

Conversation science: difficult conversations about the end of life



Engaging patients in end of life talk.

...Capturing what experienced people do, passing it on

Becky Whittaker RN

Communication Skills Trainer

realtalk@lboro.ac.uk

www.realtalktraining.co.uk



@RealTalk-EOL

#RealTalkCommunicationTraining

#PrinciplesNotScripts



Loughborough
University



TOP TEN
IN ALL UK
LEAGUE
TABLES

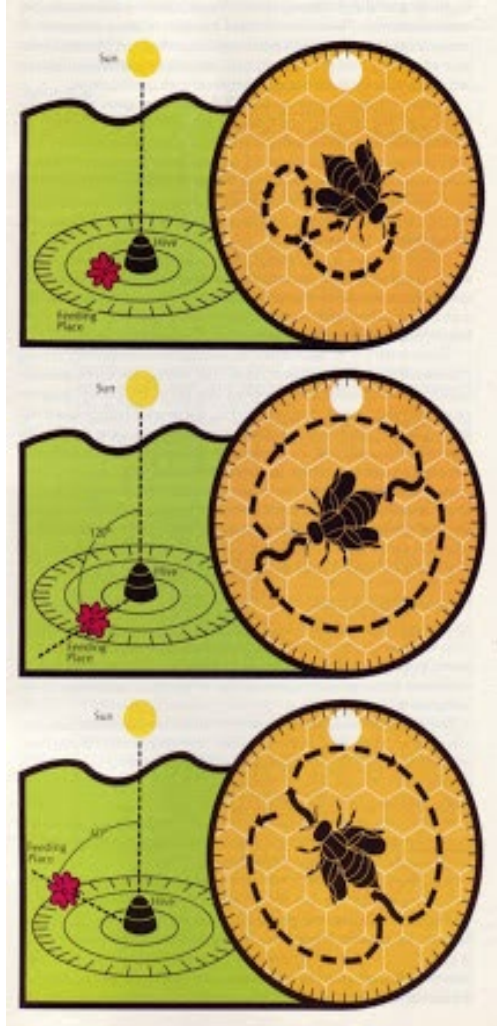


This afternoon we will.....

- Explore how conversation science can help us to understand 'processes' in conversation, and apply to clinical practice;
- Use video clips from a patient case study to observe and explore skills in initiating conversations about end of life;
- Reflect on challenging conversations from our own practice;
- Apply evidence-based practice to conversations with colleagues, and a patient and those important to them their family.

Understanding Conversation Analysis

(analysis of socio-linguistic interactions)



- in some ways compares to how naturalists look at bee dances
- directly observe: they don't rely on recall
- analyse of multiple episodes
- the naturalist is not in the business of assessing good/bad
- analyse how patterns and steps tend to lead to particular flying / pollen / honey outcomes
- allows learner engagement with authentic conversations
- principles based evidence

Example transcripts

Conversation analysis transcript

1. Pat: (That probably) my time's up?
2. (0.2)
3. Doc: Mh?
4. (1.3)
5. Pat: If it's up it's up? I can:' there's noth(h)ing nobody can do ('bout) .hhhhh
6. [yeahhhh=
7. Doc: [No?
8. Doc: =No but (.) but i[t's-s-
9. Pat: [(oi) hhh .hh you see 'cause I've got a daughter. He's
10. only - <she's only thirteen, .hhhh h you know I feel like I wish I can (.)
11. get (.) probably a:s (0.2)
12. Doc: [Mm
13. Pat [to s- (0.3) fighting all this.
14. Doc: Ye:s.
15. (0.3)
16. Pat: .hh A:n=hhh I [(don't mind) but]=
17. Doc: [You want to be there for them.]=
- 18. Pat: =.hhh I think that (when when) she's fifteen I might think "o:::h
- 19. (please)/(just) a couple of years. .hhh I guess being greedy I: would
- 20. say? .hhhhh [I think (you see)
- 21. Doc: [(-)
- 22. Pat: the bottom line I: think that I just want to live?
23. Doc: tk Ye[s.

