southern metropolitan region palliative care consortium

Promoting Quality of Life
Speakers Kit

Acknowledgements

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Visit www.smrpalliativecare-consortium.org.au

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1. Introduction

Welcome to this great resource – the Promoting Quality of Life Speakers Kit. The kit is designed to help palliative care services share their experience and insight with the community and to help normalise death as a natural part of life.

The Southern Metropolitan Palliative Care Consortium is a voluntary alliance of palliative care services in the Southern Metropolitan Region of Victoria. The consortium has developed this kit as a practical resource to help palliative care services raise awareness of palliative care in the community.

We hope that palliative care services will use this kit to support their staff and volunteers in speaking engagements in the community.

Speaking engagements in the community are an effective way to:

- raise awareness of palliative care
- raise awareness of issues around death and dying and how to promote quality of life
- normalise discussion about death as a natural part of life
- encourage the community to care for people living with a terminal illness
- acquire new palliative care volunteers
- engender donations.

The overall responsibility for facilitating speaking engagements and other community activities should lie with one or two people in the palliative care service, for example the volunteer coordinator and/or a public affairs or community engagement coordinator. This could be part of the service's strategic plan.

This kit aims to help palliative care services help their volunteers and staff to use their skills and experience in a greater variety of ways. The kit also provides practical resources for speakers to use when arranging and giving talks in the community.

Southern Metropolitan Palliative Care Consortium

2. Information for palliative care services

1. Initiating speaking engagements

In many cases, community groups will contact palliative care services to arrange speaking engagements. However, the palliative care service may want to be more proactive about speaking engagements with community groups, to ask for support or simply to educate the community about palliative care.

Many palliative care services already have substantial mailing lists of community groups that they can contact to set up speaking engagements. These groups could include local service clubs such as Lions and Rotary, neighbourhood houses, sporting clubs, schools and training organisations, ethno-specific social clubs, etc.

The website below is a good resource for additional contacts for community services:

http://www.serviceseeker.com.au/

To make contact with community groups you could:

1. Send out letters offering speaking engagements (see the example letter in the appendix 6.a). Note that the best time to send these letters is in the last quarter of the year, no later than November. This gives community groups time before the end of the year to plan speaking engagements for the following year.
2. Email your community newsletter, if you have one, to a number of organisations and include an article about community speaking engagements. (Remember to get each organisation's permission to send emails and include a way for recipients to say no to further emails - spam laws.)
3. Call the organisers of specific groups that you would like to target, such as Migrant Resource Centres and the local library.
4. Attend relevant meetings at your local primary care partnership or other service networks to develop contacts with community organisations.
5. Ask your local newspaper to write an article about a special event in your organisation and make sure they mention the fact that you have speakers available.

2. Selection and support of speakers

Not everybody is a good public speaker. To portray your palliative care service in the best light and achieve the best outcomes, it is important to select and support confident and engaging speakers.

Who should select and support speakers?

This will vary from organisation to organisation, but it is a good idea to allocate an appropriate staff member. This could be the volunteer coordinator (subject to their position description) and/or the person who is responsible for fundraising, community engagement or health promotion in your palliative care service.

Selection process

Some palliative care services might announce to all staff and volunteers that there are speakers' roles available. Other services might identify individuals with good public speaking skills and approach them directly.

To identify good public speakers it is helpful to ask the following questions:

- Are you interested in public speaking?
- Have you had any experience of public speaking?
- What was the feedback?
- Which groups of people can you see yourself presenting to (older people, workplace groups, students of particular age groups)?
- How would you describe your presentation style?
- What do you think is important when talking to a group?
- Would you be happy to participate in training and be assessed?
- Would you agree to abide by the decided content?
- How would you deal with difficult situations?
- What areas within palliative care do you feel comfortable talking about and what areas do you think you need more training in?

Choosing the right speaker for the right audience

Some people are more comfortable with small audiences; some prefer to speak to an auditorium of 500 people. Some people are skilled at facilitating interactive exercises; others prefer straightforward presentations.

It is important to select the right speaker for the right audience and activity. Think about whether the speaker has:

- experience in public speaking
- experience in teaching
- an interest in public speaking
- a willingness to participate in training and evaluation
- experience in interacting with a particular target group
- experience in community development.

