

## Communications Training Session for Alberta Hospice and Palliative Care Volunteers

### Zoom Call Training Package

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### Introduction

- ❑ Communication as the most cited human relations problem and the most cited solution!
- ❑ Good to be good communicators; even better to be ready, willing and able to get better at communicating, especially in HPC context
- ❑ PHC Volunteer's Challenge: HOW? Today's answer: With a little help from you, our friends, family, mentors & predecessors

### Session Overview

1. Communication Needs Analysis Activity
2. Key Principles to keep in mind before, during, and after communicating with others in the HPC context
3. HPC Communication Skills Self-Assessment and Development Framework
4. Other Ways to Develop Your Communication and Support KSAs (Knowledge, Skills, Attitudes)

### 1. Communication Needs Analysis Activity

Please take a minute to jot down a word or two in response to the three following prompts:

1. A HPC communication **strength** of yours:
2. A HPC communication **weakness** of yours:
3. A HPC communication **problem** you anticipate could arise for which you'd like some advice:

Debrief: I'll provide some typical responses to these prompts during one of our interactive in-person training sessions

## 2. Key Principles to keep in mind before, during, and after communicating with others in the HPC context

### Context:

Remember that communication in a hospice and palliative care situation is an on-going, collaborative process. As a volunteer you are part of an inter-disciplinary care team who will help you develop your capabilities and will respect your careful input.

**Key Principles** for making genuine connection and for doing no harm:

- Maintaining confidentiality
- Conveying openness, without expectations or assumptions
- Knocking before entering, ensuring you're welcome, asking before you sit down
- Introducing yourself as a volunteer
- Starting where the person is, letting them set the pace
- Attending to feelings
- Really listening to and getting to know the other person
- Not speaking quickly or interrupting
- Having a sense of play, an easy humour
- Facilitating their process
- Using non-verbal communication effectively
  - Eye contact, touch, nodding, open posture
  - Music, silent telepathic positive thought
  - Getting comfortable with silence as a response
- Not interrupting, judging, advising, solving, invading privacy, using clichés, crossing boundaries
- And, as always, maintaining confidentiality

### Your notes and questions

### 3. Hospice Palliative Care Communication Skills Self-Assessment and Development: An Initial Framework

Ask your volunteer coordinator or a trusted friend to help you explore ways of working on any communication skills about which you may not feel confident enough about yet.

Communication Skill	Current Confidence in My Ability to Do This Well		
	High	Medium	Low
1. I enjoy conversations with individuals in HPC settings as “singular souls” with distinctive qualities, perspectives, values, and needs.	H	M	L
2. I listen actively and empathetically creating a relaxed trusting atmosphere encouraging others to speak and resisting the temptation to become the focus of attention myself or to be a “story-topper”.	H	M	L
3. I am fully present, focused, and patient about being with the person in hospice palliative care and with their immediate care givers.	H	M	L
4. I am able to use open-ended questions (can’t be answered yes or no like closed questions), echoing, paraphrasing, and perception checks to establish rapport and understanding.	H	M	L
5. I pay particular attention to my own and other people’s body language and non-verbal communication.	H	M	L
6. I notice what a person is talking about <i>and</i> how the person feels about what he or she is talking about.	H	M	L
7. I always endeavor to ensure the HPC patient feels respected, attended, understood, competent, appreciated, connected, supported, and as comfortable as possible.	H	M	L