RealTalk transcript

- 68 **Pat:** If it's up, it's up. I can't- There's nothing nobody can do but-
- 69 **Doc:** No. No. But it's...
- 70 **Pat:** We- It's just that I've got a daughter she's only- she's only thirteen. You
- 71 know, I feel like, 'I wish I can get couple of years.'
- 72 **Doc:** Mm.
- 73 **Pat:** 'Just fighting all this.'
- 74 **Doc:** Yes.
- 75 **Pat:** And...
- 76 **Doc:** You want to be there for them
- 77 **Pat:** I don't mind really(?) but I'm thinking only when she's fifteen I might think,
- 78 'Oh I need a couple more years' Just being greedy I would say
- 79 **Doc:** Well it-
- 80 **Pat:** I think the thing- bottom line, I think I just want to live
- 81 **Doc:** Yes
- 82 **Pat:** Heh heh
- 83 **Doc:** Yes
- 84 **Pat:** That's what it is
- 85 **Doc:** That's understandable
- 86 **Pat:** That's what the bottom line is I think I just want to live?
- 87 **Doc:** Yes

Conversation science and difficult conversations



- a principles approach based on evidence captured in filmed consultations at a UK Hospice
- capturing what experienced people do.... and passing it on
- evidence base relates to end-of-life care conversations and is transferrable to all settings and situations
- identifying and naming the skills



www.realtalktraining.co.uk



Focusing on the clinical task / outcome Vs keeping focused on the interaction



OUTCOME

Aim of conversation can often be to achieve an outcome
e.g. to complete a ReSPECT form or plan a discharge



PROCESS

Focusing on the interaction – *the process of the conversation* - can build understanding between giver and receiver..
Learning from Conversation Science helps develop trust that the process will achieve the outcome



www.realtalktraining.co.uk



[Home](#)

[About](#)

[Modules](#)

[In a Nutshell](#)

[Blog](#)

[FAQs](#)

[Apply](#)

[Login](#)

Video-based communication training

Engaging patients in end of life talk.

'Real Talk' is a novel and flexible communication training resource designed to use in face-to-face training events. It features real-life video recordings of UK hospice care, and learning points based on cutting-edge communication science.

[Apply](#)

Trainee Safeguards for original Real Talk video clips used in online, streamed training

1. When video clips are played, these must be visible and audible only to the individual(s) undertaking the training;
2. Clips must **not be recorded** in any way, including photographic, audio, video or screen capture;
3. Both during and after the training session, the trainees and facilitator(s) must not talk about any individual shown in the video clips in personal or negative terms;
4. It is possible that in your personal or professional life you may come across people whom you have seen in the video clips. Please be aware that these individuals are unlikely to know that you have seen video footage of them;
5. The video materials include content that may be distressing. You are encouraged to share any feelings of distress with your training facilitator during or after the streamed session;
6. Be aware that none of the professionals who appear in the recordings claim that their clinical practice is perfect. However, the clips do include many examples of skills and actions that can contribute to good practice.



Some principles...

- When looking at the video clips, consider:
 - What did you see? what did you hear?
 - Why did that happen? and why now?
 - How might the doctor, patient and husband each be feeling?
- Avoid looking for what was 'good' or 'bad' – time to think differently
 - If you find yourself making judgements - (good, not so good, and so on), to help yourself be more objective, more analytical, ask yourself:
"What did I see and/or hear that led me to make that judgement?"
- Remembering people do what they do for good reasons
- There are multiple ways of doing a communication task, each with pros and cons, often there is no right or wrong way



Engaging patients in end of life talk.

Using conversation science in difficult conversations....



Real Talk

- silence – opens an opportunity space
- recognising cues – keeping them on the table
- the ‘Salsa dance’ and cues – a movement between giver and receiver
- continuers – I’m here and I’m listening *‘mm yes aaha ok’*
- being messy – empathic response *‘Um...di- have you - have you made any changes to what - of whether you’d want – want to be- where you’d want to be and so forth?’*
- tone – *e.g. sick enough to die’ / ‘I’m sorry for your loss’*
- just – minimises the experience *‘**just** fighting it’ ‘**just** being greedy’ ‘**just** want to live’ ‘**just** a bit frightened’*
- principles approach – not scripted responses

Thank you.....



Engaging patients in end of life talk.

VERDIS publications accessed via Bit.ly

<http://bit.ly/ParrySystReviewCommAboutFuture>

<http://bit.ly/ParryEtAlAcceptabilityDesignVideoResearch>

<http://bit.ly/PinoEtAlViewsOnVideoRecording>

<http://bit.ly/PinoParryBroachingDying>

<http://bit.ly/LandEtalManagingPatExpectations>

<http://bit.ly/FordHepburnParryEmpathy2019>

<http://bit.ly/PinoParryHowPatsAskReLifeExpectancy>

<https://www.realtalktraining.co.uk/category/covid-19>

bwhittaker.consultancy@gmail.com

realtalk@lboro.ac.uk (until end of June 2022)

realtalk@treetopshospice.org.uk

Follow us on Twitter



[@RealTalk_EOL](https://twitter.com/RealTalk_EOL)

[#RealTalkCommunicationTraining](https://twitter.com/RealTalkCommunicationTraining)