

# Talking to relatives: A guide to compassionate phone communication

## BEFORE

### Consider



Are you the right person to make the call?

### Be prepared



Know the patient! Read EPR / bedside folder for relevant information (Treatment Escalation Plans / Care Plans)

### Set the scene



If possible, choose somewhere quiet

## INTRODUCE

### Speak slowly

Hello, my name is \_\_\_\_\_

### Open with a question

I'm calling from \_\_\_\_\_ ward at the RHN

Are you okay to talk right now?

### Establish the reason for calling

I'd like to inform / tell / update you that...

## SHARE INFO IN SMALL CHUNKS



**PAUSES, SIMPLE LANGUAGE**



**EUPHEMISMS, JARGON**

## HELPFUL CONCEPTS

### Inform / update

Frank has had a good day/week. He has been doing \_\_\_\_\_. There are no concerns to report.

### If deteriorating, honesty with uncertainty

Frank has been unwell. This is what we are doing to help. There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing, antibiotics for an infection and \_\_\_\_\_.

### Hope for the best, plan for the worst

We hope Frank improves with these treatments, but we're worried he might not recover.

### Sick enough to die

Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days.

I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.

## COMFORT AND REASSURE

Is there anything you can tell me about Frank to help us look after him? What matters to him?

We've been looking after him and making sure he's comfortable.

## ALLOW SILENCE

### Listen

I am so sorry. Please, take your time.

### Empathise

It must be very hard to take this in, especially over the phone.

### Acknowledge

I can hear how upset you are. This is an awful situation.

## ENDING THE CALL

### Don't rush

Before I say goodbye, do you have any other questions about Frank?

### Next steps

Do you need any further information or support?

**If you don't know the answers, that's okay! Just find out and call back. Document your discussion on EPR**

## AFTERWARDS

**Chat with a colleague. These conversations can be hard.**