**NHS Education for Scotland**

**Transcript of ‘Supporting Medical and Dental Education Teams with Initial Communication and Practical Tasks’**

Hearing the news of the death of a doctor or dentist in training can be particularly upsetting for medical and dental education teams who knew and worked with them, or who were involved in providing training support. Knowing how to respond and undertake the practical and administrative tasks that are required in response can be daunting. And we may feel apprehensive about providing support to those who are bereaved or affected by the death. The news will affect many people, not only the trainee’s close and immediate colleagues. Its impact can be wide reaching, with ripples of grief seen across many communities, including fellow trainees, multi-disciplinary colleagues, and patients. It can have a major effect on the wellbeing and functioning of all staff members. We may ourselves feel shocked, distressed and destabilised. So, in addition to providing support to others and undertaking the tasks that are required, it’s important that we also look after and show compassion to ourselves.

Everyone will respond differently to the news. Initial reactions might include anger, guilt, numbness, shock and sadness. Some may experience particularly strong grief reactions, perhaps, following the death of a younger person, in situations that are sudden or unexpected, that involve a suspected suicide, or a death that happens in a workplace. Grieving is a process and not an event, people may be affected for a long while, with different feelings and emotions at different times. It’s important to also be aware of the diversity of faith, spiritual and cultural beliefs, which may influence a person’s response to the news of a death.

When you first hear the news give yourself a few minutes to take in what you’ve been told and perhaps seek support from a colleague. It may be more challenging to think clearly and complete actions sensitively and effectively if you are in shock. Certain tasks will need to be undertaken without delay, but where possible, try not to immediately rush to do anything. Many medical and dental education teams utilise a checklist, that outlines certain practical tasks that will need to be done. Use local or organisational guidance for processes and procedures. Try to identify what needs to happen first, and who oversees what. A clear allocation of roles is important. This may be helped by having a lead coordinator, a designated person to liaise with family, and an HR lead. Establish which actions you, or your team, are responsible for. The priorities typically focus on establishing who needs to be informed and communicating news of the death. It’s important to ensure that accurate details are known for the person who has died, including the spelling of their name, their GMC or GDC number, job title and the length of time in post. Take particular care if you have two trainees with the same name.

The way people are told about a person’s death is extremely significant, so thoughtful consideration should be given on how to communicate the news, sensitively and appropriately. This is likely to differ for each of those who need to be informed. They may range from professional organisations to close contacts and potentially friends and colleagues of the doctor or dentist who has died.

It’s usually preferable to tell those who were particularly close to a person face-to-face. If this isn’t practical, consider the next best option, perhaps by phone or video call. However, following the death of a trainee, many groups are likely to need to be informed by email, including the wider trainee community. Be aware that information may spread very quickly, including via social media, so prioritise contact with the immediate team and fellow trainees as soon as is practical.

It can be hard to know what to say or write when sharing the news of a death. The words used and way in which people are told, can remain in their memory for many years to come. Communication should be tailored to suit the recipient or recipients, but there are some principles which are likely to apply to all. As a team, think about what information you are able to share and with whom. There may be different elements which influence this, for example, taking direction from the person’s family regarding information they do not wish to be shared. Other considerations may relate to details regarding the trainee’s employment and perhaps information on any support they had received. When you’re thinking about what can be shared, it may also be helpful to speak to a senior colleague who isn’t directly connected, to be an objective voice. It’s usually better to avoid euphemisms, like ‘passed away’, instead use plain language like ‘dead’ or ‘died’. Although, you may choose to mirror the words and phrases used by those who you are communicating with. Try to avoid reading from a script. Think about what you’d like to say ahead of any face-to-face conversation. Careful consideration should be given to the wording of any written correspondence, including emails and their subject lines. But try not to use a rigid template.

When talking to those who are bereaved, many of us may be worried about saying the ‘wrong’ thing or causing additional distress. Overall, show compassion and care. Offer your condolences and be aware of appropriate sources of support that you can signpost to, as required. Responding to the sudden death of a doctor or dentist in training may cause medical and dental education teams to feel uncertain and apprehensive. But the important principles are acting with kindness, adapting to the needs and feelings of the wider team and those who are bereaved, and acknowledging if we need support ourselves, too.

The film was produced in May 2022 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or <https://vimeo.com/711668681>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or contact [supportarounddeath@nes.scot.nhs.uk](mailto:supportarounddeath@nes.scot.nhs.uk)

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