



# **Pain & Palliative Care Forum Webinar 30<sup>th</sup> March 2023**

# Overview



1500 – 1505 Welcome and Overview



1505 – 1530 Meet the forum steering committee



1530 – 1600 Educational Session: Developing Communication Skills – difficult conversations.



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# Meet The Forum Steering Committee

# Forum Steering Committee



Martin Galligan Chair

Sandra Campbell

Karin Cannons

Olajumoke Isaiah

Suzanne Monks

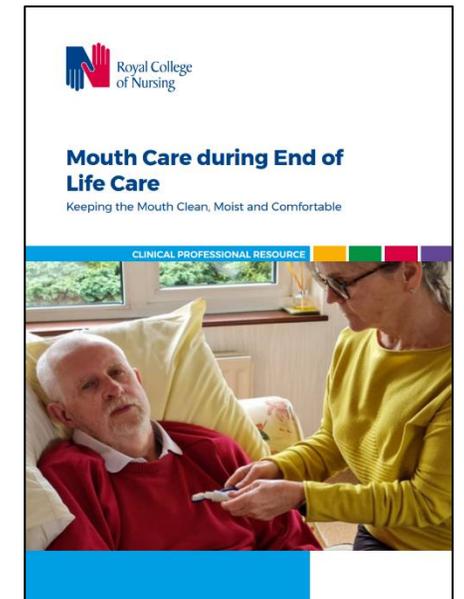
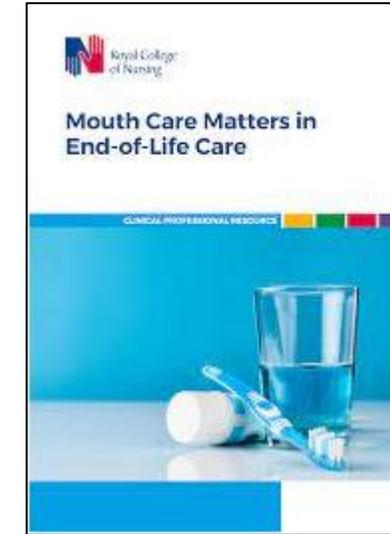


# Recent Projects

# Mouth Care Matters in End of Life Care

- Formed a national steering group July 2019: Mouth Care Matters in End of Life Care
- Representation of four countries, range of specialists; working in conjunction with Marie Curie for 2 x publications and education
  - [Mouth Care Matters at end of life: Resource for clinicians](#)
  - Mouth Care Matters at end of life: Resource for those at end of life and their significant others
  - [Mouth Care Matters education:Marie Curie](#) via project echo
    - 2022 Health care assistants and carers
    - 2023 Registered professionals
    - 2023/4 associate nurses and students and health care assistants and carers

**Mouth Care  
Matters**  
*In End of Life Care*



# UK Career Framework for Pain Nurses



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## UK career framework for pain nurses

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**Pain is a complex and multidimensional phenomenon that does not discriminate and can affect anyone at any stage in their life time.**

The International Association for the Study of Pain (IASP) now define pain as "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage," (IASP 2020). This new definition recognises that regardless of the cause of the pain it is a personal experience that if influenced by biological, psychological and social factors. Pain can be described in a variety of ways by onset and duration (procedural, acute, chronic/persistent, Cancer related), by mechanism (peripheral, central, thermal etc) or indeed if it is nociceptive, neuropathic or nociplastic. Its incidence within the UK varies across these domains.

Globally pain is the leading cause of disability with chronic pain conditions heavily featured in the top ten causes of disability (Mills, Nicolson and Smith 2019). Within a UK population this translates into up to 50% of individuals being affected by chronic pain (Fayaz et al 2016). Due to the complexity of pain it essential that the nursing workforce is equipped with the knowledge and skills to support individuals living with pain.



