**Companion Training**

**Aneurin Bevan University Health Board – based on Marie Curie Companion Training**

**Introductions**

• Fire alarms

• Housekeeping

• Looking after yourself

• Why are you interested in supporting people at the end of life?



**Objectives of the Day**

**This training aims to provide you with:**

• Clear **understanding** of the

companion role 

• An opportunity to enhance your

own **communication** skills

• An understanding of how to work

in **end of life care**.

• Increased **confidence** in your own

abilities

• An opportunity to **raise**

**awareness** and management of

your own responses



**Training Outline for Companions**

**Core Training**

1. Confidentiality

2. Safeguarding

3. Communication skills 4. Safe working

5. Dignity and Respect 6. Infection Control 7. Welsh Awareness 8. Dementia Friends

**Additional Companion Training** 1. Skills training

2. Factors affecting

attitudes/different perspectives 3. Spirituality

4. Emotional support

5. Challenging questions

6. Grief and bereavement 7. Ensuring quality practice.



**The Companions will:**

• Provide individual and tailored **support** for patients and those that are important to them.

• Provide **companionship** during the dying phase • Provide practical **information**

• Inform clinical teams of **important** messages or feedback

• Contact relatives a few weeks after their relative has died to ensure their wellbeing

• **Work closely** with teams, bereavement services and chaplaincy



**How does it work?**

• Part of individual end of life care planning

• Patients and their families are identified by healthcare professionals

• Conversations about what might be helpful with the volunteer coordinator or a volunteer.

• Referral made and responded to that day



**Companions are important because…**

*Can be a lonely and isolating experience for the patient and for those that are*

*important to them.*

*Can be the choice of the patient or those that are caring for them.*

*There may be nowhere else for them to go.*

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**Patient View**

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**“***I don’t like the prospect of having to suddenly come to terms with the fact that I may be dying and to have somebody intelligent and sympathetic to chat to about these things is a great help****”*** Terminally ill person, Somerset



**Skills Training**

**Listening and Communication**

• What is communication? 

• How do we communicate?



**Listening and Communication**

• How do we listen to others in our everyday lives?

• How does it feel when you have been listened to?

• How do we show we are listening? 

• Focus

• Open Questions

• Summarising and Reflecting

• Clarifying

• Silences

• Hearing/Listening

• Responses

• Our body language



**Communication**

**Blocking and Barriers** 

• Making Judgements

• Our stuff in the way

• Preoccupation

• Emotional blocks

• Hostility

• Past experiences

• Ambiguity

• Hidden agendas

• Stereotypes

• Defensiveness



**Different perspectives on life and death**

• The factors that can affect an individual’s views on death and dying

• Our own views on death and dying

• **Please take a card…**

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**Factors that affect how people view death and dying.**

Age

Gender

Social attitudes Cultural factors

Spirituality

Psychological and emotional

factors

Religious factors

LGBTQ+



*Many older LGBT people have significant fears about palliative and end of life care services. They are concerned that service providers and health and social care*

*professionals will be indifferent to their sexuality and gender identity, or, at worst, actively hostile. They worry that palliative and end of life care services are simply ‘not for them’, or that they will receive worse treatment than their straight peers.* (Marie Curie, 2016)



**Spirituality**

Think about what 

spirituality means

to you.





**Spirituality** 

What makes me, me?

How do I express my 

humanity?

What does it mean to

be human?



**Human Rights**

**Emotional Support**

**Emotional Support**

Spirituality

Financial

Relationships

Identity

Psychological Social

Treatment Dying

Pets

Physically

**Key worries at end of life **

**Common symptoms at the end of life.**

• Pain

• Weakness

• Anorexia

• Constipation

• laboured breathing • Insomnia

• Sweating

• Diarrhoea

• Drowsiness

• Depression

• Swelling

• Dry/Sore mouth

• Nausea / Vomiting • Anxiety

• Accumulation of fluid in the abdomen

• Cough

• Confusion

• Bleeding

• Itch

• Oral thrush



**To Touch or Not To Touch?**

• Touch is a powerful emotion

• Some cultures deem touch unacceptable/offensive

• Expressive touch is a spontaneous expression to support and show concern

• Evidence suggests that touch can be related to lower levels of anxiety

**How do you know if the patient wants or likes to be touched?**

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**Challenging Questions**

**Challenging Questions**

• What makes a question challenging?

