

## MODULE 4: Communicating Information about COVID-19

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As physicians, we must master not only the science of medicine but also the art. Module 2 touches on the impact that this disease has on a population level, and Module 3 addresses how the healthcare system is mobilizing to address the pandemic. Quite frankly, these are exceptionally stressful developments. While not everyone will become infected with SARS-CoV-19, in the setting of a pandemic, everyone is a patient. The art of medicine involves bringing that recognition to our encounters with *friends* and *family* as well as to *patients* in a direct clinical setting. Furthermore, social distancing measures impose new realities on what interactions can even look like. These changes are as good a time as any to review the communication skills that will serve us well in this uncertain time.

We've now discussed [Brian and Diane](#) in the context of their medical risk and why our community benefits from all of us practicing social distancing. But knowing the facts is only a small part of effective engagement. In this module, we pivot to developing concrete tools that can help us communicate effectively with individuals like Brian and Diane.

Think of the people in your own life who may be struggling in similar ways to Brian and Diane. What makes communicating with them challenging, and how may you try to understand or support them differently?

### OVERARCHING LEARNING GOAL

Now that you've bolstered your COVID-19 knowledge, prepare to productively communicate that information, especially with a non-medical audience who may have varying attitudes towards the pandemic.

### LEARNING OBJECTIVES

At the end of this module, medical students should be able to:

- Compare and contrast 2 different responses individuals may have to the pandemic
- Revisit 3 key conceptual frameworks for communication skills
- Recognize the tool that would be most appropriate for a given situation
- Rehearse a potentially difficult situation with someone from your life

### CORE MATERIALS

- Stone, Patton, and Heen, "Difficult Conversations," [Introduction and Chapter 1](#).
- VitalTalk, [COVID-ready communication skills](#).
- Recommended Activity: Tamerius and Camppt, "[Your Angry Uncle Wants to Talk About Politics. What Do You Do?](#)" *New York Times Opinion*.
- Infographic: [COVID-19: What you need to know: a 1-page guide](#)
- Twitter: [@FutureMDvsCOVID](#)
- Instagram: [futuremdvscovid](#)

## SKILLSET REVIEW

Let's review some *critical communication skills* in the context of a public health emergency. First, recall the overarching principles for physician/medical student communication with patients: build a relationship, open the discussion, gather information, understand the person's perspective, share information, reach agreement on problems and plans, and provide closure ([Makoul, Acad Med 2001](#)). Depending on the scenario in which you find yourself (talking with an individual or in a group setting), you may also find the [CDC Crisis + Emergency Risk Communication](#) principles helpful as well:

1. Build trust and credibility by expressing empathy and caring, competence and expertise, honesty and openness, commitment and dedication
2. Acknowledge uncertainty, validate concern, and explain the process in place to find answers
3. Be prepared to answer questions about safety and expectations moving forward.

With these principles in mind, let's take a deeper dive into communication frameworks for **having difficult conversations** and **giving bad news** in the context of the coronavirus pandemic.

### Difficult Conversations

A useful paradigm to keep in mind during these sorts of interactions is set forth by Harvard Law School Professors Douglas Stone, Bruce Patton, and Sheila Heen in their New York Times-bestselling book "Difficult Conversations." (If you haven't read it before, now is as good a time as any! If nothing else, read the Introduction and Chapter 1 to get an idea of the framework.)

In studying a variety of conversations, they found:

*"an underlying structure to what's going on, and understanding this structure, in itself, is a powerful first step in improving how we deal with these conversations. It turns out that no matter what the subject, our thoughts and feelings fall into the same three categories, or 'conversations.' And in each of these conversations we make predictable errors that distort our thoughts and feelings, and get us into trouble."*

The three conversations can be summarized as:

1. **The Facts Conversation.** In discussions about COVID-19, this would encapsulate things like R0 or the anticipated impact of social distancing on flattening the infection curve. This knowledge is critical for us as physicians. Given our own biases as physicians-in-training (perhaps including, among other things, our personality types, coping styles, and all the effort we've invested into amassing our medical knowledge), our go-to approach to uncertain or challenging situations is often to return to the facts. However, no matter how convincing the evidence may be, or how effective we are as communicators and teachers, facts alone are not enough to reliably fuel real change.

