National Healthcare Communication Programme

DIFFICULT CONVERSATIONS

CALGARY-CAMBRIDGE GUIDE

Making conversations easier

EACH International Association for Communication in Healthcare

HSE Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

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The Calgary-Cambridge Guide

This guide builds on the Calgary-Cambridge Guide. There are many challenges presented by the COVID-19 pandemic – this guide is intended to help clinicians when talking about the illness and possible treatments to patients and families and when speaking to relatives when a patient dies. It does not focus on 'history taking' All conversations will be easier for families if they are kept informed of their loved ones condition while they are in hospital. Hearing of the death of a loved one will be made more difficult by the sudden impact of the disease, the visiting restrictions currently imposed, the need to use the telephone for conversations that would normally be face-to-face and the stress and workload placed on clinicians.

This guide is based on the principles that everyone matters, everyone matters equally, that people should be kept as fully informed as possible and that all conversations between clinicians and patients and their families should be honest, respectful and timely.

When patients are admitted to hospital there will be many challenges but timely, open and honest communication with the patient and their family should be a high priority. Do not be afraid to seek help or allow patients/relatives a second opinion from a colleague. This is not a failure on your part.

Patients are going to die in very distressing circumstances – their clinicians will have worked hard to care for them and patients/families will recognise this care through the way we talk with them.

Whenever possible the conversation about a death should be undertaken by a clinician who had been caring for the patient and who had already spoken to their family.

This guide should be interpreted flexibly. Further advice on making telephone calls is available as a reference card on our website.

Getting off to a good start

Preparation

- How you say things will be remembered as much as what you say.
- You are having many difficult consultations each day but for the patient and/or family this is a unique and vital conversation.
- Avoid interruptions – move to a quiet confidential area.
- Read carefully information from colleagues, notes, background information, letters.
- Rehearse the main messages that you wish to convey. If using the phone consider your approach to the conversation carefully.
- Put aside your own 'baggage' and personal feelings wherever possible. Check you appear professional.
- Most patients will prefer to have a relative with them for significant discussions. Consider how to organise this if possible.

TIME

Although you will feel time is short, slow down – the patient and/or loved ones need time to process what you are saying. If they can do this, it will save you time overall.

Getting off to a good start

Establishing rapport/beginning the conversation

Greeting

- Explain who you are, your role, the team – even if you have already met the patient and family, re-introduce yourself. "*Hello my name is _____. I am part of the team of doctors who are working together to treat your mother.*"
- Avoid jargon in your title – emphasise team care.
- Ask/check the name of the person(s) you are talking to and their relationship to patient.
- Attend to comfort – suggest the person sits down whether or not this is going to be a 'bad news' conversation.
- Acknowledge difficult time for all especially if talking on phone.

Providing information

Identify the reason for the consultation

- Explain why you are talking to the patient and/or family *“I'm ringing to update you on your father's progress*” “*I need to talk to you about how things are going*”.
- Gather patient/family's agenda early – “*And I'd like to hear what's on your mind*”.
- If 'bad news' it is likely that the patient/family will quickly pick up on your non verbals and be concerned.
- **Assess starting point** – Ask what the patient/family have understood or been told so far *“We haven't met before, can I just ask what the doctors have told you so far?” “What do you understand about your father's illness?”.*
- Confirm or correct their understanding and set agenda for this conversation “*That's right and now I want to talk about how things look today”.*

Being sensitive and responding to emotions

- Respond to patient/families non-verbal cues, silences, tears. If uncertain how to respond use silence to let them express their emotions. Use short, simple phrases '*it must be so hard*'.
- Specifically explore emotions – "*What are your worries?".*
- Specifically elicit further concerns and questions – *"What else would you like to know?".*
- Consider whether best response to apparently factual question is empathy (address the feeling behind the facts) –"*Why don't the drugs work?"* is unlikely to be a request for a pharmacology lecture – and could be better responded to by saying *"You sound frustrated"* or "*This has hit you hard" or similar.*
- Actively enquire about emotions if not expressed "*How does that leave you feeling?".*

Providing information

Providing the correct amount and type of information

- Start to provide information along with empathic support – incorporating patient/family's views as appropriate "*So you're feeling much more short of breath and that is our concern too. We're needing to give you much more oxygen" "The nurse said yesterday that your father was getting weaker and I'm sorry to say this continues to be our main worry".*
- Consider giving warning *"Things are beginning to look very serious"*.
- Slow down and allow time for each 'chunk' of what you say to sink in and be understood. Keep the 'chunks' small. Avoid or explain jargon. "*Your father has a very high fever and is needing help with his breathing.* (Pause) *These are very worrying signs".* (Pause).
- Don't pussyfoot around but don't be blunt.
- Allow frequent pauses to allow patient/family to gather thoughts and respond. Don't overwhelm, if patient/family want more information they will ask – given time and opportunity.
- Watch their non-verbals – are they taking in what you say, looking to ask questions or

'shutting down' and needing time and space to process a flood of emotions.

