

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](#).

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**Who?**

To health care professionals everywhere: these are unprecedented times. There's no roadmap. We're facing conversations that we never expected—or wanted—to have.



Why?

In Seattle, it's real. We've had patients die, and not all were elderly. One of our colleagues is intubated. All over the country we are all getting calls and concerns about how to handle the possible surge. We're realizing that our professional duty might pose a risk to the people at home that we love. Worse, what we're seeing now might be the trickle that becomes a tsunami. Like what's happening in Italy. Hard to ignore. Not something you can leave at work.

But there is another side to this too. Our colleagues are pitching in. People are stepping up to support each other in unexpected, beautiful ways. Together we can be bigger. And we can make it through this with our empathy, compassion, and sense of service intact.

Using These Tips

This is a super-concentrated blast of tips focused on COVID. We've pared away all the usual educational stuff because we know you're busy. If you want more, check out the talking maps and videos on [fundamental communication skills](#), [family conferences](#), and [goals of care](#) at vitaltalk.org.

As the pandemic evolves, the caseload in your region will determine whether your clinic or hospital or institution is 'conventional' mode (usual care), 'contingency mode' (resources stretched although care functionally close to usual), or 'crisis' mode (demand outstrips resources). Most of the tips here are for conventional or contingency mode. If your region moves to [crisis standards](#), how medicine is practiced will change dramatically—triage decisions will be stark and choices will be limited. If needed, future versions of this doc will shift towards crisis. **For now, please note that the crisis mode tips are marked  and should be reserved for a crisis designated by your institution.** And remember that even in a  crisis, we can still provide compassion and respect for every person.

Some of the communication tips in this document depict ways to explain resource allocation to a patient or family or caregiver. However, note that decisions about how resources are allocated—what criteria are used or where lines are drawn—should happen at a different level—at the regional or state or country level. Rationing decisions should not be made at the bedside. In these tips, we steer away from complex discussions about rationing, and use language that is for lay people rather than ethicists.

What?

In that spirit, we've crowdsourced this little playbook to provide some practical advice on how to talk about some difficult topics related to COVID-19. Building on our experience studying and teaching communication for 2 decades, we've drawn on our networks to crowdsource the challenges and match them with advice from some of the best clinicians we know. If you know our work, you'll recognize some familiar themes and also find new material. It's incomplete and imperfect. But it's a start.

**How?**

We're offering this playbook freely. Email it, link it, spread it around. Don't hesitate to change the links so it works for your particular clinic or institution or system. Then help us improve it. Tell us what we missed, what didn't work, where you got stuck. The next iteration could be better because of you.

You can pitch in

Show this to the people you work with. Volunteer to edit so we can incorporate feedback in real time. Translate this into another language. Don't just spread worries about how bad things will get—be the change you want to see. You can get in touch with us at tonyback@uw.edu or info@vitaltalk.org.

About VitalTalk

VitalTalk is a 501c3 nonprofit social impact startup dedicated to making communication skills for serious illness part of every clinician's toolbox. This content will be in our free [VitalTalk Tips app](#) for iOS and Android very soon.

Stay safe. Our world needs you—your expertise, your kindness, your aspirations, and your strength. We're grateful you are here.

Screening

WHEN SOMEONE IS WORRIED THEY MIGHT BE INFECTED

What They Say

Why aren't they testing everybody?

Why do the tests take so long?

How come the basketball players got tested?

What You Say

We don't have enough test kits. **I wish it were different.**

The lab is doing them as fast as they can. **I know it's hard to wait.**

I can imagine it feels unfair. I don't know the details, but what I can tell you is that was a different time. **The situation is changing so fast that what we did a week ago is not what we are doing today.**

Preferencing

WHEN SOMEONE MAY WANT TO OPT OUT OF HOSPITALIZATION

I am worried about this new virus. What should I be doing?

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.

I don't want to come to the end of my life like a vegetable being kept alive on a machine. [in a long term care facility or at home]

I am this person's proxy / health care agent. I know their medical condition is bad—that they probably wouldn't survive the virus. Do you have to take them to the hospital?

You are right to be concerned. Here's what you can do. Please limit your contact with others—we call it social distancing. **Then you should pick a person who knows you well enough to talk to doctors for you if you did get really sick.** That person is your proxy. Finally, if you are the kind of person who would say, no thanks, I don't want to go to the hospital and end up dying on machines, you should tell us and your proxy.

Thank you for telling me that. **What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus.** Did I get that right?

I respect that. Here's what I'd like to propose. We will continue to take care of you. The best case is that you don't get the virus. The worst case is that you get the virus despite our precautions—and then we will keep you here and make sure you are comfortable for as long as you are with us.

It is so helpful for you to speak for them, thank you. If their medical condition did get worse, we could arrange for hospice (or palliative care) to see them where they are. We can hope for the best and plan for the worst.

