

Compassionate conversations

A guide to communicating virtually

Before the conversation

Prepare:

- Compose yourself
- Identify appropriate virtual medium (e.g. telephone, video call)
- Consider your message and choose your words carefully
- Consider and anticipate questions
- Convey kindness, caring and compassion through your tone
- Give the call your full attention: choose a quiet location, sit down, turn your phone/pager to silent.

Need an interpreter?
Scan the QR code for tips:



Queensland Health COVID-19 info for clinicians
Scan the QR code to access:



During the conversation

Conversation:

Introduce yourself and check you are talking with the right person.

"This is X from Hospital X. Who am I speaking with please?"

Signpost:

"Are you able to talk now as this will be an important conversation?"

Ensure safety:

"Is there someone with you currently or can we call another person to support you in this conversation?"

Build rapport: Establish what the person knows and set the scene.

"Can you tell me what you understand has been happening with X's health lately?"

"X has been with us for a few days now. We couldn't improve their health but our team was able to get X very comfortable..."

Communicate: Break bad news with compassion and kindness.

"I am very sorry to tell you X has died."

"I have reviewed X with my team and sadly know ICU will not benefit them in any way. We know we cannot save X's life / help to return them to a meaningful quality of life. We think we should focus on X's comfort and dignity, ensuring they are not in any pain or distress. We can give those who wish to say their goodbyes an opportunity to do so via phone/video call."

Use of silence: Allow space and time for the person to process the information they have received, and for silence and for grieving.

Information: Keep it factual, simple, concise and appropriate for the person. Avoid jargon and euphemisms. Only give as much information as the person can manage.

Clarify understanding: Check that the person understands the situation / acknowledges how unwell the patient is. The person may be reluctant to acknowledge bad news. Repeat important points.

Know your facts:

- Name and contact details of most appropriate contact person (e.g. spouse, substitute decision-maker, family spokesperson)
- Review medical history and previous communications — continuity is important
- Have cultural, religious or spiritual needs been considered?
- Do you require an Aboriginal and Torres Strait Islander health worker or interpreter to be present?

Affirm:

- The patient is/was not alone
 - The patient is/was not in pain or distress
 - Any personal touches/memory making.
- "We are all very sorry."*

Respond:

- Answer questions
- Acknowledge emotions and grief, using tone appropriately
- Consider body language if using video call or acknowledge difficulty of absent non-verbal cues
- React to the person's emotions and situation with acceptance, empathy and concern.

Check the person is safe:

"I am concerned for you."

"Can I call or talk to someone else for you?"

"Would you like me to call back in a little while?"

What happens next?: Confirm next steps. Offer to call again at a specified time if required.

"X will go to the hospital mortuary. When you are ready, contact the funeral home of your choice who can help you with next steps."

Refer for further assistance: e.g. social worker, Aboriginal and Torres Strait Islander liaison officer, specialist palliative care, interviewing officer, non-government organisation.

Queensland Health bereavement resources
Scan the QR code to access:



After the conversation

Document in the patient's medical record.

Refer and follow up as appropriate.

Debrief with peers, employee assistance program.

Reflect on what worked well, what could be done differently.