Psychologist Jonathan Haidt describes this idea in his metaphor of the [Elephant and the Rider](#). Although it may seem like the Rider, representing logic and reason, can control where the two end up, the Rider's

commands are worthless unless they're directing the Elephant's own efforts. If they are in opposition, the Elephant always wins out. How is it that we can tap into the Elephant?

2. **The Feelings Conversation.** More often than not, emotions are at the heart of difficult conversations and should not be framed out of the problem: If our partners' feelings are negative or different from ours, we should not view them as barriers or issues to resolve. Making space for and acknowledging emotions is [critical to building a relationship](#) that allows more meaningful connections.

The first step is to recognize those emotions, and we can make that easier by anticipating them ahead of time. The exact emotions evoked in a given situation depend on how that situation relates to the values we hold most dear. Sometimes what sounds like a factual question is actually an expression of emotion. For example, "How can this be happening?" may not necessarily be a question about coronavirus epidemiology, but rather an expression of worry or fear.

3. **The Identity Conversation.** At the core of every difficult conversation is what this situation means to us. The authors explain: "We conduct an internal debate over whether this means we are competent or incompetent, a good person or bad, worthy of love or unlovable. What impact might it have on our self-image and self-esteem, our future and our well-being?"

And all this cuts both ways: the conversation involves both your identity as well as your partner's. What does the outcome of the conversation mean to you? Taking stock of this ahead of time will prevent you from getting caught up and acting against your best judgment.

In short, focusing on facts without feelings will only make the conversation worse. To best anticipate your partner's feelings, it helps to think about their identity and how the situation may relate to their most important values. The subsequent sections review specific communication techniques that have been proven to help clinicians provide facts about challenging situations in a way that also addresses the underlying emotions.

*Thought Question:* As we hear from Dr. Laura Rock during Clinical Capstone, "Emotions before cognition." How does the principle of responding to emotions before cognition surface in the attached resource, [COVID ready communication](#)?

It is equally important that you take stock of your own reactions in preparing for potentially difficult encounters with patients. Anticipating your own negative feelings--especially in light of how stressed you are or how many demands are being placed on you--may help you recognize them and let them go in the interest of a more productive interaction. For example, you may find that the anxiety of patients who are not sick or the demands of patients who are mildly ill evoke in you feelings of annoyance and even anger when you are also seeing severely ill patients. These are perfectly normal reactions, but they will not lead to productive encounters. The important thing is to accept your feelings and try to let them go as you turn your attention to the patient.

## Giving Bad News

Many conversations around the coronavirus pandemic will involve delivering difficult or serious news. Here, we can apply several frameworks that we have learned in the clinical setting to the conversations we have with patients and in the community with a non-clinical audience.

### SPIKES

SPIKES is a [mnemonic developed](#) by oncologists for delivering bad or serious news. This approach to giving bad news is relevant because the topic of a pandemic is serious and evokes a range of emotions including denial, fear, and altruism. Please review SPIKES below.

| S P I K E S  | Delivering Serious News  |
|--|--|
| <b>S</b> ETTING<br>Determine what the patient knows already    | <i>Find a quiet location; private if possible.<br/>           Invite the important people to be present.<br/>           Have tissues and enough chairs.<br/>           Turn off the ringer on your phone/pager.</i>  |
| <b>P</b> ERCEPTION<br>Determine what the patient knows already | <i>"Tell me what you understand about your illness."<br/>           "What have the other doctors told you about your illness?"<br/>           Look for knowledge and emotional information as the patient responds</i>   |
| <b>I</b> NVITATION<br>Clarify information preferences          | <i>"Would it be okay for me to discuss the results of your tests with you now?"<br/>           "How do you prefer to discuss medical information in your family?"<br/>           "Some people prefer a global picture of what is happening and others like all the details, what do you prefer?"</i> |
| <b>K</b> NOWLEDGE<br>Give the information                      | <i>Give a warning... "I have something serious we need to discuss"<br/>           Avoid medical jargon. Say it simply and stop. (e.g. "Your cancer has spread to your liver. It is getting worse despite our treatments.")</i>   |
| <b>E</b> MPATHY<br>Respond to emotion                          | <i>Wait quietly for the patient.<br/>           "I know this is not what you expected to hear today." "This is very difficult news."</i>   |
| <b>S</b> UMMARY<br>Next steps and followup plan                | <i>"We've talked about a lot of things today, can you please tell me what you understand."<br/>           "Let's set up a follow-up appointment."</i>  |