Triaging

WHEN YOU ARE DECIDING WHERE A PATIENT SHOULD GO

What They Say

Why shouldn't I just go to the hospital?

Why are you keeping me out of the hospital?

What You Say

Our primary concern is your safety. We are trying to organize how people come in. Please fill out the questions online. **You can help speed up the process for yourself and everyone else.**

I imagine you are worried and want the best possible care. Right now, the hospital has become a dangerous place unless you really, really need it. The safest thing for you is to _____.

Admitting

WHEN YOUR PATIENT NEEDS THE HOSPITAL, OR THE ICU

Does this mean I have COVID19?

How bad is this?

Is my grandfather going to make it?

Are you saying that no one can visit me?

How can you not let me in for a visit?

We will need to test you with a nasal swab, and we will know the result by tomorrow. **It is normal to feel stressed when you are waiting for results,** so do things that help you keep your balance.

From the information I have now and from my exam, your situation is serious enough that you should be in the hospital. **We will know more in the next day,** and we will update you.

I imagine you are scared. Here's what I can say: because he is 90, and is already dealing with other illnesses, **it is quite possible that he will not make it out of the hospital. Honestly, it is too soon to say for certain.**

I know it is hard to not have visitors. The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. **They will be in more danger if they come into the hospital.** I wish things were different. You can use your phone, although I realize that is not quite the same.

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. **I wish I could let you visit, because I know it's important. Sadly, it is not possible now.**

Counseling

WHEN COPING NEEDS A BOOST, OR EMOTIONS ARE RUNNING HIGH

What They Say

I'm scared.

I need some hope.

You people are incompetent!

I want to talk to your boss.

Do I need to say my goodbyes?

What You Say

This is such a tough situation. **I think anyone would be scared.** Could you share more with me?

Tell me about the things you are hoping for? **I want to understand more.**

I can see why you are not happy with things. **I am willing to do what is in my power to improve things for you.** What could I do that would help?

I can see you are frustrated. **I will ask my boss to come by as soon as they can. Please realize that they are juggling many things right now.**

I'm hoping that's not the case. And I worry time could indeed be short. What is most pressing on your mind?

Deciding

WHEN THINGS AREN'T GOING WELL, GOALS OF CARE, CODE STATUS

I want everything possible.
I want to live.

I don't think my spouse would have wanted this.

I don't want to end up being a vegetable or on a machine.

I am not sure what my spouse wanted — we never spoke about it.

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? **What do I need to know about you to do a better job taking care of you?**

Well, let's pause and talk about what they would have wanted. Can you tell me what they considered most important in their life? **What meant the most to them, gave their life meaning?**

Thank you, it is very important for me to know that. **Can you say more about what you mean?**

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. **My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully. I suspect that may be hard to hear.** What do you think?

Resourcing

WHEN LIMITATIONS FORCE YOU TO CHOOSE, AND EVEN RATION

What They Say

Why can't my 90 year old grandmother go to the ICU?

Shouldn't I be in an intensive care unit?

My grandmother needs the ICU! Or she is going to die!


Are you just discriminating against her because she is old?


You're treating us differently because of the color of our skin.


It sounds like you are rationing.


You're playing God. You can't do that.


What You Say


This is an extraordinary time. We are trying to use resources in a way that is fair for everyone. Your grandmother's situation does not meet the criteria for the ICU today. I wish things were different. 


Your situation does not meet criteria for the ICU right now. The hospital is using special rules about the ICU because we are trying to use our resources in a way that is fair for everyone. **If this were a year ago, we might be making a different decision. This is an extraordinary time.** I wish I had more resources. 

I know this is a scary situation, and I am worried for your grandmother myself. **This virus is so deadly that even if we could transfer her to the ICU, I am not sure she would make it.** So we need to be prepared that she could die. We will do everything we can for her. 

I can see how it might seem like that. No, we are not discriminating. **We are using guidelines that were developed by people in this community to prepare for an event like this.** The guidelines have been developed over the years, involving health care professionals, ethicists, and lay people to consider all the pros and cons. I can see that you really care about her. 

I can imagine that you may have had negative experiences in the past with health care simply because of who you are. That is not fair, and I wish things had been different. The situation today is that our medical resources are stretched so thin that we are using guidelines that were developed by people in this community, including people of color, so that we can be fair. I do not want people to be treated by the color of their skin either. 

What we are doing is trying to spread out our resources in the best way possible. **This is a time where I wish we had more for every single person in this hospital.** 

I am sorry. I did not mean to give you that feeling. **Across the city, every hospital is working together to try to use resources in a way that is fair for everyone. I realize that we don't have enough.** I wish we had more. Please understand that we are all working as hard as possible. 

What They Say

Can't you get 15 more ventilators from somewhere else?

How can you just take them off a ventilator when their life depends on it?

