

Conversation science: difficult conversations about the end of life



Engaging patients in end of life talk.

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

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<https://www.treetopshospice.org.uk/resources/training-and-development/realtalk/>



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@RealTalk-EOL

#RealTalkCommunicationTraining

#PrinciplesNotScripts

This afternoon we will.....

- Explore how conversation science can help us to understand 'processes' in conversation, and apply to your 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 your own practice;
- Apply evidence-based practice to conversations with colleagues, patients and those important to them.

Conversation science and difficult conversations

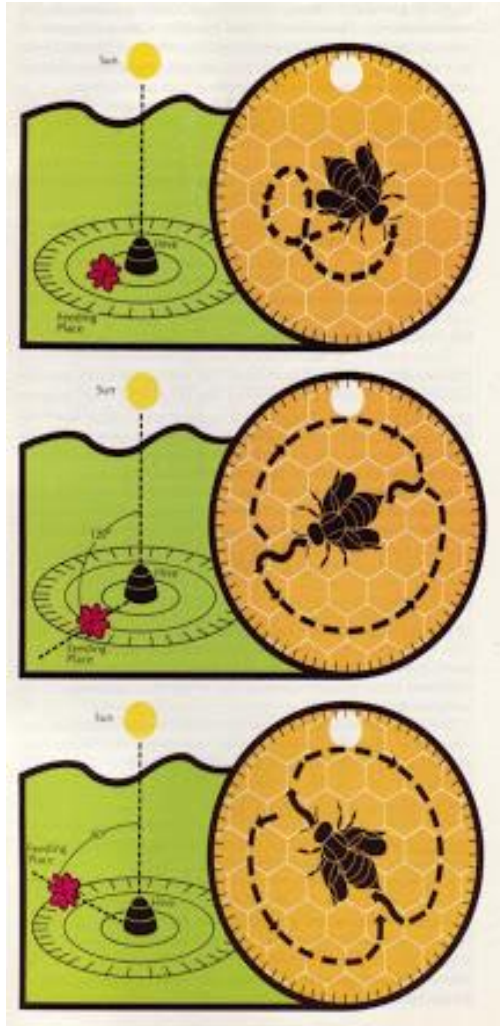


- a principles approach based on evidence captured in filmed consultations at a UK Hospice
- capturing what experienced people do.... and passing it on
- evidence base relates to end-of-life care conversations and is transferrable to all settings and situations
- identifying and naming the skills



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 interviews or narratives
- analyse of multiple episodes
- the naturalist is not in the business of assessing good/bad
- analyse how patterns and steps tend to lead to honey outcomes
- allows learner engagement with authentic conversations
- principles based evidence, not relying on a script

How Conversation Analysis understands interaction....

We DO (simultaneous) things through interacting with one another:

- **Clinical**

For instance, assessing pain, getting the patient's perspective, negotiating treatment/care recommendations, enabling ReSPECT conversations

- **Social**

Such as, conveying we're paying attention to the person, circumventing or de-escalating conflict, conveying empathy and trustworthiness

- **Relational**

Including conveying who you are to me, who I am to you, and what we are doing together in this interaction

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



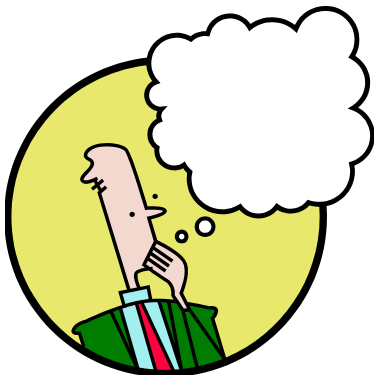
OUTCOME

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



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

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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.

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Trainee safeguards: **Online (streamed) training** using RealTalk video clips

1. Trainees must ensure that the video clips are only visible and audible to the individual(s) undertaking the training.
2. You **must not record the clips** in any way, including photographic, audio, video or screen capture.
3. At no point, either during or after the training, should you talk about any individual who features 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 who you have seen in the video clips. Please be aware that these individuals are unlikely to be aware that you have seen video recordings of them.
5. If you recognise any of the people in the video clips, you must not refer to them by name.
6. 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.
7. Be aware that none of the professionals who appear in the recordings would claim that their clinical practice is perfect. However, the clips do include many examples of skills and actions that can contribute to good practice.
8. All those who took part in the recordings gave their permission for clips from these recordings to be used in training, provided that the above safeguards are upheld.



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



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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.....

VERDIS RealTalk publications accessed via Bit.ly

<http://bit.ly/ParrySystReviewCommAboutFuture>

<http://bit.ly/ParryEtAlAcceptabilityDesignVideoResearch>

<http://bit.ly/PinoEtAlViewsOnVldeoRecording>

<http://bit.ly/PinoParryBroachingDying>

<http://bit.ly/LandEtalManagingPatExpectations>

<http://bit.ly/FordHepburnParryEmpathy2019>

<http://bit.ly/PinoParryHowPatsAskReLifeExpectancy>



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<https://lboro.onlinesurveys.ac.uk/realtalk-trainee-post-training-survey-2>

An information sheet and consent form are included at the beginning of the survey. Participation is optional for all trainees.

If helpful, the post-training survey can also be accessed by scanning the following QR code

