

# Telecommunication during COVID-19: a multicentre quality improvement project

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## Introduction

Communication is an essential part of daily work in clinical settings. During the COVID-19 pandemic, more and more communication with patients/relatives has been carried out remotely (through phone or similar means). With no or little training, communication regarding sensitive decisions like do not attempt cardiopulmonary resuscitation / escalation plan / breaking bad news / death etc is challenging.

## 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 an intervention) across four sites.

## Results

### Pre-intervention data

- > 65 responses in total (15 foundation doctors, 12 senior house officers, 21 registrars, nine consultants and eight allied healthcare professionals)
- > 25% (16/65) had had some formal/informal training about remote telecommunication, while 75% (49/65) had had no training.
- > 5% (3/65) were extremely confident, 3% (2/65) were very confident, 44.5% (29/65) were somewhat confident, 44.5% (29/65) were not so confident and 3% (2/65) were not at all confident about communicating remotely.

### Intervention

An MS Teams meeting was organised with two consultant leads to teach/train on how to effectively communicate remotely. It was attended by 59 participants in Singleton Hospital Swansea, 13 in Morriston Hospital Swansea, 10 in Glenfield Hospital Leicester and 15 staff in the Royal Liverpool University Hospital.

### Post-intervention data

- > 62 responses
- > 64.5% (40/62) found the session extremely helpful, while 35.5% (22/62) found it very helpful
- > 6.5% (4/62) were now extremely confident, 32% (20/62) were now very confident, while 60% (37/62) were somewhat confident and 1.5% (1/62) were not so confident to effectively communicate remotely.

## Conclusion

Remote communication during COVID-19, especially about sensitive decisions, remains a challenge. Our QIP has shown that innovative teaching methods can help improve a doctor's confidence in this area. ■

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