Training

To convey a consistent message, support speakers and ensure the quality of speaking engagements, we recommend that you train all potential speakers in how to use this kit.

Selection

The speaker, who is an ambassador for your palliative care service, needs the following skills:

- Excellent knowledge of palliative care and the particular service (including access criteria, service catchment, funding arrangements, etc).
- The ability to engage an audience.
- The ability to target a message to the audience.
- Reliability and punctuality.
- The ability to control difficult situations that may arise during a speaking engagement.
- Excellent communication skills.

However, this kit is not designed to develop competency based training and assessment in public speaking. We hope that instead, potential speakers will identify their own skills and training needs. We hope that the staff responsible will match the right speaker to the right audience, using the questions and information provided in this kit.

Mentoring

It may be possible to set up a program within your organisation where potential speakers can observe talks by experienced speakers and, in turn give talks while being observed and supported by an experienced speaker. You may also be able to set up this kind of program in collaboration with other palliative care services.

Debriefing

Feedback and the opportunity to debrief are vital in keeping speakers motivated. Feedback and debrief sessions also help to ensure the consistency and quality of the message that is conveyed to the community. One way for the speaker to get feedback is by providing evaluation sheets to participants and organisers. It is important to make sure the speaker has an opportunity to talk to someone after each session to raise any concerns and discuss any improvements.

3. How to organise a session

When you set up a speaking engagement it is important to allocate the right person for the job. Think about which speaker would be able to relate best to the audience in question.

The overall responsibility for arranging speaking engagements should remain with the allocated staff member responsible. However, to avoid misunderstandings about time and place, the speaker should liaise directly with a contact person at the community group about arrival time, any material or equipment that is needed, and other details.

The checklist below will help the session run smoothly. It's a good idea to supply the speaker with a copy of this checklist.

Contact person

Find a contact person who is responsible for arranging the session from the community group's end. Make phone contact well in advance and again at least two days before the session.

Expectation

Ascertain the expectations of the community group. Be clear about what you can offer and make sure it matches what the audience expects to receive. How long will the session be? Can you cover everything that is expected in the time allocated?

Target group

Find out about the audience. How many people? What are their interests? Why are they there? Do they know each other? What age, educational level, gender, ethnicity? Are there any areas of particular sensitivity, for example a recent loss in the group or cultural taboos? Is your session part of a bigger program or is it the only session on that day? This will help target the presentation to the audience's needs.

Set-up

What is the room like? Is there a whiteboard or flipchart paper, a data projector or other electronic equipment? Is there a microphone or is it possible to present without a microphone? How is the room set up? Can the seating arrangements be changed? Who is responsible for equipment and set-up? How early can you get into the room before the session?

What to bring checklist

- Any electronic equipment needed (data projector, laptop, etc. Don't forget an extension cord).
- The PowerPoint presentation on a memory stick.
- A backup on CD-ROM.
- Service brochures or business cards.
- PCV brochures, such as About Volunteer Support Workers.
- SMRPCC bookmarks.
- Other relevant handouts.
- Facilities to allow donations on the day (such as donation cans, envelopes or credit card facilities).
- Bottle of water and a snack.
- Mobile phone, but turn it off during the session.

4. Evaluation

Evaluation of the session is important for the following reasons:

- It helps the speaker find out if the session was relevant for the audience and how they can improve for next time.
- It helps the organisation find the right speaker for the right audience.
- The records of the evaluation can be used for service accreditation or funding submissions.

What are you evaluating?

A discussion on palliative care may or may not have an immediate impact on people's lives. It is unlikely that you will find this out in a short evaluation conducted right after the talk. Therefore, the main things to consider in an evaluation are:

- Did the audience enjoy the session?
- Did it meet their needs and expectations?
- What could be improved in future presentations?

It is also important to evaluate the objectives of the particular presentation you gave. For example, if the objective was to raise funds, how much was raised as a result of the presentation? Or, if the objective was to generate an interest in volunteering, were there any enquiries by potential volunteers following the session?

