

CREATED BY: Joanna Hart, MD, MSHP, Aaron Tannenbaum, MD, Perelman School of Medicine at the University of Pennsylvania
Alison E. Turnbull, DVM, MPH, Ph,D, Ian M. Oppenheim, MD, School of Medicine, Johns Hopkins University, Baltimore, MD

Standardized Course/Section Syllabus:

Structured Communication with Patient Families during the COVID-19 Pandemic

Class Schedule: 4/13/2020 – 4/24/2020: possible repeated q2 weeks until visitor restrictions end

Pre-requisite: Transition to the Wards + one core clerkship

Target Audience: 3/4th year Medical Students

Learning Capacity: 2 students – with possible expansion in subsequent weeks

Estimated formal + out of class time commitment – 39 hours/week

Course Description:

Due to the COVID-19 pandemic, Johns Hopkins Hospitals have instituted system-wide restrictions on all visitors, for all patients. While imperative to protecting public health, this policy is anticipated to heighten psychological distress among in-patients and their families. The two-week course will allow students to strengthen and practice communication skills, gain insight into the experiences of families of hospitalized patients, and directly contribute to the care of patients during a time of national emergency. Combining one-on-one coaching, simulation, readings, online lectures, and phone-based interactions with the families of current patients, this course will help prepare you to support patient families during both routine encounters and times of crisis.

Course Learning Objectives:

1. Demonstrate the ability to structure conversations with family members and acknowledge and respond to questions and emotions appropriately.
2. Demonstrate the ability to identify salient information within these conversations and document it effectively and succinctly.
3. Describe how a legal healthcare proxy is identified for patients that lack capacity, and how state laws and regulations influence the care of unbefriended patients.
4. Describe the different roles endorsed by critical care professional societies that providers may take when engaging healthcare proxies in decisions about preference-sensitive treatments.

Required Text and Other Materials

Vital Talk Communication Skills

- Establishing Rapport: <https://www.vitaltalk.org/topics/establish- rapport/>
- Responding to Emotion: <https://www.vitaltalk.org/topics/track-respond-to-emotion/>

COVID-specific challenges with patient/family engagement

- NYT Opinion – I'm on the Front Lines. I Have No Plan for this – Daniella Lamas – 3/26/2020
- NYT Health – 'A Heart- Wrenching Thing': Hospital Bans on Visits Devastate Families – Katie Hafner – 3/29/2020

Family-centered care and communication

- Kon AA, Davidson JE, Morrison W, Danis M, White DB. Shared decision making in ICUs: An American college of critical care medicine and American thoracic society policy statement. *Crit Care Med*. 2016 Jan 1; 44(1):188–201.
- Azoulay E, Pochard F, Kentish Barnes N, Chevret S, Aboab J, Adrie C, et al. Risk of post traumatic stress symptoms in family members of intensive care unit patients. *Am J Respir Crit Care Med*. 2005 May 1; 171(9):987–94.
- Ashana DC, Lewis C, Hart JL. Dealing with “Difficult” Patients and Families: Making a Case for Trauma-Informed Care in the Intensive Care Unit. *Ann Am Thorac Soc*. 2020 Jan 16;
- Lilly CM, Daly BJ. The Healing Power of Listening in the ICU. *N Engl J Med* [Internet]. 2007 Feb 1 [cited 2020 Apr 1];356(5):513–5. Available from: <http://www.nejm.org/doi/abs/10.1056/NEJMe068253>
- White DB, Angus DC, Shields AM, Buddadhumaruk P, Pidro C, Paner C, et al. A randomized trial of a family-support intervention in intensive care units. *N Engl J Med*. 2018 Jun 21;378(25):2365–75.

Lectures by Dr. Turnbull, recorded and available on-line

1. Surrogates, Agents, and Guardians: The Roles and Rights of ICU Families
2. Communication Trials in American ICUs Past and Present
3. You can't Choose Wisely if you don't know there's a choice: Communicating with ICU families

Assignments

Day 1: Participation in all orientation, training, and simulation exercises via Zoom and phone

Days 2 – 10: Outreach to all patient families assigned to student. Each conversation must be documented appropriately in EPIC Day 2: Debriefing from the first day of calls.

Day 3: Vita Talk Communication Skills videos and journal club discussion of COVID-specific challenges with patient/family engagement articles

Day 5: View lecture 1 followed by Q & A with course director

Day 6: Journal club discussion of Family-centered care and communication articles

Day 8: View lecture 2 followed by Q & A with course director

Day 10: View lecture 3 followed by Q & A with course director

Evaluation and Grading

Completing and documenting all assigned calls to patient families (50%)

Participation in training and orientation (25%)

Discussion of required texts and lecture (25%)

Pass/Fail Grading Scale (Grading scale is determined by the School of Medicine.)

P = Student has met all required assignments for the class.

F = Student has failed significant required elements of the course. Student should meet with the course director to plan remediation.

Expectations

Students will receive individualized feedback and support during initial training and calls with families. Once approved to contact families, students must be able to perform communication independently, and request support from instructors as needed. Students are expected to complete all readings assigned. Participation in group debriefing sessions, lecture discussions, and journal clubs is required. Zoom shall be utilized for group sessions, and Doximity caller for phone communications.

