Discussion of Unwelcome News during Covid-19 Pandemic: a framework for health and social care professionals

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Summary:

These resources are provided with several aims:

1. To make short, easy to assimilate tutorials available to staff who will be communicating unwelcome news to patients and/or families.
2. To offer training materials in a timely manner to teams working to provide staff training across health and social care sectors during the COVID19 epidemic.
3. To provide templates for conversations that can be used in training, in clinical practice and for supported reflection during staff support.

We have made a few assumptions:

- Providing good, evidence-based advice about these challenging conversations is needed quickly. We worked from isolation: we can't provide studio-quality video, but the content is 'good enough' for use in training and supervision, and is based on sound principles, research evidence or recognised expertise.
- Many staff who would normally be working towards competency in bad news conversations may find themselves needing to communicate unwelcome news without support during the COVID19 epidemic. The training materials are designed with these 'novices' in mind. More experienced communicators know that reinforcement of our skills is important and can benefit from using these training materials both for their own interest and in order to support their less experienced colleagues by giving feedback and encouragement that is consistent with this framework.
- Because of isolation requirements for patients with COVID19 in hospitals, many of the conversations between staff and patients' families will be by telephone, without the benefit of body-language cues or facial expression.
- We are not offering 'scripts' to be adopted, but principles to follow. The video materials show how some experienced clinicians prepare and approach these conversations, including how it feels to take part in them. Everyone is encouraged to use their own words, sensitivity, and compassion, to make these conversations as personal and individual as possible.

Learning outcomes

This package should provide:

- An introduction to the principles of clear, compassionate communication of unwelcome or difficult news.
- A framework for beginning, progressing and finishing a conversation to communicate unwelcome news.
- Awareness of the importance of listening as well as speaking; of listening to understand the patient or family member's ideas, concerns and expectations; of checking understanding (on both sides); of managing strong emotions; of creating a safe space despite the bad news being discussed; of using silence to allow the person to take in and process what they are being told.
- Awareness of the need for supervision, support and self-care for staff engaged in delivering unwelcome news.

Context

These training and support materials have been developed by a rapid-turnaround team for NHSE/I during the COVID19 pandemic, in response to the unprecedented circumstances faced by health and social care providers during this time. All materials have been reviewed by other clinicians from a mix of specialties and professions, and members of the public. The model is consistent with best practice, and could be used to support training for communication about other diagnoses and challenges beyond COVID19.

CONTENTS

Each video begins with a short summary of the framework: users can omit this when familiar and confident with using the framework.

The Real Talk Framework: an overview

PREPARE YOURSELF

1. Clarify in your own mind the purpose of the conversation you are about to have:
    - What do you need to find out from the other person?
    - What new understanding do you need the other person to reach?
2. Know that you are doing this from a place of compassion
    - Remember the skills you already have
    - Remember that bad news is not your fault
    - Remember that your feelings are important and valid

FIND OUT ABOUT THE PERSON YOU ARE TALKING TO

3. First, find out who you are talking to and (if it's a phone call) where they are. Is it safe for them to talk?
    - Make sure they are not driving; not cooking/supervising bathing children/etc.
4. Tell them the name of the person you are talking/ calling about, and ask their relationship to that person (check you are speaking to the right family).
5. Find out what the person you are talking to already knows and/or expects, and how they feel about that.
    - Listen for what they understand; for worries and concerns; for gaps in their understanding. Notice the words they use: check you understand what they mean if they use medical words, they may be repeating something they were told but didn't fully understand.
    - Use silence to encourage them to talk to you.
    - If they stray off the subject, interrupt to bring them back. 'You were telling me about X's heart problems/chest trouble/etc'
6. Summarise what the person has told you.
    - 'You've told me you know that you have/X has problems with heart trouble/ breathlessness/ being forgetful…'
7. Because you are asking the person about their situation, if it's a phone call it would work to ask here if they have someone with them (whereas if you ask this at the very beginning, this could be heard very early as bad news) – many self-isolating people may, however, be alone.

