

Pancreatic  
Cancer  
UK

# Effective Communications

## National Study Session 2021

12 October 2021: Jonathan Hartley

*Images courtesy of pixabay.com*

Aims and outcomes for the session

# Aims

- To understand the principles and purpose of effective communication in healthcare, and how to apply these to difficult conversations and breaking bad news in a pancreatic cancer setting
- To explore the factors which impact on the effectiveness of communications in our own settings, including:
  - our own emotional challenges
  - how patients receive communications and make decisions
  - addressing differences and barriers to communication

# Outcomes

- Understand how to build and maintain relationship and rapport to support effective communication
- Feel more confident to communicate effectively in emotionally charged situations
- Able to address the different ways in which we and other people communicate
- Most importantly, improved experience for patients and their loved ones during the cancer journey

Remember:

‘Breaking bad news is part of the art of medicine. Bad news is always bad news, however well it is said. But the manner in which it is conveyed can have a profound effect on both the recipient (the patient) and the giver (the physician).’

[Vijayakumar Narayanan, Bibek Bista](#)

Cancer remains a life-threatening illness. The diagnosis of cancer usually results in significant anxiety and uncertainty. It usually means commitment to demanding and complex treatments.

Communication and the information giver's relationship with the patient and the patient's family are particularly important in providing support through the crisis of cancer.

# Personal/professional

To be immersed in suffering and loss and not be affected by it is like trying to walk through water without getting wet.

*Remen*



# Personal/professional

‘Working with death and grief elides professional barriers. It urges us to bring our vulnerability with us, meeting the patient as a person but also, crucially, bringing our own person with us.

... responding with compassion towards patients requires us to understand and respect our own need to process emotions.

Grief prompts us to consider how we treat ourselves as well as how we treat the person in front of us professionally.’

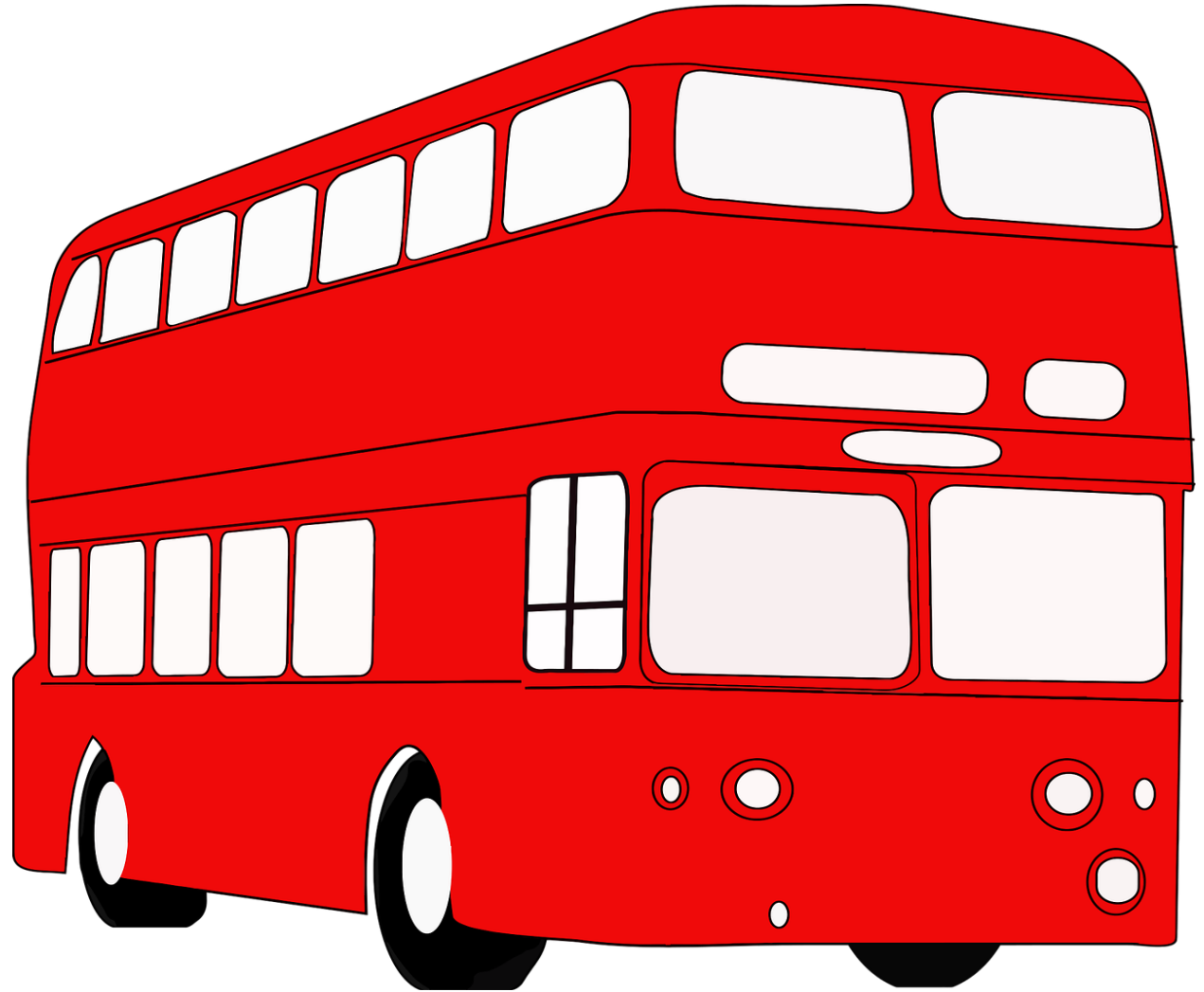
*Lucy Selman: BMJ 2021;374:n1803*



Are you sitting  
comfortably?

