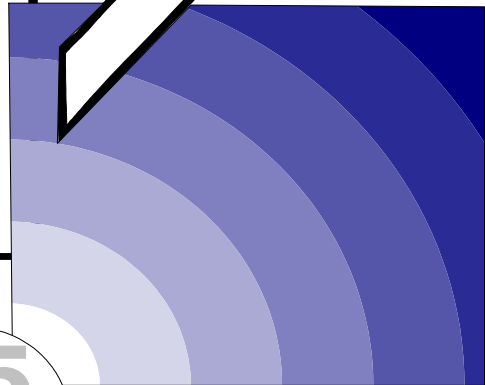
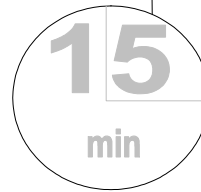


CLIP

15 minute Worksheet



Psychological needs

2: Helping the person to share their problems

Introductory level

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Aim of this worksheet

To explore the issues of the person in an initial interview

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- If you think any information is wrong or out of date let us know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

John is a 46 year old man initially complained of increasing weakness in his legs. Always an anxious man, at first this was put down to stress. When the weakness worsens, however, the suspicion turns to motor neurone disease. He is married with a two teenage children.

He comes to see you for an initial 20 minute appointment.

Setting the scene

Seeing John alone will result in more disclosure of John's concerns. This needs to be balanced against the important need to include partners and relatives in the care. It is common practice in palliative care, therefore, to see patients and partners together on the first interview, and then to see individuals on their own at a later stage.

Time available for interview

It is not possible to elicit the problems of a patient involved with advanced disease in less than 30 minutes. Less time than this allows for only a few major issues to be elicited. Nevertheless, it is important to make the time available clear to the person and people disclose their problems more quickly knowing this.

Taking notes

It is essential to make notes of important cues and issues because it shows the person you are taking their problems seriously. It does not hinder disclosure and gives you a record for the future.

Your body language is important while you take notes.

Unhelpful:

- sitting the other side of the desk to the person
- hunched over the notes
- rarely looking at the person

Helpful:

- sitting with the desk to one side
- no obstruction between you and the person
- keeping eye contact with the person as much as possible

Asking about feelings

Disclosure of emotions is more likely to happen if feelings have been mentioned in the first 10 minutes of an interview. Patients or partners who are distressed would like this acknowledged, together with help to understand why they are feeling this way. Professionals often feel anxious when this distress is openly expressed, fearing that they have 'upset' the person or caused psychological damage. Harm will only occur if the professional insists on talking about a problem they the individual has stated is too difficult to discuss.

Eliciting problems

This is easier if John can describe problems in his own way without interruption. Summarising what he has just said demonstrates you were listening and makes sure the problem list is correct.

• **Dealing with the facts**

Identify each problem in turn, making sure both of you are talking about the same problem.

Clarify the precise nature of the problem, what it is like, and what effects it is having on the person

Specify the duration of the problem, whether it is continuous or intermittent, when it started and its severity.

• **Active listening**

This is not just paying interest, but demonstrating that you are listening by:

Keeping eye contact

Feeding back eg. "So, tell me more about this pain."

Reflecting eg. "This seems to be making you anxious..."

Summarising eg. "Let me make sure I've understood, your main problems are..."

Open body language ie. not hunched over a desk with little eye contact.

• **Deciding priorities**

This will depend mainly on what is troubling John most. At other times priorities will be influenced by what treatment is possible or available. Don't assume John will put the priorities in the same order as you!

Sharing information

Sharing information is essential to team working and makes the best use of the team's pooled expertise. It also reduces the risk of dependency on the professional, unrealistic expectations and over-dependency. Holding 'secrets' for patients is unhelpful for patients and potentially harmful to professionals. The only exceptions may be clergy in a confessorial role or professionals who regularly receive individualised professional support to fulfil their work such as social workers or trained counsellors.

Concluding the interview

This is as important as starting the interview. If the professional does not finish within the agreed time the person may think they have unlimited time and demand more time which prevents the professional spending time with other patients.

Reflect

- Is it best to see John alone? Yes No
- Is 20 minutes enough? Yes No
- Should you take notes during the interview? Yes No
- How soon in the interview should you ask about John's feelings? 5mins? 10mins? at end?

Write

John describes a number of problems:

- Write how you can show John that you are doing your best for him?

Dealing with the facts

Showing you are listening

Deciding priorities

Reflect

During the interview, John tells you he wants to give you some information about himself that must be kept between the two of you.

- Think about what you could say?

Q How do you conclude the interview?

FURTHER ACTIVITY: Eliciting the current problems

Think back to the last person who chose to tell you their problems:
-how did you show them that you were actively listening?

FURTHER READING: Eliciting the current problems

Journal articles

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Ong LM. Visser MR. van Zuuren FJ. Rietbroek RC. Lammes FB. de Haes JC. Cancer patients' coping styles and doctor-patient communication. *Psycho-Oncology*, 1999; **8**(2):155-66.

Rogers MS. Todd CJ. The 'right kind' of pain: talking about symptoms in outpatient oncology consultations. *Palliative Medicine*, 2000; **14**:299-307.

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Sawyer H. Meeting the information needs of cancer patients. *Professional Nurse*, 2000; **15**(4):244-7.

Stark DP. House A. Anxiety in cancer patients. *British Journal of Cancer*, 2000; **83**(10):1261-7.

Books

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Introducing Palliative Care 3rd ed. Twycross R. Abingdon : Radcliffe Medical Press, 1999.

Talking to Cancer Patients and their relatives. [Faulkner, A](#). Oxford: Oxford University Press, 1994.

A Guide to Symptom Relief in Palliative Care, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004

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

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**Current
Learning
In
Palliative care**

**An accessible
learning programme
for health care
professionals**

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook
Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com