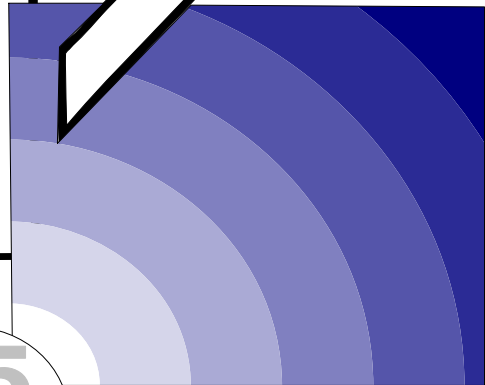


CLIP

15 minute Workshop



Introduction to palliative care

2: Meeting the very ill adult for the first time

Introductory level

Produced by
St. Oswald's Hospice
 Regent Avenue
 Gosforth
 Newcastle-upon-Tyne
 NE3 1EE

Tel: 0191 285 0063
 Fax: 0191 284 8004

This version written and edited by:
Claud Regnard
 Consultant in Palliative Medicine
 St. Oswald's Hospice

Margaret Kindlen,
 Palliative Care Nurse
 St. Oswald's Hospice

Sarah Alport,
 Community Macmillan Nurse
 Newcastle Upon Tyne

Aim of this worksheet

To help reduce any uneasiness you may feel at meeting a very ill adult.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace.

Case study

Mary is a 29 year old lady married with 2 young children. Eight months ago she was found to have an advanced pelvic tumour which was inoperable. She received radiotherapy but the tumour persisted and she now has problems with pain and nausea. You are new to this area of work and are seeing Mary for the first time.

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Meeting a very ill person for the first time

It may feel more difficult if:

- you feel so nervous you forget to introduce yourself;
- you ask only about clinical issues;
- you don't listen to what Mary is saying
- Mary is quiet, nervous or angry
- you are still struggling with the effects of a bereavement;
- you are afraid you will do Mary some psychological harm by saying the wrong thing

It may feel easier if:

- you remember to be polite;
- you ask about her feelings;
- you remember that you won't do any psychological harm if you listen to what Mary is saying;
- Mary is chatty and friendly;
- you have had previous contact with ill people;
- you care about Mary's problems

What do you say?

Meeting a very ill person for the first time is uncomfortable for most of us.

If you met her in any other circumstance, you would meet her with a smile, shake hands, introduce yourself, explain why you are meeting, and ask if it is alright to continue. So try doing the same here!

Answering difficult questions

It is unusual for such questions to be difficult because of a lack of skills.

Skills might help you cope more effectively with such questions, but they remain difficult questions! So, don't blame yourself because you find a question difficult.

They're difficult because of two conflicting feelings:

- we all have a desire to 'fix it' or 'make it better' (and not distress the person)
- but -this is not something we can fix (which is going to upset the person)

MCQ answers:

- 1.F Telling it 'like it is' assumes that a) you have asked her if she wants to know and b) that you know exactly what is going on. If you're new to this type of work both are unlikely. (see also CLIP worksheet "Breaking Difficult News")
- 2.F You can avoid the question by asking about her pain, but she will immediately notice this avoidance and may not ask you again (that may be more comfortable for you, but has it helped her?)
- 3.T Honesty is always appreciated by patients and is NEVER a loss of face or professionalism.
- 4.T If you ask why she's asking this question, this acknowledges that you have heard and acknowledges the importance of her question. She may be willing to talk more about it. She knows it is not possible for you to have all the answers but you will have helped by making it safe for her to express her fears. Just remember you don't have to fix them all!
- 5.T This is the right thing to do if you can't answer, but be sure to say it politely, eg. "Please ask one of the doctors or nurses. If you want, I can let them know you asked." Also make sure that the person(s) you direct them to *can* help with their question.

What happens if she gets upset?

This is often the biggest anxiety for professionals (it's part our desire to make everything better).

Use care and common sense:

- Acknowledge that she's upset eg. "I can see you're upset."
(Professionals often forget this step)
- Make contact through touch eg. a hand lightly on an arm.
(But withdraw if she withdraws)
- Stay silent for a while.
(The hardest thing to do for 'fix-it' people!)
- Ask her if she wants to continue or needs a break.
(Leave her in control)

If you feel Mary needs more help remember to include the GP, Macmillan nurse, the team social worker, chaplain or another professional skilled in communication.