Goals of Care Conversations training was developed by VA National Center for Ethics in Health Care through contracts with VitalTalk. Updated 01/2018. [www.ethics.va.gov/goalsofcaretraining/practitioner.asp](http://www.ethics.va.gov/goalsofcaretraining/practitioner.asp)

## REMAP

REMAP is a [mnemonic developed](#) to guide Goals of Care discussions. As medical students, we may be asked to care for patients with COVID-19 or to talk with family members of affected patients. Such encounters may involve Goals of Care discussions where REMAP would be most applicable. REMAP can also be used outside of the clinical settings to guide challenging conversations when expectations between two parties do not align. Can you envision a scenario where you could apply the REMAP framework?

| REMAP   | ADDRESSING GOALS OF CARE   |
|---|--|
| <b>R</b> EFRAME<br>why the status quo isn't working | <i>(You may need to discuss serious news such as a scan first.)</i><br>"Given this news, it seems like a good time to talk about what to do now. We're in a different place."                      |
| <b>E</b> XPECT<br>emotion - respond with empathy    | "It's hard to deal with all this."<br>"I can see you are really concerned about [x]."<br>"Tell me more about that—what are you worried about?"<br>"Is it ok for us to talk about what this means?" |
| <b>M</b> AP<br>out what's important                 | "Given this situation, what's most important for you?"<br>"When you think about the future, are there things you want to do?"<br>"As you look toward the future, what concerns you?"               |
| <b>A</b> LIGN<br>with the patient's values          | "As I listen to you, it sounds the most important things are [x-y-z]."   |
| <b>P</b> LAN<br>to match values                     | "Here's what I can do now that will help you do those important things."<br>"What do you think about it?"  |

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## NURSE/Expressing Empathy

Regardless of the framework used, giving bad news is challenging for both the person delivering the news and the person receiving such news. Sometimes, a person receiving the news may react with anger, frustration, heightened anxiety, sadness, or another emotion. Having a framework for your response in this moment can be helpful for demonstrating how much you care. The NURSE framework is one guide. A review of this concept is provided below with relevant examples; both “I wish” and “I wonder” statements can be helpful. Brainstorm 1-2 scenarios where you would use the NURSE framework in the context of COVID-19.

| EMPATHIC RESPONSES  |   |   |   |  |   |
|---|---|---|---|--|---|
| Naming  | Understanding   | Respecting  | Supporting  | Exploring  | “I Wish”  |
| This must be... <ul style="list-style-type: none"> <li>• Frustrating</li> <li>• Overwhelming</li> <li>• Scary</li> <li>• Difficult</li> <li>• Challenging</li> <li>• Hard</li> </ul>            | What you just said really helps me understand the situation better.   | I really admire your <ul style="list-style-type: none"> <li>• Faith</li> <li>• Strength</li> <li>• Commitment to your family</li> <li>• Thoughtfulness</li> <li>• Love for your family</li> </ul> | We will do our very best to make sure you have what you need. | Could you say more about what you mean when you say... <ul style="list-style-type: none"> <li>• I don't want to give up</li> <li>• I'm hoping for a miracle</li> </ul> | I wish we had a treatment that would cure you (make your illness go away).                              |
| I'm wondering if you are feeling ... <ul style="list-style-type: none"> <li>• Sad</li> <li>• Scared</li> <li>• Frustrated</li> <li>• Overwhelmed</li> <li>• Anxious</li> <li>• Angry</li> </ul> | This really helps me better understand what you are thinking.   | You (or your dad, mom, child, spouse) are/is such a strong person and have/has been through so much.  | Our team is here to help you with this.                       | Help me understand more about...   | I wish I had better news.   |
| It sounds like you may be feeling ...   | I can see how dealing with this might be ... <ul style="list-style-type: none"> <li>• hard on you</li> <li>• frustrating</li> <li>• challenging</li> <li>• scary</li> </ul> | I can really see how (strong, dedicated, loving, caring, etc.) you are.   | We will work hard to get you the support that you need.       | Tell me more...  | I wish you weren't having to go through this.   |
| In this situation, some people might feel ...   | I can see how important this is to you.   | You are such a (strong, caring, dedicated) person.  | We are committed to help you in any way we can.               | Tell me more about what [a miracle, fighting, not giving up, etc.] might look like for you.  | I wish that for you too.<br>[In response to what a patient or family members wishes, such as a miracle] |
| I can't even imagine how (NAME EMOTION) this must be.   | Dealing with this illness has been such a big part of your life and taken so much energy.   | I'm really impressed by all that you've done to manage your illness (help your loved one deal with their illness).  | We will go be here for you.                                   | Can you say more about that?   | I wish we weren't in this spot right now.   |

