

Communication Strategies for COVID Providers: Simple Tips for Complex Times

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- How helpful did you find it?
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Thank you.

Core Communication Principles

STRATEGY	SPECIFIC LANGUAGE
<p>Normalize patient emotional and informational states</p>	<p><i>"I am (We are) hearing this a lot..."</i></p> <p><i>"Many people are worried about this..."</i></p> <p><i>"This is quite common..."</i></p> <p><i>"It is normal to have concerns/worries/fears"</i></p> <p><i>"These are difficult times, we expect you will feel stressed"</i></p>
<p>Provide Choice/Support Autonomy</p> <p>Identify steps or strategies that can be taken to add control.</p> <p>Exception: Overwhelmed patients may be less likely to prefer choice or to engage in shared decision-making given their current state.</p>	<p><i>"You (we) have a few options..."</i></p> <p><i>"It is up to you, whether you do xx or yy..."</i></p> <p><i>"What options do you see for yourself?"</i></p> <p><i>"Can I make one or two suggestions..."</i></p> <p><i>"Right now the best thing we can do is xx..."</i></p> <p><i>"Here are your options..."</i></p> <p><i>"It's hard, but it's what we have to do right now..."</i></p> <p>Exception: Some clinical situations, particularly in the COVID context, do not permit patient choices.</p>
<p>Offer to explain the rationale for why patients are receiving certain treatments/testing priorities/in-patient bed priorities etc.</p>	<p><i>"You're upset with our rules about xx or yy. If it's okay with you, I'd like to try and explain why we are doing things this way... During COVID, our hospital had to make some difficult decisions..."</i></p>

Handling Emotion

You don't always have to fix the problem. Often, just listening with empathy can help.

Reflect patient feelings with "You" statements

"You" statements feel more empathic than "I" statements

Some primary emotional states to listen for and acknowledge...

- Fear
- Helplessness
- Loss of Control
- Anger
- Confusion
- Disorientation

WHAT THEY SAY

WHAT YOU MIGHT SAY

You can introduce your reflections with statements such as...

"It sounds like..."

"Correct me if I'm wrong..."

or start directly with **You're...**

"You're scared because..."

"You're terrified because..."

"You're frustrated that..."

"You're confused about..."

"You're wondering if..."

"You're sad because..."

"You're nervous because..."

"You're feeling powerless because..."

"You're uncertain about..."

Normalize patient emotion

"It is normal to be..."

"Many people are feeling that right now..."

"I am (We are) hearing this a lot..."

"These are difficult times, we expect people are stressed and out of sorts..."

Don't minimize the patient's concerns

If the patient says "I'm terrified," don't reflect with lesser intensity such as "You are concerned"

Match or exceed the patient's intensity of emotion.

Try to avoid blanket reassurance like "It will be OK," unless you're certain this is true.

Providing Information

Prepare the patient to receive new or difficult information and assess their understanding using the 3-step ASK-TELL-ASK process. This structure invites conversation, supports patient autonomy, and reduces resistance to receiving information. Avoid giving advice immediately.

WHAT YOU MIGHT SAY

ASK

Skip if patient clearly indicates no knowledge or has directly asked for your opinion

“What have you heard about coronavirus/COVID in our area?”

“What information do you need?”

TELL

“Here’s what I (we) know...”

“Let’s talk about...”

ASK

“What do you make of all this?”

“What are our next steps?”

“What else do you want to know?”

Conversation Examples

WHAT THEY SAY	WHAT YOU MIGHT SAY
I'm scared...	<p><i>"What are you most worried about/scared of?"</i></p> <p><i>"Things feel out of control right now for you and many others, and that is anxiety provoking (or this makes a lot of people anxious)."</i></p> <p><i>"Right now the best thing we can do/you might want to...[suggest a practical step regarding something that is controllable]"</i></p> <p><i>"Fear sometimes is driven by people assuming the worst. Sometimes having accurate information can be reassuring, even if it's not rosy. Do you have any questions I can answer about your condition or (that of others)?"</i></p>
I need some hope.	<p><i>"You're really down, and like many other people, want to hear some good/encouraging news, particularly when all we are hearing is gloom and doom."</i></p> <p><i>"Making the virus magically disappear is unlikely, what might be something smaller that would give you hope?"</i></p> <p><i>"It seems like you have given up hope. What would help you feel better?"</i></p> <p><i>"Can you tell me about another time when you dealt with uncertainty or fear?"</i></p> <p><i>"What strengths did you draw on?"</i></p> <p><i>"What helped you get through it?"</i></p>
It's not fair...	<p><i>"You're right. This does not feel fair and it's making you mad. "</i></p> <p><i>"There doesn't seem to be any rhyme or reason to any of this which makes it even harder to process"</i></p> <p><i>"Our hospital is focusing most of their efforts to treat COVID patients. That may seem unfair to people with other conditions... If it's okay with you, I'd be happy to try and explain why we are doing things this way."</i></p>
You have no right to do this...	<p><i>"You're angry about how this has impacted your cancer care. This is a time where I wish we had more resources for every single one of our patients. If it would be helpful I'd like to explain why we changed your treatment plan."</i></p>

Conversation Examples continued

I want to talk to your boss.

“You’re upset with me/us. I will ask our director/chief to talk with you. It may take a while to arrange. Is there anything I can do until then?”

“What questions do you have?”

“What’s the most important thing you need now?”

“I can see you are frustrated/angry/pissed off. I will ask my supervisor to come by as soon as they can. Please realize that they are juggling many things right now.”

Why is my life not important? Cancer kills too!

“You’re angry that we have prioritized taking care of COVID over other conditions, particularly yours, and that feels unfair. If it’s okay with you I’d like to try and explain why we are doing things this way...”

You people are incompetent!

“You’re angry about your experience with us”

“You’re pissed off that we haven’t met your needs”

“You are upset with how you have been treated here”

“It feels like we aren’t hearing your concerns.”

“You have every right to feel angry. Is there anything that could be done that would be satisfying to you? Here’s what I can do...”

“I can see why you are not happy with things. I’m more than willing to do what is in my power to improve things for you. What can I do that would help?”

Acknowledgements

The principles and strategies in this guide are rooted in Self-Determination Theory and Motivational Interviewing. This document was also inspired by the practical inpatient and COVID-specific advice published by [Vital Talk](#)

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