BRING THE PERSON TOWARDS AN UNDERSTANDING OF THE SITUATION

8. Describe some of the things that are wrong with the unwell person, in such a way that you are forecasting that a discussion of bad news is going to come
    - 'You told me you already know you have/ X has problems with ……. (try to use their words). Over the last few hours/today things have become more difficult because…'
    - Summarise the new developments, checking for understanding.
    - Ask whether they have any questions. Many people will ask 'So are you telling me that things are getting worse?' or similar.
9. Prepare them to hear bad news by expressing your compassion
    - I am so sorry.../ I wish this weren't the case but.../ I'm sorry to have bad news for you…
    - If they interrupt to ask questions, let them do so but don't deflect the conversation from the news to be discussed.
    - 'We can talk about that question later, but first I have to tell you what's happening here at the moment…'
10. Tell them **clearly** what you know and/or expect to happen.

- Keep the message simple and clear: use non-medical words. Pause to let them take in each part of your message.
- ‘X’s lungs are getting worse. It looks unlikely that s/he will survive…’ ‘ I’m talking to you now because we think X is likely to die.’ ‘We are concerned that he is getting worse and we may not be able to save his life.’
- Communicate that somebody is so sick that death is a possibility or is very likely or is imminent; even without d-words this can be made unambiguous.
- ‘In normal times, we would use a ventilator for X, but at the moment we can’t offer that. They are all in use. I am so sorry.’
- ‘Since someone last updated you, X has become very much less well…’ ‘I am so sorry to tell you that X died a few minutes ago…’

