

Module 2: Workbook

Communicating with people affected by life-limiting illness



Providing support for people affected by life-limiting illness (including patients and their families / carers) requires an understanding of the meaning of their illness and its effects on all involved. Open conversations about the illness, associated symptoms, goals of care and clinical management can provide considerable relief to people affected by life-limiting illness.^[1, 2] During these conversations, health professionals must acknowledge personal concerns and sources of distress and respond to these effectively. Talking about dying and death is a necessary part of this care.^[2, 3] These conversations can be difficult for everyone involved.^[1] Using communication frameworks can help to reduce the stress associated with these difficult conversations and can assist with providing clear and effective communication.^[1, 2]

Overview

Module 2: Communicating with people affected by life-limiting illness will help you develop your communication skills with people in this area.

Aims and objectives

After completing this module, you should be able to:

- Identify sources of psychological, social and spiritual support for people affected by life-limiting illness
- Recognise how your personal values and beliefs about dying and death affect your responses and interactions with people affected by life-limiting illness
- Identify resources that can support your communication with a person affected by a life-limiting illness
- Demonstrate the principles of effective communication when interacting with people affected by life-limiting illness
- Explore the role of self-care for healthcare professionals who are supporting people affected by life-limiting illness.



Module 2: Workbook

Section 1: The experience of being diagnosed with a life-limiting illness

Activity 1: The challenges faced

Thinking Points

1. Consider a person you have cared for who has been diagnosed with a life-limiting illness. What were the main sources of distress for this person and how did you know that they had these concerns?

2. What are some of the reasons that people respond differently when diagnosed with a life-limiting illness?

Module 2: Workbook

Section 2: Supportive communication

Activity 3: Providing supportive communication in palliative care

Thinking Points

1. What are the main sources of distress for Michelle and Pete at this time?
2. How aware of her symptoms and possible diagnosis does Michelle appear to be?
3. What specific communication strategies did Meredith use to provide the news to Michelle and Pete about the progression of her illness?
4. What additional communication strategies could the oncologist use to improve this interaction?

Activity 4: Communication principles

Thinking Points

1. Consider your experience* of discussing existential and psychological concerns with people.

- What aspects of communication are you most comfortable with in this area?

- What aspects of communication do you find challenging?

- What are some key learnings you have made in leading or hearing such conversations?

- What might you change or improve within future conversations?

* If you have not experienced this kind of difficult conversation, reflect on a discussion you observed within your student context or review the case study video 'Michelle's story – Receiving distressing news'. Select one of the tools described in this section (ie, PREPARED or SPIKES) to guide your reflections on your observations of these interactions.

 **Thinking Points** *continued*

2. Using the principles described in this section, outline:

- What communication strategies you most commonly use

- What additional strategies you could implement.

Activity 5: The need for effective communication

Thinking Points

1. Watch the expert opinion videos and describe two key strategies for holding difficult conversations with a person affected by a life-limiting illness. How well do the clinician suggestions match the communication strategies identified in this section?

Clinician Suggestions

Communication Strategies



Thinking Points *continued*

2. Compare and contrast the PREPARED and SPIKES communication frameworks and discuss where, when and how you could use each of the frameworks.

PREPARED Framework

SPIKES Framework

Activity 6: Communicating among health professionals and between services

Thinking Points

1. What are the main sources of distress for Michelle at this time?

2. What specific communication strategies did Jeremy use to help Michelle understand her treatment?

3. What additional communication strategies could Jeremy use to improve this interaction?

4. What communication strategies should Jeremy use to achieve coordinated care?

Activity 7: Introducing specialist palliative care

Thinking Points

1. What are the main sources of distress for Michelle and Pete at this time?

2. What specific communication strategies did Meredith use to:

| Strategies | |
|---|--|
| Respond to Michelle's distress? | |
| Introduce the concept of palliative care? | |

3. What additional communication strategies could the oncologist use to improve this interaction?

Module 2: Workbook

Section 3: Communicating with children

Activity 8: How to communicate with children

Thinking Points

1. Watch the video and answer the following questions:

- What are the main concerns that Michelle and Pete have about discussing Michelle's prognosis with their children?

- What specific suggestions did Dawn provide to assist Michelle and Pete?

- What communication strategies did Dawn use to provide this advice?

- What additional strategies could Dawn use to improve this interaction?



