
Communication Skills

Palliative Care Module – Day 2

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MACMILLAN.
CANCER SUPPORT

NHS
Greater Glasgow
and Clyde

Communication Skills

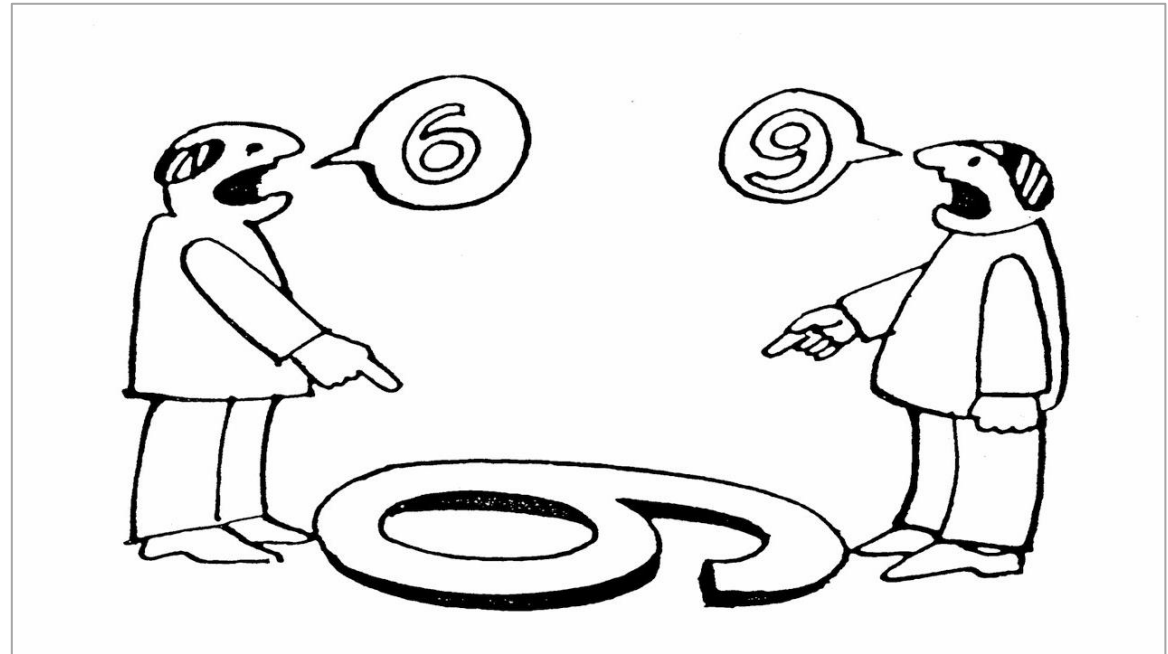
Introduction (Session 1)



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

Communication is
Complex!



Activity

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Write down 5 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)

Time for a rest (Tea-break)



Having challenging but necessary conversations

Session 2

What prevents health care professionals from speaking with patients / residents / relatives about diagnosis and prognosis?

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

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

**Switching focus to
Relatives**

**Premature or
False Reassurance**

Minimising concerns

**Premature Problem
Solving**



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

Activity

- Write down on Post-It note provided a question that patients/residents or families ask that makes you nervous
- Stick your Post-It note on flip chart

Time for a longer rest (Lunchtime)



Communication Skills in Action: Interactive Videos and Things That Help

Session 3

Video: Breaking Bad News (Badly)



[Breaking Bad News \(Badly\) - YouTube](#)

Video: Breaking bad news well



[CSA case = Breaking Bad News \(Done well\) \(youtube.com\)](#)

Comfort Break

Communication Models

Breaking Bad News - SPIKES

- S** - SETTING UP the Interview
- P** - Assessing the Patient's PERCEPTION
- I** - Obtaining the Patient's INVITATION
- K** - Giving KNOWLEDGE and information to the Patient
- E** - Addressing the Patient's EMOTIONS with empathetic responses
- S** - STRATEGY and SUMMARY

Delivering the news of a death by telephone

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

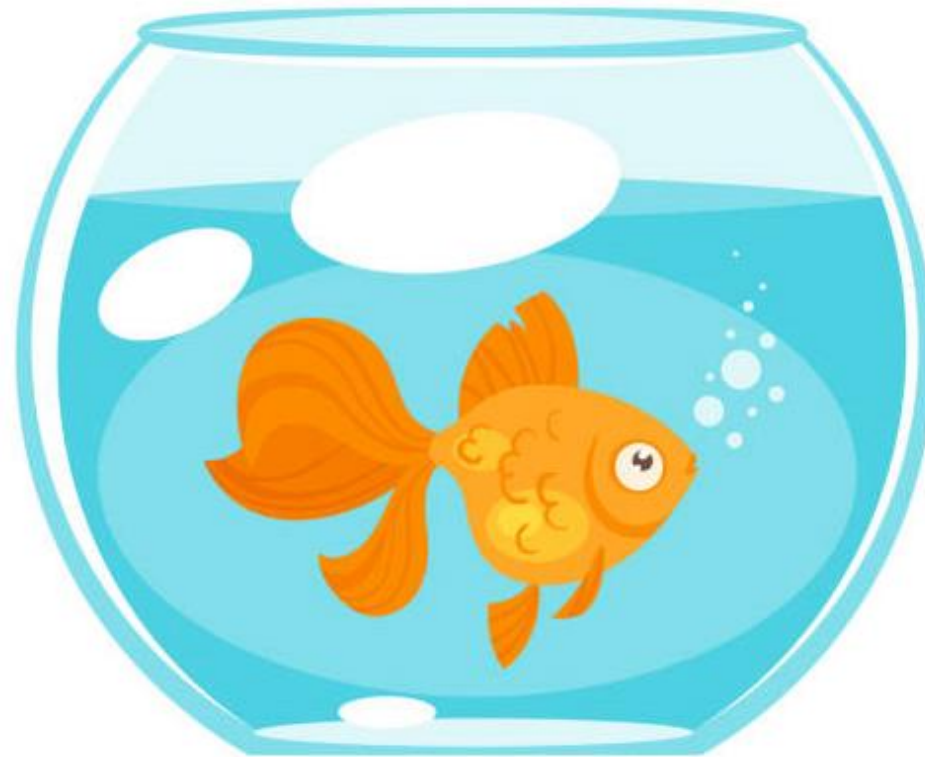
RED-MAP: Care planning in the last days of life

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



Discussing difficult conversations using REDMAP

Interactive Demonstration – Goldfish Bowl



Scenario

James is a 48yr old gentleman who has been diagnosed with advanced Pancreatic Cancer and Liver metastases three weeks ago.

He lives at home with his partner Sue and their two children, Paul who is 12 years old and Jamie who is 8 years old

He has a plumbing business but has not worked since his diagnosis

You have been asked by the GP to visit James at home for venepuncture. James asks you if he can speak to you about his condition as he is planning a big family holiday to Florida next year.

REDMAP – Realistic Conversations

REDMAP FRAMEWORK

R eady	Would it be okay to talk about your future health and care? Who should join us?
E xpect	How have you been doing recently? How do you see things going in the next few months?
D iagnosis	We know you are less well because... We hope that...but I am worried about
M atters	What is important to you now and in the future?
A ctions	What we can do/what may not help
P lan	Let's plan ahead for when/ if...