How to evaluate

Make sure the amount of work the audience is asked to do in providing feedback is relative to what they received. For example, don't ask the audience to fill in a three page questionnaire following a 15 minute talk – give them something that is quick and simple to complete.

Following some sessions, it might not be appropriate to ask the audience for feedback. In this case, ask the session organiser or the contact person to give feedback. This may mean the feedback about the speaker is more accurate, as it won't be given directly to the speaker. Following some talks it might be appropriate to ask the audience or the organiser of the session to fill in a short questionnaire. Refer to the appendix for an example evaluation .

It is important to record feedback from all sessions. This will help in documenting quality initiatives or creating background data for future presentations to this group, or funding submissions. The best way to do this is to create a database in an Excel spreadsheet. Refer to the appendix for an example spreadsheet.

3. Information for speakers

1. Presentation objectives

There are many reasons why your palliative care service might ask you to give a talk or presentation to a community group. The service might want to raise the awareness of palliative care in the community, tell people how to access palliative care services, generate interest from potential volunteers or raise funds. The objective of the presentation could be one or all of these. Whatever the objective, your talk or interactive session will help to normalise death and dying and will encourage the community to care for people with terminal illnesses, improving their quality of life.

Depending on the objective, you may wish to emphasise different parts of your presentation, by using different stories or shortening or lengthening parts of the presentation.

a. Raising awareness of palliative care

The Palliative Care Victoria (PCV) Communication Strategy states:

> *"Palliative care currently has an image problem as it is too strongly associated with dying, giving up, end of the road and 'holding your hand'. There appears to be a belief that one cannot have palliative care whilst undergoing treatment. In other words if you are 'active and having treatment' one can't have palliative care which is seen as 'passive or giving up'."*

A speaking engagement is a good opportunity to dispel these myths. Use the information in the appendix - Palliative Care **Myths and Facts.** It is important that the community understands who provides palliative care and when it is appropriate. It is important that the community knows that palliative care is specialised health care and support for people living with a terminal illness. Remember to focus on educating the community that palliative care helps to improve quality of life.

The community can become more involved in the care of those living with a terminal illness by helping their friends or neighbours, by volunteering or by raising awareness.

b. Informing people on how to access palliative care services

The PCV Communication Strategy states:

> *"There is a strong expectation in the general community that medical professionals (and hospitals) will introduce palliative care when it becomes necessary. However, interviews with health care professionals and stakeholders confirmed that the current palliative care messages are often inconsistent, the patient is told 'very little' and referrals are occurring quite late. This suggests that health care professionals either don't know a great deal about palliative care or are uncomfortable discussing palliative care."*

Many people are not referred to palliative care, even though it would increase their quality of life. It is important for the community to know about palliative care and how to access it, either for themselves or for friends and family. This is particularly relevant for those communities that might have even poorer access to palliative care services, such as immigrant communities, people with disabilities and people in nursing homes.

c. Generating interest in volunteering

In some presentations, you may wish to generate interest in volunteering. If you are a volunteer yourself, this is your area of expertise and a good opportunity to tell your stories (remember confidentiality issues). Think about why you became a palliative care volunteer and what you get out of it. Tell your story to the audience.

d. Raising funds

Sometimes the main objective of a speaking engagement is to raise funds for the service. If this is the case it's a good idea to tell the stories of some people who have been helped by the service. Explain where the funding comes from, how funds are spent and what additional funds would be used for. It is also important to tell people how they can donate and arrange for donations on the day.

2. Tips for public speaking

Public speaking is a privilege and it is important to treat the audience with respect and do the best you can. Even people who take to public speaking naturally can still learn how to do it better and people who don't like to speak publicly can learn how to do it!