*Thought question:* How might you apply these frameworks differently when talking to **Diane** and **Brian**?

*Thought question:* [This activity](#) from the NYT is an opportunity to play out a conversation with someone who holds different political views. Unrelated as it may seem, there is a reason why we recommend it. How might our frameworks compliment their conflict resolution approaches?



## CULTURAL HUMILITY & MEETING PEOPLE WHERE THEY ARE

Recognizing the differential impact that COVID-19 has on people based on their past experiences or their current circumstances is foundational for effective communication. Practicing cultural humility as you approach conversations around COVID-19 includes, but is not limited to, bearing witness to a person's lived experience, recognizing the unique elements of someone's personal experiences based on their background and culture, and acknowledging the authority that each person has over their experiences and story. Practicing cultural humility requires looking beyond one's own experience and approaching the experiences of others without judgment.

*Thought Question:* Think of 2-3 ways in which someone's past experiences could impact their receptiveness or response to a conversation about COVID-19.

If you need a brainstorm bump, consider the following circumstances or review the ways in which this pandemic may further inequity from [this summary by the NAACP](#):

- A person who has previously been quarantined for prior outbreak (e.g. SARS, Ebola).
- A person who has been the [target of racism related to the pandemic](#).
- A person who is incarcerated and concerned about their risk.
- A person without health insurance who is [concerned about the cost of potential healthcare needs](#).
- A person who [lives paycheck-to-paycheck](#) who is concerned about their inability to work during mandatory quarantine and ability to buy basic needs.
- A person who distrusts the medical establishment because of prior experiences.
- Persons with disability who rely on personal care assistants to do their grocery shopping and to pick up their medications.

In recent months, fear has bred more [xenophobia and racism](#). How can you respond when you see these remarks waged against others or yourself? We can look towards research on microaggressions--defined as verbal, behavioral, or institutional actions that communicate hostility or prejudice towards marginalized groups--for suggestions on how to react. One framework on how to respond to perpetrators of microaggressions (or macroaggressions) is modified from ([Sue et al., Am Psych 2019](#)):

- **Make the invisible visible.** Ask for clarification. Try to see where they're coming from.
- **Disarm the microaggression.** Express disagreement, state your limit, or redirect the conversation.
- **Educate the offender.** Point out bias, discuss the impact of their statements, and promote empathy.
- **Seek external support.** Reach out to sources of support, discuss experiences with others, and report the statements if appropriate.

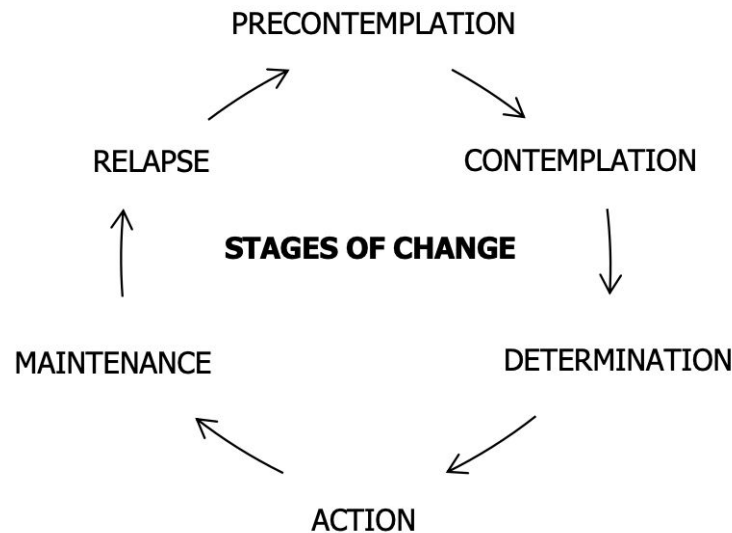
Finally, consider how this pandemic and associated fear may impact kids. You may need to explain COVID-19 to children in your community or to your pediatric patients. Some best practices include honestly discussing facts using age-appropriate language and resources, listening to concerns, empathizing, and maintaining a sense of social connectedness ([Basu and Koenen](#), [Haelle](#)).

