



## TALKING WITH PATIENTS AND FAMILIES ABOUT COVID-19

Patients and families look to their physician as a source of truth in uncertain times. This is especially true in the face of the global pandemic, and the increasing local presence of the coronavirus and related COVID-19 illness. These conversations can be difficult as the situation continues to evolve, our understandings shift, and the personal implications vary. To help physicians with these discussions, the IMS Patient and Family Advisory Committee has assembled some basic guidance focused on translating these potentially complex conversations into more person-centered and approachable discussions. This information is based upon patient and family engagement best practices, health education guidelines, and CDC recommendations.

### TWO-PRONG APPROACH

#### **BIG PICTURE**

**Acknowledge seriousness of situation while dispelling fear.**

**Focus on facts – precautions and preparedness over panic.**

**Recognize what is being done to protect peoples' safety – reinforce positive behaviors and explain the actions being taken in healthcare settings to protect all.**

#### **PERSONAL PERSPECTIVE**

**Relate the situation to their personal needs and what they can do individually to protect themselves and their loved ones. Explain things in terms of personal health risks and health history. Consider certain lifestyle factors of influence, such as place of employment and home situations (i.e., living or working in close quarters).**

- The CDC has specific communication resources for persons of higher risk of serious illness for COVID-19, such as those age 65 years and older and those with underlying conditions. Access these resources on the [CDC COVID-19 website](#).
- Be inclusive of the mental health and wellness impacts of the situation.

**Be specific and be willing to demonstrate. Give tangible definitions and set reasonable expectations.**

- Encourage wearing a mask in public spaces (if personally safe and appropriate) and demonstrate how to properly wear.
- Be explicit about what constitutes essential errands and how to maintain safe social distancing when outside the home. Demonstrate six feet of personal distance.
- For those at high risk, be explicit about what symptoms of infection to watch for and how COVID could affect them if infected to enable patient informed decision-making and proactive prevention measures.

## GENERAL RECOMMENDATIONS

### Stick to Plain Language

- Avoid jargon and complex or specialized terms. Use everyday language and explanations.
- Be clear and concise. Keep it to two to three top recommendations or suggested actions if able.
- Be mindful of tone and pace of speaking. Maintain calm demeanor and speak slowly.

### Use Teach-Back

- Ask open-ended questions to facilitate better understanding and allow for additional questions.
- Ask patients to explain back to you what actions they will do to keep themselves safe.
- Utilize shared decision-making; frame behaviors and actions in terms of what is important to the patient or how they experience the world.
- Break up information. Check for understanding between concepts and care decisions.

### Use Print Materials to Reinforce

- Comprehension and retention increase with the utilization of visual aids to support verbal discussion and direction.
- Take-home print materials can serve as reference materials and reminders of guidance given following and between care interactions.
- The CDC has compiled a variety of patient resources in multiple languages. Access these resources are available on the [CDC COVID-19 website](#).

### Provide Resources for Follow-Up

- Provide instructions for how and when to follow-up with your office, whether for next appointments, reporting change in condition, or for general questions. Encourage convenient and various methods to connect – telephonic and electronic opportunities (e.g. patient portals, electronic visits), as appropriate.
- Recommend seeking additional desired information about COVID-19 from reliable and credible sources, such as the Iowa Department of Public Health, the Centers for Disease Control and Prevention, or the World Health Organization.

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**For more information or specific resource guidance,  
please contact IMS staff members [Kady Reese](#) or [Dennis Tibben](#).**