

## Time Critical Telephone Conversations – an Educational Programme to improve Communication Skills over the Telephone in Response to the COVID-19 Global Pandemic

Authors: Ffion Davies – Consultant Emergency Medicine and Sarah Edwards – Paediatric Emergency Medicine Education Fellow      Sponsor: Carolyn Fox, Chief Nurse

**Trust Board paper C**

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Patient Involvement, Patient Experience Assurance Committee	21.09.20	Discussion & Assurance

### Executive Summary

The COVID-19 pandemic has resulted in unwelcome news being delivered by staff over the telephone, due to restricted hospital visiting for relatives. This places stress on staff, who are compromised by not being able to use normal visual cues required for effective and empathetic communication.

Having gathered information that staff felt stressed and under-trained for COVID-19 telephone communication, and witnessed some difficult phone calls, we developed a training package during May 2020 for Emergency Department (ED) staff, and have, to date, trained over 200 doctors and nurses. Immediate and delayed (2-month) feedback has been gathered, with overwhelmingly positive responses. The blended training package comprises 15 minutes of e-learning followed by a 1-hour role-play session using a professional acting company.

Together with some of the End of Life Care team, we have attracted a £10,000 grant from Leicester, Leicestershire and Rutland (LLR) commissioners to roll out training to other acute care clinical areas in Leicester's Hospitals.

### Questions

1. How is the ED responding to the challenges of communicating with families by telephone during COVID restrictions?
2. How unique is this education programme and how has it been evaluated?
3. What are the next steps, if it were rolled out across Leicester's Hospitals / available nationally?

### Conclusion

A training package called "Time Critical Telephone Communications" was developed by Drs Edwards and Keillor (ED registrars) alongside Drs Davies and Millett (ED consultants) with support from Dr Sandison (Foundation 2 Leadership programme). We sourced national training resources, enrolled a call-handling trainer from Leicestershire Police who volunteered her time (Mrs Simone Tate), and via social media we found a company "Role Plays for Training (RPFT)", a large acting company whose actors are trained in giving

feedback. The initial plan was for senior ED staff to play the role of the relative, but it was rapidly apparent that professionally trained actors were far superior in their acting skills and ability to give constructive, non-threatening and neutral feedback.

Recognising the need for this training, the ED Senior Leadership team were extremely supportive and ED doctors and nurses were allocated a 1-hour training session on a Tuesday afternoon from May - present (ongoing). Over 200 staff has been trained so far.

Learners are asked to undertake a 15-minute eLearning package prior to attending. Two simulated telephone calls are undertaken by a nurse/doctor to a professional actor posing as the relative of a patient who is critically ill. Calls are conference-called to the rest of the learner group in another room. The actor provides immediate (out of role) feedback about the ED staff's communication skills and tips for the future.

Since November 2020 this training has been rolled out to the RRCV CMG across Glenfield and General hospital, via a £10,000 grant from LLR commissioning via the End of Life Care taskforce.

Via social media contacts we believe that the only acute Trust offering similar training is Barts Health. Their training package does not currently include e-learning or delayed evaluation data. Our evaluation forms are collected at the end of the role play session and around 2 months later (which allows learner reflection). All participants have found their confidence improve after the session with staff now feeling more empowered to have these difficult conversations.

This innovative Education Programme has been shared nationally with an online version being delivered to the British Geriatrics Society national study day which was very well received. Abstracts have been submitted and selected for national event posters, oral presentations and for publication in a peer reviewed journal.

It is not possible to evaluate the effect of this training on the way in which subsequent real-life telephone calls were delivered or received by relatives and Next of Kin. The training is focussed on critically unwell patients, so relatives are likely to be in the aftermath of bereavement or an ongoing stressful situation.

The £10,000 LLR commissioner grant will enable the Trust to run a further 17 half-day sessions (Jan-March 2021), inviting Emergency Floor/COVID ward staff, further staff from RRCV CMG, and also Intensive Care Unit staff. The grant covers the training costs and also the development of a "Train the Trainers" package. This includes a Facilitator pack, a Trainer resource and 1-hour training session, including videos designed by the ED multimedia technologist.

We hope that this training package can become a flagship for other acute Trusts in the NHS. Online tools will be freely downloadable via our #EM3 website (well known nationally and internationally amongst emergency care personnel).

### **Input Sought**

We would welcome the Trust Board's input regarding:

1. Supporting this training package as the trusts standard for training clinical staff for communicating with relatives over the telephone
2. Support for telephone communication training being integrated into and rolled out to medical and nursing staff throughout the trust

**For Reference:**

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	[ <del>Yes</del> / <del>No</del> / <b>Not applicable</b> ]
Improved Cancer pathways	[ <del>Yes</del> / <del>No</del> / <b>Not applicable</b> ]
Streamlined emergency care	[ <b>Yes</b> / <del>No</del> / <del>Not applicable</del> ]
Better care pathways	[ <del>Yes</del> / <del>No</del> / <b>Not applicable</b> ]
Ward accreditation	[ <b>Yes</b> / <del>No</del> / <del>Not applicable</del> ]