11. Wait and allow silence after giving the information.

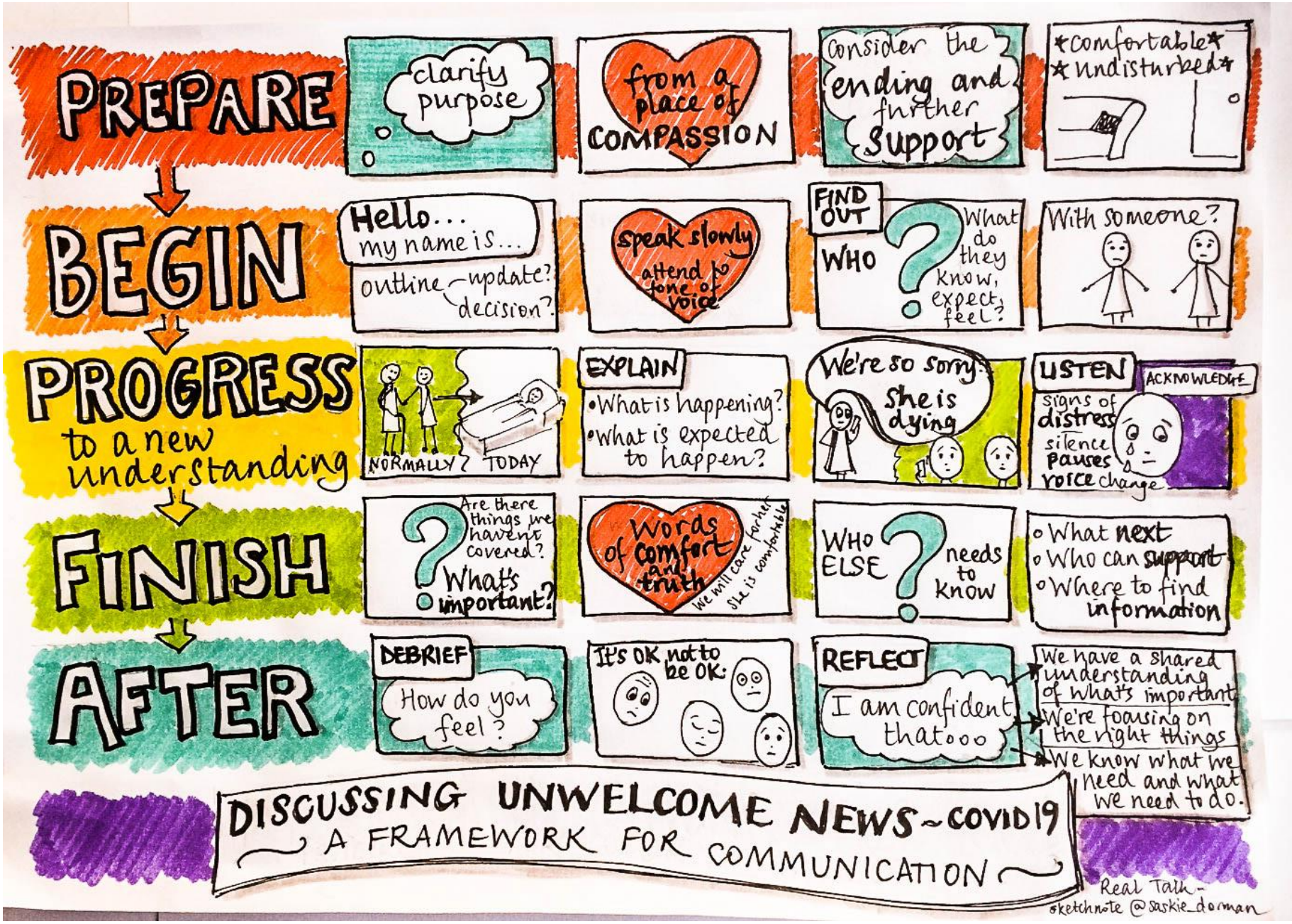
CLOSURE

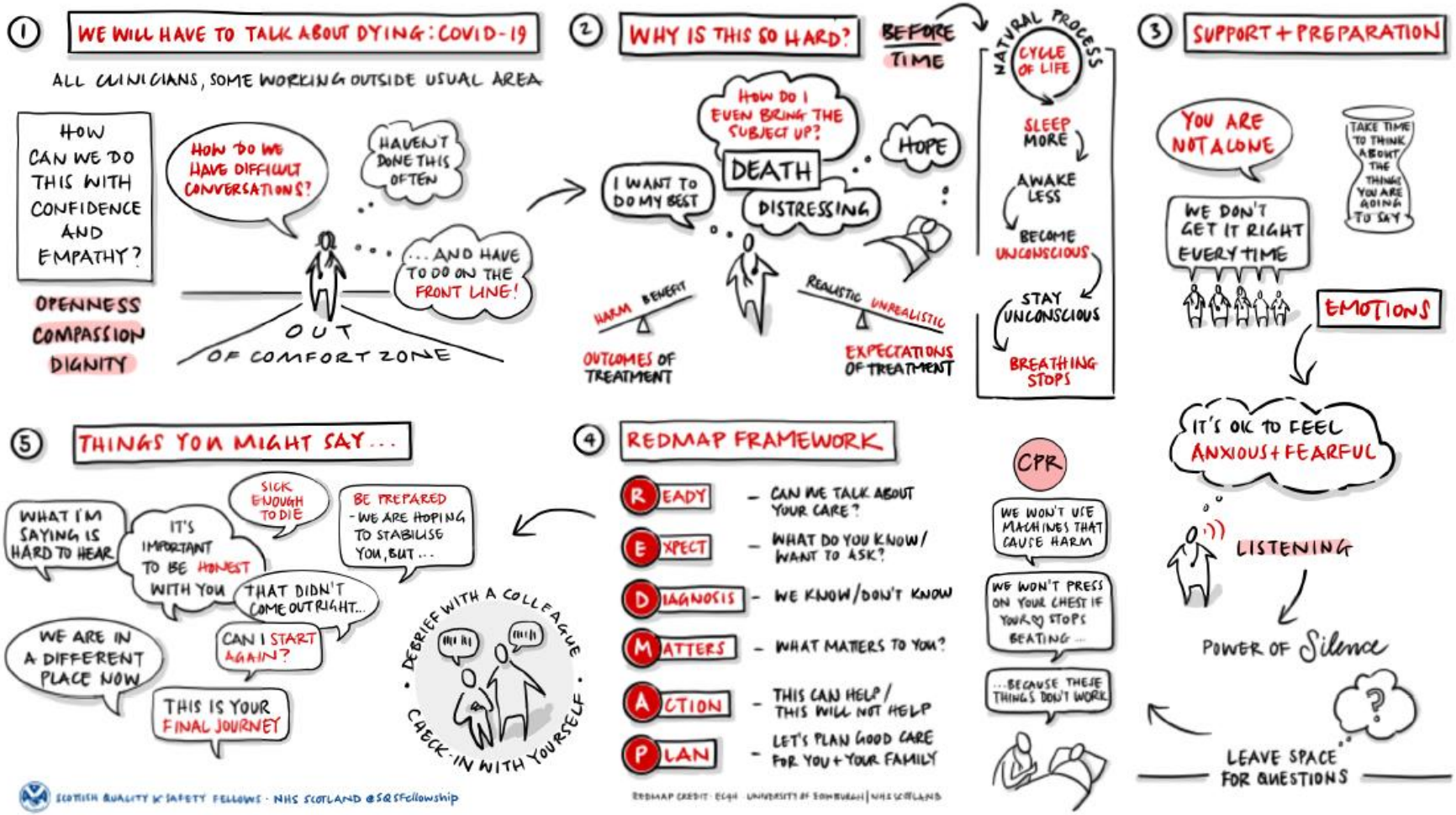
12. If possible, try to deliver something that is something of comfort if you can say it truthfully
    - ‘Although your family couldn’t be here, your Mum was talking about you while she was awake and she slipped into a coma before she died.’
    - ‘Your brother is breathless but calm, and he understands what is happening. I’ll keep you up to date if anything changes.’
    - ‘I’m so sorry you can’t be with X, but we will arrange a video call for you later today.’
13. Express compassion again
    - I am very sorry… We all send our condolences… I am sorry to leave you with that awful news…
14. Discuss future arrangements
    - who will call them, what happens next, advice on who they can call for support, encourage them to seek help.
    - This will vary according to conversation
    - When informing of a death, death cert info will need to be included at the end of the call, and how to contact the department that deals with death certificates, return of property etc
15. Goodbyes
    - Help to orientate the person to their next steps. What are they going to do now? Do they have anyone to talk to? Are there people they need to inform? Who will help them to do this?
    - Remind them of your name, and say goodbye.
    - Stand up and leave the room, or hang up the phone..
16. After the conversation
    - Write the conversation up straight away. The next person to call will need to build on the conversation you have just finished.
    - If the conversation causes you distress, there should be time for you to take a break afterwards; someone in your organisation designated to listen if you wish to talk; regular supervision sessions for you to debrief and reflect.