Thinking Points *continued*

2. What are the main issues for children when a parent has a life-limiting illness?

3. How will these concerns vary depending on the child's age?

4. How would you respond to a parent who is concerned about the effect of their illness on their child/ren?

Module 2: Workbook

Section 4: Providing person-centred support

Activity 9: Understanding sources of distress

Thinking Points

1. Review the [Patient Dignity Inventory](#) and list the key sources of distress that are assessed by this tool.

2. What other strategies can be used to support a person who:

- Expresses concerns about how their illness has affected relationships with people close to them?

- Feels the illness is affecting their personal appearance and body image?



Thinking Points *continued*

3. What are the potential barriers that can hinder discussions between health professionals and a person with a life-limiting illness about their distress?

4. What specific open-ended questions can assist with introducing:
What other strategies can you use to introduce these sensitive issues?

| | Questions | Other strategies |
|--------------|-----------|------------------|
| Spirituality | | |
| Intimacy | | |
| Sexuality | | |

5. Within the scope of your role, who within the healthcare team could assist you in supporting the person and their family/carers who may describe distress related to spirituality, intimacy or sexuality?

Activity 10: Responding to loss

Thinking Points

1. Review items within the [Patient Dignity Inventory](#) to identify some of Michelle's sources of distress at this time.
2. What communication strategies does Dawn use to encourage Michelle to talk about her concerns?
3. As a healthcare professional, what can you do to help a person like Michelle to feel in control when their illness is progressing?
4. Dawn asks Michelle if she would be interested in seeing a psychologist for support. In what circumstances should referral to a psychologist be considered?

Module 2: Workbook

Section 5: The spiritual dimension of care

Activity 11: Understanding spiritual needs

Thinking Points

1. Reflect on what spirituality means to you. How can this affect your professional responses to people with life-limiting illnesses?

2. Identify specific strategies that can be used to:
- Assess spiritual issues
 - Provide spiritual care to people affected by life-limiting illness.

Activity 12: Spiritual conversations

Thinking Points

1. What does Michelle state is important to her at this time?

2. What specific strategies does James use to explore the meaning of illness and dying to Michelle?

3. What specific strategies does James use to respond to:

- Michelle's question: 'I am going to die soon, aren't I?'

- Michelle's questions about dying?



Thinking Points *continued*

4. What other strategies would you recommend to:
 - Explore the meaning of illness and dying to Michelle?
 - Respond to Michelle's questions about dying?

Module 2: Workbook

Section 6: Support for people at the end stages of life

Activity 13: End-of-life concerns

Thinking Points

1. What are some of the issues experienced by families and carers in the following end-of-life care settings:

| Care Setting | Issues experienced by families and carers |
|-----------------------|---|
| Hospital | |
| Home | |
| Residential Aged Care | |

2. From the perspective of your own profession, what specific supportive care can you offer as part of end-of-life care?

Activity 14: Preparing for Michelle's death

Thinking Points

Watch the video and consider the following questions:

1. What are Pete's main concerns at this time?
2. How does James help Pete deal with these concerns?
3. What other strategies would provide emotional support to Pete, Michelle and their family at this time?
4. What simple terms did James use to help describe the terminal phase and how could he have improved his interactions?
5. These conversations can be difficult for health professionals. Consider how you would respond if you became emotional or teary when communicating in such a circumstance.



Thinking Points *continued*

4. For the healthcare professionals involved in Michelle's care and support, what are some of the sources of potential:

Burnout

Moral distress

Compassion fatigue

Activity 16: Adopting self-care strategies

Thinking Points

1. What self-care strategies can you draw on when caring for people affected by life-limiting illness?

2. What strategies can you use to support other members of the healthcare team?

Activity 17: Reflective practice

Thinking Points

1. Undertake a reflective practice on an uncomfortable or emotional situation that you were involved in.
 - **The experience:** what, when, where, who, why did the event happen?
 - **Interpret:** what were external factors, my role, the other person's role in the event?
 - **Learn:** what have I learnt and what changes can I make in the future, from this event?

Module 2: Workbook

Section 8: Reflections on what you have learnt



It is essential for all healthcare professionals to develop the capacity for reflection and self-evaluation of their professional and personal experiences, and to consider how this can impact on themselves and others.

Consider the module you have just completed and reflect on the following questions to assist with your ongoing development:

1. What key points have you learnt from the activities in this module that will help you in providing care for people with life-limiting illnesses and their families?

2. What specific strategies do you plan to incorporate as a graduate healthcare professional?

3. Do you see any difficulties using what you have learnt here as part of your practice as a healthcare professional? If so, what strategies would you use to address these difficulties?