Communication

KEY POINTS

- Ocmmunication is a cornerstone of palliative care affecting both quality of care and quality of life
- Communication is about sharing ideas and feelings, with the aim of reaching an understanding
 - ⇒ If we have not understood the individual's concerns or the individual has not understood our message, then we have not achieved our goal of communication
 - → A large portion of communication occurs non-verbally, through our facial expressions, body posture, and gestures
- Good communication in healthcare:
 - Builds trust and creates relationships, allowing for shared decision making
 - Shared decision making is a collaborative process which includes the patient, their family, and the healthcare team
 - → Gathers and provides information
 - Improves understanding, reducing myths and misconceptions about illnesses

 - Maintains hope
 - Enables expression of feelings

 - Addresses advance care plans
- Consequences of poor communication in healthcare:
 - Reduced confidence and trust in the healthcare team and system
 - \bigcirc The individual may not reveal important information which would

help inform their care

- → The patient and family may choose or insist on ineffective care
- Leads to increased stress and burnout among healthcare workers and lowers job satisfaction
- Ocommunication skills can be learned and improved with practice

CORE COMMUNICATION TECHNIQUES IN PALLIATIVE CARE

- Active Listening with Open-Ended Questioning
- Use of Silence
- Responding with Empathy

Active Listening with Open-Ended Questioning

- Active listening is a powerful therapeutic intervention
- It involves ways of listening, giving full attention, expressing empathy, and responding to another person that improves mutual understanding
 - → We should concentrate on receiving the complete message communicated through the person's body language, facial expressions, and tone of voice
- People's ways of thinking, seeing, hearing, and interpreting the world is influenced by their beliefs, values, fears, and social and cultural backgrounds
- Active listening is best done without interpretation or evaluation

Key actions which are part of active listening:

- Sit facing the person, with a relaxed facial expression to show that you are listening
- Have an open body posture avoid crossed arms or legs

- Give your full attention to the person avoid multitasking; it is okay to take a few notes with pen and paper if needed
- Plan enough time to have the conversation so that all the people involved do not feel rushed
- Turn your phone on silent and do not take any calls during the meeting (unless absolutely necessary)
- Avoid interrupting the patient and family (unless absolutely necessary)
- Make some eye contact (if culturally appropriate)
- Voice encouraging responses, such as nodding head and small responses such as "yes", "I see", and "Okay"
- Use open-ended questions to encourage the person to share more

Facilitating conversation with open-ended questions – examples include:

- "How are you feeling today?"
- "What has been worrying you most?"
- "How have you been coping with these experiences?"
- "I understand that you have some questions and concerns about your care. Can you tell me more about that?"
- "How do you see things going from here?"

Using open-ended questions to clarify responses - examples include:

- Can you give me an example of what you are talking about?"
- "Tell me more about..."

Paraphrasing and summarizing:

- Paraphrasing and summarizing let's people know that you are listening by repeating a summary of what they have just shared
- Examples: "What I hear you saying is that you have been experiencing ...which has been making you feel ... Have I understood that correctly?"

Use of Silence

People often pause before they say something important or painful

- → Silence allows a space for the person to process feelings and thoughts and gain clarity on what they want to say
- ⇒ Silence allows a space for feelings or emotions to be felt or expressed

What to do

- Avoid prompting the person to speak, instead remain quiet for a moment and use active listening skills
- Keep your attention fully with the other person, while maintaining a non-threatening, relaxed posture, and facial expression
- Silence can feel uncomfortable when you first try using it within a conversation; it may feel more natural to start talking and fill in the gap
- After a short period of silence, if the person has not spoken, continue to speak
 - It may feel appropriate to ask what the person is thinking or feeling
 - → You can silently and slowly count to 10 to help you give a long enough period of silence
- Avoid prolonged silence, which may be interpreted by the person as a lack of interest
- Silence can be used when a person suddenly becomes quiet in a conversation
 - → It may also be used when a person is sharing their feelings or something that seems important to them
 - If the person pauses, avoid trying to fill the silence, instead, give them time and space, so that they feel comfortable to continue talking and do not feel rushed

Responding with Empathy

- Recognizing and responding to a person's emotions with empathy tells the person that you are listening and that you care and gives the person permission to discuss sensitive topics
- When a person feels understood, they feel less isolated, and trust develops within the relationship
- Naming an expressed emotion can help a person to feel understood
- It can also help the person to better understand a situation, express their needs, decrease emotional distress, and make choices
- People take a risk when they share their emotions, so thanking them and offering support really helps. "I wish" statements allow you to align with the person and their emotions while acknowledging the reality of the situation

What to do

- First use active listening and deliberate silence to allow the person space to express their emotions
- Be aware of your own emotions. Your feelings of sadness, anger, anxiety, or happiness are often the first clue that a person is communicating an important emotional message
- Avoid trying to stop or change a person's feelings. Avoid trying to use problem solving
- The acronym "NURSE + 'I wish" is a tool to guide verbal expressions of empathy

Skill		Example Phrases
Naming	State your observation of the person's emotion	"I can hear you are feeling angry" "I can see that you are worried"
Understanding	Legitimize the person's emotion	"I can imagine this news must be a shock for you" "I can see how important this is to you" "I can't understand how difficult this must be"
Respecting	Give praise to the person	"I am impressed with your courage" "You are such a strong/ dedicated/caring person"
Supporting	Let the person know they are not alone	"Our team is here to help you through this" "Thank you for sharing how you are feeling"
Exploring	Ask the person to share more about their feelings	"Could you say more about what you mean when you say?" "Can you say more about that?"
"I wish"	Express a wish that the situation was different	"I wish the situation were different" "I wish I had better news"

Non-Verbal Communication

- How people communicate is rooted in cultural and social traditions, values, and beliefs
- Observing people's body language, posture, gestures, and facial expressions can provide clues to people's feelings, emotions, and capacities for coping
- Consider your own non-verbal communication and how this may impact our attempts to convey respect, compassion, and understanding
- Physical touch may be appropriate, depending on the culture (e.g. a hand placed on the shoulder)

Considerations when Communicating with Patients and Families

- What information about the patient and their family/caregivers would be helpful?
 - → How do patients and family/caregivers want to be involved in information sharing and decision making?
- How does the patient understand their situation? What information is known and what do they want to know or not know?
- How does the family/caregiver understand the situation? What information is known and what is being shared or not shared between patient and family/caregivers?
- What opportunities and challenges exist within the patient and family relationship?
- What tools or resources may be helpful when sharing information? E.g. visual aids, written information, interpreters, presence of a loved one

Common Communication Pitfalls (Things Which are Not Effective and Should be Avoided)

- Using medical terms or jargon, which families are unlikely to understand
 - → Instead, speak clearly using a basic vocabulary

Giving false reassurance

- → E.g. if a seriously ill patient asks "Will I get better?", do NOT simply respond "Don't worry, I'm sure you will"
- → Telling people not to worry is NOT an effective or therapeutic communication strategy, since you have not addressed the reason for the person's worries or concerns
- Moralizing, philosophizing
 - → E.g. if a patient asks "Will I die?", do NOT respond with statement such as "We will all die"