Toastmasters is an organisation that helps people improve their public speaking skills. There are meetings in many locations in Victoria, including six in the Southern Metropolitan Region. Find the contact details on this website:

http://reports.toastmasters.org/findaclub

Below are a few tips that will help you feel more at ease and make your presentation an enjoyable experience for the audience.

a. Use standard and consistent language

The terminology used in palliative care is difficult and there are many different opinions about which words to use when talking about death and dying. To avoid confusion and improve consistency in the message, Palliative Care Australia has developed a glossary of terms (you can find it on the Palliative Care Australia website: www.palliativecare.org.au). However, there are some different opinions about language, in particular when describing a palliative care patient/client (i.e. eventually fatal illness as opposed to terminal illness). Please discuss any language discrepancies with the relevant person in your organisation and follow their guidance.

b. Know your material

It is important that you only talk about things you know about. An audience will notice quickly if you're not familiar with your topic. Therefore it is important to familiarise yourself with the parts of the presentation that you are not sure about. Talk with the staff and management at your palliative care service about unfamiliar areas. If, however, there is a question from the audience about something outside your area of expertise, it's ok to say that you don't know the answer. Refer the person to someone who might know or say you will find out and get back to them.

c. Practise

Practise the presentation, including timing. This is important. You will notice if something doesn't work and if there is something that you can't remember. You won't feel so nervous when you do it in front of an audience.

d. How to start

Establish a rapport with the audience at the beginning of your presentation. It's a good idea to tell the audience something about you. Death and dying can be difficult topics and the audience might be nervous. A good (maybe humorous) opening sentence can help them feel more comfortable with the topic.

e. Reading versus speaking

Reading takes the life out of the presentation and makes it boring for the audience. It can be useful to read short paragraphs or quotes to portray them accurately and give substance to your talk, but reading the whole presentation or reading for long periods is a no-no. Instead, refer to notes or dot points while speaking.

f. Speaking from the heart

You are an expert, in particular when you speak about your own experiences and feelings. This is what the audience can relate to. If you stay aloof or set yourself apart from the audience, your session won't be as successful as when you give of yourself and share your feelings. This can be challenging and you might become emotional when you speak in front of a group about your own experiences, but connecting with the audience will make your talk a success.

g. Using humour

If you can, use humour. People will be more likely to remember the information you provide. Humour also helps to dispel the myth that everyone has to be solemn when talking about serious issues such as death and palliative care. Remember, you are talking about quality of life and humour has a big part in a good quality life!

It is important not to use offensive or discriminatory humour as it will alienate an audience. Self deprecating humour is safer and you will have the audience on your side. Maybe tell a story about yourself where you made a mistake or misunderstood something.

h. Handling audience questions and debriefing

Your talk might bring up difficult issues for members of the audience. Maybe a family member died without the support of palliative care or something went wrong in the medical care of a loved one. In those situations people might have grievances that they air in front of the whole audience. While this can be a helpful contribution, it can also become inappropriate. In this situation it is important to make the person feel heard while deflecting the situation and following it up after the talk. It is also possible that somebody in the audience is currently a carer for somebody with a terminal illness or has a terminal illness themselves. It is important that these audience members receive the support they require. Be prepared by carrying service brochures and useful phone numbers. Ensure that the services you are referring people to are the right ones. Make sure you know about any service details that people may ask about, such as admission criteria, phone contact times and catchment.

i. Ending a session

It is best not to end a presentation with a question and answer session. Try to include a section during the presentation in which the audience can ask questions. Finish the session off with a summary of your talk or with a story of your choosing. This can be a good way to inspire the audience to spread the word about palliative care, to help their friends and families, to volunteer or to donate. Ending the session with a short and inspiring summary or story will ensure that the audience leaves with a positive idea of palliative care.

3. Interactive exercises and presentation tools

There is a theory that an audience will remember only two or three things from a presentation. That's why handouts, videos and interactive exercises are so useful. If you can engage the audience it is likely they will remember more and for longer. Observe the audience and if you feel that they are not with you anymore, throw in an interactive exercise, a question or ask them to stand up and stretch.

a. Warm up exercises

Warm up exercises (icebreakers) are a great idea because they make the audience feel at ease and encourage them to be involved. The aim is to get each person to say something early in the presentation, so they are more likely to speak later on. There are thousands of ideas for warm-up exercises in train-the-trainer manuals and other books on adult learning. Here are a few to get you going.

