Enhanced Communication Skills Training

working with people who have cancer

Welcome to the course

We will be starting at 9.00am

Coffee is available

www.sobelleducation.org.uk

Aims and Objectives of the course

AIM

- To provide an opportunity to build on existing communication skills and behaviours used when conversing with people at an advanced level

OBJECTIVES

- Explore why good communication is important
- Explore what communicator you want to be
- Identify skills for effective communication
- Explore barriers and blocking behaviours to good communication
- Learn a structure to support good communication
- Practice

Good communication is key!

- At the heart of end of life care
- Demonstrated to be an essential part of care giving
- Good communication can improve the patient's condition, psychological functioning and satisfaction with care
  - Decreases blood pressure
  - Improves pain management and lessens drug use
- Poor communication affects staff, leading to stress, poor job satisfaction and emotional burnout

What do we know?

- Poor communication can lead to patients and carers feeling anxious and dis-satisfied with care
  - National Patient Survey Reports, Health Services Ombudsman, 2013
- Complaints often relate to issues with poor communication
  - Duty of Candour (2015), Francis Report, 2015; Healthcare Commission, 2006
- Many patients state that they do not receive the information that they need
  - Montgomery Ruling 2015, National Institute Clinical Excellence, 2015; Furber et al, 2013
- Communication is one of the 6Cs as outlined in Compassion in Practice
  - Nursing and Midwifery Council, 2012
- Communication skills do not improve through experience alone
  - Cantwell & Ramirez, 1997, Thorne et al 2013

Also….

Ambitions for Palliative and End of Life Care 2015- 2020 & Transforming EOLC in Hospital (2015) – both state that good communication is vital and one of the key barriers to delivering good care is a failure to discuss things openly

And

Talking about Dying: How to begin Honest Conversations about what Lies Ahead Royal College of Physicians 2018

Honest conversation is needed much earlier after diagnosis of a progressive/terminal condition, including frailty, for carers and families as well as patients

What patients want/need

An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart.

- Tackle variations in quality of health care head on
- Give patients more information and choice
- Give people a greater degree of control and influence over their health and healthcare.
- Make care more personal to each individual
- Make change locally-led, patient-centred and clinically driven

Lord Darzi - High Quality Care For All , 2008

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Impact of communication

- Adherence to preventative care & treatment
- GP visits, hospital admissions, LOS
- Quality of life and psychological morbidity
- Satisfaction with care, complaints and litigation
- Guilt, confusion, fear, isolation, distress
- Burnout in healthcare professionals

Feedback from Patients

Patients give priority to:

- being treated with *humanity, dignity and respect*
- having *good communication* with health professionals
- being given *clear information* about their condition
- receiving the *best possible symptom control*
- receiving *psychological support* when they need it

The NHS Cancer Plan, September 2000

National Reports & Guidance

NICE Supportive and Palliative Care Cancer Service Guidance (2004)

Health Service Ombudsman Report (2006)

Cancer Reform Strategy (2007)

High Quality Care for All : Darzi (2008)

Equality and Excellence: Liberating the NHS (2010)

National (Cancer Patient) Experience Survey Reports (2010 onwards)

Improving Outcomes Guidance (2011)

Mid Staffordshire NHS Public Enquiry (Francis 2013)

The Cavendish Review (2013)

National Reports & Guidance

- Five Year Forward View (2014)
- *Many people wish to be more informed and involved with their own care challenging the traditional divide between patients & professionals*

- Ambitions for Palliative & EOLC (2015-20); Transforming EOLC in Hospital (2015); One Chance to Get it Right (2014); More Care Less Pathway (2013)
- *The Six Ambitions for Care of the Dying Person & 5 Key Enablers*

- Achieving World Class Cancer Outcomes: A Strategy for the NHS (2015-20) and Progress Report (2016-17)
- *Establish patient experience as being on a par with clinical effectiveness and safety. Piloting of the first QOL metrics to measure longer term outcomes*

- Talking about Dying: How to begin Honest Conversations about what Lies Ahead Royal College of Physicians 2018

Evidence for efficacy of communication skills training

Evidence of changes in clinical behaviour

Maguire (1996b) Fallowfield (2002) Wilkinson (2008)

Evidence of transfer of skills back to the workplace

Cochrane Review (2018) Heaven et al (2006) Fallowfield (2003)

How do we develop skills?

- Trial and error
- Experience
- Watching others
- No training
- No supervision
- No feedback

The communicator you want to be?

- How would you like patients/relatives to describe their experience of their communication with you?
- How would you like your colleagues to describe their experience of their communication with you?

