

---

# Communication Skills

Palliative Care Module – Day 2

WE ARE  
MACMILLAN.  
CANCER SUPPORT

NHS  
Greater Glasgow  
and Clyde



---

# Aims

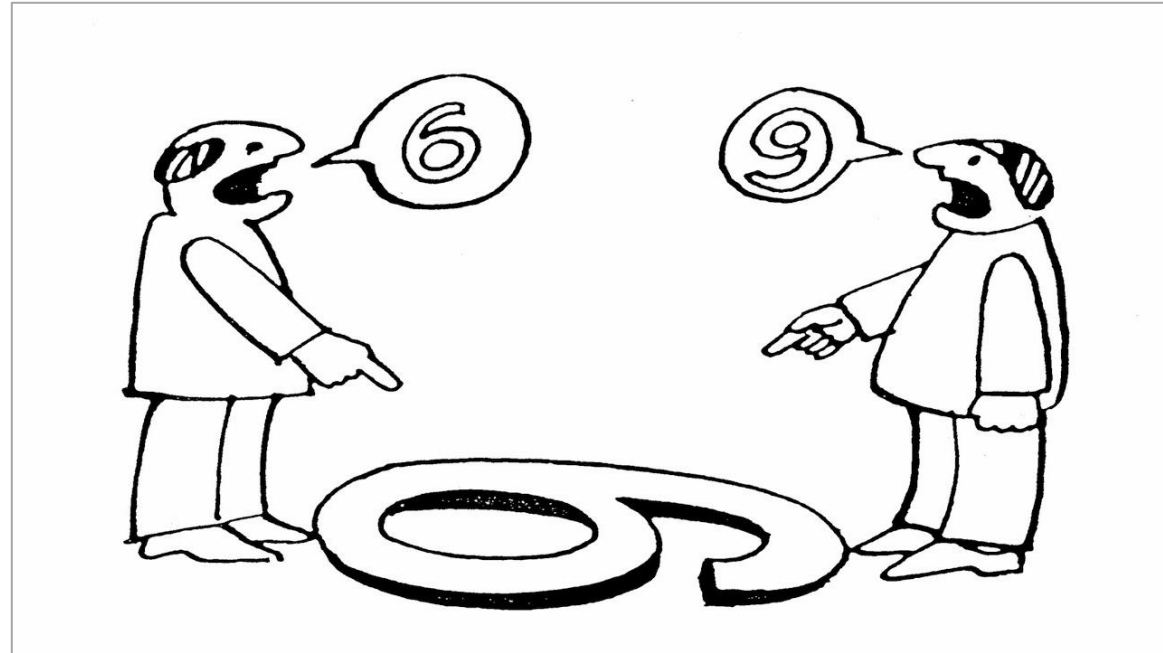
- Understand the skill and knowledge that underpins effective communication
- Be aware of the barriers and behaviours that affect communication
- Explore communication strategies
- Be aware of communication frameworks to use in practice



WE ARE  
MACMILLAN.  
CANCER SUPPORT

NHS  
Greater Glasgow  
and Clyde

Communication is  
Complex!





WE ARE  
MACMILLAN.  
CANCER SUPPORT



‘.. communicating effectively is essential to a positive, inclusive and people-centred culture in which staff feel valued, empowered, and supported to deliver the best experience and outcomes for our patients.’

(Ref: The Christie Institute for Cancer Education Manchester 2025)

---

# Group Activity

WE ARE  
MACMILLAN.  
CANCER SUPPORT

**NHS**  
Greater Glasgow  
and Clyde

Document communication skills you use when talking to patients/  
residents/families

# Non-Verbal Communication Skills

- Body language
- Positioning
- Active listening
- Cues
- Pitch, pace and tone
- Good eye contact
- Mirroring
- Facial expressions
- Gestures
- Appropriate touch
- Paralinguistic skills (pitch, tone, pace, volume)
- Pauses/silence

# Verbal Communication Skills

- Questioning styles  
(open, close, checking, probing, no multiple)
- Cues
- Paraphrasing/reflecting back
- Educated guess
- Chunk and check (max 3)
- Clarifying
- Summarising
- Acknowledging feelings/empathy
- Minimal prompts
- Screening
- No jargon
- Establishing rapport
- Verbal Fillers – (hmm, uhu )

---

# How messages are received when emotions are high?

How we may interpret **feelings** and **attitudes** (Mehrabian, 1971)

7% - words (what is said)

38% - tone of voice (pitch, pace, volume)

55% - body language (facial expression, posture, gestures)

# Activity

Document your challenging questions on post-it  
note provided

---

Time for a rest (tea-break)





WE ARE  
MACMILLAN.  
CANCER SUPPORT

**NHS**  
Greater Glasgow  
and Clyde

Having challenging but necessary  
conversations



WE ARE  
MACMILLAN.  
CANCER SUPPORT

**NHS**  
Greater Glasgow  
and Clyde

What prevents health care professionals from having challenging but necessary conversations with patients/residents/relatives?

# Barriers to Communication

Healthcare professionals

## **Fears:**

- Unleashing strong emotions
- Upsetting patient/relatives
- Being asked difficult questions
- Damaging the patient
- Lack of communication skills
- No privacy

## **Beliefs:**

- Not my role/job
- Will take too long
- Patient will not cope
- Will not receive support from team

What prevents patients/residents and their families from asking health care professionals about their worries and concerns?