**2. Supporting priorities:**

People strategy implementation	[ <b>Yes</b> / <del>No</del> / <del>Not applicable</del> ]
Investment in sustainable Estate and reconfiguration	[ <del>Yes</del> / <del>No</del> / <b>Not applicable</b> ]
e-Hospital	[ <del>Yes</del> / <del>No</del> / <b>Not applicable</b> ]
Embedded research, training and education	[ <b>Yes</b> / <del>No</del> / <del>Not applicable</del> ]
Embed innovation in recovery and renewal	[ <del>Yes</del> / <del>No</del> / <del>Not applicable</del> ]
Sustainable finances	[ <del>Yes</del> / <del>No</del> / <b>Not applicable</b> ]

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
  - Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – none required
  - How did the outcome of the EIA influence your Patient and Public Involvement? N/A
  - If an EIA was not carried out, what was the rationale for this decision? N/A
4. Scheduled date for the **next paper** on this topic: N/A
5. Executive Summaries should not exceed **5 sides** My paper does comply

## TIME CRITICAL TELEPHONE CONVERSATIONS



A safe place for all healthcare professionals to observe or practice difficult telephone conversations

## Time Critical Telephone Conversations

UHL Trust Board 7<sup>th</sup> January 2021

A Pilot Educational Programme to improve  
Communication Skills over the Telephone in  
Response to the COVID-19 Global Pandemic

**Presenters: Drs Sarah Edwards, Ffion Davies, Abigail Millett, Ms Claire Henry**

**Contributors: Drs Lisa Keillor & Lorna Sandison, EOLC staff Karen Murray,  
Stacey Kerslake, Laura Smith, Rebecca Proctor**

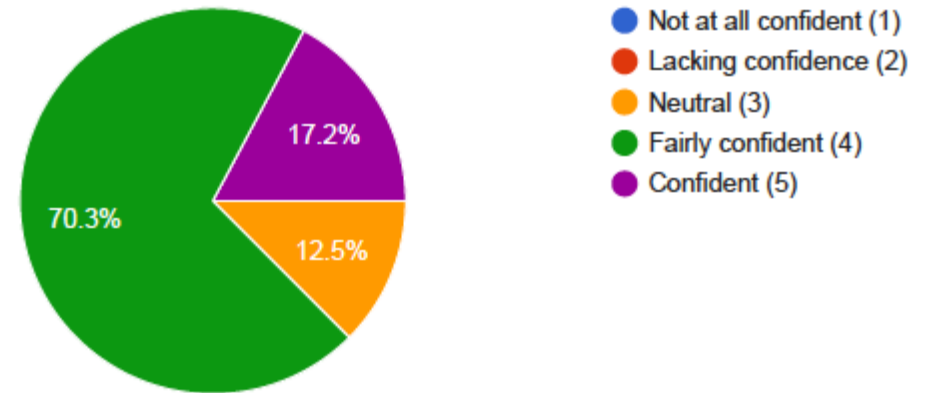
# Pilot May-Nov 2020, 2<sup>nd</sup> phase Nov-March 2021

- Course development (eLearning, role play scripts, links with Role Plays for Training actors, website with blog and resources)
- Pilot training of 200+ ED nurses and doctors
- Support by UHL EOLC team and LLR Commissioner Rebecca Perry
- Roll-out of training to
  - GH cardiorespiratory and ITU staff
  - LRI Emergency Floor and Covid wards
  - LGH ITU started Nov 2020

# Evaluation

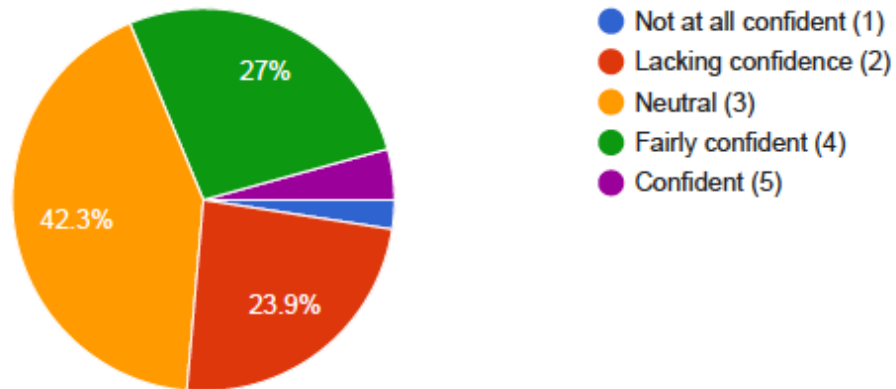
Reflecting on your Time Critical Telephone Conversations session how confident do you feel about having these conversations now?

64 responses



Before completing today's topic on Time Critical Telephone Conversations how confident did you feel about this?

163 responses



# Quotes



*“Well organised, excellent use of actor to create a realistic conversation”*

*“Session was run very well, conference calls worked very well and allowed us all to hear the conversation and feedback”*

*“Following the teaching I had to make a phone call and was able to use certain phrases we had discussed in the teaching. I remembered things such as asking if they were in a safe space to talk etc.”*

*“However much training you have, this will never be an enjoyable conversation to have at any point let alone over the phone in the midst of a pandemic. It will never feel easy and I will always feel apprehensive going into it. To say I'm only "fairly confident" is not a reflection on the teaching which was excellent, rather the nature of the topic”*