

COVID-19

Crisis Response

Communication Toolkit

Communication Skills Toolkit for Healthcare Professionals

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Introduction

The COVID-19 crisis has greatly impacted patients, families and healthcare staff. There are visitation restrictions for families, a heightened level of anxiety amongst the public, and significant healthcare staff training and manpower constraints.

This has resulted in new challenges to communication. For example, the use of video conferencing for an ICU family meeting.

Through this communication guide, we hope to impart communication micro-skills to help with common and challenging situations. Let us continue to connect with our patients and families, and discover there is more to our human spirit.

Communication Skills for All

Establishing Rapport and Trust

1. Introduce yourself and your role

Note: This is important especially if everyone is wearing full PPE

Examples:

- 'Hi Mr A, I am the ward nurse in charge of you today. You can call me Sally.'
- 'Good morning Mr A, my name is Duncan and I am a medical officer from the orthopaedic team.'

2. Ask how you should address them

Notes:

- Avoid calling 'auntie' or 'uncle' as it is not personalised
- 'Madam' is for married females or widows
- 'Miss' is the proper way to address an unmarried female

Examples:

- 'How would you like me to address you?'
- 'How do you prefer to be called?'

3. Ensure they are comfortable at all times

Note: Do not continue your conversation if the patient is uncomfortable

Examples:

- If they show signs of discomfort (eg. wincing, coughing, respiratory distress, emotional distress, etc), pause and ask if you can help.
- 'I can see you are uncomfortable, I will get some help for you.'

4. Listen actively

Notes:

- Avoid prematurely saying 'I understand'
- Avoid asking multiple questions at once
- Avoid interruptions

Examples:

- Listening actively is not just about allowing them to talk, it is about understanding what they are saying.
- You can ask questions to clarify:
- 'I want to understand what you mean when you said _____?'

5. Showing empathy

Notes:

- Be interested in the person you are talking to
- Try to understand where they are coming from
- Be sincere

Examples:

- 'It is such a difficult time for you and your family.'
- 'It is understandable for you to feel upset/lonely/worried/etc.'
- 'Anyone in your situation would also feel _____.'

Communication Skills for All

Responding to Emotions

Respond to emotional reactions using **NURSE** mnemonic:

Name the emotion

Understand the emotion

Respect

Support

Explore the emotion

1. Name the emotion

Notes:

- Using 'you seem' rather than 'you are' gives some room for correction in case you name the emotion wrongly
- Phone conversations are more challenging as you are unable to see facial expressions

Examples:

- a. 'You seem distressed/upset/worried/etc.'
- b. 'I wish I could see you in person. Can you tell me how you're feeling now?' [Phone conversations]

2. Understand the Emotion

Note: Avoid premature reassurance 'everything will be alright' or 'don't worry'

Examples:

- a. 'Tell me more about how you're feeling.'
- b. 'I want to understand more about how you're feeling.'
- c. 'Can you share more about you are feeling?'

3. Respect

Note: Respect how the situation is impacting the person

Examples:

- a. 'I can see how much you are trying to help your ____.'
- b. 'I can see how much you care about your ____.'

4. Support

Note: Supportive statements help to reassure their loved ones of the care you are rendering

Examples:

- a. 'We are watching over your father very closely and will keep you updated.'
- b. 'We also want the best outcome for your father and we will do our best.'

5. Explore the emotion

Notes:

- You may want to explore further about an emotion
- It may help them process their feelings if they talk it out
- Simply acknowledging their emotions is helpful enough

Example:

'When you said you feel (emotion) can you share with me why you feel that way

Communication Skills for All

Giving Information

1. Find out their current understanding

Note: Take note of what terms they use and how detailed they are.

- 'How much do you already know?'
- 'What did your doctors tell you?'

2. Ask directly about their informational needs

Note: If they ask why, tell them you want to ensure they have enough information.

Examples:

- 'How much would you like to know about your condition?'
- 'Are you someone who prefers a brief summary, or a lot of details?'