- If you have a small group, ask each audience member what they are expecting to hear, what concerns they have or if they have ever been in contact with a palliative care service. Let everyone say just a few words. Acknowledge what each person has said but don't engage them in further conversation or contradict what they've said.
- In a bigger group, divide the audience into small groups or pairs and have them ask each other the questions above. Write some of the answers on a whiteboard.
- If you feel confident, you could ask people to stand up and arrange themselves in a line according to how much exposure they have had to a palliative care service (this could be confronting, so be careful).

- There are more icebreakers on this website:

http://wilderdom.com/games/Icebreakers.html

b. Asking the audience a question

During the presentation, to check that people are still listening, why not ask them a question? For example, ask if anyone has had an experience with a palliative care service. What was it like? What do they think is important to improve the quality of life for people who have been diagnosed with a terminal illness?

Make sure that the answers are not too long or involved and that they are relevant to the group. You can interrupt a person respectfully and ask them to talk to you in more detail after the session.

c. Discussions in pairs or small groups

Sometimes it is less confronting for people to talk to one person or a small group rather than to a roomful of people. Breaking up the audience and letting them discuss a question in a small group or in pairs can reinforce messages and open up new topics. After the group has had the opportunity to discuss a topic for a few minutes, ask them to share their main points with the larger group.

d. Group discussions

You can also open up a topic for discussion in the whole group. This is probably more appropriate for smaller groups that know each other a little. Make sure that some individuals don't use up all the speaking time.

e. Books / Videos / DVDs

Short DVDs are a good conversation starter and can be used to illustrate important points you want to make. This website has a list of potentially relevant DVDs:

www.heathcliff.com.au.

You may be familiar with the book *Dying to know*, produced by Pilotlight. This book is an excellent conversation starter and can be bought at good bookshops or borrowed from your palliative care service. It is also possible that your palliative care consortium has a "class set" you could borrow.

f. PowerPoint presentations

PowerPoint can help convey your message and can also help you stay on track during your presentation. An example PowerPoint presentation is included in this kit and can be adapted to your needs.

When using PowerPoint **dos:**

- Include important content in bullet points.
- Refer to the information on each slide to prompt your talk.
- Keep the presentation concise and relevant.
- Position yourself in front of the audience so you can see the screen they are looking at and the audience.
- Make sure the audience can see you and the screen easily.

When using PowerPoint **don'ts:**

- Don't have everything you're going to say on the slides.
- Don't read directly from the slides.
- Don't have too many slides.
- Don't have too many words on each slide.
- Don't have a fancy design but little content.
- Don't use gimmicks unnecessarily.

4. PowerPoint presentation

On the CD-Rom included in this kit you will find an example PowerPoint presentation. You can include the logo of your organisation, change the slide content or include pictures or more information. If you change any terminology or the substance of the presentation, please make sure you check with your palliative care service that the information is still correct and relevant.

Palliative care and why it is important - Speakers Kit.ppt

5. Handouts and resources

It is always helpful for the audience if they can take some information home for future reference. In the back of this kit there are a number of relevant resources to choose from. Below is a list of resources you could use:

Type of resource	Description	Where to find it
Fact sheet/brochure about your palliative care service	Brochure about what the service does, contact details, etc. Or if the service doesn't have a brochure, a business card.	Ask your palliative care service.
Palliative Care Victoria brochures and fact sheets	For example, "About Palliative Care" or "About Volunteer Support Workers" and many others.	www.pallcarevic.asn.au
Low cost bereavement counselling options – Southern Metropolitan Region	List of counseling services in the Southern Metro Region.	www.smrpalliativecare-consortium.org.au
SMRPCC website bookmark	Bookmark with SMRPCC's website address.	SMRPCC consortium manager
Information about Griefline	Telephone counselling service.	http://griefline.org.au/
PCV Volunteer Training Resource Kit	In particular, FAQ, Modules 1 and 2.	Ask your Palliative Care Service
Health Promoting Palliative Care (HPPC) resources	Posters to promote palliative care for different audiences	For Southern Metro: www.smrpalliativecare-consortium.org.au
Pilotlight- "Dying to know" book.	Could be used in the presentation or displayed at all sessions.	Bookshop, Palliative Care service or consortium.
Useful phone numbers, such as the local council, Lifeline.	Make up such a list yourself or ask your palliative care service if it has one.	