- Pick up on verbal and non-verbal cues and respond with empathy "*this must be hard to take in".*
- Allow patient/family to express emotions – give them space by staying quiet. Don't be afraid of their emotions.
- Ask patient/family to stop you if you use language they don't understand.
- Repeatedly check understanding.

Aid patient recall and understanding

- Organise/structure the conversation "*First I want to talk about the diagnosis and then we'll talk about treatment.* (Pause) *Let's start with the diagnosis".*
- Emphasise the important parts "*This is very important for you to know".*
- If there are choices to be made 'sign post' these. "*With the way things are going we have an important choice to make and I need your views".*

Making treatment decisions

- Sick patients and distressed relatives will struggle to consider treatment options and priorities in an acute setting.
- Clinicians will have little knowledge of their patients and their personal preferences.
- Clinicians will be juggling the needs of many sick patients and coping with limited resources.
- Signpost decisions – "*We need to decide what to do next*".
- Explore if patient has spoken to relatives about the goals of care that they would want if gravely ill – *"Have you talked with your mother about what might happen if she became gravely ill?*", *"Could you tell me what you think your father would feel about this, especially whether he had expressed views about dying or becoming frailer in the future".*
- Relatives must be involved but not burdened with 'life or death decisions' – "*Your father is too ill at the moment to tell us what his views would be, so as doctors we have to make decisions on what is likely to be beneficial and in his best interests. Let me tell you what we are thinking and then I'd like to hear your views".*

Providing information

- Suggest a course of action allowing time and space for reaction and comment – *"We are thinking the ventilator is not really helping your father. It might be time to think about taking him off it"* (Pause)."*Given your father's frailty and underlying illnesses, starting him on a ventilator would be very unlikely to prevent his death and even if it did, he would be left considerably frailer that he was before he developed this illness".*
- Explain what choices involve – with risks and benefits. Keep message clear, simple and in small chunks.

Structuring the consultation

- Providing a structure to your consultation or conversation helps you and the patient/ family negotiate their way through it and understand and process the information – *"First I want to find out how you are feeling today and then I want to talk about the treatment. So, how are you feeling...".*
- Remember the patient/family are processing complex and distressing information.
- Ask to move the patient on *"While we hope for the best, many people also want to know what might happen if the treatments don't work. Would that be helpful for you?".*
- Signpost a new section of the consultation – *"OK, so let's now talk about treatment".*

Closing the session

Ensuring appropriate point of closure

- Briefly summarise what was discussed. "*So, just to review, we talked about how we will continue the medications your wife is on for now, and we will see whether there are any changes in the next day or two. If we see that things are getting worse before then, we will contact you right away".*
- Allow family to correct or add information.
- Moving towards the end of the conversation with 'screening'… *"Are there things you would like to ask, that I have not said, or explained enough?".*

Forward planning

- Explain what will happen next.
- Agree on a time for a follow up meeting.
- Identify support systems – family, hospital.
- Be very clear on where they can find information – make written materials available.
- Highlight on-going and continued care, and that the patient is not being abandoned.

Delivering bad news – informing families that loved ones have died

NOTE

Throughout go very slowly and don't talk too much.

Preparation

- Rehearse the conversation before meeting the relative/loved one (perhaps with someone who is skilled in challenging consultations).
- Find a quiet room and prepare yourself psychologically and physically – check you look 'professional'.
- Check your information – the identity of the patient, the identity of the next of kin and what has happened in the past 24-hours or so.

Greeting

- Introduce yourself clearly (see section on establishing rapport). Sit everyone down.
- Check that you are speaking with the right person. Confirm identity and their relationship to the patient.
- Warning shot. Give a warning shot before delivering the news, e.g. *"I am afraid I have bad news".*

Delivering bad news – informing families that loved ones have died

- Ask what the person knows about the situation. *"Can I ask what you know about your father's illness?".*

Empathy

- Be direct and compassionate.
- Tell the relative/loved one that the person has 'died'. Be careful to ensure that you are clearly understood while still being compassionate. *"Your father died a short time ago". "I am very sorry".*
- Silence. If the person is crying, allow silence and perhaps say something like, *"Take your time".*
- You may need to repeat things, keeping them as clear and simple as possible, and checking as you go on to see whether they are following or whether it is OK to carry on.
- Check if the person has support. If they do not, offer to call someone for them.

Closing the session

- Moving towards the end of the conversation with 'screening'… *"Are there things you would like to ask, that I have not said, or explained enough?".*
- Ensure the person has contact details as appropriate.
- Inform the patient's general practitioner.

Delivering bad news – informing families that loved ones have died

TIP

- If the death can be described as peaceful use this description with relatives as it can be a comfort and address their fears of how a loved one has died. *"It was peaceful, she became weaker during the night and her breathing stopped just after 4 am."* Also relatives like to know that that their loved ones were not alone when they died. If nursing staff were with the patient then tell the relatives this.

This Guide is the work of Paul Kinnersley of EACH (the International Association for Communication in Healthcare) and Cardiff University & Winifred Ryan of HSE (Health Service Executive) with the help and support of Peter Gillen, Eva Doherty, Jonathan Silverman, Marcy Rosenbaum and many others in EACH.