer support for meaning and what matters	<p>“So we have the opportunity to make this time special. What ideas do you have for what you might say or do?”</p> <ul style="list-style-type: none"> ▪ Yes: attempt to support creatively within scope of possibility ▪ No ideas or additional: “Here are some things that people find meaningful to say. Only use those that ring true for you.” <ul style="list-style-type: none"> “Please forgive me” “I forgive you” “Thank you “I love you” “Goodbye” ▪ “Do any of those seem to fit for you?”
V	Validate what they want to say or do (within scope that can be supported)	<ul style="list-style-type: none"> ▪ Supportive responses: <p>“That is a beautiful thing to say.”</p> <p>“I imagine that would touch my heart if I was receiving those words from you.”</p> ▪ “From our experience, we believe [loved one] can hear you even if [they] can’t respond to you with words.” ▪ “Go ahead, say what seems right. Take your time.” <p><i>You can indicate the phone will be held to the patient’s ear or that you are writing down the words and will relay them directly to the patient yourself.</i></p>
E	Express empathy After patient’s death, make bereavement referral, if possible, in that setting.	<p>Use NURSE (Name, Understand, Respect, Support, Explore) or I wish statements</p> <ul style="list-style-type: none"> ▪ Name emotion. “I sense this is scary for you to think about.” ▪ Understand. “I can see how much you care about choosing the right thing for [loved one]” ▪ Respect. “This is a tough time for you.” ▪ Support. “We will continue to be here for you and your family.” ▪ Explore. “Tell me more about your [loved one].” ▪ “I wish you didn’t need to do this now.”

Script Adapted from:  Full VITALtalk scripts available at vitaltalk.org.

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NURSE

STATEMENTS FOR ARTICULATING EMPATHY

STEP	EXAMPLE	NOTES
NAME	<i>"It sounds like you are frustrated."</i>	In general, turn down the intensity a notch when you name the emotion.
UNDERSTAND	<i>"This helps me understand what you are thinking."</i>	Think of this as another kind of acknowledgment. Stop short of suggesting that you understand everything (you don't).
RESPECT	<i>"I can see that you've really been trying to follow our instructions."</i>	Praise also fits in here: e.g. <i>"I think you have done a great job with this."</i>
SUPPORT	<i>"I will do my best to make sure you have what you need."</i>	Making this kind of commitment is a powerful statement.
EXPLORE	<i>"Could you say more about what you mean when you say that..."</i>	Asking a focused question prevents this from seeming too obvious.

COVID-19 COMMUNICATION ART STATEMENTS

Relationship-Centered Skills from
The Academy of Communication
in Healthcare



Inpatient / Hospital

Ask	What you hear	Respond	Tell
I hear you would like updates about your loved one. Tell me what you know thus far, so I don't tell you something you already know.	[summary from family member]	I'm glad to hear what you know – it helps us work together as a team to best help your loved one.	<i>Here is something more that I can share [as necessary].</i>
	Concerns about treatment plan	I'm hearing you're still feeling unwell, and that it's frustrating to be recovering slowly. It's a tough time for you.	Often, recovery goes slower than we'd like. I'd like to support you through the process.
Tell me how you're doing today.	Concerns about discharge	Thanks for sharing your concerns about going home prematurely, and that there are no medicines to treat COVID-19. This has been such a challenge for you. I'd like to support you in the best way I can.	Our shared goal is for you to be safe. Right now, my biggest concern is further risks to you for staying in the hospital.
Tell me your concerns about your loved one.	Request for chloroquine / hydroxychloroquine	It would be wonderful if we had a medication that would guarantee recovery from illness.	Unfortunately, I have some information that may be disappointing for you to hear. The data are really insufficient for me to safely prescribe it, and the trials, though promising, are too small for us to feel confident that it will work for you.
	Inability to visit	I am very sorry that we can't let you in. It's heartbreaking.	"Given that it's not possible, wondering if you have the number to his/her room so that you can call him?"
	Anxiety about insufficient ventilators	Most people feel powerless with the lack of resources during this pandemic.	I wish we didn't have this shortage.

Additional Resources:

- ▶▶ COVID-19 Quick Tips: <http://www.achonline.org/COVID-19/Quick-Tips>
- ▶▶ Telemedicine COVID-19 Communication Guide: <http://www.achonline.org/COVID-19/Telemedicine>

COVID-19 COMMUNICATION ART STATEMENTS

Relationship-Centered Skills from
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Primary Care / Telemedicine

Ask	What you hear	Respond	Tell
How are you getting along in this era of COVID-19?	Coping well	Thanks for sharing your experience with me.	<i>I hope you can continue to find ways of being good to yourself.</i>
	Overwhelmed at home	I give you a lot of credit for being here despite everything that is going on.	I wonder whether talking about ways to manage stress will be helpful to you.
	Business as usual / insouciance	I'm hearing that you have little worry about infection. It's normal to think that a younger person is at lower risk.	I remain concerned about your health, as well as the health of other susceptible people around you.
Tell me your concerns about the virus.	Worry about getting sick	Lots of people are worried these days. Let's work together to figure out the best way of avoiding illness.	I'd like to review the public health guidelines with you.
	Concern about spreading infection	I hear your worry about spreading infection to your elderly / immunocompromised loved one at home.	Here are some ways to keep them safe. (Or: what are ways you know to keep them safe?)
What's your understanding about the various things you can do to avoid infection?	Request for masks to take home	Anyone would be concerned about getting infected, and having a mask would normally sound reasonable.	I wish we had enough masks to go around. We all would like to be protected.
	Request for chloroquine / hydroxychloroquine	It would be wonderful if we had a medication that would guarantee recovery from illness.	Unfortunately, I have some information that may be disappointing for you to hear. The data are really insufficient for me to safely prescribe it, and the trials, though promising, are too small for us to feel confident that it will work for you.
	Worry about lack of testing	I can see how it is scary not to know if you actually have the virus. I'd like to work with you to allay those fears.	I wish we had more tests. Let's talk about how you can remain connected in case things get worse.
	Social distancing, washing hands, disinfecting surfaces	That is an excellent summary. I can tell you're well-informed.	I'd like to add one thing: try to avoid touching your face as much as you can. I know it's hard to do!

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