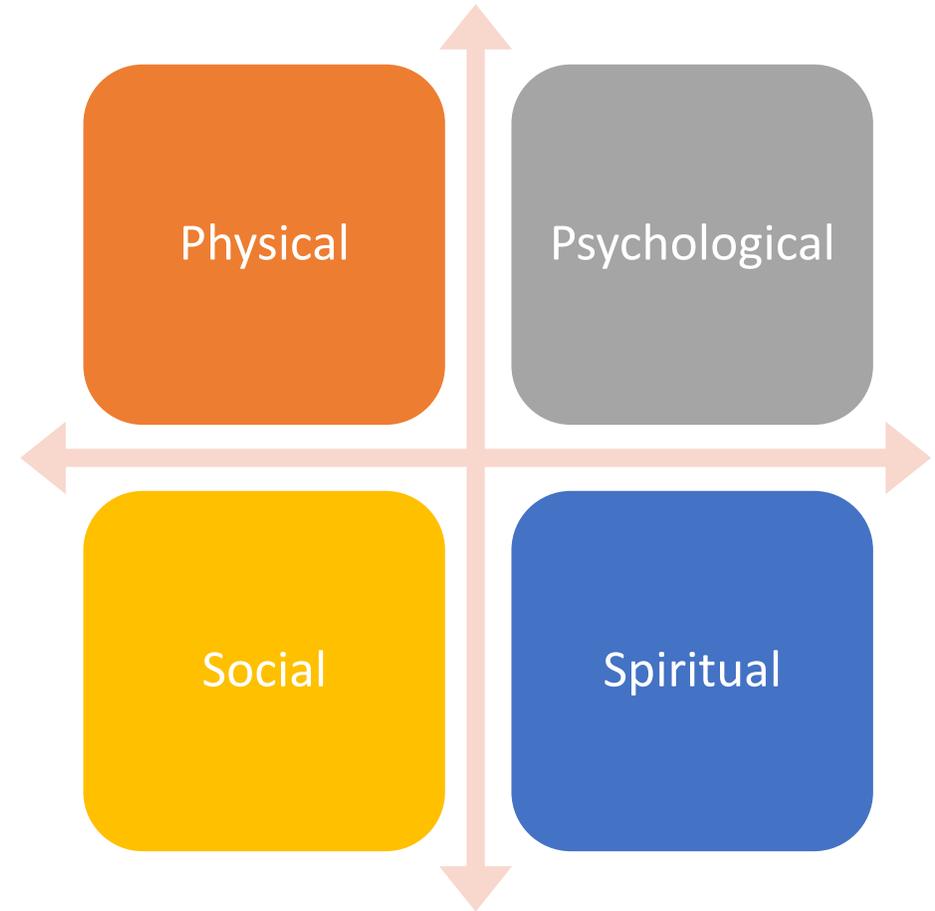
**Pain and Forum**

- > Forum home
- > Professional



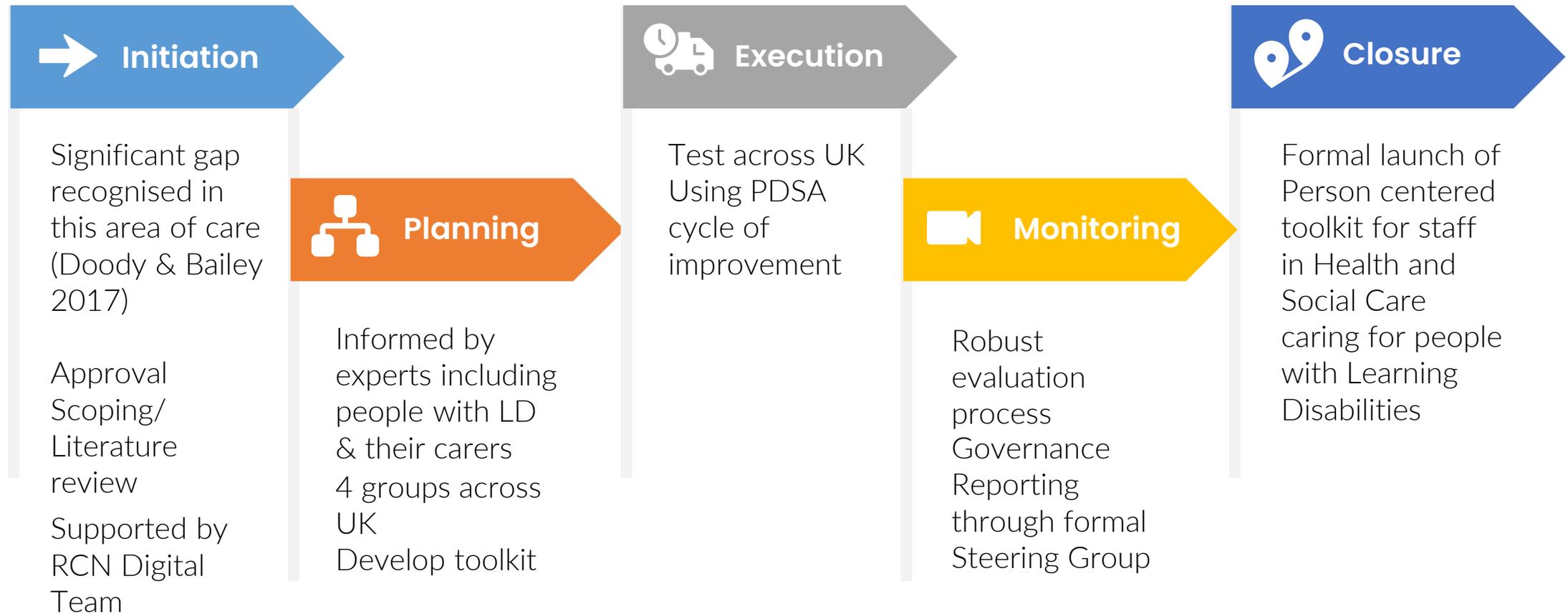
# Learning Disability Pain Assessment Tool Kit

