

## Communication Tools

### Effective communication is one of the foundational concepts that guides hospice palliative care (HPC).

This fosters positive outcomes such as addressing individual/family palliative care issues in a timely manner and preventing negative outcomes like misinformation sharing. When engaging with others, it is important to be mindful of our verbal and non-verbal communication.<sup>1,2</sup> We can always learn new techniques to enhance our communication skills. Some of our best learning experiences will come from reflecting on conversations, recognizing what we could have done differently and applying those learnings to our future conversations. There is no

fool proof method that will make us communication gurus overnight, but there are several helpful, evidence-informed tools that are designed to encourage a systematic approach to communication.

**Remember** - practice makes “better,” and improving our communication is a lifelong goal!

#### SPIKES Protocol <sup>2</sup>

- S** **Setting:** be mindful of the environment, distractions, privacy etc.
- P** **Patient’s perception:** find out what the individual/family already knows and understands
- I** **Invitation:** ask how much they want to know and if there is anything they do not want shared and receive permission to have the conversation
- K** **Knowledge:** we provide the information based on what the individual/family wanted to know using techniques like gentle truth telling and therapeutic silence
- E** **Exploring/Empathy:** acknowledge and respond to their thoughts/feelings/concerns using empathy
- S** **Strategy/Summary:** decide on a plan together, summarize it back to the individual/family and allow time for clarification and make changes as needed to the plan

#### CLASS Protocol <sup>3</sup>

- C** **Context/Setting:** ensure the space is ready for the type of conversation you anticipate having and be mindful of our non-verbal communication and actions
- L** **Listening skills:** use active listening skills such as asking open questions, clarifying what is being shared, using therapeutic silence, etc.
- A** **Acknowledge/exploration of emotions:** use empathy to identify the types of emotions they are experiencing and understanding where they come from and acknowledging the step, they took in sharing this
- S** **Strategy for Management:** work together to establish a plan to address their needs
- S** **Summary:** provide an overview of what was discussed and the plan forward and allow time for questions and plan for the next follow up conversation

#### Serious Illness Conversation Guide

This technique can help foster open communication to explore what the individual thinks/feels/wants, and it can shape their care plan going forward.

**Note:** This tool was created specifically for MDs/NPs to deliver diagnoses/prognosis related to serious illness and may not apply specifically to the scope of practice for your role.

We believe using the patient-tested language from the tool below is helpful in your communication with others. If you want to learn more about its usage in your practice, you might consider taking the dedicated [training](#) on the [SIC Guide](#).

When having difficult conversations with individuals/families living with serious illness you might consider sharing the difficult aspects of what is going on for them using “I wish/hope... but I worry...” statements <sup>4</sup>

**Example:** You’re a nurse caring for a patient with cancer, and this week you find their PPS has lowered to 40%. It is currently Spring, and you know their goal is to make it to their grandson’s wedding in the Summer. With this recent change, you feel you need to have a difficult conversation with the person so that they can make informed decisions. After setting up the conversation, and assessing the person’s needs and understanding, you share what you are observing by saying:

*“Over the last few weeks, I have noticed that your PPS score has been declining almost every week and is currently at 40%, which is getting closer to the end-of-life phase... I hope that you will be able to attend your grandson’s wedding in the Summer, but I am worried that you might have less time than we originally thought, and you might die before the wedding, if it stays planned for the summer.”*

#### References

1. Canadian Hospice Palliative Care Association. (2013). [A Model to Guide Hospice Palliative Care](#). Ottawa, ON.
2. Palliative Care Association, 2013. Pallium Canada (2020). [The Pallium Palliative Pocketbook](#): A peer-reviewed referenced resource. (2nd Ed.). Ottawa, Canada.
3. Buckman R. (2007). Communication Skills. In: Emmanuel LL, Librach SL, editors. Palliative Care: Core Skills and Clinical Competencies. 2<sup>nd</sup> ed. St. Louis. Elsevier Saunders.
4. Ariadne Labs [SIC Guide](#)