



ST VINCENT'S
PRIVATE HOSPITAL
BRISBANE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Fit for the Future

Communication Skills – essential for the future of palliative care

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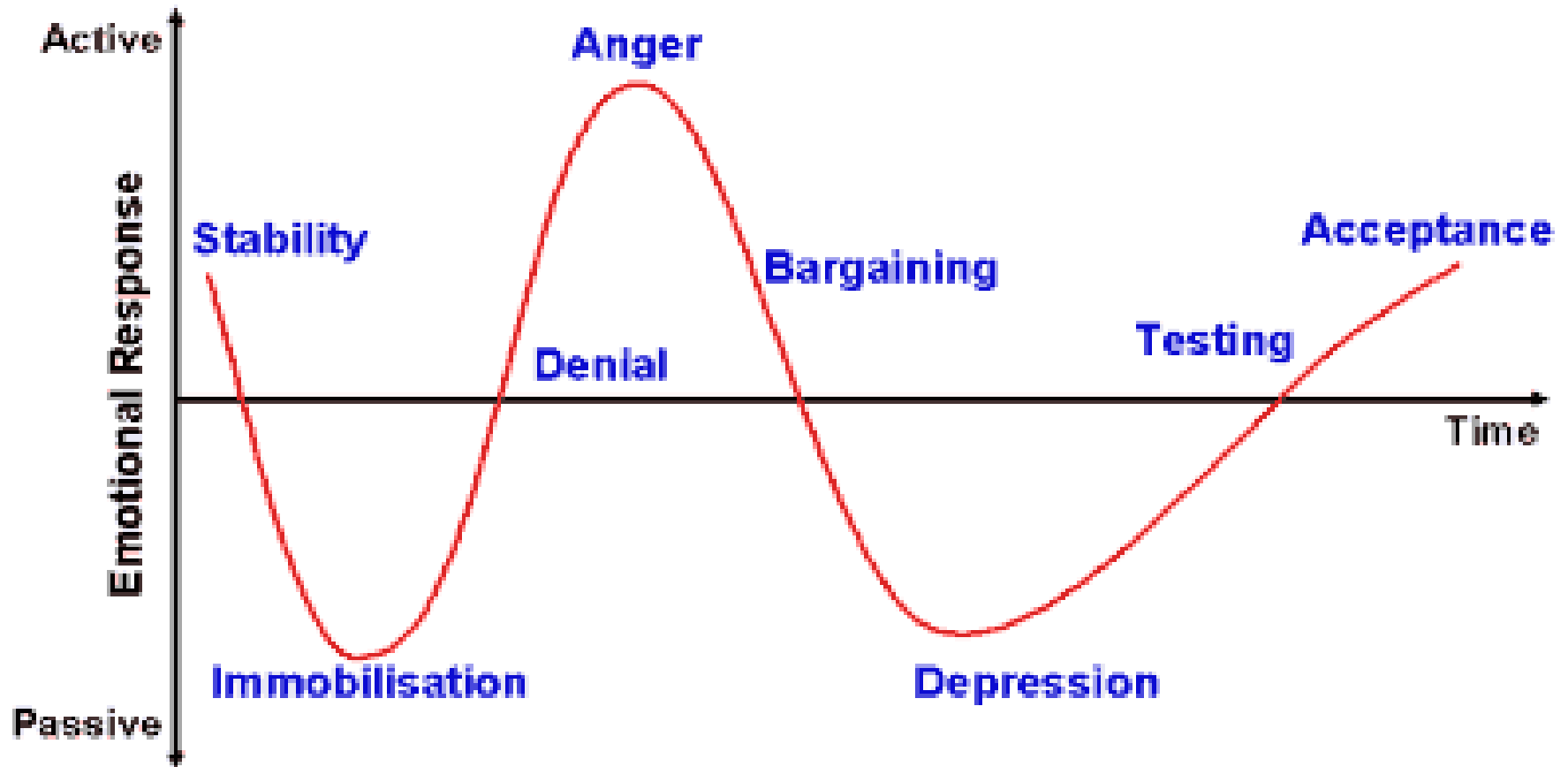
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It is not what our message does to the listener,
but what the listener does with our message
that determines our success as communicators.

