

Tele-communicating during COVID- A Quality Improvement Project

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Introduction

Communication is an essential part of daily work in clinical settings. During COVID pandemic, more and more of communication with patients/relatives is being done remotely (through phone or similar means). With no or little training, communication regarding sensitive decisions like DNAR/Escalation plan/Breaking bad news/Death etc. is challenging.

Results

Pre-intervention data:

40 responses in total (6 Foundation doctors, 6 SHOs, 15 registrars, 9 consultants and 4 Allied healthcare professionals)

25% (10/40) has had some formal/Informal training about Tele-communication remotely whilst 75% (30/40) has had no training in this regard.

5% (2/40) were extremely confident, 2.5% (1/40) were very confident, 45% (18/40) were somewhat confident, 42.5% (17/40) were not so confident and 5% (2/40) were not at all confident about communicating remotely especially related to sensitive decisions

Intervention:

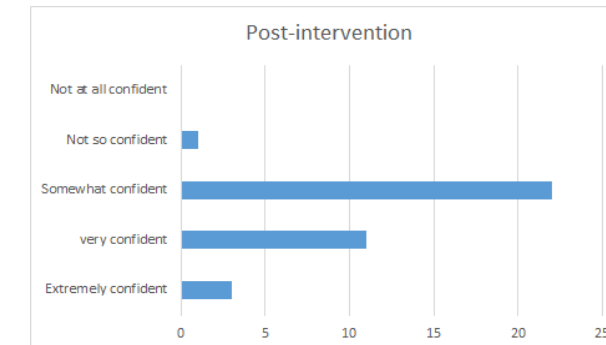
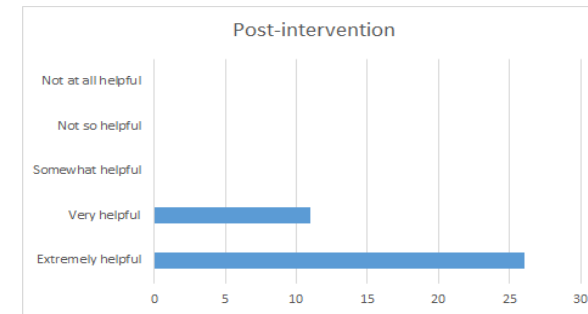
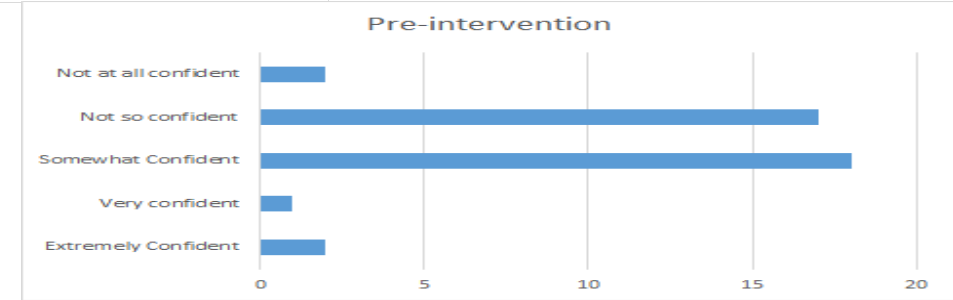
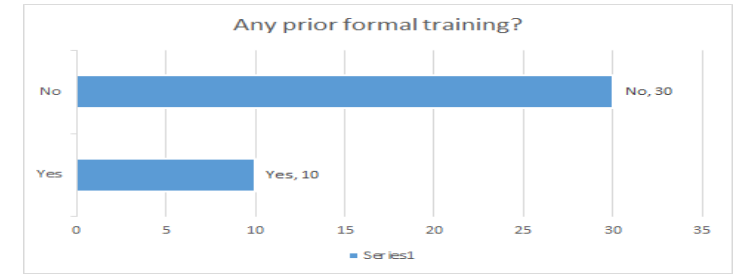
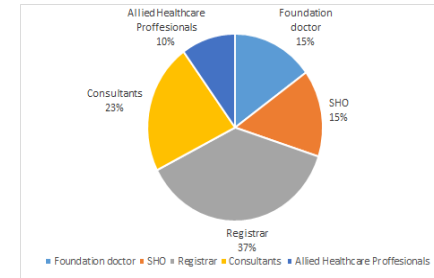
A Microsoft Teams meeting was organised with 2 consultant leads to teach/train on how to effectively communicate remotely especially related to sensitive decisions like DNAR/Escalation Plan/Breaking bad news/Death etc. It was attended by 59 participants both from the local Health board and outside as well.

Post-intervention data:

37 responses

70% (26/37) has found the session extremely helpful whilst 30% (11/37) has found it very helpful

8% (3/37) are now extremely confident, 30% (11/37) are now very confident whilst 59.5% (22/37) are somewhat confident and 2.5% (1/37) were not so confident to effectively communicate remotely.



Conclusion

Communication remotely during COVID especially about sensitive decisions remain a challenge. Our QIP has shown that with innovative teaching methods, it can help improve doctor's confidence in this regard. We plan to further replicate this project across other sites

Methodology

This piece of work was carried out as a Quality Improvement project to help doctors/staff communicate effectively. Pre- and post- intervention qualitative data was collected. An online training/teaching session was organised (as intervention) through Microsoft Teams which was attended by 59 participants both from inside and outside the local Health Board.