- ✓ Collaborative project with PPCF & LD Forums
- ✓ Overall goal to improve pain assessment and management of people with LD who experience pain
- ✓ Digital resource to support all in Health and Social Care, who may be caring for this group of people
- ✓ UK wide project
- ✓ Scope – assessment and management of acute and chronic pain, including end of life care for ages 5 and above



# Learning Disability Pain Assessment Tool Kit

Overall objective: To empower nurses across health and social care with a range of tools for identifying and managing pain in people with learning disabilities.





# **Developing Communication Skills:**

## **Having difficult conversations**

## Outline of the session

- Difficult conversations/breaking bad news
- Effective communication skills
- Tips in having difficult conversation
- References/resources

# Difficult conversations/breaking bad news

- Inconsistent with present beliefs
- A challenge to current expectations
- Disappointing facts
- Uncomfortable truths
- Upsetting or unsettling
- Provokes emotion

***“any news that adversely and seriously affects an individual’s view of his or her future”***

Buckman, R (1984) Breaking bad news: why is it still so difficult? *Br Med J (Clin Res Ed)* 26;288(6430): 1597-1599

# Communication

“to transmit information, thought, or feeling so that it is satisfactorily received or understood”



# Effective Communication Skills



# USING SPIKES MODEL

**S**etting- privacy, no interruptions, involve significant others

**P**erception- what do they know?

**I**nvitation- how much information?

**K**nowledge –warning of bad news, use simple language, small chunks of information, check back ‘ *I’m afraid...*’

**E**mpathy- What do they feel? Identify source of emotions, show that you understand the emotional link- ‘ *I can see that you are upset*’

**S**trategy- summarize and check for information

# Responding to Difficult Questions

- Acknowledge/validate and normalize
  - “*That’s a very good question, and one that we should talk about. Many people in these circumstances wonder about that...*”
- Is there a reason this has come up?
  - “*I’m wondering if something has come up that prompted you to ask this?*”
- Gently explore their thoughts/understanding
  - “*Sometimes when people ask questions such as this, they have an idea in their mind about what the answer might be. Is that the case for you?*”
  - “*It would help me to have a feel for what your understanding is of your condition, and what you might expect*”
- Respond, if possible and appropriate- if you feel unable to provide a satisfactory reply, then be honest about that and indicate how you will help them explore that

# HINTS & TIPS

- Recognize your own emotions
- Recognize any uncertainty / knowledge gap on your part
- Make sure you know who you're talking with
- Use simple, non-medical jargon, empathy and compassion
- Small parcels of information- *What do I need to share and what can perhaps wait until person is ready or circumstances more appropriate*

*“Truth hurts but deceit hurts more” (Fallowfield, Jenkins and Beveridge 2002)*

Timescale / Pace may be different to your usual



## References

- Baile W & Buckman R (2000) SPIKES- A six-step protocol for delivering bad news: Application to patient with cancer. *The Oncologist* 5 4 pp302-311
- Collini A, Parker H & Oliver A (2020) Training for difficult conversations and breaking bad news over the phone in emergency department *Emerg Med Journal* 38 pp151-154
- Fallowfield L Jenkins VA & Beveridge HA (2002) Truth may hurt but deceit hurts more: communication in palliative care. *Palliative Medicine* 16 4 pp297-303

## Resources

- RCNi courses on communication
- End-of-life care for all (e-ELCA)- Communication Skills



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# Thank you for attending!



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