<p>8. I avoid common roadblocks to effective communication including</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ordering or commanding (“You must... you have to...”)</li> <li><input type="checkbox"/> Warning (“If you don’t... then...” “You’d better... “Now’s the time to)</li> <li><input type="checkbox"/> Moralizing or preaching (“You should... you ought to... it’s your responsibility to...”)</li> <li><input type="checkbox"/> Advising or giving solutions (“What I would do is.. Why don’t you... I think you should...”)</li> <li><input type="checkbox"/> Using logic (Here’s why you’re wrong... The facts are...”)</li> <li><input type="checkbox"/> Judging, criticizing, blaming (That’s immature... you’re lazy... it’s your own fault”)</li> <li><input type="checkbox"/> Praising/agreeing in any patronizing way (“You’re doing a great job... I think you’re right...)</li> <li><input type="checkbox"/> Name-calling, ridiculing (“Don’t be such a whiner.... Oh now that’s a great attitude...”)</li> <li><input type="checkbox"/> Analysing, diagnosing (“Your problem is... I think that’s just a projection of...onto...”)</li> <li><input type="checkbox"/> Reassuring, sympathizing too automatically (“Don’t worry... cheer up... things will be fine.”)</li> <li><input type="checkbox"/> Probing or prying too much (“Why did you... Who said that... What did you...”)</li> <li><input type="checkbox"/> Diverting, withdrawing (“Enough of that... why don’t we talk about more pleasant things...”)</li> </ul>	<p>H H H H H H H H H H H</p>	<p>M M M M M M M M M M M</p>	<p>L L L L L L L L L L L</p>
<p>9. If I don’t have the knowledge or experience to respond to a resident’s or family member’s question I am ready, willing, and easily able to say so and to offer to locate a collaborative care team member who will have the answer.</p>	<p>H</p>	<p>M</p>	<p>L</p>
<p>10. I feel confident that I can fulfill my responsibilities as a volunteer to</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communicate health changes and concerns of patients and family to the care team</li> <li><input type="checkbox"/> Avoid crossing boundaries and becoming inappropriately involved</li> <li><input type="checkbox"/> Develop my intercultural knowledge and abilities to respond to communication challenges which may require translators, assistive technologies, pictograms etc.</li> </ul>	<p>H H H</p>	<p>M M M</p>	<p>L L L</p>

**4. Other Ways to Develop Your Communication and Support “KSAs” for Hospice Palliative Care**

For your continuing education and development you may want to investigate books or on-line resources on some of the following instruments, tools or frameworks for gaining insight into yourself and others.

□ **Johari Windows**

	Known to self	Not known to self
Known to others	open self	blind self
Not known to others	hidden self	unknown self

“Windows” for two different people might look like the following:

open self	blind self
	unknown self
hidden self	

open self	blind self
hidden self	unknown self

Implications for us as volunteers: \_\_\_\_\_ ?

□ **MBTI or the Keirsey-Bates Temperament Sorter** (“Google” MBTI or Keirsey for more information)

- Extrovert—————Introvert
- Sensing—————iNtuitive
- Thinking—————Feeling
- Judging—————Perceiving

Implications for us as volunteers: \_\_\_\_\_?

□ **Follow Frederick Platt’s Seven Steps to Effective Empathy**

1. Recognize the presence of strong feeling (e.g. anxiety, fear, anger, grief, disappointment)
2. Pause to imagine how the patient might be feeling
3. State your perception of the patient’s feeling (e.g. “It sounds like you’re upset about...”)
4. Legitimize that feeling
5. Respect the patient’s effort to cope with the predicament
6. Offer support and partnership (e.g. “Let’s see what we can do...”)
7. Use queries, clarifications, and responses to enhance empathy:

**Queries** *“Can you tell me more about that?” “What has this been like for you?” “How has all of this made you feel?”*

**Clarifications** *“Let me see if I’ve gotten this right ...” “Tell me more about ...” “I want to make sure I understand what you’ve said ...”*

**Responses** *“Sounds like you are ...” “I imagine that must be ...” “I can understand that must make you feel ...”*

□ **Practice Respectful Communication in Every Realm of Your Life**

Think of how you communicate with children, with teenagers, with older people, with close friends, with people who have more or less power, authority, and good fortune than you. If there are significant differences in your tone, your attitude, can you say why? *Should* there be significant differences?

Finally, here are two suggestions for developing your communication skills and attitudes at home, at work, and in the palliative and hospice care context:

- Enlist the help of others if you need to address any problems related to “talking down” ... patronizing... making “bossy” declarative statements, not really listening to or respectfully engaging others, clamming up *et cetera*.
- Use the “best friends” approach when you’re visiting with dementia patients: speak to them and be with them as you would speak to and be with your best friend.