### STEP 1: PREPARE
- Take a moment to compose yourself. A few slow deep breaths will help you focus.
- Staff shortages may mean you feel relatively unskilled or inexperienced; this guide will support you step-by-step through this conversation. Remember, it’s better for the family to hear the news than to live with uncertainty.
- Consider rehearsing/role playing what you are going to say with a colleague.
- Check you know the names of the parents/guardians, the name and age of the child, and if there are any siblings.
- Using language and content that is tailored to children’s level of understanding and personalised will help the family feel cared for.
- Ask the team for any background information about the family including whether the young person is likely to be involved in this phone call.
- Ascertain if any other members of the child’s wider care team e.g. paediatrician, nurse could be included in this phone call.
- Find a space where you won’t be interrupted. Pass your bleep/phone to a colleague. If possible, use a landline to make the call.

### STEP 2: STARTING OFF
- Introduce yourself by name and your job title. Clearly explain which team and hospital you are calling from.
- Speak slowly with pauses between sentences. Counting to three in your head can help slow you down, particularly if you’re feeling nervous.
- Check who you are speaking to and their relationship to the child. Check if they can talk privately.
- If it is not the designated contact or they ask you to call back, give a likely timescale for when this will happen (where possible).
- DO NOT leave a voicemail. If the family are driving, explain you will call them back when parked.

### STEP 3: SETTING THE SCENE
- Briefly set context for telephone call.
- Acknowledge conversation would usually take in person.
- At this point check who else they want to be in on the call e.g. partner/relative/young adult.
- Remember to speak slowly, clearly and with pauses.

### STEP 4: SHARING THE NEWS
- Talk VERY slowly, honestly, realistically.
- Avoid euphemisms and technical jargon.
- After you have named the diagnosis/situation, STOP for a few seconds to allow the family to take in what you have said.
- S sensitively check person’s knowledge and understanding of the condition.
- Listen for reactions to gauge when they are ready for more information.
- Remember pauses are important as you can’t see the other person’s reaction to what you are saying.

### STEP 5: RESPONDING TO THE EMOTIONAL IMPACT OF THE NEWS
- Support person with their own feelings/distress about the diagnosis/situation.
- Distress may limit their capacity to absorb information.
- Silences can feel uncomfortable and longer than they actually are on the telephone. It is difficult to know how a person is reacting when you can’t see them; there may be other people in earshot including children.
- Using sounds and words, e.g. ‘uh-huh’, ‘mmm’, “take your time — I’m still here” replaces eye contact or touch, and confirms your presence.

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**Communicating difficult news about a child’s health over the phone**

**STEP 6: PREPARING PARENTS TO TALK TO THEIR CHILD**

- Telling children about a diagnosis/test results is emotionally difficult - people don’t want to cause distress but the child needs to know.
- Discuss the child’s awareness of what has been going on.
- If person expresses fear about how to tell their child, consult ‘Sharing the news’ document which includes suggestions on answering children’s common questions.
- Reassure it will not cause harm to tell children how adults are feeling, but careful not to over share extreme emotions.
- If parents are separated confirm who will tell: 1) the other parent 2) children.
- Encourage consistent messaging by adults to avoid confusion.
- In lockdown situations there will be very little privacy and time for people to prepare themselves or get support from a friend or relative.

**STEP 7: MAKE A PLAN**

- “Thinking about talking to children about this probably feels the hardest thing in the world. It’s completely understandable to want to protect them from this news.”
- “I wonder how much you think [child’s name] knows about their condition at the moment?”
- “I understand you are worried that telling [child’s name] will be upsetting for them. Even very young children need an explanation for what’s been going on and how they’ve been feeling.”
- “I understand that in the current situation there is not much time or space for you to think about how you will tell [child’s name]. Shall we talk through how you might do that?”
- “Would you like me to talk to [child’s name] with you?”
- “It’s very natural for children to feel very upset or angry, but talking is very important in helping them through this difficult time.”
- “It’s OK to talk with children about how upsetting and sad this news is for everybody.”

**TOP TIPS**

1. Find a quiet place. Make sure you have the key information. Use a landline if possible.
2. Speak slowly, clearly, with pauses.
3. Counting to 3 in your head can help slow you down, particularly if you’re feeling nervous.
4. Silences can feel uncomfortable and longer than they actually are on the telephone. Don’t feel you have to fill the silence.
5. It is essential to help adults think about how to tell children (both the patient and any siblings) as soon as possible.
6. These are difficult conversations; take time to look after yourself, it may be helpful to ‘off load’ to a colleague or reflect with your team.