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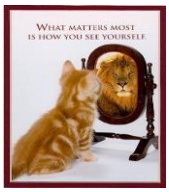
What gets in the way?

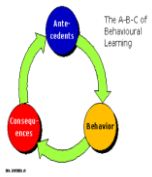
BELIEFS

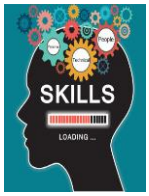


FEARS

STRESS

BEHAVIOUR PATTERNS





SKILLS/ABILITY

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Barriers of healthcare professionals

Fears

- Unleashing strong emotions
- Upsetting patients/relatives
- Patient refusing treatment
- Difficult questions
- Damaging the patient

Beliefs & Attitudes

- Emotional problems are inevitable
- Not my role
- Talking raises expectations
- Patient will fall apart
- Will take too long

Barriers

Lack of skills

- Assessing knowledge and perceptions
- Integrating elements of the consultation gathering and giving
- Handling difficult reactions

Working environment

- No support or supervision
- No referral pathway
- Staff conflict
- People being present Lack of time
- Privacy

Patient Barriers

Fears

- Of being stigmatised
- Being judged as ungrateful
- Of crying/breaking down
- Of burdening health professional
- Of causing distress to the health professional

Maguire, 1999; Heaven & Maguire 1998

Attitudes & beliefs

- It is not this persons job to talk about certain things
- This person does not have time to listen to me
- My concerns are not important compared to other peoples
- My beliefs mean I must cope with this
- I might annoy my family if I talk about this

Patient Barriers

Skills

- Not being able to find the right words
- Does having sufficient command of the language
- Embarrassment literacy levels
- Not understanding enough to know how to clarify things
- Issues of mental capacity

Environment

- Not having privacy
- Protecting a relative who is present
- Not having somebody present who should be

Other

- Relevant questions were not asked
- Patient cues met by distancing

Blocking behaviours

Inhibit patient disclosure of feelings and concerns

Maguire et al 1996; Wilkinson et al 2008

Del Piccolo et al 2006

Blocking behaviours

Wilkinson 1991; Wilkinson et al 2008; Maguire et al 1996

Overt blocking - Complete change of topic

- Pt "I was upset about being ill"
- Prof "How's your family"

Distancing strategies - more subtle

- Change of time frame - "Are you upset now?"
- Change of person - "and was your wife upset?"
- Removal of emotion - "How long were you ill for?"

Blocking behaviours

- Physical questions
- Inappropriate information
- Closed questions
- Multiple questions
- Leading questions
- Defending
- Using jargon

- Premature reassurance
- Premature info
- Normalising
- Minimising
- Jollying along
- Passing the buck
- Chit chat

Facilitative skills

- Gather patient information
- Identify patient's history/agenda/needs/concerns
- Acknowledge patient's agenda/concerns
- Give tailored information effectively
- Negotiate decision-making

Facilitative behaviours

Goldberg et al 1993; Wilkinson 1991; Maguire et al 1996; Zimmerman et al 2003; Del Piccolo et al 2011

Gathering information

- Open questions
- Open directive questions
- Screening questions
- Clarification
- Exploration
- Pauses
- Pauses/silence
- Minimal prompts

Picking up cues

Active Listening skills

- Reflection (acknowledgment)
- Paraphrasing (acknowledgement and checking)
- Summary
- Empathy
- Educated guesses

Facilitative skills (Info giving skills)

Goldberg et al 1993; Wilkinson 1991; Maguire et al 1996: Zimmerman et al 2003

Giving information
- Checking what person already knows
- Giving information in small chunks
- Using clear and simple terms
- Avoiding detail unless requested

Checking
- Pausing and allowing info to sink in
- Waiting for a response BEFORE continuing
- Checking understanding
- Checking impact

Additionally

- Silence or minimal prompts most likely to precede disclosure

Eide H et al 2004

- Giving information reduces likelihood of further disclosure

Zimmerman et al 2003

- Polarity of words important:

Screening questions: "something else" elicited significantly more concerns than "anything else"

Heritage J et al 2006

Cues







Cues

"A verbal or non verbal hint which suggests an underlying unpleasant emotion and would need clarification from the health provider"

Del Piccolo et al, 2006

Cues

Verbal

- Hints at feelings *"I'm a bit unsure about that" "it was odd"*
- Emphasis or metaphor *"it was bloody awful" "no light in the tunnel right now"*
- Repetition of things *"He lost his job , he lost his job" or "it was cancer - he said it was cancer"*

Non-Verbal

- Clear expression of a negative or unpleasant emotion *(e.g. crying, restlessness)*
- Hints to hidden emotions *(e.g. sighing, silence, frowning, negative body posture)*

Importance of cues

- Facilitative questions **linked** to cues increase the probability of further cues and are key to a patient-centred consultation

  Zimmerman et al 2003

- Open questions linked to a cue are **4.5 times** more likely to lead to further significant disclosure than unlinked open questions

- Facilitating the **first** patient cue appears to be important
  - 20% drop in cues during consultation if first cue is not facilitated

  Fletcher PhD thesis 2006

Cues - will it take more time ?