What You Say

Right now the hospital is operating over capacity. It is not possible for us to increase our capacity like that overnight. **And I realize that must be disappointing to hear.** 🌟

I'm so sorry that her condition has gotten worse, even though we are doing everything. Because we are in an extraordinary time, we are following special guidelines that apply to everyone here. We cannot continue to provide critical care to patients who are not getting better. This means that we need to accept that she will die, and that we need to take her off the ventilator. I wish things were different. 🌟

Notifying

WHEN YOU ARE TELLING SOMEONE OVER THE PHONE

Yes I'm his daughter. I am 5 hours away.

What is going on? Has something happened?

[Crying]

I knew this was coming, but I didn't realize it would happen this fast.

I have something serious to talk about with you. Are you in a place where you can talk?

I am calling about your father. He died a short time ago. The cause was COVID19.

I am so sorry for your loss. **[Silence] [If you feel you must say something: Take your time. I am here.]**

I can only imagine how shocking this must be. It is sad. **[Silence] [Wait for them to restart]**

Anticipating

WHEN YOU'RE WORRYING ABOUT WHAT MIGHT HAPPEN

What You Fear

That patient's son is going to be very angry.

I don't know how to tell this adorable grandmother that I

What You Can Do

Before you go in the room, take a moment for one deep breath. **What's the anger about?** Love, responsibility, fear?

Remember what you can do: you can hear what she's concerned about, you can explain what's happening, you can help her prepare, you can be present. These are gifts.

What You Fear

can't put her in the ICU and that she is going to die.

I have been working all day with infected people and I am worried I could be passing this on to the people who matter most.

I am afraid of burnout, and of losing my heart.

I'm worried that I will be overwhelmed and that I won't be able to do what is really the best for my patients.

What You Can Do

Talk to them about what you are worried about. You can decide together about what is best. There are no simple answers. **But worries are easier to bear when you share them.**

Can you look for moments every day where you connect with someone, share something, enjoy something? **It is possible to find little pockets of peace even in the middle of a maelstrom.**

Check your own state of being, even if you only have a moment. If one extreme is wiped out, and the other is feeling strong, where am I now? **Remember that whatever your own state, that these feelings are inextricable to our human condition.** Can you accept them, not try to push them away, and then decide what you need.

Grieving

WHEN YOU'VE LOST SOMEONE

What You're Thinking

I should have been able to save that person.

OMG I cannot believe we don't have the right equipment / how mean that person was to me / how everything I do seems like its blowing up.

What You Can Do

Notice: **am I talking to myself the way I would talk to a good friend?** 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.

Notice: **am I letting everything get to me?** Is all this analyzing really about something else? Like how sad this is, how powerless I feel, how puny our efforts look? Under these conditions, such thoughts are to be expected. But we don't have to let them suck us under. Can we notice them, and feel them, maybe share them?

And then ask ourselves: **can I step into a less reactive, more balanced place even as I move into the next thing?**

New Talking Maps for Contingency and Crisis

PROACTIVE PLANNING



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.”

New Talking Maps for Contingency and Crisis

RESOURCE LIMITS



FOR CRISIS ONLY: “SHARE”

Talking About Resource Allocation (I.e. Rationing).

S — Show the guideline

- “Here’s what our institution / system / region is doing for patients with this condition.”
- (Start the part directly relevant to that person.)

H — Headline What It Means For The Patient’s Care

- “So for you, what this means is that we care for you on the floor and do everything we can to help you feel better and fight this illness. What we won’t do is to transfer you to the ICU, or do CPR if your heart stops.
- (Note that you talk about what you *will* do first, then what you won’t do)

A — Affirm The Care You Will Provide

- “We will be doing [the care plan], and we hope you will recover.”

R — Respond To Emotion

- “I can see that you are concerned.”

E — Emphasize That The Same Rules Apply To Everyone

- “We are using the same rules with every other patient in this hospital / system / institution. We are not singling you out.”

This talking map is only used when an institution has declared use of crisis standards of care, or a surge state. When the crisis standards or surge are discontinued, this map should no longer be used.

New Talking Maps for Contingency and Crisis

THE LAST FAMILY CALL

When You Need To Talk To A Family Member : “LOVE”

On The Phone / Video To Saying Goodbye To A Patient Who Is In Their Last Hours Or Minutes.

L — 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 walk you through it if you’d like.”

O — Offer The Four Things That Matter To Most People

- “So we have the opportunity to make this time special.”
- “Here are five things you might want to say. Only use the ones that ring true for you.”
 1. Please forgive me
 2. I forgive you
 3. Thank you
 4. I love you
 5. Goodbye
- “Do any of those sound good?”

V — Validate What They Want To Say

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

E — 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 on how you’re doing”

Your Comments And Feedback

Thank you all for contributing edits and ideas--they are extremely valuable, and we have incorporated most of them. If I did not incorporate your suggestion and you are wondering, you can email me at tonyback@uw.edu. Please note that this guide is designed as a completely-stand-alone-guide for clinicians, and thus some recommendations are slightly different than what we would teach in the context of an in-person or live virtual course.

Thank You

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