CLiP

15 minute Worksheet


## Psychological needs

# 2: Helping the person to share their problems

**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 Medicine
St. Oswald's Hospice

**Veronica Oliver-Jenkins**
Consultant Clinical Psychologist,
Newcastle Specialist Palliative Care Service, Newcastle Hospitals NHS Trust

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- If you think any information is wrong or out of date let us know.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

**Peter is a 46 year old man who 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 two teenage children.**

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

v13

**INFORMATION PAGE: Eliciting the current problems**

## Setting the scene

Seeing Peter alone is likely to result in greater disclosure of problems and concerns. This needs to be balanced against the important need to include partners and relatives in his 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 and concerns 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. Nethertheless, it is important to make the time available clear to the person as 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:* | *Helpful:* |
|---|---|
| -sitting on the other side of the desk to the person | -sitting with the desk to one side |
| -hunched over the notes | -no obstruction between you and the person |
| -rarely looking at the person | -keeping eye contact with the person as much as possible |

## Asking about feelings

Disclosure of emotions is more likely to happen if the impact of ill health on emotional wellbeing is introduced 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 the individual has stated is too difficult to discuss.

## Eliciting problems

This is easier if Peter can describe problems in his own way without interruption. Summarising what he has just said demonstrates you were listening and makes sure your understanding of the problems 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*
  *Using open body language* ie. not hunched over a desk with arms crossed.
  *Eliciting*.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…."
- **Deciding priorities**
  This will depend mainly on what is troubling Peter most. At other times priorities will be influenced by what treatment is possible or available. Don't assume Peter 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. Keeping '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. Conclude the interview by

- explaining that time is nearly up
- summarising the key issues
- arranging for the next meeting if this is needed

## Choose

- **Is it best to see Peter 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 Peter 's feelings?** 5mins? 10mins? at end?

## Write

**Peter describes a number of problems:**

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

| |
|---|
| Dealing with the facts |
| Showing you are listening |
| Deciding priorities |

## Reflect

**During the interview, Peter 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?
- What difference did this make to your understanding of their problems and the care that was then provided?

## FURTHER READING: Eliciting the current problems

### Journal articles and chapters


Fallowfield L. Jenkins V. Effective communication skills are the key to good cancer care. *European Journal of Cancer,* 1999; **35**(11):1592-7.

Hasson F. *Et al* An exploration into the palliative and end-of-life experiences of carers of people with Parkinson's disease. *Palliative Medicine.* 2010; **24**(7): 731-6.

Hinton J. An assessment of open communication between people with terminal cancer, caring relatives, and others during home care. *Journal of Palliative Care,* 1998; **14**(3):15-23.

McClement SE, Chochinov HM. Spiritual issues in palliative medicine. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine, 4th ed.* Oxford University Press, 2009, pp 1403-9.

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.

Mok E. *Et al* Healthcare professionals' perceptions of existential distress in patients with advanced cancer. *Journal of Advanced Nursing.* **66**(7): 1510-22, 2010

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.

Panke JT, Ferrell BR. The family perspective. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine, 4th ed.* Oxford University Press, 2009, pp 1437-44.

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

Sapir R. Catane R. Kaufman B. Isacson R. Segal A. Wein S. Cherny NI. Cancer patient expectations of and communication with oncologists and oncology nurses: the experience of an integrated oncology and palliative care service. *Supportive Care in Cancer,* 2000: **8**(6):458-63.

Vachon M. The emotional problems of the patient in palliative medicine. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine, 4th ed.* Oxford University Press, 2009, pp 1410-36.

Wagner GJ. *Et al* Provider communication and patient understanding of life-limiting illness and their relationship to patient communication of treatment preferences. *Journal of Pain & Symptom Management.* **39**(3):527-34, 2010


### Further resources


*Effective Interaction with Patients, 2nd ed* Faulkner A. New York : Churchill Livingstone, 1998.

*e-lfh: e-Learning for Healthcare* contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free.

*Introducing Palliative Care* 5th ed. Twycross R., Wilcock A. www.palliativedrugs.com 2016

*Talking to Cancer Patients and their relatives*. Faulkner, A. Oxford: Oxford University Press, 1994.

*A Guide to Symptom Relief in Palliative Care, 6th ed.* Regnard C, Dean M Radcliffe Medical Press, 2010