Hugh McKay

Elisabeth Kubler Ross (1970)



Basic Needs

- They need help to accept the REALITY of the situation
- Families need someone to LISTEN
- They need to feel SUPPORTED
- They need to express FEELINGS
- They need to feel AWARE that grief is a normal life experience

What Makes a Conversation?

- Attending Skills
- Listening Skills
- Acknowledgement of Understanding / Perception
- Check your Understanding
- Summarising

Attending Skills

Setting the Scene

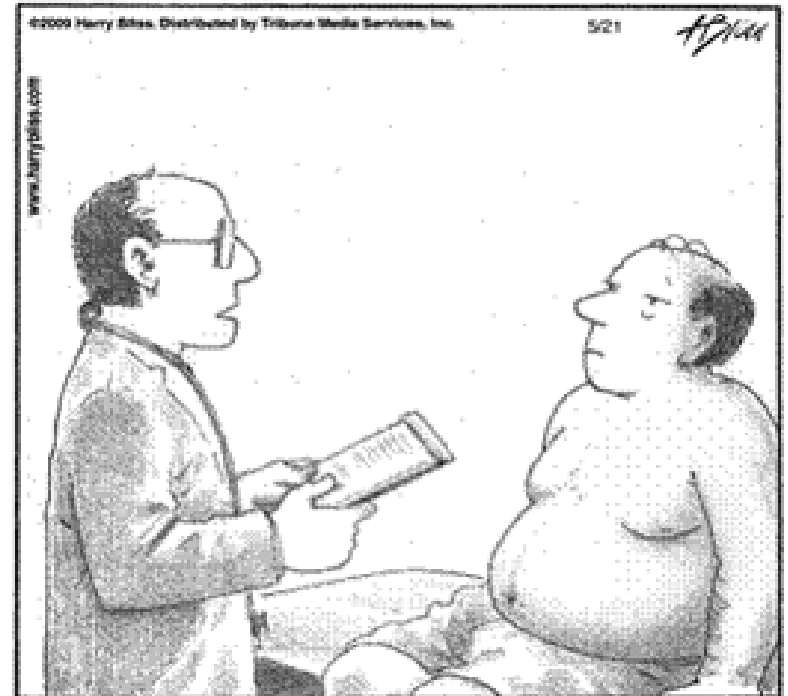
- Environment
- Time
- Ask permission (*ask before you tell*)
- Ask then tell (*not tell, ask, then tell*)
- Introductions
- Seating



Listening Skills

Helping you to know what is really wanted

- Being fully attentive
(verbal and non-verbal)
- Use simple language and
active body language
- Use minimal responses and
do not interrupt
- Create “silent” spaces
- Asking questions to clarify



“Well, yes, I suppose I could explain the test results in ‘plain English’ — but then you’d know how sick you are.”

Non-verbal:

- Essential for picking up cues and nuances
- Maintaining eye contact
- SOEFL
- Relaxed
- Touch (beware cultural cues)



Cultural Awareness

- In any culture, talking to people about death and dying is difficult.
- For many Indigenous Australians, death is a highly sensitive issue. For some people, merely using the words 'death', 'dying' or 'dead' is highly offensive.
- Communication techniques such as reflection, sharing perceptions, eye contact and touch *may not* be appropriate.
- English may be spoken only as a second language.
- Who is the person to speak with?
- For some Indigenous Australian Families an uncle or aunt may have more authority with a sick child than either the mother or father of the child.

A case study ...

Sarah is a 39yo woman, married to Isaac, with two children aged 8yo and 6yo. She was diagnosed with breast ca three years ago and decided to have a mastectomy of the right breast. Her husband is self-employed and Sarah helps out in his small business (located over 500km away from the city). To assist in treatment they decided to purchase a small apartment in the city.

Sarah was determined to “beat the cancer” so had six cycles of chemotherapy and 25 fractions of radiation during the same year. Twelve months later Sarah decided to have an elective mastectomy of her left breast and reconstruction. Further fractions of radiotherapy continued. Sarah was feeling positive and planned to buy a new house within the next two years.

Six weeks ago Sarah was admitted to hospital for pain control and treatment of lymphoedema. An MRI was ordered which showed extensive metastatic ca, including brain ca. You are about to tell her the results.

