

Appendix A: Tools and Tips for Communication and Self-Care

Goals of Care: Patient-centered care entails meeting the highest possible standards of informed consent. This requires:

- (1) ensuring that patients understand their health condition, the nature and prognosis for recovery, and the benefits/risks of treatment options; reasonable accommodations for patients with disabilities should be in place, such as allowing additional time for processing information and decisions.
- (2) assessing patient's values and prioritized goals of clinical care (e.g. to live as long as possible, to live independently, to be comfortable, etc); and
- (3) documenting treatment decisions including advance directives and code status preferences.

Clinical Milestones: When initiating a plan of care in light of a patient's goals of care, it is essential for clinicians to identify clear milestones of clinical success and failure that will determine whether a goal or time-limited trial of treatment should continue. Describe in advance the ROAD TO RECOVERY and the ROAD TO NOT RECOVERING.

Setup and Communication: Find/create a quiet space and limit distractions. Use video and social distancing when needed. Use professional interpreters for limited English proficiency related to disabilities or a different primary language. Use simple sentences, avoid medical jargon, pause and allow processing, and check for understanding.

<p>Breaking Bad News (SPIKES) Setting: (Quiet, right people there) Perception (What do patient/family understand?) Invitation (How much do you want to know?) Knowledge (Warning shot--"I have difficult news"; share information, keep it short and simple) Emotion and Empathy (recognize/respect emotion) Strategy and Summary (Steps moving forward)</p>	<p>Emotion and Empathy (NURSE) Name emotion ("This is scary") Understand ("I can imagine how stressful this is") Respect ("I really admire your strength") Support ("Offer your continued support") Explore emotions ("Tell me more")</p>	<p>Addressing Goals of Care (REMAP) Reframe (Why treatment will/will not work) ("We're in different place.") Expect Emotion (see NURSE acronym) Map out what is most important Align with patient's goals and values Plan treatment to match patient values (use milestones to guide the trial of treatment)</p>
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Note: Providers must be careful not to exert pressure on patients and their families to decline life-sustaining treatment in the process of discussing advanced care planning decisions. Patients and their families should not be subject to pressure to make particular advanced care planning decisions for the good of the facility or due to judgments regarding quality of life or relative worth. Providers must continue to provide information on the full scope of available alternatives, including the continued provision of life-sustaining treatment, and may not impose blanket Do Not Resuscitate policies for reasons of resource constraint. Providers may not require residents or patients to consent to a particular Advanced Care Planning decision in order to continue to receive services from a facility.

Tips for self care:

(1) Recognize common syndromes in clinical care and ethical decision-making:

Moral uncertainty: uncertainty regarding the right course of action, often due to not knowing relevant facts, which ethical principle or value matters most, or how to balance competing duties and interests

Moral distress: knowing the right thing to do but feeling unable to do it; often related to a sense of powerlessness in one's role or position

Moral injury: emotional harm due to feeling compelled to witness or participate in actions that violate one's conscience or sense of right and wrong; moral uncertainty and moral distress can both lead to moral injury

Compassion fatigue: feeling numb, disconnected, stressed, or exhausted after chronically witnessing trauma or suffering; also known as "secondary trauma" or the "cost of caring"

Burnout: exhaustion, depersonalization, and low sense of accomplishment in the work place

These syndromes are normal and common, particularly when clinicians are exposed to high morbidity and mortality and must make high-stakes decisions in the midst of uncertainty and unpredictable resources. Any of these syndromes can lead to adverse patient outcomes, clinician absenteeism and turnover, and clinician depression or harm.

(2) Anticipate and respond to these common syndromes, tailoring the response to the particular syndrome(s) one is experiencing:

- Education and commitment to self care: regular sleep, exercise, nutrition, family, and work/life balance including preservation of boundaries
- Diversified work or case load with protected time away from patient care
- Peer support practices such as mentorship, debriefings, and remembrances
- Promote environmental and reporting structures that make it easy to do the right thing: reward transparency, disclosure, and integrity
- Encourage and normalize participation in Employee Assistance Programs and counseling and pastoral care services for staff
- Incorporate contemplative practices that promote compassion for self and others
- Reach out to others early and often for support and ideas. Situational awareness is essential in the midst of a crisis. You are not alone. Others may be able to give you helpful support and perspective.

(3) Contemplative practice: from distress to compassion (GRACE):

Gather your attention: take a moment to focus on the situation. Pause. Breathe in. Ground yourself by gathering your attention.

Recall your intention: remind yourself why you are here—to serve. Remember what your service is really about: to relieve suffering, to act with integrity, and to preserve the integrity of others.

Attune: notice yourself, the situation, and then others in your presence. This is an active process of inquiry, first involving yourself and then others.

Consider what will serve: ask what this moment requires. What are you seeing, sensing, and learning?

Engagement and Ending: take the next step into a compassionate interaction. Engage with principled, compassionate action with mutual respect for all persons involved. Mark the end, release, and let go. Breathe out. Recognize internally that the encounter is over. Acknowledge your work and express gratitude

(4) Tips for emotional self care:

- **Avoid black and white thinking:** fast-forwarding to the worst possible outcomes causes panic and self-criticism; so stay present and focused on what you can do right now
- **Validate your emotions:** before trying to solve complex problems, practice validation of your feelings and the feelings of others; feelings are real and reasonable reactions; say **NURSE** statements (see above) to yourself and others
- **Give yourself time and space to grieve:** sadness, guilt, and anger often come in waves even before the loss happens; grief is normal and healthy; be kind to yourself and accepting of your journey
- **Give yourself some credit every day:** we all need praise for even the small things; make this a routine; acknowledge your expertise, competence, successes, and good work in a difficult situation; a simple "atta boy" or "atta girl" can help you or others get through a tough day

References:

<https://www.vitaltalk.org>
<https://www.upaya.org/social-action/grace/>