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# Communication Tips For Nurses Supporting Seriously Ill Patients, Families, & Communities During the Coronavirus

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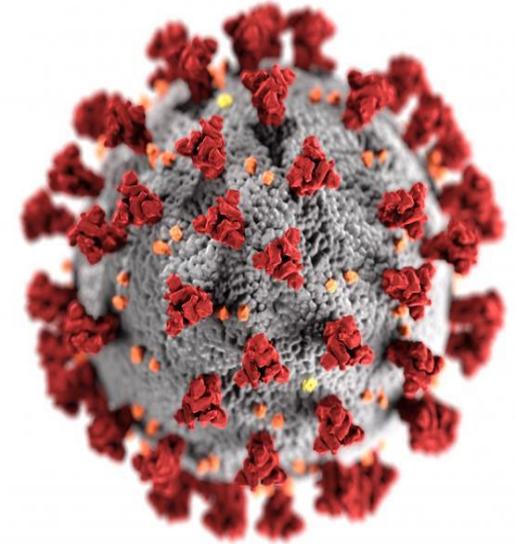
# Objectives

1. Discuss the role of primary palliative care communication techniques to respond to the fears and concerns of patients and families during the COVID-19 pandemic.
2. Describe three essential communication skills needed to support patients, families, communities, and colleagues during the coronavirus crisis.
3. Develop your own toolbox of words and phrases that will help you, the nurse, respond to questions that patients who are seriously ill and their families have as a result of the coronavirus crisis.

# COVID-19

- Unprecedented pandemic
- Rapidly changing environment
- Stressing all healthcare providers, especially nursing
- Calling us to develop new strategies and skills to manage these challenges

The purpose of this webinar is to provide you, the nurse, with communication tips and skills for use in any clinical setting as we battle this crisis



# Nurses as Leaders Amidst a Crisis

- Historically flexible and creative during crises
- The most trusted health care professionals
- Strong advocates for patients, families, communities
- Expert, compassionate clinicians focused on holistic care of patients and families
- Educated to be change agents



# How Can We Lead The Way Now?

We are **all** leaders in the settings we practice in

Now is the time to:

- Care for all patients seriously ill with coronavirus and their families- especially those imminently dying
- Care for our fellow nurses and healthcare colleagues
- Be gentle with ourselves and our families
- Seek out resources and education that will strengthen our ability to provide compassionate, quality primary palliative care

# Strengthening Communication Skills Needed During the COVID-19 Crisis

- This webinar will share with you communication skills used in primary and specialty palliative care for patients with serious illness and their families
- Content is integrated from the End-of-Life Nursing Education Consortium (ELNEC) Project's evidence-based curricula in palliative nursing
- New resources from the Center to Advance Palliative Care (CAPC) are shared from their toolkit for the COVID-19 Crisis- and the communication strategies that come from the authors of Vital Talk regarding the Coronavirus crisis

# Communication: Patient/Family Expectations During This Crisis

- Take time to listen
- Build rapport
- **Be honest**
- Elicit values and goals
- Keep family and patient informed
- Communicate with the team
- Provide safe space



# Primary Palliative Care Communication Skills

- Power of Listening/Presence
- Ask-Tell-Ask
- Maintain Hope



# Attentive Listening

## Do:

- Encourage conversation
- Listen; be silent
- Validate feelings
- Take time in giving advice
- Encourage reminiscing and sharing stories

## Don't:

- Change the subject
- Anticipate
- Interrupt



# Strategies for Communication Challenges

- COVID-19 patients may have difficulty understanding you when you are speaking through the protective masks. Here are some tips to remember and use:
- Get the patient's attention by touching their shoulder or arm and locking eyes.
- Speak loudly, slowly and distinctly.
- Establish a clear YES-NO signal (ex: head nod/shake; thumb up/closed fist; eyeblink/eye shut; look up/eyes shut)
- Post a sign so all providers know the YES-NO signal
- Speak in simple phrases – like a television announcer. Repeat important words.
- Use visuals while you talk:
  - Point and gesture.
  - Write key words or phrases with bullet points on a paper.
  - Point to pictures or phrases on a communication board while asking questions about needs or symptoms.

<https://www.patientprovidercommunication.org/covid-19-considerations-bedside.htm>

# Ask-Tell-Ask

A simple technique that can guide any empathic palliative care conversation is Ask-Tell-Ask. Here is an example of how to use it with a family member:

**ASK:** This involves opening up with a question. For example, “What do you know about how your loved one is responding to treatment?”

**TELL:** After listening attentively, then respond as to what you know is the truth.

For example, “It is my understanding that coronavirus has made your loved one seriously ill and we are at a point where we must talk about withdrawing technology.”

Then wait for the family member to respond and listen attentively again.

**ASK:** At the end of the conversation, make sure you end with an open-ended question to allow the family member to continue the conversation.

For example, “What is **most important** to you and your family, now that you know how seriously ill your loved one is?”

# Maintain Hope

There is always hope! It is essential for coping and finding meaning in the midst of life-threatening illness (Cotter & Foxwell, 2019)

- Many families and professionals are afraid if the patient knows their prognosis, they will give up hope and die.
- However, patients usually know what is happening to them, even if they do not say it.
- Hope may change over the disease trajectory, but there is always something to hope for.