3. Invitation

Notes:

- Asking them for permission to share gives them control over the conversation
- This step builds rapport

Examples:

- 'Can I share what the team discussed about your father today?'
- 'Can I share with you what I know?'

4. Preparation

Note: Don't worry if you can't answer the questions later. You can refer to someone who can.

Example:

- 'I will give you an overview and answer questions as we go along.'

5. Information giving

Notes:

- If giving bad news, give a warning shot
- Use layman terms
- Use short sentences
- Use pauses to allow them to process
- Watch carefully for non-verbal cues from the patient to decide on the pace of the information giving

Example:

- 'We are worried about your father. (pause) The infection is getting worse. It is affecting his lungs. That is why he is breathless. (pause)'

6. Check understanding

Notes:

- This helps to check if your message went across.
- It also helps to clarify certain questions.

Examples:

- 'May I check if you understood my explanation?'
- 'Would you like to summarize what we just discussed?'
- 'Do you have any questions?'

Communication Skills for All

End-of-Life Conversations

1. How to give prognosis

Notes:

- Do not give exact numbers or dates
- Give ranges

Example:

a. 'We might be looking at hours to short days.'

2. What to expect

Notes:

- Explain what symptoms to expect
- Explain that uncomfortable symptoms can be managed
- Reassure that clinical deterioration does not always equate increased suffering

Examples:

- a. 'You may notice some changes in the body which are part of the normal process of dying.'
- b. 'Most symptoms like pain, breathlessness and confusion can be managed with medications.'

3. How to care for them

Notes:

- Educate about basic needs like oral, eye, skin and bowel care; teach simple caring tasks
- Educate about decreased appetite and consciousness
- Share on how they can show love
- Remind about self care
- Reestablish goals of care and preference of place of death

Examples:

- a. 'We will continue to keep him/her comfortable.'
- b. 'The lack of desire to eat/drink is part of a normal dying process.'
- c. 'You can show love by spending quality time, expressing love verbally or through physical touch as these senses (hearing and touch) are still present.'
- a. 'Please look after yourself.'
- b. 'Did your father ever mention where he would prefer to spend his last days?'

4. What are the practical issues

Notes:

- Offer information about death certification and other legal arrangements
- Ask about the funeral arrangements
- Inquire and anticipate any cultural or religious preferences on handling of body following demise (eg. No-touch for x number of hours, prayers required, positioning of body in shroud). Align preferences with ward policy.

Example:

'Has he/she ever given you instructions about funeral arrangements?'

Communication Skills for Doctors

Extent of Care Discussions

1. Decide who should be there for the conversation

Note: Before discussing extent of care, ask who should be present for the discussion

Examples:

- 'I would like to discuss about your condition in further detail. Do you prefer someone to be with you?'
- 'Who would you like to be present for the discussion?'
- 'How does your family usually make important decisions?'

2. Check understanding

Notes:

- Take note of what terms they use and how detailed they are.
- Check if their expectations are realistic
- Notice their non-verbal cues and emotions
- Listen actively

Examples:

- 'How much do you know about your condition so far?'
- 'How serious do you think the condition is?'
- 'What are the treatment options that have been discussed?'
- 'What do you think might happen in the near future?'

3. Giving information

Notes:

- If giving bad news, give a warning shot
- Use layman language
- Use short sentences
- Use pauses to allow them to process

Example:

- 'We are worried about your father. (pause) The infection is getting worse. It is affecting his lungs. That is why he is breathless. (pause)'

4. Elicit patient's values

Notes:

- Most decisions are made based on what the person values
- Asking about what the person values refocuses the family on what the patient would want, rather than what *they* want
- Asking about fears help us to understand what the patient would want to avoid

Examples:

- 'What is most important to you now?'
- 'If your loved one was sitting here, and could hear what we discussed, what would he say?'
- 'Did dad ever talk to you about what he would want if he got sicker?'
- 'What were his biggest fears and concerns?'

