Tips for nurses on communication with patients, carers, and families



Communication with patients, carers, and families in palliative care includes supporting people through caring tasks and the development of a therapeutic relationship to build trust and a sense of solidarity and empowerment. The following tips are to get you started. Visit <u>CareSearch Nurses Hub</u> for more.

Knowing when a discussion is needed

Triggers indicating the need for discussion include:

- When a life-limiting advanced progressive illness is diagnosed.
- When a treatment decision needs to be made.
- When there is a change in the person's condition, or when the person, carers, or a health professional perceive a change.
- When family or carers are distressed or overwhelmed.
- Requests or expectations that are inconsistent with clinical judgement.

Building relationships to understand and exchange information

- Actively listen and allow the person to express themself; this may involve periods
 of silence.
- Ask open-ended questions, for example:
 - 'What troubles you the most?'
 - 'With what you know about your illness, what's most important to you?'
- Paraphrase and summarise to check that you have understood correctly:
 - 'What I hear you saying is that you have been experiencing ... which has been making you feel ... Have I understood that correctly?'

Emotions and uncertainty

- Ask what information the person and their support network want to receive:
 - 'Do you want to know the details of the [diagnosis] [care plans]?'
 - 'Would you prefer that I talk with someone in your family?'
- Ask about the impact of any symptoms and what other factors influence this impact them:
 - 'How have you been coping with these experiences?'
 - 'I can see you are really concerned about ... Can you tell me more about that?'
 - 'What are you (most) worried about?'
 - 'Is it ok for us to talk about what this means for you?'



- Ask whether there are any other practical issues that might influence the choice of treatment, including cultural, spiritual, and geographical factors.
- Ask the person about their current and intended place of care.
 - 'Can you please help me to understand what I need to know about your beliefs and practice to take the best care of you?'
 - 'Is there someone else you would like me to involve or speak to?'

Acknowledging and involving patients, carers, and family when delivering care

During care you should be aware of both verbal and non-verbal signals that you are communicating.

Verbal communication tips

- Introduce yourself and others in the room there to help and explain what team members are going to do.
- Ask permission before you begin and invite the person to ask questions.
- Ask about and acknowledge their needs and goals, and any concerns.
- Acknowledge the role of carer(s).
- Speak with a caring voice tone and avoid speak too loudly or quickly.
- Use teach-back method: Give information in small chunks and ask them to tell you what they have understood. Clarify as needed.

Non-verbal communication tips

- Respect the person's privacy and dignity e.g. draw a curtain, close the door as appropriate.
- Give the person your full attention and use eye contact where appropriate.
- Nod your head to show you are listening and do not interrupt the person.
- When talking with the person, if possible, position yourself at their level.
- A person's health literacy level should guide communication. Assume low health literacy, use plain language, and avoid clinical jargon and acronyms.
- Document what is discussed and said so that all providers of care are informed.

Useful tools

- SPICT and SPICT4ALL for recognising deterioration.
- SPIKES for delivering bad news.
- The NURSE mnemonic for responding to emotional cues.

Visit the CareSearch Nurses Hub



