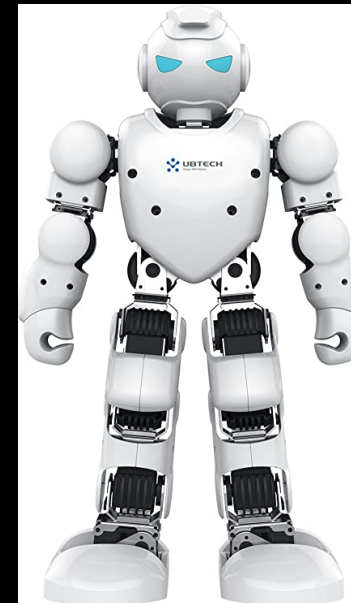




RoboHosp: Hospitalists, Pain, and COVID-19

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Disclosures

- None

Learning Objectives

- Define the hospitalist's role in pain management
- Cite evidenced-based strategies for effective communication
- Identify impact of COVID-19 on patient and provider experience
- Review the VIEW framework
- Explain how to apply framework to challenging patient encounters

Introduction

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What is a Hospitalist?

- “Physician whose primary professional focus is the general medical care of hospitalized patients; activities include patient care, teaching, research, and leadership related to hospital medicine.”

—Society of Hospital Medicine

Pain and Patient Experience

- >50% of hospitalized patients have pain
- Pain outcomes linked to patient satisfaction

Hospitalist Role in Pain Management

- Evaluate, examine, and diagnose
- Treat acute and chronic pain
- Medication reconciliation
- Evaluate drug-drug interactions and adverse effects
- Hand-off to outpatient providers

55-year-old male with a hx of chronic pain is admitted for cellulitis.



Pause for a moment...

- How might you feel as you are walking to see this patient for the first time?

Communication is Part of Pain Management

- 2018 – SHM consensus statement
- Social and behavioral factors can lead to difficult encounters
- Difficult encounters have been linked to provider burnout
- Effective communication benefits both the patient and provider

Evidenced-Based Communication

- Attentive listening
- Awareness of verbal and non-verbal cues
- **Empathic** responses to negative emotional expressions

*Studies suggest that enhanced **empathy** and positive messaging can reduce patient pain and anxiety and increase quality of life.*

Enter COVID-19

- Additional stressors for patients & providers
 - Visitor restrictions, isolation
 - Uncertainty
 - PPE – uncomfortable and impersonal
 - Fear and anxiety
 - And the list goes on...



Overcoming Barriers that Limit Communication

Make good eye contact, speak clearly & slowly, lean in, nod head, connect.

“I want to make sure I got everything. What have I missed?”

“What do you like to do for fun?”

“I wish we could see each other's face today.”



Address Visitor Restrictions and Loneliness

Empathize with sentiments of isolation and loneliness, offer hope

“It must be hard to be in the hospital alone. We are here for you.”

“Is there a friend, family or clergy member I can arrange a virtual visit for you?”

Recognize challenges of visitation restrictions, offer enhanced communication efforts

“Dr. Smith, the oncoming Hospitalist, will update your family on your progress at their preferred time.”

“I apologize. We cannot allow visitors at this time. I can see how it seems unfair. Our overall goal is to keep everyone safe.”

The **VIEW** Framework

- Visit
- Interview
- Empathize
- Wrap-up

Visit

- Chart review
- PDMP
- Assess functionality
- Evaluate for side-effects



- Mindful moment



Interview

- Introduce
- Interview
- Inquire
- Bias awareness
- Discover past history of addiction
- Ask about past functionality
- Explore performance goals
- Summarize perspective
- Relay concerns about misuse

Empathize

- Validate by identifying loss of function or quality of life
- Pause to summarize
- Observe verbal and non-verbal behaviors
- Use open-ended questions to create trust and space
- Acknowledge emotions such as anxiety, fear, frustration, and anger
- “I know it is frustrating... I can’t imagine what it must feel like...”



Wrap-up

- Summarize recommendations
- Educate about risks and benefits
- Give expected course of recovery
- Set shared goals for functionality relevant to patient's personal values and quality of life
- Build a connection
- Avoid perpetuating chart rumors in handoff

35-year-old African American with hx paraplegia 2/2 MVA, chronic pain, and HCV cirrhosis presents with headache



Racial and Ethnic Disparities in Pain Management

- Hispanics/Latino and Black/African American patients less likely than White patients to receive opioids
- Awareness, empathy, and perspective-taking may reduce pain treatment bias

Back to the case of headache

- Visit
- Interview
- Empathize
- Wrap-up

Take Home Points

- Challenging encounters are linked to provider burnout
- VIEW framework can standardize approach to pain management
- Enhanced communication efforts are key to counteract patient isolation
- Empathy and perspective sharing has therapeutic value

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