

Enhanced Communication Skills Training Programme

Guidelines for Specific Conversations

TIPS AND HINTS SHEETS



## **Giving complex information**

Giving information is a vital part of the healthcare professional's role. To ensure that patients can both absorb and understand complex information it must be tailored to the patient's specific needs. For example:

- Identify and stay with the patient's agenda
- Be logical and organised
- Signpost where the interview is going (warning shot)
- Put complex information into simple language (without being patronising)
- Chunk information into manageable blocks
- Check understanding
- Pick up and explore verbal and non-verbal cues (emphasise)
- Acknowledge the impact the information has on the patient by exploring facts and feelings
- Give appropriate but not false reassurance
- Summarise and check if the patient has some further questions
- Arrange appropriate follow up

## **Breaking bad news**

Bad news is bad news. You cannot soften the impact, but you can help the patient's adjustment by the way you deliver it. The key is to slow down the speed of transition, for example, with giving a diagnosis for a long term condition from a perception of wellness to the realisation of life-threatening disease.

### **Preparation**

- Make preparations as full as possible and have all the information you require to hand
- Plan the time (make sure there is enough time) and prepare a place with privacy
- Involve a relative or friend if appropriate

### **Delivering bad news**

- Find out what the patient already knows
- Find out how much the patient wants to know
- Give a warning signal
- Break the news using simple but clear language
- Pause and wait for a response
- Assess and focus on the patient's feelings
- Encourage the patient to express his/her concerns
- Check the patient's understanding
- Make a plan of action, including positive practical support, but not false reassurance
- Assure follow up appointment available
- Give written information as appropriate
- Check your own state of mind before seeing the next patient

## Handling difficult questions

There are several strategies to use when patients ask difficult questions such as:

“Is it cancer?”, “am I dying?” or “What is going to happen to me?”

Key actions:

- Find out the patient’s perceptions that lead them to ask the question. For example: “what makes you feel it may be cancer or you are dying?”
- After obtaining a response, repeat the question if necessary by asking if there are any other reasons for the patient feeling this way
- If the patient gives no other reason or changes the subject, you might say: “You asked about the diagnosis, is that something you would like to talk about?” If the patient says “no”, leave it there; they are probably not ready to have the truth confirmed
- If the patient gives other reasons, confirm the patient’s thoughts if correct. Invite the patient to express their emotions and provide support if appropriate
- Address only the concerns the patient raises. Answer realistically and avoid rushing in with premature or false reassurances
- Invite further questions
- Offer to provide information (written or verbal) that may be relevant
- Assure continuity of care

## Dealing with collusion

For example, when the relative puts pressure on a healthcare professional to withhold medical information from the patient.

Focus on:

- The relative's feelings
- The relative's reasons for not wanting to be truthful
- Acknowledging the relative's motives, for example wishing to protect the patient from distress
- The strain placed on the relative/patient relationship by not being truthful
- The relative's perception of the patient's understanding. Identify any evidence that he patient might already suspect the truth. Then: Offer to assess the patient's understanding of their illness directly
- Reassure relative information will not be forced onto the patient if it is not wanted.

## Dealing with anger

The following strategies help to diffuse anger:

- Acknowledge the anger: “You seem very angry”
- Invite the patient/relative to explain the cause of the anger: “Can you help me understand what is making you angry?”
- Listen to their story to get as much information as possible
- Focus on the individual’s stress/feelings
- Apologise if appropriate
- Clarify the situation if appropriate: “it must be very difficult for you to see your husband in pain”
- If possible negotiate a mutually acceptable solution

## Exploring feelings

The following techniques can be used to explore feelings such as anxiety:

- Recognition: Non-verbal/verbal evidence
- Acknowledgement: “I can see you are anxious”
- Permission: “It’s OK to be anxious”
- Understanding “I want to find out what is making you anxious”
- Empathic acceptance: “You are anxious because...”
- Assessment of the severity and effects of anxiety
- Alteration (if appropriate) by removing stress, cognitive challenge, boosting coping strategies, medication.

## **Patients who do not want to talk**

The key task is to assess what is making the patient reluctant to talk. There are many reasons and these include:

- Denial, either of the facts or of a feeling
- Ignorance, due to low IQ and/or incorrect information
- Depression
- Dementia
- Disengagement
- Talking to someone else
- Previously dealt with and the patient now wants to forget



## Handling denial

Denial is when a patient maintains a positive outlook on their illness or prognosis in spite of receiving medical information to the contrary. Denial is a coping mechanism, its function is to protect oneself against distress that could be intolerable and lead to psychological disorganisation. Healthcare professionals may explore the denial to determine if it is an absolute barrier to understanding but forcing through it could lead to severe psychological problems.