Then I'll begin:

1. Listen to the story  
of a bus journey
2. Answer a question  
at the end



# How many bus stops were there?



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Rebecca's Story

## Reflection Time

Thinking about Rebecca's Story, what do you think was good or not-so-good about her and her partner Dean's experience of communication by health and social care professionals?

Is there anything you would change in your own practice?

## Top Tip

“Remember we are human beings ... and our worlds can be rocked by the information that you are sharing with us.”

# Aims of effective communication



# Shaf's Story



## Survey question

Did you receive specific training for challenging conversations as part of qualifying for your current role?

- Yes and I found it very useful
- Yes and it wasn't enough
- No and I would have really welcomed it
- No and I don't feel it was necessary



# Principles of effective communication

## **Google search:**

‘Principles of effective communication’:

621,000,000 results

‘Principles of effective communication in healthcare’:

135,000,000 results

‘Principles of effective communication in oncology’:

19,000,000 results

# Principles which underpin effective communication

- World Health Organisation (WHO)
- SPIKES (2000)
- Buckman (1992)

# World Health Organisation



**S**etting

**P**erception

**I**nvitation

**K**nowledge

**E**motions with empathy

**S**trategy

- Establish an appropriate setting
- Check the patient's perception of the situation
- Determine the amount known or how much information is desired
- Know the medical facts and implications before initiating the conversation
- Explore the emotions raised during the interview. Respond with empathy
- Establish a strategy for support

- Getting started
- Finding out what the patient/carer already knows
- Finding out how much the patient/carer want to know
- Sharing the information
- Responding to the patient/carer feelings
- Planning and follow-through

## Top Tip

No one size fits all:  
we are all unique,  
just like everyone  
else.



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Putting it into practice: Buckman

## Getting started

- Providing a 'secure base' is fundamental to engagement with people who are facing life-changing events, likely to result in profound loss and change
- It is important to get the physical setting right in terms of privacy and reasonable physical comfort
- Check the emotional/psychological state of the person receiving the news, e.g. distressed, hostile, distracted  
...



# Nurses: case studies

# Reflection Time

- Does your work setting support privacy and comfort?
- How can you achieve this on the telephone/online?
- How can you tell if the patient/loved one is able to engage with what is being said?
- Is there anything you need to change?

## **Top Tip**

Do not rush information giving

## Finding out what the patient/carer already knows

- What does the patient/loved one know/understand from what has already happened?
- What is the patient/loved one's style of communication?
- Adjust communication to fit with vocabulary, articulacy, verbal/non-verbal, voice tone etc.

Finding out how much the patient/carer want to know

- People may not be able to accept and integrate bad news in a single meeting
- Where the impending loss is traumatic, people may temporarily protect themselves through denial
- Provide the information in written form for the patient/loved one to absorb over time
- Extend the process if possible

# Nurses: case studies

## **Top Tip**

Put the patient's needs first

# Short Break

Please submit questions for Q and A's



## Sharing the information

- Keep information simple and in small chunks
- Check patient/loved one's understanding frequently
- Repeat and clarify information as needed
- Allow patient/loved one to ask questions to help them integrate new information

## Responding to the patient/carer feelings

- Allow patient/loved one to express concerns as they work out the implications of bad news
- Initial feelings may include shock, fear, anxiety, anger, relief, etc.
- ‘Be with’, show compassion, verbal/non-verbal ‘hugs’

# Nurses: case studies

## **Top Tip**

However tempted to reassure, stay realistic and honest

## Planning and follow-through

- Acknowledge what is fixed and what cannot be changed
- Explore what can be changed
- Identify sources of support and strategies for coping
- Fix next meeting

# Nurses: case studies

## Reflection time:

How do you take care of yourself so you can support people receiving and reacting to devastating news?

## Top Tip

Patients and loved ones are not alone: Pancreatic Cancer UK provides support by telephone and email, online support sessions and an online forum. Their free information can help people understand pancreatic cancer



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You can lead a horse to water ...

## Barriers to effective communication

Patient's emotional styles affect treatment decision making. They may be:

- **Passive:** welcome decisions being made for them
- **Avoidant:** refuse to accept diagnosis and participate in making choices and planning
- **Panicked:** too scared to participate in decision making
- **Rational:** able to control their emotions and to engage fully in discussions and planning

# Barriers to effective communication: GGRRRAAACCCCESS

- Gender
- Gender identity
- Geography
- Race
- Religion
- Age
- Ability
- Appearance
- Class
- Culture
- Caste
- Education
- Economics
- Spirituality
- Sexuality
- Sexual

# Q&A

Thank you

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