

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.

"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."