

What are the Impacts of Communication Skills Training in a Foundation Degree for Support Workers?

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Background

Unregistered health and social care such as health care assistants and domiciliary care workers arguably provide the bulk of end of life care. They spend more time with people than trained staff, undertake more personal care and are often seen as the closest ally and friend by the people they care for. Their patients/clients may entrust them with unique confidences and share fears, hopes and regrets.



Eleven support workers taking a two year foundation degree in palliative and supportive care (FD) participated in an evaluation study. Communication skills training including role play was embedded in two modules of the FD which is accredited by the University of Northampton and delivered jointly with LOROS (deCaestecker 2008).

Methods

Mixed quantitative and qualitative methods were used at time points over two years. In order to make the study least burdensome and maximize participation students were permitted to participate as they felt able.

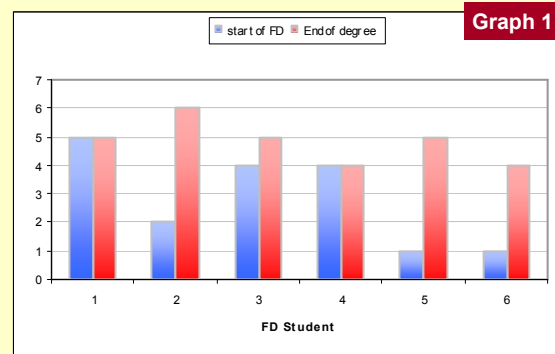
Responses to the Frommelt Attitude Toward Care of the Dying (FATCODb) (Frommelt 2003), Meaninglessness Intervention (MI) (Morita 2007) and Self Assessment of Efficacy (PERT) (Ersek 2005) were analysed descriptively and interviews thematically using constant comparison. The results presented here focus solely on the data related to aspects of communication.

RESULTS :

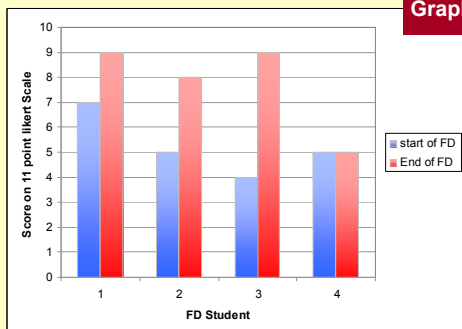
- ◆ Confidence increased in responding to a patient who says "I can see no meaning in life" (MI) for those who felt unconfident in this at the start of the degree (Graph 1).
- ◆ At the start of the FD students all disagreed with the FATCODb statement 'When a patient asks, "Am I dying?" I think it is best to change the subject to something cheerful.' (Q11). This level of disagreement was maintained or deepened at the end of the two years.
- ◆ The median score for self-evaluated effectiveness in communicating with patients with advanced and terminal illness and their families increased from 5 to 8.5 for students as a group on an 11 point scale. The scores for 4 students who completed the PERT at the beginning and end of the FD are shown in Graph 2.

Change in Student Confidence in Responding to Patients who say they can see no meaning in life

Score on MI:-
 0 = Totally unconfident
 1 = Unconfident
 2 = Moderately unconfident
 3 = Unsure
 4 = Moderately confident
 5 = Confident
 6 = Very confident



Change in students' self evaluation of effectiveness confidence in Communicating with patients with advanced & terminal illnesses & their families



Box 2: Observations by Colleagues (C) about Changes in Student Communication Skills and the Impacts of this in the Place of Work.

C1: She has a very good rapport, and no matter what stage of physical or mental health they are at, she can still get in, you know she can find a window and she can get in

C2: Well, yeah, we had a gentleman actually who died actually last week, so S1 had quite a bit to do with him and family. And I do feel that because of the course, S1 felt more able and more capable to talk to them about end of life, because it can be a difficult, horrible situation.

Interviewer: Very difficult conversation.

C2: Awful, yeah, and I think probably before, if we go back before the course and if we go back before our manager that we've got now, 1) they wouldn't have been allowed to speak and 2) they wouldn't have had the confidence to do so. Now, because of the course, and because of the manager, they have got that confidence and there is no worries at all

Interviews

These identified much greater confidence in working with communication scenarios that students previously would have found challenging and would have avoided or disengaged with. Use of silence was a key new strategy.

Box 1: Observations by Students (S) about Changes in their Communication Skills

S7: Before, but yeah because silence can be quite awkward. Yeah. And you're sitting there thinking oh should I be saying something? But no -

Interviewer: Automatic reaction just want to fill up silence.

S7: Yeah, but no like this morning, I just put my arm round her, I was just stroking her on the shoulder and just sat there and I said nothing to her and she stopped crying. Started talking about something completely different, yeah.

S6: Yes. So before I did the palliative care degree, if somebody had just received really bad news and then they turned to me and they were really distressed, I wouldn't know what to say, I'd just be horrified and think, oh my God I don't know what to say and just feel really uncomfortable, but since doing the degree, I felt like I could listen and just show some empathy and try and make them feel a bit better and they normally did, which was nice, so it's something that I wouldn't have been able to do before, so I did learn those skills through the palliative care degree.

S7: and if you go in and she's crying she shouts out 'help me, somebody come in', so you go in and people will say 'oh don't worry, your husband will be here soon' in a kind way but that's what they'll say and sort of ignore it. So I went in the other day thinking about what I'd learnt and I sat with her and I said to her 'why do you miss your husband?' and stuff and it made her cry even more because she was talking about why she missed him, how unhappy she is to be in the home and stuff, but I sort of pushed her to do it, pushed her to cry a bit more and get upset a bit more and she didn't shout out again all night.

Box 3: Observations by Patients (P) and Family (F) about Changes in Student Communication Skills

F1: I think she's more, I think she speaks with greater confidence, really, not in any kind of 'I know what I'm talking about' way, I mean, she's just more sure of herself, really. She's very good about informed consent and if, - my mother wees a lot at night and S11 had talked about, we had talked about the GP being involved, maybe her having some medication, but my mother was adamant that she didn't want the GP involved, she didn't want anything S11 has gone with that

F2: I mean she did come in didn't she and do a little interview with us about my Mum's needs, over a medium to longer term and it was quite interesting because I was here - the three of us were here and actually it turned into kind of a humorous conversation and quite light hearted, but we did talk about death didn't we? Do you remember all that?

P1: Yeah.

F1: And we kind of stuck with it a while and then it became a bit light-hearted - not because we were trying to steer away from it, but she did - S11 did come and approach it. But I think what she does is, she's very skillful in giving people a choice.

References:

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CONCLUSION:

Students felt more able to deal with challenging situations and self-reflective as well as externally reported practice indicated a greater competence in key end of life communication tasks. Students and others identified the pivotal importance of confidence and competence in communication underpinning the outcomes for all aspects of end of life care.