6. Appendixes

a. Example letter to offer speaking engagements

Letterhead

Date

Person

Address

Dear *[insert name of contact person at organisation]*

[Insert name of Palliative Care Service] provides palliative care and practical support to people with a terminal illness. We also provide assistance, including bereavement support, to families and carers of terminally ill people.

Palliative care is specialised health care for people ***living*** with a terminal illness. It is not a last resort but a positive way to support families and individuals from the initial diagnosis through to bereavement.

Our service provides expert medical and nursing services, including help with management of pain and symptoms. We provide counselling and pastoral care as well as creative health therapies, welfare assistance and trained volunteer support to our clients who live in [Insert local council names].

Dying and death are confronting and taboo subjects that people don't talk about. This means that many people don't find out about services like ours until they are in the midst of a crisis involving a terminally ill relative or friend, or after the loss of a loved one to a terminal illness.

Our service aims to work with the community through speaking engagements and other activities to raise awareness of palliative care and to normalise death, dying and grief as a part of life.

We would be most grateful of any opportunities to speak at functions or meetings of your organisation. If you require more information or wish to book a speaker please contact [Insert name of person who organises the talks] on [Insert phone number].

Yours sincerely,

Mr John Citizen
[Insert person name and position]

b. Example evaluation form

Session Evaluation

Name of session:

Date:

1. How would you rate the session overall? please circle

EXCELLENT
GOOD
AVERAGE
POOR
VERY POOR

2. Do you feel you know more about (please tick):

- ☐ What palliative care is
- ☐ Who can receive palliative care
- ☐ What [Insert name of Palliative Care Service] does
- ☐ What you can do to help

3. Do you feel more confident in supporting someone living with a terminal illness?

4. Do you have any comments about the session?

c. Evaluation spreadsheet

Date	Presenter	Title of the talk	Organisation receiving the talk	contact person and address	Number of participants	Number rating excellent	Number rating good	Number rating average	Number rating poor	Number rating very poor	Specific learning outcome, ie better able to support person who is dying	Donations recieved
12/05/2010	Bo Derek	our community palliative care service	Blossompond RSL	Jemima Puddleduck, 15 Lakeside Drive, Blossom-pond 3999	35	30	4	1	0	0	21	$4000

d. Palliative Care Myths and Facts

Myth: Palliative care is in a hospice.

Fact: Palliative care takes place wherever the need exists - usually the home, but also hospitals and aged care facilities.

Myth: Palliative care is only for people with cancer.

Fact: Many palliative care patients have diagnoses other than cancer. Increasingly, palliative care services are looking after families coping with the end-stages of chronic diseases, like emphysema, dementia, cardio-vascular, renal and neuro-muscular diseases.

Myth: Palliative care is only for old people.

Fact: Although the majority of palliative care patients are older, palliative care services have patients of all ages, including children.

Myth: Palliative care is only for the person with the terminal illness.

Fact: Palliative care focuses as much on the family and carers as on the patient.

Myth: Palliative care is only for the last few weeks of life.

Fact: Many people are referred to palliative care services as soon as they are diagnosed with a terminal illness. Palliative care services can see people for many months, even years. Sometimes people become stable for a while and might not need services for long periods of time.

Myth: Palliative care is for people who don't need a high level of care.

Fact: Palliative care is a specialist stream of medicine. Palliative care services employ specialist medical, nursing, allied health and supportive services personnel with skills in symptom control. They offer state-of-the-art palliative care, using advanced technologies to prevent or alleviate distressing symptoms.

Myth: Palliative care is only for people who can accept death.

Fact: While many people affected by terminal illness struggle to come to terms with death, palliative care can help them find their way at their own speed. Palliative care services welcome inquiries from families who are unsure about their needs and preferences. Palliative care staff are available to discuss all options and to facilitate family decisions.

Myth: Palliative care is expensive.

Fact: Most palliative care services are free.

Myth: Palliative care is for when there is no hope.

Fact: Many people want to live life as fully as ever until the end. Palliative care can help families see how much can be shared at the end of life.Family members can look back on their palliative care experience with the knowledge that everything possible was done towards a peaceful death.

Adapted from www.americanhospice.org