

SERIOUS ILLNESS CONVERSATION GUIDE

A CONVERSATION TOOL FOR CLINICIANS

Adaptation for COVID-19



The purpose of this scripted guide is to discuss potential outcomes of possible COVID-19 infection with at risk adults prior to a health crisis, including the elderly, those with chronic conditions (eg. heart/lung/renal disease, diabetes) or immunocompromised patients (eg. cancer, HIV/AIDS, transplant recipients). The intention is to open up dialogue and to introduce possible limitations to critical care interventions - eg. they may not be a candidate for ventilation, or for transfer to hospital. It is not intended to be a conversation to convince patients/clients to change their MOST status. This guide is to learn more about patients.

CONVERSATION FLOW	GUIDED SCRIPT
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1. Set up the conversation

- Introduce purpose
- Prepare of future decisions
- Ask permission

"I'd like to talk with you about COVID-19 and what may be ahead for you and your care. I would also like to hear from you about what is important to you so that we can make sure we provide you with the care you want if you get sick with COVID-19 - **is this okay?**"

Transition conversation to Step 2. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.

2. Assess COVID-19 understanding and preferences

"What is your **understanding** about COVID-19 and how it is affecting at risk people?"
 "How much **information** would you like from me about COVID-19 and what is likely to be ahead if you get sick with it?"
 "How are you **coping** during this time of uncertainty?"

Transition conversation to Step 3. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.

3. Share prognosis

- Share prognosis
- *Caution: purpose is not to provide patient education*
- Frame as a "wish...worry" "hope ... wonder" statement
- Allow silence, explore emotion

"I want to share with you our current **understanding** of COVID-19 and how it affects people at risk, specifically those like you with _____ (specific health condition(s), eg. heart/lung/renal disease, cancer, diabetes, etc.)."

"COVID-19 is a virus that spreads through contact with liquid droplets when someone coughs or sneezes, often entering through our eyes, nose or throat if you are in close contact. We know that it is particularly serious for vulnerable people, especially for those who have other health problems. It can also cause other very severe problems."

"It can be difficult to predict what will happen if you get sick with COVID-19. I **hope** it would not be severe and that you will continue to live well at _____ (current place of residence: home, assisted living, long term care, etc.)."

"But I'm **worried** that as an adult with other health problems, you could get sick quickly and that you are at risk of dying. I think it is important for us to prepare for that possibility."

*Transition conversation to Step 4 by allowing for silence. Consider exploring emotion. Refer to SIC Clinicians Reference Guide for more scripted language on common difficult responses (Eg. tears, anger, denial). **March 26, 2020***

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Cont'd

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4. Explore key topics

- Meaning
- Fears and worries
- Sources of strength
- Family/People that matter
- Best care

"What is **most important** to you right now? What means the most to you, and gives your life **meaning**?"

"What are your biggest **fears and worries** about the future and your health?"

"What gives you **strength** as you think about the future?"

"How much does your **family/people that matter to you** know about your priorities and wishes?"

"Is there anything else that we need to know about you so that we can give you the **best care possible**?"

Transition conversation to Step 5. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.

5. Reassurance

"We want you to know that **our priority is to ensure that you are cared for and comfortable** if you become sicker. Regardless of the medical treatments that you get or do not get, your health care team will always provide treatments to help make you feel better. So it is important to let us know if you get a new cough, fever, shortness of breath or other signs that your health is changing. We will continue to support you as best we can to get the right help for you."

Transition conversation to Step 6. Utilize paraphrasing and demonstrate empathy to let them know they've been heard.

6. Close the conversation

- Summarize what you've heard
- Make a recommendation within your scope of practice
- Check in with patient
- Affirm commitment

Refer to Serious Illness Clinician Reference Guide for additional help with recommendations (page 18)

"I've heard you say that _____ is really important to you. Keeping that in mind, and what we know about COVID-19 and your current health, I **recommend*** that we...."

Focus: Wellbeing	"Talk again in a few days, to reassess where you are at."
Focus: Illness	"Talk with your primary care providers." "Make plans for care at home."
Focus: Support System	"Talk to your family/those that matter to you/including your Substitute Decision Makers."
Focus: Help	"Get you more information about risks and benefits regarding specific critical care treatments (e.g. restarting your heart or using a breathing machine)."

"How does this seem to you?"

"I know this is a scary time for all of us. We will do everything we can to help you through this."

7. Document your conversation on the ACP Record and fax if non-acute setting. Communicate with primary care providers. Store in Greensleeve if paper charts are used in your setting.

8. Communicate with key clinicians.

Serious Illness Care Program

Reference Guide for Clinicians: *COVID-19 Adaptation*

The Serious Illness Care Program is a well-established method of how to engage in meaningful discussions with patients and families. In regular circumstances, clinicians are encouraged to attend a 3-hour training session, & read through the 20 pg companion guide. In the current climate, we recognize this isn't possible for most clinicians.

If you need to start using this guide right now – please read this page.

Principles

- You will not harm your patient by talking about their illness and the importance of planning
- Anxiety is normal for both patients and clinicians during these discussions. It is important to acknowledge and validate the emotion(s) in order to move forward
- Patients want and need the truth about prognosis to make informed decisions
- The purpose of this conversation is **not** to establish a new MOST status, if the discussion naturally flows in this direction, explore this in your recommendations.

The order of the questions and the language is chosen very specifically. Patients are very accepting if you explain that you will be reading off the page and following the guided script: *"I may refer to a Conversation Guide, just to make sure that I don't miss anything important."*

Practices

- ✓ Give a direct, honest prognosis about the risk of COVID-19 for your patient's condition to the best of your knowledge, within your own scope of practice
- ✓ Allow silence as time permits
- ✓ Acknowledge and explore emotion as it occurs. Do not just talk about facts and procedures
- ✓ Make a recommendation. In these distressing times, patients & families need to hear your professional opinion.
- ✓ Listen more than you talk.
- ✓ Avoid premature reassurance, instead align with the patients in **hoping** things may improve
- ✓ Focus on patient-centred goals and priorities not medical procedures
- ✓ Do not offer a menu of interventions, especially those that are not clinically beneficial
- ✓ Use the wish, worry, wonder framework...
 - **I wish** allows for aligning with the patient's hopes.
 - **I worry** allows for being truthful while sensitive.
 - **I wonder** is a subtle way to make a recommendation.

Resources

- [Healthcare Provider Serious Illness Resources](#)
- [Clinician Reference Guide: Strategies for Common Scenarios](#)
- [Public Advance Care Planning Resources](#)

"I hear you saying you know it is important to do some planning and also that you worry this process will be overwhelming."

"I know this is hard to talk about, but I'd like to see if we can clarify a couple of things about what your worries are about the future."

"I can see how strong you are and how important your family is. I think there is a lot we can do to help you all prepare for the future."

"I wish we weren't in this situation, but I worry that if you got sick with COVID-19 with your other health problems, you would not survive an ICU admission. I wonder if we can take this opportunity to ensure you and your family are prepared."