Personal Support Worker Series

Personal Support Workers and Challenging Conversations

Host: Jeffrey Moat

Presenters: Amy Archer, Diane Roscoe and Tracey Human

Date: August 19, 2021

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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Thank You

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Introductions

Host

Jeffrey Moat, CM
CEO, Pallium Canada

Presenters

Diane Roscoe, RN, BScN, CVAA(c), CHPCN(c)

Educator and IPAC Lead at Carefor Health and Community Services - Ontario
25 plus years experience as a home care nurse in palliative care
Guest lecturer and lab instructor at several PSW educational institutions and schools

Tracey Human, RN, CHPCN(c), PPSMC

Director, Palliative Care, Pain & Symptom Management (PPSMC), Toronto Service
35 years of practice in palliative care specialty
Clinical Educator; Consultant; Member, Ontario Palliative Care Network Clinical Advisory Council; Content contributor palliative Practice Guidelines; Research partner

Amy Archer, RN, BScN, CHPCN(c)
Director of Care at Oak Ridges Hospice, Port Perry; Executive Director of Sloane’s House: Paediatric Respite and Hospice, Durham;
18 years of nursing experience, focused palliative care experience for 9 years; LEAP Master Facilitator; Member of HPCO Advance Care Planning and Health Care Consent Community of Practice- Member of Paediatric Sub-committee.

Conflict of Interest

Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Palliative Pocketbook

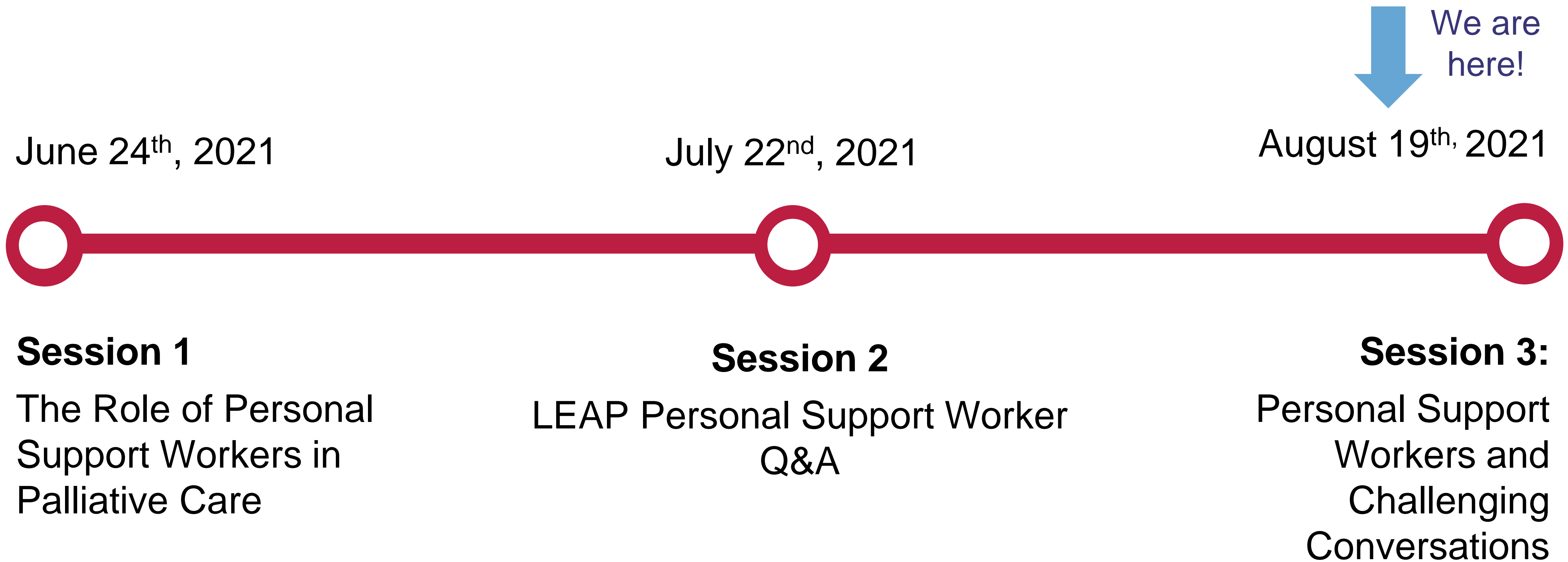
Presenters

- Diane Roscoe – paid LEAP facilitator and Pallium course work development
- Tracey Human – paid LEAP facilitator and Pallium LEAP Personal Support Worker course development
- Amy Archer - paid LEAP facilitator and Pallium course work development