Telephone Call checklist

Framework	Remember:	Notes:
PREPARE YOURSELF	Clarify in your own mind the purpose of the conversation you are about to have: • What do you need to find out from the other person? • What new understanding do you need the other person to reach? Know that you are doing this from a place of compassion	
FIND OUT ABOUT THE PERSON YOU ARE TALKING TO	Find out who you are talking to and (if it's a phone call) where they are. Is it safe for them to talk? Tell them the name of the person you are talking/ calling about, and ask their relationship to that person (check you are speaking to the right family). Find out what the person you are talking to already knows and/or expects, and how they feel about that. Summarise what the person has told you. Are they alone? Is someone else around to support them? (This will probably suggest bad news is coming)	
BRING THE PERSON TOWARDS AN UNDERSTANDING OF THE SITUATION	Describe some of the things that are wrong with the unwell person, in such a way that you are forecasting that a discussion of bad news is going to come Summarise the new developments, checking for understanding. Ask whether they have any questions. Prepare them to hear bad news by expressing your compassion	

	Tell them **clearly** what you know and/or expect to happen Keep the message simple and clear: use non-medical words. Pause to let them take in each part of your message. Wait and allow silence after giving the information.	
CLOSURE	If possible, try to deliver something that is something of comfort if you can say it truthfully Express compassion again Discuss future arrangements FU phone call? Messages to pass to patient? Death Certificate & belongings Goodbyes Help to orientate the person to their next steps. What are they going to do now? Do they have anyone to talk to? Are there people they need to inform? Who will help them to do this? Remind them of your name, and say goodbye Write the conversation up straight away. The next person to call will need to build on the conversation you have just finished.	
SELF CARE	If the conversation causes you distress, there should be time for you to take a break afterwards; someone in your organisation designated to listen if you wish to talk; regular supervision sessions for you to debrief and reflect.	