## SUSTAINING CONSTRUCTIVE BEHAVIORS OVER TIME

As you have learned in previous modules, public health measures like social distancing are necessary to reduce disease transmission. Because the efficacy of these measures depends on high rates of compliance in the general population, COVID-19 can be seen as a behavior-related illness. We must equip ourselves with the tools to best ensure adherence to recommended practices.

### Prochaska's Stages of Change Model

Recall the 6 stages of change discussed in the ICS curriculum ([Levinson et al., Ann Intern Med 2001](#)). The most effective approach to addressing a change in behavior should take into account the person's willingness to change, motivating factors towards change, and barriers standing in the way. Although it is not clear whether identifying a person's "stage" actually helps them change, this framework is important as a roadmap for the process of behavior change, and it aids in discussing individuals engaged in the process of change.

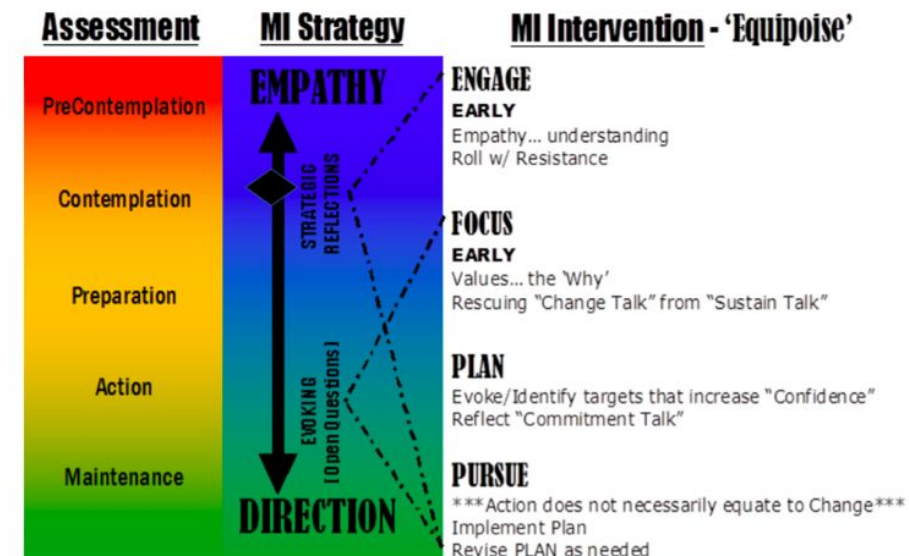


*Thought Question:* With this framework in mind, how would you start a conversation with **Brian** about social distancing? How would you start a conversation with **Diane** about social distancing?



## Motivational Interviewing

This section will provide a refresher course on the principles of motivational interviewing, as discussed in ICS module 12. When engaging people in conversations about behavior changes, the four processes central to the approach are as follows:



Engaging the person in a high quality, mutually satisfying relationship by:

- Expressing appreciation of the person's main concern, even if they disagree with you. Acknowledge their efforts to change and willingness to engage in discussion.
- Building affiliation by partnering with the person. Collaborate on defining goals and agreeing on strategies, try to face the problem from the same mutual goals (in this case, an example could be reducing spread of disease to loved ones who are at high risk of critical illness)
- Minimizing status differentials: people often assume we have more knowledge and authority than we ourselves think we have. Acknowledge that this person is the expert on their life. Convey information in a straightforward fashion and listen actively.
- Choosing a role that you feel is appropriate for the situation: cheerleader, coach, teacher, monitor, disciplinarian, friend, confessor, etc.
- Emphasizing autonomy, above all: People are much more likely to change if they feel they have the power to choose whether and how to proceed. Emphasize that any next steps are completely up to them. Affirm their strengths and self-efficacy. Point them towards helpful resources that they can consume on their own time.