Communication Skills for Doctors

Extent of Care Discussions

5. Ask about coping

Notes:

- Give some time and silence for reflection
- Allow emotions to be expressed and experienced
- Be present and acknowledge emotions

Examples:

- a. 'It has been quite a heavy discussion. How are you feeling?'
- b. 'With everything going on, I wanted to check on how everyone is coping.'

6. Suggest a course of action

Notes:

- Summarize in short sentences
- Anchor the plan of action to the patient's values and goals
- Even if there is no good solution, you can:
 - Acknowledge emotions
 - Refocus them to what is important to patient
 - Allow opportunity for future updates and summarise action plan

Examples:

- a. 'To summarize, we discussed:
 - a. Condition
 - b. Complications
 - c. What to expect in future'
- b. 'Based on what is important to dad, our goal is to _____. Therefore, my recommendations are _____.'

7. Time-limited trial

Notes:

- Sometimes given the patient's goals, you and the family will decide on a time-limited treatment trial
- State the time allocated for the trial, and the indicators and reasons to discontinue the trial.
- Prioritize patient's comfort at all times

Example:

- a. 'We can give a trial of antibiotics and review on the 3rd day. If there is no improvement, we will discontinue it as we wouldn't want to cause unnecessary side effects.'

Communication Skills for Doctors

Resuscitation Status Discussions

1. Explore their perception of CPR

Note: Understanding their perception of CPR helps you align their expectations

Examples:

- 'Can you tell me what you know about CPR?'
- 'How often do you think CPR is successful?'
- 'What do you hope will happen if CPR is performed?'

2. Align their understanding of CPR

Notes:

- Remain non-judgemental
- Compare their perception to the medical reality
- Highlight neurological complications following successful CPR
- If you want to quote statistics, be careful how they are explained as it can induce bias. Avoid numbers unless asked specifically

Examples:

- 'There are a few things I need to explain so that you have a realistic picture of what CPR is like. Is that ok?'
- 'You shared that the success rate is 50%, but actually, for patients with end stage illnesses, it is very low.'
- CPR is unlikely to bring him /her back to life if his/ her heart stops"

3. Value-based resuscitation status discussions

Notes:

- Focus on how to achieve the goals rather than on what will not be done
- Offload the burden of what is actually a medical decision from the family. Do NOT ask the family to decide.

Examples:

- 'Given your dad's condition, CPR will not achieve our goal of keeping him comfortable.'
- 'If he continues to deteriorate, we will keep him comfortable, and let nature take its course.'

Do NOT ask "Do you want us to do everything, including CPR?"

- This type of question implies that nothing will be done if the patient decides against CPR.

Do NOT ask "Do you want us to do CPR for your dad?"
when the team has decided that it will not be appropriate.

- This type of question implies that the family can choose CPR even if it is medically inappropriate.

Communication Skills for Doctors

ICU Communication with Families

A 5-objectives mnemonic to improve ICU clinician communication with families

1. **V**alue and appreciate comments made by the family
2. **A**cknowledge family emotions
3. **L**isten actively
4. **U**nderstand the patient as a person
5. **E**licit family questions

1. Value and appreciate comments made by family

Note: This encourages the family to have an open discussion where they can share positive or negative comments without judgement.

Examples:

- a. 'Thank you for sharing your views about his condition.'
- b. 'Thank you for telling us more about your father.'
- c. 'I appreciate your honest feedback.'

2. Acknowledge family emotions

Notes:

- Be careful of saying 'I understand'
- Acknowledging the family's emotions validates them

Examples:

- a. 'I can't imagine what all of you are going through.'
- b. 'This is such a difficult time for you.'
- c. 'I would feel that way too if I were in your position.'

3. Listen actively

Notes:

- Avoid prematurely saying 'I understand'
- Avoid asking multiple questions at once
- Avoid interruptions

Examples:

- a. Listening actively is not just about allowing them to talk, it is about understanding what they are saying.
- b. You can ask questions to clarify:
 - a. 'I want to understand what you mean when you said _____?'