Write

What factors do you think will affect how you get on with Mary?

Factors that will make it harder

Factors that will make it easier

Reflect

As Mary comes in to see you, what can you say?

MICQ

Mary asks you how ill you think she is.
How do you respond?

- | | | | |
|----|--|------|-------|
| 1. | Tell it like it is. | True | False |
| 2. | Ask about her pain. | True | False |
| 3. | Explain that you're new and don't know the answer. | True | False |
| 4. | Ask her why she's asking that question | True | False |
| 5. | Ask her to ask someone else | True | False |

Reflect

Mary looks anxious and upset.
What can you do? Who else could you ask to be involved?

FURTHER ACTIVITY: Meeting the very ill adult for the first time

Think back to the last very ill person you met

–what did you do to try and make the meeting easier?

–what did the patient do to try and make the meeting easier?

FURTHER READING: Meeting the very ill adult for the first time

Journal articles

Booth K. Maguire P. Hillier VF. Measurement of communication skills in cancer care: myth or reality?. *Journal of Advanced Nursing*. 1999; **30**(5): 1073-9.

Farrell C. Heaven C. Beaver K. Maguire P. Identifying the concerns of women undergoing chemotherapy. *Patient Education & Counseling*. 2005; **56**(1): 72-7.

Heaven C. Clegg J. Maguire P. Transfer of communication skills training from workshop to workplace: the impact of clinical supervision. *Patient Education & Counseling*. 2006; **60**(3): 313-2.

Heaven CM. Maguire P. Disclosure of concerns by hospice patients and their identification by nurses. *Palliative Medicine*. 1997; **11**(4): 283-90.

Heaven CM. Maguire P. The relationship between patients' concerns and psychological distress in a hospice setting. *Psycho-Oncology*. 1998; **7**(6): 502-7.

Hurny C. Communicating about cancer: Patients' needs and caregivers' skills. *Supportive Care in Cancer*, 2000; **8**(6):437-438.

Maguire P. Faulkner A. Booth K. Elliott C. Hillier V. Helping cancer patients disclose their concerns. *European Journal of Cancer*. 1996; **32A**(1): 78-81.

Maguire P. Improving communication with cancer patients. *European Journal of Cancer*. 1999; **35**(14): 2058-65.

Maguire P. Improving communication with cancer patients. *European Journal of Cancer*. 1999; **35**(10): 1415-22.

Maguire P. Walsh S. Jeacock J. Kingston R. Physical and psychological needs of patients dying from colo-rectal cancer. *Palliative Medicine*. 1999; **13**(1): 45-50.

Moorhead R. Maguire P. Thoo SL. Giving feedback to learners in the practice. *Australian Family Physician*. 2004; **33**(9): 691-5.

Ong LML. Visser MRM. Lammes FB. De Haes JCJM. Doctor-patient communication and cancer patients' quality of life and satisfaction. *Patient Education & Counselling*, 2000; **41**(2):145-156.

Wright EP. Selby PJ. Gould A. Cull A. Detecting social problems in cancer patients. *Psycho-Oncology*, 2001; **10**(3):242-250.

Resource books

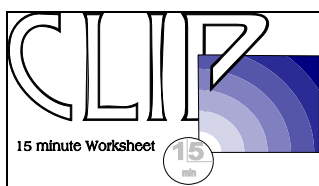
University of York, NHS Centre for Reviews and Dissemination. *Informing, communicating and sharing decisions with people who have cancer*. York: Centre for Reviews & Dissemination in association with the Royal Society of Medicine Press, 2000.

Faulkner A, Maguire P. *Talking to cancer patients and their relatives*. Oxford: Oxford University Press, 1994.

Lichter I. *Communication in cancer care*. Edinburgh: Churchill Livingstone, 1987.

Stedeford A. *Facing death : patients, families and professionals* London : Heinemann Medical Books, 1984.

Oxford Textbook of Palliative Medicine 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.



15 minute Worksheet

Current Learning In Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Also available online on
www.helpthehospices.org.uk (click on 'e-learning')