It is important then to identify, “If this is the prognosis, what are you hoping for?” **so that you can try to help the patient or family accomplish that goal**

# Communication Techniques/Skills in Palliative Care

- Build trust
- “Warning shot”
  - *“I regret that I have some difficult news to share with you”*
- Acknowledge emotions
  - *“I see this is very upsetting to you”*
- Legitimize normalcy of reaction
  - *“Anyone receiving this news would be upset”*
- What is under the emotion?
  - *“What worries you the most?”*
- Empathy
  - *“I can not imagine how overwhelming this is”*
- Strengths/coping
  - *“Where do you find your strength?”*
- Use silence

# Communication Techniques/Skills in Palliative Care (cont.)

- Check that your message has been heard
  - *“What have we not talked about today that is important to you?”*
- Use the “D” word
  - *“Because you are so ill, I believe you are dying.”*
- Expect conflict
- Summarize/restate your understanding
  - *“Let me double-check that I understand what you said.”*
- Provide support
  - *“I am here to work with you and support you.”*
- Use nonverbal communication

# Communication Strategies to Facilitate End-of-Life Decisions

- Initiate end-of-life discussions as soon as possible
- Be honest
- Use words such as “death” and “dying”
- Maintain hope
- Clarify benefits and burdens of treatment options

<https://www.vitaltalk.org/topics/reset-goals-of-care>

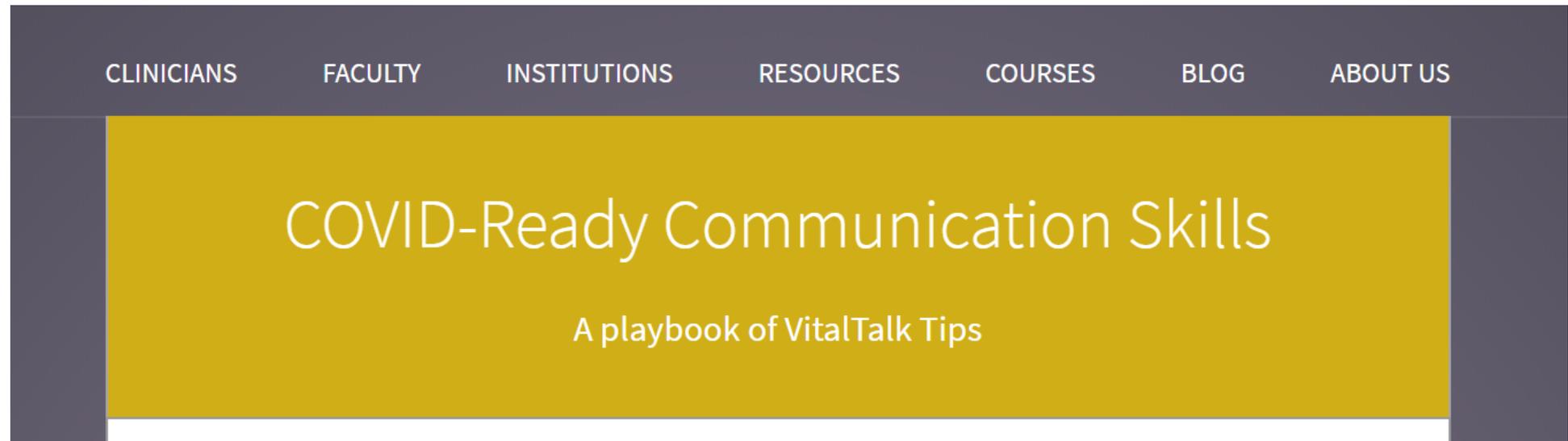
# Center to Advance Palliative Care (CAPC) Resources Specific to the Coronavirus

- CAPC website offers a Toolkit to help during the Crisis
- What's in the Toolkit?
  - Communication Tips
  - Symptom Medications
  - Patient & Family Support Resources from the CDC
  - The Role of Palliative Care
  - Setting Specific Guidelines



<https://www.capc.org/toolkits/covid-19-response-resources/>

# Communication Tips From Vital Talk Specifically for Conversations about COVID-19



<https://www.vitaltalk.org/guides/covid-19-communication-skills/>

# Preferencing: When someone may want to opt out of hospitalization

<i>What they say</i>	<i>What you say</i>
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?

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

<i>What they say</i>	<i>What you say</i>
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 has become a dangerous place unless you really, really need it. <b><i>The safest thing for you</i></b> is to ____.



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

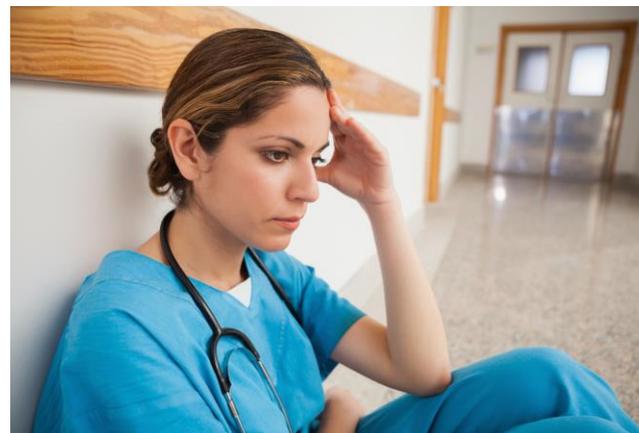
<b><i>What they say</i></b>	<b><i>What you say</i></b>
How bad is this?	From the information I have now and from my exam, your situation is serious enough that you should be in the hospital. <b><i>We will know more in the next day</i></b> , and we will update you.
Is my grandfather going to make it?	<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>

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

<i>What they say</i>	<i>What you say</i>
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? <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?

# Grieving: When there is Death & Loss

<i><b>What I'm thinking</b></i>	<i><b>What you can do</b></i>
I should have been able to save that person.	Notice: <i><b>am I talking to myself the way I would talk to a good friend?</b></i> 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.
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]





**Thank You For ALL You are Doing for Your  
Patients, Families, and Communities!**



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# Questions & Discussion