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion. Please add your questions in the Q&A function
- You are also welcome to use the chat function to ask questions, if you have any comments or are having technical difficulties.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- Our title says Personal Support Worker—however this includes others such as Health Care Assistant or similar roles, many provinces aligning with the title PSW

Series at a Glance



Learning Objectives

By the end of the session, participants will be able to:

- Explore why these conversations can be so difficult
- Learn how our own personal feelings, emotions, and anxiety can influence and affect these conversations and their outcome
- Provide advice on approaches to handle these exchanges in a professional, empathic, and compassionate way

Personal Support Worker Role in End-of-Life Conversations

Story Sharing

Diane: recount of first experiences with End-of-Life Conversations

What are End-of-Life Conversations?

Other Team Members conducting:

- Breaking “bad news” conversations, including prognosis, using sensitive truth-telling language
- Exploring what they want to know, values, hopes, wishes, fears, quality of life defined by the individual
- What to expect and likely course of their illness
- Goals of Care, treatment plans, transition from curative to comfort care
- What are the individual’s and families’ wishes
- Dealing with dying, grief, meaning and purpose
- Preferred setting of care and care coordination for death in their preferred location
- Withholding or withdrawing treatments
- Plan for no CPR/DNR (timing of deactivating implanted cardiac devices that will deliver shocks)
- Substitute Decision Makers/ POA documents

Why are End-of-Life Conversations so Difficult?

Talking about death or dying can bring up many uncomfortable thoughts and feelings, so wanting to avoid it is a common reaction.

- We are not confident in what to say, how to say it or what to do to comfort
- We are afraid we will say the wrong thing or not having the answer
- We are afraid we will extinguish hope
- Afraid we don't have the time to sit and listen or it may take too long
- Our own attitudes, beliefs, experiences and lack of competencies
- Family has told the Team "Don't tell them they are dying."

Talking about death with someone who has a life-limiting illness can be very helpful for them at any stage in their illness. It is not a single conversation.

Practice Pearl

Practice in front of a mirror, phrases or sentences

Practice with a family member or friend

Why are these conversations important?

1. To not take part in them leaves the individual and family feeling alone and abandoned in their most vulnerable time

2. Most importantly because we allow and respond to emotions (Soul Care)
   - It provides opportunities to express concerns, worries and fears
   - Understanding hopes and wishes is important for legacy and peaceful life closure
   - Fear of the unknown is distressing

3. Creates opportunities to plan and attend to life closure practical things

"No words left unsaid, no deeds left undone"

Have you ever been Asked...

- *"Am I dying?"*
- *"Is my (Dad/ Mom, Sister/ Brother, Wife/Husband) dying?"*

Have you heard an individual say things like...

- *"I am ready to go, or die" or "I am NOT ready to die"*
- *"I can't take it anymore… I just want to die"*
- *"Why is GOD doing this to me?" or "Why is this happening to me?"*
- *"This is all my fault why I am suffering like this."*
- *"I wonder if I am going to heaven."*
- Others?

What about if they tell you they have had visits from a loved one that is deceased?

These are all examples of Soul Pain

Our response is

Soul Care Communication

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Listen & Observe for signs that indicate emotional, spiritual, psychological needs or distress:

- Expressions of injury to the integrity; dignity; respect
- Expressions of worries or fears
- Expressions of loss, sadness, anger, rage, regrets; anguish; withdrawal, or yearning
- Expressions of emptiness, hopelessness, meaninglessness

"Soul Care" Communication

PSW role is:

1. **Recognize it**
   - **Expressions are invitations - they want to talk and have chosen YOU**
2. **Sit, Listen**
3. **Report**

Approaches & Practice Pearls to Help

“Soul Care Communication”

Pearls for what to do

Our approach is Multimodal for both the individual & family. They ask us to:

Know Me, Ask Me, Listen to Me, Hear Me, Guide Me, Respect Me, Comfort Me, and Support Me

By:

- Spending time (outside of care tasks)
- Giving our undivided attention
- Just listen and be with them

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Helpful Phrases

- **“I am so sorry”**
- **“That sounds so important, will you share more with me about it?”**
- **“You look as if there is something important on your mind”**
- **“You looked as if you were miles away just then, what were you thinking about?”**
- **“Are you feeling worried?”**
- **“Are you comfortable?” “anything I can do to make you more comfortable?”**
- **“How are your spirits?”**
- **“I so wish you didn’t have to go through this”**

Phrases to Avoid

- **It’s OK**
- **Don’t worry**
- **It will all be OK**
- **Don’t feel that way**
- **How are you feeling?**
- **You will feel better after you sleep, eat….**

How we Listen

By time you spend, the sounds you make, our body language

The words we use is last!

Undivided attention (Time) speaks volumes about person’s worth - don’t rush

- Develop comfort sitting with and listening in silence
- Listen to their life, experiences, hope, wishes and fear

Sit with the individual

- Sitting down conveys your undivided attention
- Be at or below the eye level of the person conveys humanity and respect

Comforting sounds have more effect that words

- soothing calm tone
- “mmmmm” with a head nod

Body Language

- Relaxed and open
- making eye contact

Communicating during End-of-Life Moments or with someone who is Grieving

Avoid

Trying to force a “bright or good side”

- acknowledge the other’s pain, don’t ignore it or try to find a silver lining

Forcing common experience

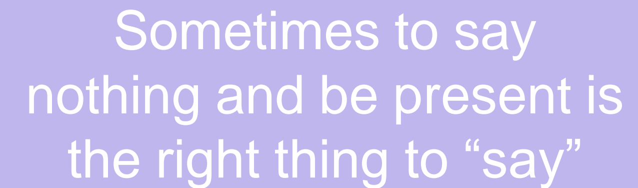
- ...my aunt, mother had a similar experience

Offer unsolicited advice

- “I think you should”

Forecasting the future

- I don’t think...



- **Remind them you are always there and available to listen**
- **Be “present” and open to the pain the person is experiencing.**
- **REPORT TO THE TEAM**

Being Present

What does this mean?

Story Sharing

Diane: The story of Super Nurse

Helpful Phrases after someone dies

"I am so sorry that Nic has died"

"If you need to talk, I am here"

Share a shared memory…"Remember when Nic…"

For the Health Care Workers that are, "doers"

"What is the most important thing I can do for you right now?"

Practice Pearl: try to have a beginning understanding of customs and expectations/protocols around death and dying for various cultures and religions.

Case Study- nikwemes

nikwemes (prefers to be called Nic), is a 77-year-old Cree gentleman, living in a retirement community. Nic never married, has no children and was raised in a remote rural community but moved to the city to be closer to the healthcare specialists involved in his care.

Nic's medical history includes osteoarthritis, heart disease, Type 1 Diabetes, kidney disease, heart disease with episodes of angina

Nic was diagnosed with pancreatic cancer, after a few months, Nic is now end of life, his PPS is now 10%. His two nieces are present with you the PSW.

Case Study- Nic (continued)

One niece says to you:

“*What is happening? Shouldn’t we be doing something?*”

Case Study- Nic (continued)

What if the niece asks you:

“Is he dying, how much longer?”

Attending funerals or wakes or other services

Practice Pearl

- Be aware of you agency policy on such matters
- Be aware of your regulatory body practice statement if applicable

- What to say if you do attend?
- What to sign in the guest book?

Practice Pearl

- Don’t overstep your boundaries - remember your ROLE
- Less is more - stay briefly, and leave unless specifically invited to stay

Recap

The most important thing you can do is:

- Sit & Listen
- You do not need to have the answers
- The sounds you make are more important than the words you use

Communication Resources

Dignity Conserving Care & Communication Approaches

- https://dignityincare.ca/en/

SPIKES; CLASS; EVE Communication Strategies/Protocols

- https://training.caresearch.com.au/files/file/EoLEss/SPIKES.pdf
- https://www.mdanderson.org/documents/education-training/icare/pocketguide-texttabscombined-oct2014final.pdf

Wrap Up

- Please fill out the feedback survey after the session (there will also be another follow up survey sent to you 1 month after today's session)
- A recording of this session will be emailed to you within the next week.

Thank You

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