# Barriers to Communication

Patients/Residents/Relatives

## **Fears:**

- Being stigmatised
- Being judged as ungrateful
- Crying/breaking down
- Burdening health professional
- Causing distress to health professional
- Denial of situation

## **Other reasons:**

- Patient cannot find the right words
- Does not have command of the language
- Protecting relatives
- Patients cues for information met by blocking/distancing behaviours



**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

**NHS**  
Greater Glasgow  
and Clyde

# Active Listening or Blocking Out

# How do we block?

**Avoiding the person**

**Talk about yourself**

**Jollying along**

Passing the buck

**Switching Topics**

**Selective attention to cues**

**Inappropriate Encouragement or Advice**

**Normalising or Stereotyped  
Comments**

**Closed Questions**

**Giving Your Opinion**



**Premature or  
False Reassurance**

**Switching focus to  
Relatives**

**Premature Problem  
Solving**

**Minimising concerns**

---

# Time for a longer rest (lunchtime)





WE ARE  
MACMILLAN.  
CANCER SUPPORT

**NHS**  
Greater Glasgow  
and Clyde

# Communication Skills in Action

Challenging but necessary conversations  
using REDMAP

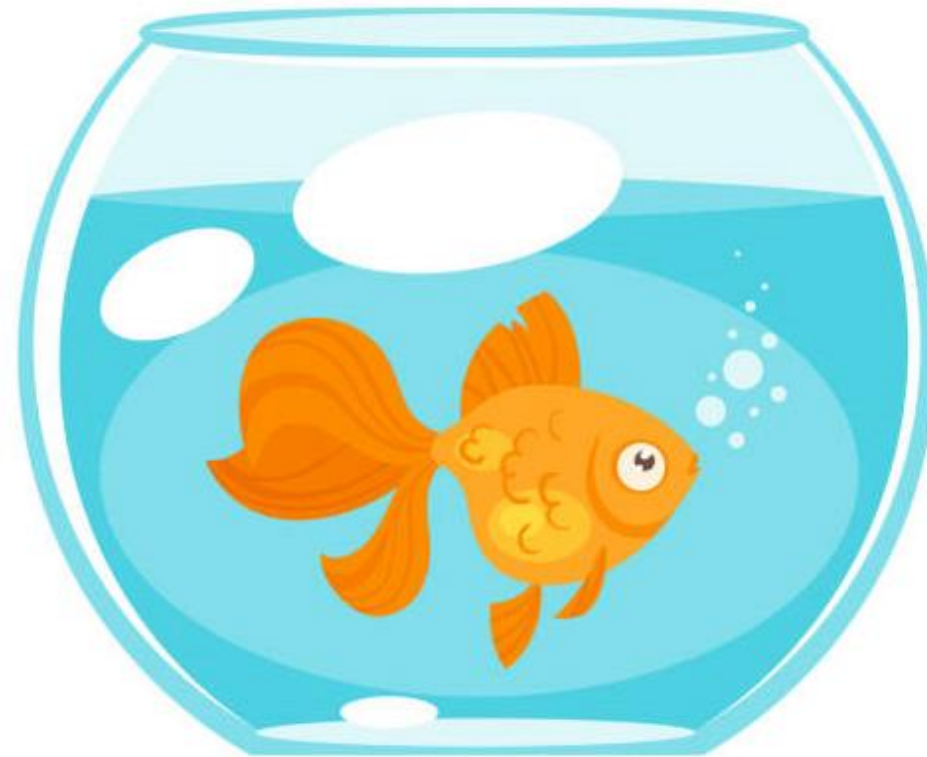
# REDMAP FRAMEWORK

- R** EADY - CAN WE TALK ABOUT YOUR HEALTH + CARE?
- E** XPECT - WHAT DO YOU KNOW/WANT TO TELL OR ASK ME?
- D** IAGNOSIS - WE KNOW/DON'T KNOW
- M** ATTERS - WHAT IS IMPORTANT TO YOU/YOUR FAMILY?
- A** CTIONS - WHAT WE CAN DO/THIS WILL NOT HELP
- P** LAN - LET'S PLAN AHEAD FOR WHEN/IF

## RED-MAP: Care planning in the last days of life

Ready	Can we talk about what is happening with your health and care? Who else should be involved? Is there someone we should talk to?
Expect	How have you been recently? What has changed? What do you <b>know</b> about your health problems? What do you think is happening/might happen? Do you want to <b>tell/ask</b> me about anything?
Diagnosis	We <b>know</b> you are less well because... We <b>hope</b> you will improve, but I <b>am worried</b> that... It is <b>possible</b> you will not get better... I'm afraid ( <i>name</i> ) is seriously ill. I'm sorry but you <b>could die soon</b> with this illness Do you have questions or worries we can talk about?
Matters	What is <b>important</b> to you and your family? How would <b>you like</b> to be cared for? Is there anything you would <b>not want</b> ? What would ( <i>name</i> ) <b>say</b> about this situation, if we could ask them?
Actions	What we <b>can do</b> is... Things that <b>can help</b> are... This <b>will not help</b> because... That <b>does not work</b> when... I <b>wish</b> that was possible..., let's talk about what <b>we can do</b> .
Plan	Can we talk about how we care for someone who is dying? We are <b>not sure</b> how quickly things will change. We can make a care plan for you ( <i>name</i> ) and your family.

# Interactive Demonstration – Goldfish Bowl



# REDMAP – Talking about getting less well

---

**Ready:** Start or continue conversations about care planning

**Expect:** Find out what people know and are thinking about or worried about

**Diagnosis:** What we know is that...

We are not sure about...

We hope you will stay well improve, but I/we are worried about ...

We don't know exactly what will happen but having a plan helps.

**Matters:** What is important to you (and your family) that we should know about?

Are there things you'd like, or would not want to happen?

**Actions:** What we can do is...

Options that can help are...

That does not work/help when...

**Plan:** Having a plan helps us know what to do if things change. We review it regularly.

# Delivering the news of a death by telephone

*Delivering the news of a death by telephone*