- Consultations which were cue based were shorter that those in which cues were missed
  - GP consultations 12.5%
  - Surgical consultation were 10.7% shorter

Levinson et al 2000

- In oncology consultations, addressing cues, reduced consultation times by 10-12%.

Butow et al 2002

Disease-Illness Model

Patient presents problem

Gathering information

Parallel search of two frameworks

Disease framework framework
The biomedical perspective

Symptoms
Signs
Investigations
Underlying pathology
thoughts

Differential diagnosis

Understanding the patient's experience of the illness

Illness
The patient's perspective

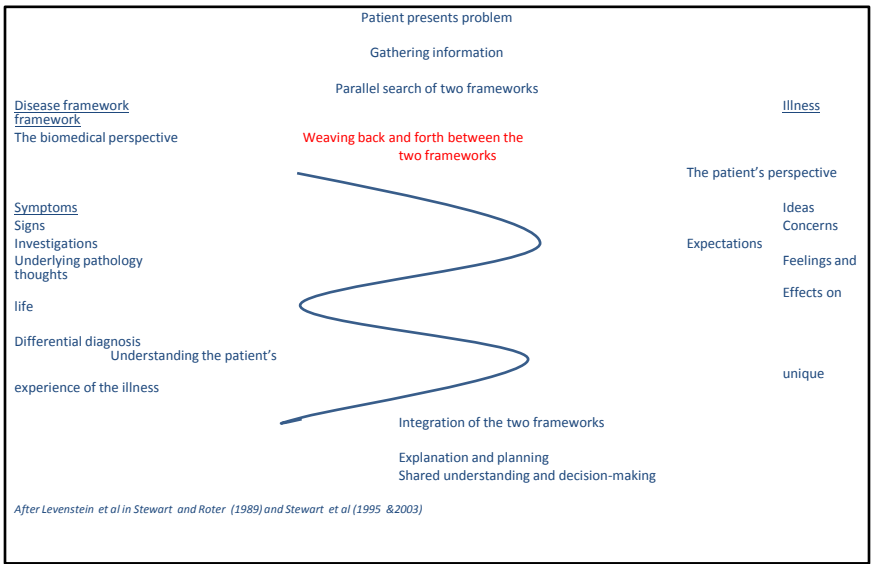
Ideas
Concerns
Expectations
Feelings and
Effects on life

unique

Integration of the two frameworks

Explanation and planning
Shared understanding and decision-making

Disease-Illness Model



Structuring a consultation

- Initiating the session
- Gathering information
- Physical examination
- Explanation and planning
- Closing the session

Silverman, Kurtz and Draper 2005

Structuring a consultation

Initiating the session

Preparation

Environment

Knowing the patient details

Being aware of own state; feelings, beliefs, fears

Creating a purpose

Establishing rapport

Making a connection

Identifying the reason for the conversation

Purpose & Agenda (patient and own)

Gathering information

Patient perspective of their Illness

Helping the patient to explore and express their understating,

Thoughts, Feeling, Beliefs, Fears, Needs, Hopes & Goals.

Structuring a consultation

Explanation and planning

Provide the correct type and amount of information

Based on what you have gathered from the patient

Chunk & Check

Chunk information into small amounts leaving time for person to process what they have heard

Check understanding leaving time for questions

Plan of action-shared decision making

Ask patients thoughts, feeling, fears, hopes, goals, needs and support with the plan

Recommendation based on patient goals

Closing the session

Summary

Of patients understanding, thoughts, feelings, fear, hopes goal and needs

Plan- what next

Screen for any further questions

Contact information

Who to contact for what- Where they can find support-Life line

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Brainstorming Communication Difficulties

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Environment of Care

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Find the Common Ground

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Challenging Conversations

The Before & After

Rehearsal regulations

Reality

- You stay in you own role
- Scenario chosen by you, and based on a real situation
- You are involved in briefing the actor

Safety

- Small groups
- Not choose anything too close to home
- Facilitator will control complexity that you agreed
- Expect to get stuck ~ NO expectation to perform
- Time out ~ only you or facilitator can stop
- Feedback ~ positive, constructive alternatives, actor
- Group responsibility to give ideas and suggestions to move on
- Everyone will be involved