CALMER

A toolkit for difficult conversations under pressure

A QIP to improve clinicians' confidence in difficult family communication

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"When the ward is under pressure, structure is compassion."

1 Background & Rationale

Effective family communication is central to safe, person-centred care, yet the hardest conversations are the least structured.

- **Paediatrics & geriatrics** concentrate the challenge: vulnerability, family decision-making, uncertainty and high emotion.
- **The highest-risk conversations are** unplanned, time-boxed, bedside, often with a resident doctor as first contact.
- **Even with excellent medical care,** communication is variable, driving conflict, repeat conversations, escalation and defensive documentation.
- **Failures happen** not because people don't care, but because there is no shared structure to lean on under stress.

Vulnerability · Uncertainty · Family decision-making · High emotion

2 Aims

PRIMARY
Improve self-reported confidence (Likert 1-5) in difficult family communication across 9 domains.

SECONDARY
Map trends & barriers across rotations and increase uptake of a structured approach in routine practice.

3 Why CALMER? The design logic

Observed ward failure modes › Baseline measurement (n=64) › Barrier-informed design › CALMER + 3-page pack

No time	→ CALMER, short & repeatable
No private space	→ Privacy Ladder
Uncertainty	→ Known/Unknown/Next
Mixed MDT messages	→ Confirm plan + next update
Documentation anxiety	→ CLEAR template
Emotional burden	→ R² reflection (micro-debrief)

4 Methods

Design: Quality Improvement Project using PDSA cycles.
Instrument: anonymous Likert survey (1-5) across 9 communication domains + barriers + free text.
Intervention: 3-page CALMER guidance pack + teaching sessions.
Analysis: % reporting confidence ≥4/5; pre-specified target ≥40%.

64 baseline responses

30 post-intervention

Baseline "hot zones": confidence lowest in

Distressed relatives · Uncertainty · Unrealistic expectations · Safeguarding / capacity · Ceilings of care / ReSPECT

5 The CALMER framework: what to say in the moment

C — Context
Set the scene: clarify purpose, who is present, capacity & immediate concerns.

A — Acknowledge
Validate emotion early and establish supportive intent.

L — Listen
Elicit hopes, fears and what matters most to the patient & family.

M — Medical
Known/Unknown/Next: communicate uncertainty without sounding vague; correct misconceptions gently.

E — Expectations
Hope pivot: align hope with a safe, achievable plan for today.

R — Reflect (R²)
Reflect to the family (summarise, safety-net, check understanding) plus reflect as the clinician (micro-debrief).

6 The intervention: a 3-page pocket guide

One portable, scannable system: **Page 1** workflow · **Page 2** what to say · **Page 3** removes the barriers.



Page 1
Workflow checklist



Page 2
CALMER framework



Page 3
Barriers, what to do

T-SPACE · the setup
Time · Setting · People
Agenda · Capacity/Concern
Escalation: who & when senior reviews

CLEAR · the note
Context · Loved ones present
Emotions/expectations raised
Agreed plan + safety net · Review & next update

7 Designed as a system, not three handouts

PAGE 1 · BEFORE & WORKFLOW
Set up
4-stage checklist: T-SPACE 30-sec setup beats time & space barriers.

›

PAGE 2 · IN THE MOMENT
Say it
Run CALMER: Known/Unknown/Next, plus the hope pivot under pressure.

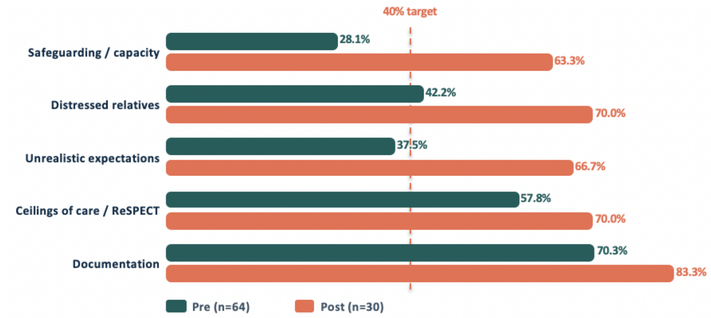
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PAGE 3 · WHEN REALITY BITES
Unblock
Barriers to actions: Privacy Ladder, language protocol, CLEAR note.

↻ **R² reflection** closes the loop: a 60-sec micro-debrief feeds learning back into the next conversation.

♥ **One repeatable system → safer, calmer, more consistent** conversations and defensible documentation.

8 Results: confidence ≥4/5



9/9 Domains exceeded the 40% target

100% Documentation & escalation

77.8-100% Confidence range

Largest gains landed in the baseline hot zones: **safeguarding 28.1→88.9%, distressed relatives 42.2→88.9%, unrealistic expectations 37.5→77.8%.**

✓ Biggest improvements in the **lowest-confidence domains**, the signature of a barrier-informed intervention.

✓ Strong perceived benefit for **structure, uncertainty, documentation and escalation.**

Scan to use the pack
Open the full guide on any device

9 What clinicians said

"It gave me a structure to fall back on under pressure."

"The uncertainty phrasing made conversations feel safer."

"The CLEAR template reduced my documentation anxiety."

10 Why not just SPIKES?

SPIKES
Excellent for planned bad-news delivery in a calm setting.

vs

CALMER
Built for ward reality: uncertainty, conflict, capacity, documentation & escalation.

CALMER adds what the moment demands: **barriers to actions, Known / Unknown / Next, standardised documentation and clinician reflection.**

A systematic review of 37 SPIKES studies improved learner knowledge, but **none assessed system or patient outcomes** (Mahendiran et al., 2023). CALMER is built to close exactly that gap.

11 Impact & next steps

- **Agreed inclusion in departmental induction packs.**
- **Senior clinical champions supporting adoption.**
- **Lightweight feedback loop to refine versions.**
- **Potential wider rollout across specialties.**

REFERENCES

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6 **Mahendiran et al.** Effectiveness of the SPIKES model: a systematic review (37 studies; none assessed system or patient outcomes). Am J Hosp Palliat Care. 2023;40(11):1231-1260.
7 **Ogrinc et al.** SQUIRE 2.0 reporting guidelines. BMJ Qual Saf. 2016.

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