Key points in exploring denial include:

- Look for evidence that denial is not absolute (a window):
  - Now – “How do you feel things are going at the moment?”
  - Past – “Has there ever been a moment when you thought things weren’t going to work out?”
  - Future – “How do you see your illness affecting your future?”
- If there is no evidence of awareness then leave the situation as it is
- Ensure regular follow- up to reassess the denial

## **Anxiety**

Signs and symptoms include:

- Impaired concentration
- Sleep disturbances
- Lack of energy
- Feelings of panic
- Irritability
- Tension

## **Depression**

Signs and symptoms include:

- Low mood
- Loss of interest or enjoyment in most things
- Impaired concentration
- Sleep disturbances
- Lack of energy
- Loss of appetite
- Loss of libido
- Guilty feelings
- Hopelessness
- Suicidal ideas or death wish

## Unrealistic expectations

When patients or relatives appear to be unrealistic in their beliefs about the possible outcomes of the illness or treatment or length of prognosis, there may be several reasons why:

- They have never been properly informed
- They have misunderstood the meaning of the information they have been given
- They are clinging on to false hope
- They are in denial

The key to dealing with unrealistic expectations is to establish why the patients believe what they do. For example:

- Use the patient's cues to explore their perception of the situation: "You say you have had quite a bit more pain recently. What do you think is causing the problem?"
- Use negation to test out whether they really believe what they are saying, or whether they are simply trying to cling on to false hope
- Gently challenge unrealistic beliefs about outcomes by confronting any inconsistencies in the story
- Look for windows of worry by asking if the patient ever worries about the possible outcomes
- Establish whether the patient is ill informed and needs to be told bad news, or is in denial.

It is important that all healthcare professionals work to elicit patients' problems and concerns accurately but at the same time are able to recognise their professional limitations. They need to be able to identify when patient/carers have needs that are best met by other people such as counsellors/mental psychologists, psychiatrists and so on. In such instances, healthcare professionals need to be aware of the specialists/services that exist locally.

## **Working with colleagues**

Tensions between colleagues in healthcare are inevitable. For example, there may be conflicting opinions between colleagues regarding patient care. It is sometimes necessary to address difficult situations with colleagues and the following steps may be helpful

### **Request a meeting**

- Inform your colleague that there is something important that needs to be discussed
- Negotiate a suitable time to meet, preferably on neutral ground

### **During the meeting**

- Ensure the seating arrangement provides equal status for colleagues
- If necessary introduce yourself and your role
- State the purpose of the meeting
- Outline the concerns and allow time for information to be assimilated
- Invite your colleague to give their perception of the situation
- Acknowledge your colleague's reasons and rationale
- State your own perspective of the situation
- If possible, negotiate a solution to help resolve the situation
- Arrange a review date if appropriate

## Communicating with people with a disability

The Disability Discrimination Act (DDA) is a law that aims to stop discrimination against people with disabilities. It gives people with disabilities equal rights and access to all areas of life, including healthcare.

You have to make reasonable adjustments if it would be impossible or unreasonably difficult for a disabled person to use your service without the adjustments. Since effective communication is central to cancer service delivery, disability and communication is an issue that all health care professionals in cancer care should consider.

There is a wide range of information and advice available to healthcare professionals on how to improve communication with people with disabilities, including:

### **Royal National Institute of the Blind**

The RNIB has a wealth of materials on communicating with the blind and sight impaired patients under its See It Right banner.

### **Royal National Institute for the Deaf**

The RNID produces a range of material and guidance for health professionals on how to communicate effectively with deaf and hearing impaired people.

### **MENCAP**

People with a learning disability experience poor health and poorer healthcare than the general population.

Yet they have a right to receive good healthcare. They will need health care in the same way that everyone else will and some people with a learning disability will have additional needs (for example, people with a learning disability are more likely to have epilepsy). They will often also need more support to understand information about their health, to communicate symptoms and concerns, and to manage their health.

The MENCAP website has simple guidelines for health practitioners to ensure that people with a learning disability get the healthcare they need:

[www.mencap.org.uk](http://www.mencap.org.uk)

The EasyHealth website has guides for professionals in treating people with a learning disability, it also includes easy read information that health professionals can use to help explain health issues and treatments to their patients with a learning disability:

<http://www.easyhealth.org.uk/adviceforhealthworkers.aspx>