

Communicating medical information over the telephone in critical care

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During the coronavirus disease 2019 (COVID-19) pandemic, many patients admitted to hospital are unable to have visitors due to restrictions and quarantine requirements. As a result, there has been an increase in communication with family members over the telephone, bringing about a number of associated challenges for which there is little guidance available as well as a dearth of evidence supporting best practice. In this article, we outline some key considerations for improving the quality of communication over the phone and present a useful resource to assist with this process.

When visitors are not allowed in the hospital, health practitioners should contact family members by phone at least once a day. The use of video calling platforms should be explored, with the opportunity to have multiple family members included simultaneously from different locations. The patient should also be included if they are able to communicate, in which case, family members should be prepared with a description of the patient's appearance and environment.

Preparation

It is important to consider who should be part of the conversation, including whether you are the best person to lead the call. An interpreter should participate when the family and the health care staff do not share a primary language. The patient's bedside nurse should also be included, particularly for more challenging conversations. Furthermore, it may be helpful to write down the patient's and family members' names, and even key phrases that you would like to use, and to rehearse the conversation with a colleague, particularly when breaking catastrophic news.

These calls should be made from a quiet space without interruptions, where background noise is minimised, phone reception is reliable and privacy and confidentiality are assured.

We must resist the temptation to do other things while on the phone, such as writing in the patient's notes.

Introduction

During the introduction, we should ideally use our first names and provide our role. Terms such as consultant, registrar, intensivist and physician are jargon; it is better to use general terms such as doctor or nurse. It is also important to use the patient's first name; for example, "Hello. My name is Helena, and I am a doctor helping to look after your husband, Walter".

Check that the person can take the call safely, especially when calling a mobile phone, as the person may be driving or otherwise unavailable. We should consider directing them to use a speakerphone or technological solutions such as conference calling to include other people in the conversation.

It is useful to set the agenda of the phone call early using a "warning shot", if appropriate (Box 1 and Online Appendix).

Sharing information

Most meetings begin by establishing how much information the family member has already received and how much information they want to know. However, when calling to break catastrophic news, such as notifying a death, this step should be omitted as it is important to deliver the news with minimal preamble. Introduce yourself, confirm the identity of the person with whom you are talking and get

Box 1. Opening statements to set the agenda in telephone communications

Meeting type	Opening statement example
General update	"I'm calling just to give you an update about Walter. There is no reason to be concerned."
Breaking bad news	"I'm calling because I am worried about how Walter is doing today."
Breaking catastrophic news	"I'm afraid I am calling with terrible news about Walter."
Shared decision making	"I'm calling because I would like to talk to you about Walter's treatment plan to make sure we are looking after him in the best way possible."

POINT OF VIEW

quickly to the point of the call, with only a “warning shot” as preamble.

Many of the valuable communication skills used in face-to-face meetings are just as important over the telephone. These include sharing information in short sentences and allowing pauses for information to be processed.

It may be helpful to describe what the patient looks like using simple terms; for example, “He is in a hospital bed in a private room. There is a monitor next to him which is recording his blood pressure and other important information. He has a tube in his mouth which is connected to a breathing machine”. Reassuring statements will be very valuable, such as “He is not alone. He is being cared for by a team of people”.

As always, we should avoid medical jargon and euphemisms. Whenever we discuss death and dying, it is important to use these words to ensure understanding (eg, “He is very sick, and we are worried that he might be dying.”). In all scenarios where death is possible, it is important to use reassuring statements, such as “We will continue to care for Walter, and will focus on maintaining his comfort and dignity”.

Responding to emotions and showing empathy

We have many non-verbal ways of demonstrating empathy and connection, which are lost over the telephone. Eye contact, body position, touch and aspects of active listening such as nodding are unavailable to us as ways to show that we are listening. We should therefore say things that we may have otherwise conveyed silently. For example, we may use statements such as “I’m listening” or “I’d like to hear more about that” to show that we are paying attention, and we can demonstrate empathy with verbal statements such as “I can’t imagine what this must be like for you” and “It must be extremely hard to hear this over the phone”.

The use of silence remains of paramount importance and is more challenging over the phone. It may not be obvious to the family member that you are allowing silence deliberately; they may think you are waiting for them to say something or even that the call has ended. This can be aided with explicit comments such as “I’m going to pause for a moment to let you take that in”. It can also be challenging to determine when to end a period of silence. It may be necessary to check in with the person verbally, “Are you ready to hear more information?” or “Let me know when you are ready for me to go on”.

Where you may in person hold someone’s hand, over the phone you can make reassuring statements such as “I’m still here” or “This must be awful”.

Checking in and ending the call

Before ending the call, we should check that we have explained things clearly and offer to answer questions. It may be helpful to offer to call another family member to help support the person after the call is completed, especially after delivering bad or catastrophic news. Alternatively, we can offer to call back later or have a social worker or pastoral care worker do so.

It is useful to debrief these conversations with other involved staff to obtain feedback and improve our performance.

It is important to document the conversation including who was present, what information was shared, and any important outcomes of the discussion.

Telephone conversations with family members about patients receiving critical care can be challenging, and in the setting of the COVID-19 pandemic, the lack of opportunity to connect with the family in the usual way may leave us feeling like we have not done as good a job as we may have done face to face. Discussing these feelings with a colleague may help ensure that we remain able to continue with this important work.

Competing interests

None declared.

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