PREPARE
clarify purpose
from a place of COMPASSION
Consider the ending and further support
comfortable
undisturbed
BEGIN
Hello... my name is...
outline – update? decision?
speak slowly
attend to tone of voice
FIND OUT
WHO ?
What do they know, expect, feel?
With someone?
PROGRESS
to a new understanding
NORMALLY? TODAY
EXPLAIN
•What is happening?
•What is expected to happen?
We're so sorry
She is dying
LISTEN
ACKNOWLEDGE
signs of distress
silence
pauses
voice change
FINISH
Are there things we haven't covered?
What's important?
Words of comfort and truth
We will care for her
She is comfortable
WHO ELSE ? needs to know
•What next
•Who can support
•Where to find information
AFTER
DEBRIEF
How do you feel?
It's OK not to be OK:
REFLECT
I am confident that...
We have a shared understanding of what's important
We're focusing on the right things
We know what we need and what we need to do.
DISCUSSING UNWELCOME NEWS ~ COVID19
A FRAMEWORK FOR COMMUNICATION
Real Talk - sketchnote @saskie_dorman


1
WE WILL HAVE TO TALK ABOUT DYING: COVID-19
ALL CLINICIANS, SOME WORKING OUTSIDE USUAL AREA
HOW CAN WE DO THIS WITH CONFIDENCE AND EMPATHY?
OPENNESS
COMPASSION
DIGNITY
HOW DO WE HAVE DIFFICULT CONVERSATIONS?
HAVEN'T DONE THIS OFTEN
...AND HAVE TO DO ON THE FRONT LINE!
OUT OF COMFORT ZONE
2
WHY IS THIS SO HARD?
HOW DO I EVEN BRING THE SUBJECT UP?
DEATH
DISTRESSING
HOPE
I WANT TO DO MY BEST
HARM BENEFIT
OUTCOMES OF TREATMENT
REALISTIC UNREALISTIC
EXPECTATIONS OF TREATMENT
BEFORE TIME
NATURAL PROCESS
CYCLE OF LIFE
SLEEP MORE
AWAKE LESS
BECOME UNCONSCIOUS
STAY UNCONSCIOUS
BREATHING STOPS
3
SUPPORT + PREPARATION
YOU ARE NOT ALONE
WE DON'T GET IT RIGHT EVERY TIME
TAKE TIME TO THINK ABOUT THE THINGS YOU ARE GOING TO SAY
EMOTIONS
IT'S OK TO FEEL ANXIOUS + FEARFUL
LISTENING
POWER OF Silence
LEAVE SPACE FOR QUESTIONS
4
REDMAP FRAMEWORK
READY - CAN WE TALK ABOUT YOUR CARE?
EXPECT - WHAT DO YOU KNOW/ WANT TO ASK?
DIAGNOSIS - WE KNOW/DON'T KNOW
MATTERS - WHAT MATTERS TO YOU?
ACTION - THIS CAN HELP / THIS WILL NOT HELP
PLAN - LET'S PLAN GOOD CARE FOR YOU + YOUR FAMILY
REDMAP CREDIT: ECSH - UNIVERSITY OF EDINBURGH | NHS SCOTLAND
CPR
WE WON'T USE MACHINES THAT CAUSE HARM
WE WON'T PRESS ON YOUR CHEST IF YOUR ♡ STOPS BEATING...
...BECAUSE THESE THINGS DON'T WORK
5
THINGS YOU MIGHT SAY...
WHAT I'M SAYING IS HARD TO HEAR
IT'S IMPORTANT TO BE HONEST WITH YOU
SICK ENOUGH TO DIE
BE PREPARED - WE ARE HOPING TO STABILISE YOU, BUT...
THAT DIDN'T COME OUT RIGHT...
CAN I START AGAIN?
WE ARE IN A DIFFERENT PLACE NOW
THIS IS YOUR FINAL JOURNEY
DEBRIEF WITH A COLLEAGUE
CHECK-IN WITH YOURSELF
SCOTTISH QUALITY & SAFETY FELLOWS · NHS SCOTLAND @SQSFellowship

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