

CLiP

15 minute Worksheet



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 Honorary
consultant in Palliative Care
Medicine at St. Oswald's
Hospice

Sarah Allport, 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, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case study

Mary is a 29 year old woman 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

Difficult questions are difficult because they're uncomfortable to answer or because they have no answer. Skills and experience help you cope more effectively with such questions, but they remain difficult questions!

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).

- 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 of 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?

True or false?

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.

Fallowfield L. Communication with the patient and family in palliative medicine. In: *Oxford Textbook of Palliative Medicine* 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy R. Oxford : Oxford University Press, 2009, pp333-41.

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

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Selman L, Beynon T, Higginson IJ, Harding R. Psychological, social and spiritual distress at the end of life in heart failure patients. *Current Opinion in Supportive and Palliative Care*. 2007; **1**(4): 260–6.

Vivat B. Members of the Quality of Life Group of the European Organisation for Research and Treatment of Cancer. Measures of spiritual issues for palliative care patients: a literature review. *Palliative Medicine*. 2008; **22**(7): 859–68.

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

Further resources

e-lfh: e-Learning for Healthcare contains a range of online self-learning programmes, including several relating to end-of-life care (e-elca). Registration is required but is free. <http://www.e-lfh.org.uk/projects/e-elca/index.html>

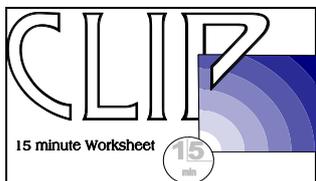
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Current Learning in Palliative care
An accessible learning programme for health care professionals

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 and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.clip.org.uk