Your Moderator

Stephanie Adler Yuan, MS
Director, Education & Training
The Schwartz Center for Compassionate Healthcare
The Schwartz Center for Compassionate Healthcare

Putting compassion at the heart of healthcare through programs, education and advocacy

Through national and international partnerships, the Schwartz Center’s coalition of caregivers, patients, families and other leaders work together to make compassion a vital element in every aspect of healthcare.
Please Note

• This series is made possible by the generous support of the **Coverys Community Healthcare Foundation** and by a donation made in memory of Julian and Eunice Cohen.

• You may submit your questions via the “Questions” pane to the right of your screen at any time.

• **We appreciate your feedback!** Please take a moment to complete our very brief survey following the webinar.
Today’s Host

Beth Lown, MD
Chief Medical Officer
The Schwartz Center for Compassionate Healthcare
Today’s Speaker

Anthony Back, MD
Co-Founder, VitalTalk
Co-Director, Cambia Palliative Care Center of Excellence, University of Washington
1. Relocate principles
2. Reinvent new ways in
3. Reach beyond your silo
134,475 deaths in the US
projected by August 4

updated May 5 covid19.healthdata.org
What focus groups taught me
COVID-ready communication skills: A playbook of VitalTalk Tips

Updated 29 March 2020.

New videos, downloadable versions, translations, specialty-specific, and other resources
Cut/Paste link: https://docs.google.com/document/d/1owCe8oSev67xDyFVKhVXE9_4TBhjB649PIMm61znpor4/edit?usp=sharing

This playbook is a super-concentrated blast of tips that will enable you to navigate through your day with honesty, empathy, and compassion—in a way that is sustainable.

You can pitch in. Contribute. Send feedback. Read the original intro (March 19).

What’s inside?

Screening       When someone is worried they might be infected
Preferencing    When someone may want to opt out of hospitalization
Triage          When you’re deciding where a patient should go
Admitting       When your patient needs the hospital, or the ICU
Counseling      When coping needs a boost, or emotions are running high
Deciding        When things aren’t going well, goals of care, code status
Resourcing      When limitations force you to choose, and even ration
Notifying       When you are telling someone over the phone
COVID Ready
Communication Playbook

This playbook is a super-concentrated blast of tips that will enable you to navigate through your day with honesty, empathy, and compassion—in a way that is sustainable.

We’re thrilled that so many of you have contributed additions, translations, and resources. Contribute more. Send feedback. Read the original introduction here.

What’s Inside?

Screening When Someone Is Worried They Might Be Infected................................. 4
VitalTalk Tips

Updated with the COVID-Ready Playbook

Automatically updated
iOS and Android
In a new, cruel way, the coronavirus 2019 (COVID-19) pandemic has revealed limitations in medical capacity that amplify the challenges that clinicians already face in communicating with patients about serious illness. The most recent estimates of the effects of the pandemic describe a scenario that none of us have ever seen: Demand for hospital beds in the United States will exceed capacity by 64,175 acute care beds and 17,309 intensive care beds; over the next 4 months, clinicians are projected to witness 81,114 deaths (1). These statistics, though, are merely a 30,000-foot view of the territory that clinicians are seeing now, as they grapple with patients and families on the ground about how to prepare, what is happening, and what to expect.
Helping Loved Ones Say Goodbye (Over Phone or Video Call)

How to Guide and Support the Conversation

Health care providers are an invaluable resource in helping loved ones say goodbye to a patient in their last hours or minutes over a phone or video call. The LOVE tool is a technique to help loved ones navigate the conversation.

1. **Lead the way forward**

- “I am [name], one of the [professionals] on the team.”
- “For most people, this is a tough situation. I’m here to help, if you’d like.”
- “Here’s what our institution / system / region is doing for patients with this condition.”
  (State the part directly relevant to that person.)
2. Offer the things that matter to most people

- “We have the chance to make this time special.”
- “Here are some things you might want to say. Choose the ones that ring true for you.”
  - “Please forgive me”
  - “I forgive you”
  - “Thank you”
  - “I love you”
  - “Goodbye”
- “Do any of those sound good?”

3. Validate what they want to say

- “I think that is a beautiful thing to say.”
- “If my [loved one] said that to me, I would feel so valued and touched.”
- “I think he/she can hear you even if they can’t talk back.”
- “Go ahead, just say one thing at a time. Take your time.”
4 Expect emotion

- “I can see that he/she meant a lot to you.”
- “Can you stay on the line a minute? I just want to check how you’re doing.”

Source:

From "COVID Ready Communication Playbook" by Vital Talk. Adapted with permission. © 2020 Stanford Health Care.
FOR PROACTIVE PLANNING IN CONTINGENCY: “CALMER”

The Covid-As-A-Starter Preferences Or Goals Talk For Patients In A Health Care Setting.

C — Check In
  • “How are you doing with all this?” (Take their emotional temperature.)

A — Ask About COVID
  • “What have you been thinking about COVID and your situation?”
  • (Just listen)

L — Lay Out Issues
  • “Here is something I want us to be prepared for.” / “You mentioned COVID. I agree.”
  • “Is there anything you want us to know if you got COVID / if your COVID gets really bad?”

M — Motivate Them To Choose A Proxy And Talk About What Matters
  • “If things took a turn for the worse, what you say now can help your family / loved ones”
  • “Who is your backup person — who helps us make decisions if you can’t speak? Who else? (having 2 backup people is best)
  • “We’re in an extraordinary situation. Given that, what matters to you? (About any part of your life? About your health care?)
  • Make a recommendation — if they would be able to hear it. “Based on what I’ve heard, I’d recommend [this]. What do you think?”

E — Expect Emotion
  • Watch for this — acknowledge at any point
  • “This can be hard to think about.”

R — Record The Discussion
  • Any documentation — even brief — will help your colleagues and your patient
  • “I’ll write what you said in the chart. It’s really helpful, thank you.”
The Psychological Trauma That Awaits Our Doctors and Nurses

Don’t underestimate the moral anguish of deciding who gets a ventilator.

By Jennifer Senior
Opinion columnist

March 29, 2020
Power down, renew, reboot

To my fellow clinicians everywhere: we're in a marathon, not a sprint. So what you do to sustain yourself is more important than ever. This podcast is meant
1. Relocate principles
2. Reinvent new ways in
3. Reach beyond your silo
We are shaping what medical care will look like in 10 years right now.
Questions & Answers

Please type your questions in the “Questions” pane on your screen.

Tony Back, MD
Beth Lown, MD
May 12

“Communication in the Age of COVID”

Dr. Sunita Puri
USC Keck Hospital-Norton Cancer Center
Author, *That Good Night*

Register at [theschwartzcenter.org](http://theschwartzcenter.org)
Learn more at compassioninactionconference.org
Thank you for joining us.

To support the mission of the Schwartz Center for Compassionate Healthcare and future programming like this, please visit giving.theschwartzcenter.org.