Focusing on one problem behavior can help improve chances of successfully changing that behavior (as opposed to addressing a broad swath of potential behavior changes at once). This is where the "Ask-Tell-Ask" framework comes into play--when informing people about risks and benefits of various behaviors (see figure below). Help them identify what matters most to them and which behaviors they want to change.

## Motivational Interview Methods

|        |                 |                                   |
|--------|-----------------|-----------------------------------|
| ASK    | Permission      | <i>May we talk about...?</i>      |
|        | Open Question   | <i>What do you know about...?</i> |
|        | Closed Question | <i>How much do you smoke?</i>     |
| TELL   | Inform          | <i>Diabetes causes blindness.</i> |
|        | Give Feedback   | <i>Your tests show...</i>         |
|        | Advise          | <i>Exercise will benefit you.</i> |
| LISTEN | Appreciate      | <i>You are very courageous</i>    |
|        | Reflect         | <i>You want to change, but...</i> |
|        | Summarize       | <i>Let's see if I got it...</i>   |

Evoking “change talk” in which patients express their **D**esires, **A**bilities, **R**easons, **N**eeds, and **C**ommitment to change (DARN-C). This can be done by

- Summarizing/Reflecting as a part of active listening. You don't have to use the person's exact words, as the purpose is to show the patient you are listening and perhaps accentuate their unconsciously uttered change talk.
- “On a Scale from 1 to 10, how likely are you to change X?” Then ask, “Why not a lower number?” This will get them to express motivations for change.
- Ask-tell-ask can also play a role here. Ask the person what they understand about the risks of their behavior. Tell the patient how that relates to what you know. Then ask how this new information might apply to their situation.

Planning next steps that are **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound. Remember, this person has the autonomy to execute the plan. All your efforts to this point to reinforce that should enable them to feel motivated to execute it!



## ACTIVITY: PUTTING IT TO PRACTICE

Now that we've reviewed several approaches to empathetically communicate across differences and share difficult information in the context of **Brian** and **Diane**, identify a real person in your life whom you've noticed may benefit from a conversation about COVID-19. Reach out.

Remember that in today's world, there are many ways to reach people/networks from your life. Some ideas:

- Direct message someone who has posted something on social media about COVID-19 that you disagree with. Start exploratively: "I saw your post yesterday and was curious about what you meant by..."
- Call a friend or family member who may be overwhelmed by the facts around COVID-19 and communicate those to them, while being attentive to their emotions and concerns.

During that conversation, consider your new frameworks. Reflect on the "identity conversation" from the Difficult Conversations formulation. Think about where they are coming from--what factors might affect why they are behaving or speaking the way they are? Consider the Prochaska's Stages of Change model and personalize your approach when encouraging them to make changes to their daily life, such as cancelling social gatherings (as you would for **Brian**) or accepting temporary help with daily activities (like for **Diane**).

Let's imagine that you have a chance to speak with Brian and engage in some motivational interviewing. Together, you explore ways for him to spend his time besides going out with friends. He mentions his grandmother, and in time makes a habit of talking with her every couple days. She, in turn, begins to feel comfortable with Brian and even asks if he would be willing to go out and shop for her groceries next week. Thanks to your empathetic counseling, both our characters find ways to make important changes to their lives, and they stay in touch with one another via FaceTime and help support each other through this difficult time.

To help you with these conversations, our classmates have prepared a number of information resources intended for public audiences without medical training. Please take a look at this student-created [FAQ document](#), this [infographic](#), and these social media channels:

- Twitter: [@FutureMDvsCOVID](#)
- Instagram: [futuremdvscovid](#)

Best wishes in taking care of yourself and those dear to you.

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We hope this module prepared you to have productive conversations about a complex and rapidly evolving topic.

Module 5: Clinical Role-Specific Skills is forthcoming. If you have completed all of our modules to date, congratulations, and thank you for your attention! Click here to return to our [Overview](#).

We welcome your feedback on this module, and on the curriculum overall. Please share it [here](#).