

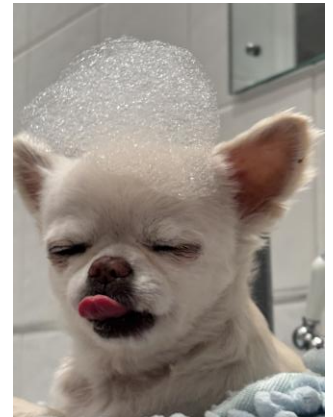
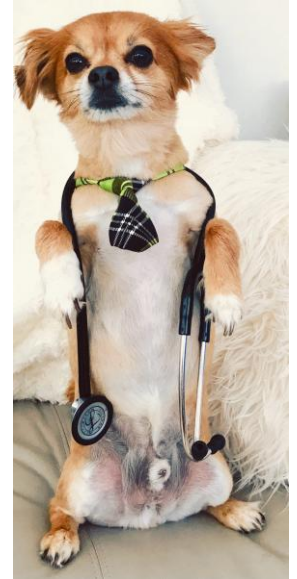
# Breaking down barriers to communication and support

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Me in a nutshell.

## 2007 Qualified Nurse

- Orthopedics
- Theatre
- SAU
- Site Manager
- ITU
- TrACP – General Surgery
- ACP Pancreas



# Poll

How many people feel confident about initiating a conversation about death and dying?

How confident do you feel discussing advanced care planning and resuscitation?

If you're...

 Hungry

 Angry

 Late or

 Tired

... stop.

# Communication Skills

Formal Teaching

Experience

Feedback

Empowerment

Confidence - "it's  
not what you say  
but how you say  
it"

Humanity

# Breaking Down Barriers

- What does this mean to you?
- Language
- Position
- Body Language
- Understand the issues
- Age of patient and relatives

“If you're **going through hell**, keep going.”

# Diagnosis

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- Warning shot – shall we chat when your family are here later?
- Differences in terminology,
  - Are your family coming in later?
    - What time,
    - Ill come back
  - Lets arrange a family meeting

Imagine a phone call from the nursing team, can you come in the Doctors want to talk to you about your mum/dad/partner/brother/sister etc

# Language

| Category                                | Examples   | What the patient hears  |
|---|--|---|
| Using treatability statements           | <p>"There are things we can do."</p> <p>"We have treatments for this."</p> <p>"This cancer is treatable."</p>  | <p>"Sounds like they have this under control."</p> <p>"They can cure this and I will survive."</p> <p>"This is not a big deal if we take the right steps."</p>          |
| Using everyday language                 | <p>"We got it all."</p> <p>"Do you have other important illness concerns that I should know about?"</p>  | <p>"I am cancer free. There is no risk of death or dying."</p> <p>"Do not discuss anything causing distress not related to cancer."</p>                                 |
| Sharing serious news                    | <p>"It's time for palliative care."</p> <p>"We have done the best we could."</p> <p>Not creating space or time for sharing difficult news.</p> <p>Avoidance of discussions about death or dying.</p> | <p>"My clinician does not want to care for me anymore."</p> <p>"All my worst fears are happening."</p> <p>"I feel like there is something they are not telling me."</p> |
| Balancing hope and realism              | <p>"We have to be realistic about the future."</p> <p>"There is nothing left for us to do."</p> <p>Failure to identify new/emerging hopes given the situation</p>                                    | <p>"Why don't I just give up right now?"</p> <p>"Additional care is futile."</p> <p>"They are abandoning me."</p>   |
| Relaying complicated health information | <p>Complex information is relayed without an adequate assessment of patient and family understanding or sufficient time or space to address questions.</p>   | <p>"You are not expected to understand this."</p> <p>"Your input is not needed or valued."</p> <p>"Clinicians will make the decisions."</p>                             |



Do we need to have 100%  
confirmed histology  
before giving diagnosis?



# Addressing end of life and dying

- Use the words.
- Cancer
- Be honest!
- Admit what we don't know and how we will address that.
- What does palliative care mean?



# Different Priorities

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Personal

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Financial

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Family

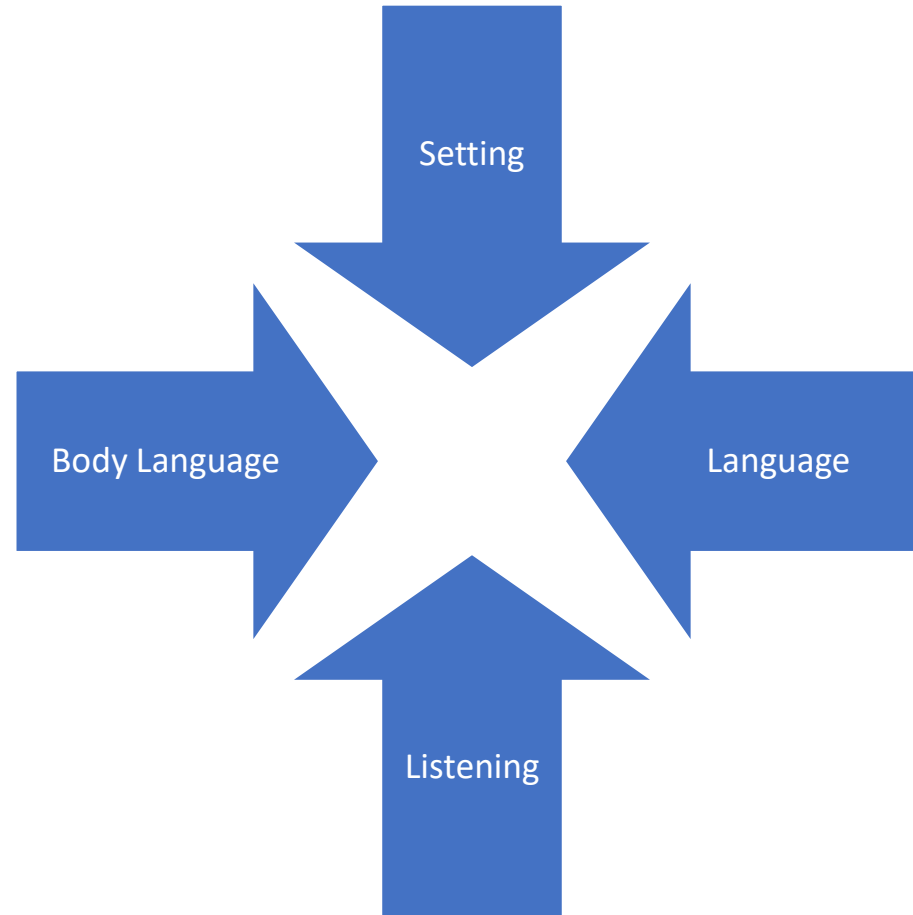
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Experiences

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Spiritual

# Different Approaches to communication



# Emotional Support

Is it appropriate to  
get upset?

Can you use  
personal situations  
to help?

Can you show  
empathy?

# Confidentiality

- What does this word mean?

# Case Studies

- When we get it right
- When we get it wrong!
  - Misdiagnosis
  - Wrong time





# Looking after yourself

- Time away
- Discussing about your day
- Recognise when you are stressed need a break.
- It's OK not to be OK!
- Its OK to say NO!