

What is Difficult in Talking to Friends and Relatives About Dying: Do Clinical Communication Training Methods Help Community Members?

Analysis of **The Omega Course** Communication training Day.



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The Royal College of Physicians 'Talking About Dying' report 2018¹ demonstrated that trained medical professionals find initiating End of Life conversations difficult due to culture, confidence and practicalities. Clinicians and patients find confronting their own mortality challenging and the inaccuracy of prognosis compounds reluctance. There has been no report of the difficulties lay people have talking about death and dying, and no communication training offered to the public to enable them to be helpful friends and neighbours, able to listen and talk about end of life matters. This is important as terminally ill people spend only 10% of their time with doctors and nurses in the final 12 months the other 90% is spent with family, friends, shopping, socialising, or walking the dog².

Aim

The Omega Course offers a safe space for discussion during 14 hours of public health education about death and dying, including 6 hours of communication training by role play. Participants also explore death experiences, their bucket list, advance care planning and bereavement. The aim of this evaluation was to investigate what the public find difficult about death and dying conversations, compare this to the professional view, and test the acceptability of communication training by role play in this setting.

Methods



Communication Training

Facilitators model and teach theory and good communication skills and collect scenarios that participants feel are hard to handle socially by posing the question 'What is so difficult in talking to someone about your own or other's illness and death?' After boundary setting volunteers are invited to role play the scenarios using suggested attitudes and opening lines from the observing group. After a review by the volunteers, positive feedback and learning points are given by the group and facilitators. The method is adapted from Maguire³.

Qualitative Analysis

Data came from 2 sources:

- Answers to 2 qualitative questions on the post-course questionnaire undertaken on the last evening of the course were collated.
 - What has been the best part of the course?
 - What has been the most challenging part of the course?
- The scenarios describing difficult moments in conversation were analysed using Thematic Analysis⁴.

Results

Feedback about The Omega Course as a whole. n=59:

a. What has been the best part of the course?

- 17 participants replied quoting the communication training.
- 14 undertaking role-play
 - 1 talking about difficult conversations
 - 2 gaining confidence in speaking about death and dying
 - 1 the relaxed, safe togetherness of the training

b. What has been the most challenging part of the course?

- 11 participants mentioned the communication training.
- 7 undertaking role-play
- 2 talking about death and dying
- 1 listening
- 1 realising perfection is not required, "I'm sorry" can be enough

Scenario Theme Tables

58 challenging scenarios offered by 49 participants from 5 Omega Course communication training days were analysed.

RCP Report Themes		Omega Course Themes	
Culture	Avoid discussing death, public expect cure	Starting the Conversation	I am uncertain how to broach the subject of death in the face of reticence, reluctance, friendship, habitual avoidance.
	Talking about it is giving up Death is a failure Always do something to help avoid litigation Don't have the time	Looking After the Hearers	I am concerned for the effect my intervention will have on the hearer.
Confidence	Few role models, simulation training only Little exposure to end of life care Few opportunities to practice with feedback Prognostic uncertainty, when is the right time?	Confidence in my Competence	I lack of confidence in my entitlement to engage, the level of relationship, my competence, sensitivity, and relevance to this person.
		Dealing with distress on the phone	How to respond when non-verbal clues are less available.
		Resilience as a Listening Friend	Is this something I can deal with myself?
Practicalities	Who should start/take responsibility for the conversation? Start when cannot carry through? How record conversations? Time in clinic limited Cultural and religious challenges	Taking Responsibility	Am I aware enough of when to intervene, when to carry on, when to withdraw?
		Crossing Chasms	How will I be able to deal with issues that arise when speaking with people with different beliefs, culture, disability, dementia, age, to my own.
Confronting one's mortality	Difficult with patients	Bereavement Issues	Longer term resilience issues standing with the bereaved; dealing with personal regrets, after-life concerns, and with grief whilst feeling it oneself.

Discussion

The professional barriers to end of life conversations, as well as the need to have opportunity based conversations as described for clinicians¹: compares closely with the themes from our participants. Confronting one's own mortality inhibits both groups but The Omega Course deals with this prior to the communication training day. Participants enjoy, are challenged, and benefit from, communication training with an adapted professional method using role play in the context of the safe environment to discuss death and dying created on the course.

Conclusions

Starting conversations with people about end of life care is a "challenge, and sometimes impossible"¹ for clinicians and, as this work demonstrates, also for family, friends and neighbours. For clinicians, resources and best practice aids have been made available. For family, friends and neighbours, The Omega Course has demonstrated that training is possible to help with the challenge. Resources and best practice aids need to be developed for non-clinical people if we are to be compassionate communities and fulfil Ambition 6 such that "People are ready, willing, and confident to have conversations about living and dying well, and to support each other in practical ways."

1. RCP Report October 2018 Talking About Dying 2. Thomas, 16 Community Palliative Care, ABC of Palliative Care. BMJ Books 3. Maguire, "The Use of Role Play in Teaching Communication Skills", Cancer Research Campaign 4. Maguire & Delahunt, "Doing a Thematic Analysis: A practical, Step by Step guide for Learning and Teaching Scholars"; Dundalk Inst Tech. 2017