Communication Skills for Doctors

ICU Communication with Families

4. Understand the patient as a person

Notes:

- Families usually appreciate that the medical team take an interest in their loved one.
- This is an extremely important part of the conversation as it allows the family to focus on what their loved one values and their relationship.

Examples:

- a. 'Can you tell me more about your father as a person?'
- b. 'I didn't get a chance to know him when he was well. Can you tell me more about him?'
- c. 'What is important to him?'
- d. 'What are his biggest fears and concerns?'

5. Elicit family questions

Note: You may want to ask each family member individually, especially those who have not been very vocal during the conversation.

Examples:

- a. 'Do you have any questions?'
- b. 'We would like to answer any questions you have.'

Communication Skills for Doctors

Communication Tips for Challenging ICU Conversations

1. Taking away the burden of decision making from family

→ Explicitly explain to family that they do not bear the burden of decision making

2. The Empty Chair question

"If dad was sitting here, listening about his condition, what would he tell us?"

3. Responding to "He is a fighter" statement

Communication Techniques	Sample statements
Simple reflection/Mirroring	"He is a fighter..." (Trailing off sentence, allowing the family space to elaborate on this.)
Explanatory statements/questioning	"Can you help me understand what you mean by 'He is a fighter.?'"
Understand the patient as a person	"What else can you tell me about your father?"
Eliciting patient's values	"What is important to your father?" "What is important to your father if he survives this?" "What kind of life do you think your father would fight for?"

4. Responding to "We are hoping for a miracle" statement

Use 'I wish' statements:

Eg. 'I wish I had better news too'

Consider this: The family is realistic about hoping for a miracle, because short of one, the patient is likely to deteriorate.

Eg. 'You are right, if a miracle doesn't happen, he is more likely to deteriorate.'

Remaining hopeful is a way of coping. It is important not to destroy hope.

Eg. 'Let's continue to hope for the best, but we also have to prepare for the worst.'

Communication Skills for Doctors

Terminal Discontinuation of Mechanical Ventilation Discussions

1. Explain the reason for terminal extubation

Notes:

- Families need to know that the team has tried their best
- Definitive words like 'cannot be reversed' should be used rather than 'may not be reversed' as such a decision shouldn't be based on guesswork.
- Observe their response and address their concerns
- Remember to meet their informational needs and respond to emotions at all times
- Give them time to process
- You may need to use the word 'dying' if the family is not clear about prognosis

Examples:

- a. 'Despite a period of maximum support in ICU, your dad's condition continues to worsen. (pause) I'm afraid the damage in his body cannot be reversed. (pause) I believe that his body will continue to deteriorate (pause) and he will eventually die despite our best efforts.'
- b. 'At this point, we need to consider discontinuing the ventilator (pause) and focus on keeping your dad comfortable.'

2. Describe the process of terminal extubation

Note: It is important for the family to know that their loved one will be comfortable

Example:

- a. 'Before we remove the tube, we usually give medications for comfort. After the tube is removed, we will observe for any symptoms. The process of removing the tube takes about 15 minutes. We will update you after we remove the tube.'

3. Explain what to expect after terminal extubation

Notes:

- You can refer to 'Communication Skills for All' series on End of Life Conversations
- The ventilator settings and other clinical indicators might help in your prognostication

Example:

- a. 'He may pass away within hours or short days, it is hard to predict accurately.'
- b. 'We will monitor for symptoms and ensure there are standby medications.'

4. Ask about family rituals and saying goodbye

Notes:

- You can also ask more directly if there are any religious rituals they need to do
- During the COVID-19 situation, there may be visitor restrictions. Be honest about them and remain empathetic

Examples:

- a. 'Is there anything you would like to do for him before we remove the ventilator?'
- b. 'Would you like us to arrange a visit before we proceed?'