Acknowledgement of Understanding

- **Empathising - the ability to share someone else's feelings or experiences by *imagining* what it would be like to be in their situation.**
 - Relate to the feelings of the patient
 - Show that you are concerned; verbal affirmations
 - Be non-judgmental
 - Not assuming anything (observation without interpretation)
 - Not giving advice or solutions too early
 - Use your own experience to identify with their feelings or with their reactions to these particular circumstances.
 - An empathic response to another is based on similarities between us.

- **Empathising (cont'd)**

- Empathy is creative, because it requires an act of imagination that projects us into the inner world of others.
- Be reassuring –
it takes time to build trust.
- Give them time to process



CHANNEL OF COMMUNICATION
speaking, writing, telephone,
television, computer, verbal, non-verbal

<p>SENDER self-concept family culture skills feelings attitudes values</p>	<p>MESSAGE → → <i>Interference</i> ← ← FEEDBACK</p>	<p>RECEIVER self-concept family culture skills feelings attitudes values</p>
	<p>CONTEXT environment status time</p>	

Check Your Understanding

- Check again to see how well they understood. All family members are not necessarily at “the same stage”.
- Try to perceive accurately what the other person *really* wants to know.
- Don't be so concerned with being nice, supportive and agreeable that you don't allow enough time to fully allow the family or patient to express their thoughts.
- Don't change the subject whenever the conversation becomes too personal or threatening.
- Challenge cognitive distortions

Summarising

- Check your understanding
- Paraphrase
- Reflect their feelings
- Maintaining professional boundaries, however don't assume yours is only clinical support.
- Assert yourself and close off the conversation.
- Multi-disciplinary team (all members)

Putting it all together



<https://www.youtube.com/watch?v=7kQ3PUyhmPQ>

Our case study

Three weeks after her admission to hospital, Sarah died.

She had many visitors during her deterioration, many of whom were waiting in the corridor to see her. Her family were concerned that they did not have enough “private time” with her. Her husband Isaac is very stoic and does not share his feelings. He says the children will be “all right”.

Her parents (from a regional area) and husband were with her when she died. They were still coming to terms with her sudden deterioration and relatively painful death.

You have just come into the room to check that death has occurred.

What do you say to the family?

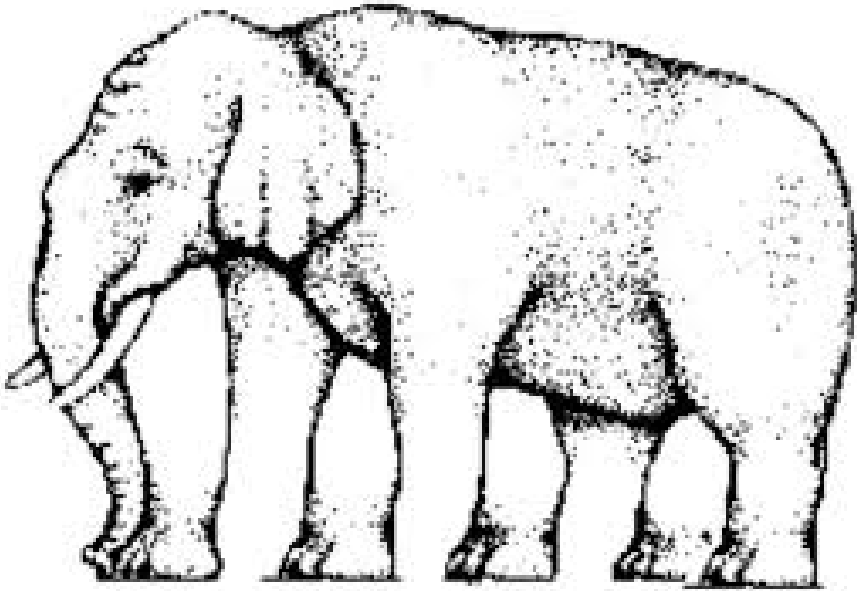
Use Your Resources

- You can't be all things to all people
- Use patient and family support counsellors
- Refer to case workers or health workers
- Use pastoral care if appropriate
- Make sure there will be bereavement follow-up

Dr. Robert Buckman, a medical oncologist at The University of Toronto



When he started work in medicine, people said empathy training was “useless,” and “fuzzy.” With W. Baile (1992): SPIKES



How many feet to you see?



DO YOU SEE A YOUNG LADY, OR AN OLD WOMAN?

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