• Can you think of challenging questions you have been asked? 

• Why was it a challenge

• Why is it challenging for the person?



**Why are they a challenge?**

• There isn’t an answer

• The question is unexpected

• Unsure about answering truthfully/ removing hope • Not knowing the answer

• Worried about the emotions behind the question • Not having the skills

**It is important to look after yourself and if there are questions you cannot answer – refer to someone who can – refer to the clinical team.**

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**Responding to challenging questions**

• Find out why the person has asked the question • Confirm the person’s thoughts if correct and offer support • Encourage the person to voice their concerns

• Answer realistically

• Invite further questions if appropriate

• Offer information only on what the person has asked about • Give assurance of support and continuity of care • If you don’t know the answer … say so.



**Unpeel the layers……..**

• What has the person been told?

• What do they understand?

• What do they think is happening?

• What are their greatest concerns?

• How do they feel about that?

• How can we help with that?

Our role is to affirm and support them

**Managing Anger**

**Managing Anger**

**Group Work... Discuss**

• Why may a person or relative express anger?

• Is anger justified?

• How difficult do you find it to deal with someone who is angry?



**Causes of Anger**

• Delayed diagnosis/treatment 

• Poor communication

• Loss of future/other losses

• Feelings of hopelessness

• Guilt

• Worry/Fear

• Loss of control



**Signs of Anger.... Discuss**

**May be openly expressed....**

• *What signs can you think of?*

**May present as a withdrawal**

• *What signs can you think of?*

**

**Principles for Defusing Anger**

• Acknowledge the

anger/problem

• Use active listening skills • Show genuine concern and empathy

• Encourage expression of their feeling

• Be non-judgemental

• Consider the environment • Remain calm and assertive • Don’t use phrases such as ‘Don’t be silly’

• Apologise if appropriate • Use open body language • Tone of voice



**Lunch 12.45pm-13.15pm 12:45 – 13:15**

**Grief and Bereavement**

**Session purpose:**

**The purpose of this module is to:**

• Consider different responses to loss

• Increase understanding of grief and bereavement

• Increase self awareness and recognition of potential emotional triggers



**Loss**

• The dictionary definition:

– The act or fact of losing

– To stop having; to have no longer

– To have taken away from one (by death or accident) – To be worse off (e.g. financially)



**Loss**

**Think of a time when you have lost something, not a person or a pet.**

**Try and remember the feelings around that.**

**What helped you?**

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**Normal Grief**

• Grieving is described as the transition between the original situation and the new. The transition is not smooth or linear but there is oscillation between the past and the future.

• Grief can be described as the intense emotional and physical reaction that someone experiences following loss



**Anticipatory Loss/Grief**

• Grieving that occurs prior to a loss

• When does the mourning process begin?

• People may withdraw emotionally too soon, before the person dies, resulting in relationship problems

• Family may be over protective and try to arrange treatment that is inappropriate

• Can be overwhelming



**Anticipatory Loss/Grief**

• When can this happen?

• How might it feel?

• What might people think or do?

• What do people need?



**Bereavement**

• Our contact with bereaved people can be at the beginning of what maybe a lifetime’s work, or at any point along that journey.

• The experience of family and friends around the time of death is very important. It is likely to be remembered for a long time and can effect their grieving.



**Factors which can affect the outcome of bereavement**

• The nature of the death

• Characteristics of relationships before the death

• Characteristics of the survivor

• Family and social circumstances

• Opposition to let go – refusal to accept death

• How the bereaved are supported.



**Dimensions of loss - exercise**

• Discuss how you think the different dimensions will be experienced by

terminally ill people,

carers and family

• Emotional • Social

• Physical • Lifestyle • Practical • Spiritual • Identity



It is **normal** for people to be dysfunctional in the immediacy of their loss and in their intense grief.

In the immediacy of a significant loss we need to provide watchful waiting, low intensity support aimed at normalising the emotions and experiences.



The importance of 

**uncertainty**

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**Quality Practice**

**Principles of good practice**

Listening and responding to each person as

an individual 

Taking account of each person’s

circumstances, experiences, feelings and

beliefs.

Asking about needs and preferences and

offering choices

Avoiding assumptions

Being non – judgemental

Participation



**Perceptions**

**Exercise:**

• Individually .... Imagine you are the person or family member waiting for the companion to arrive. It’s your first experience of the service

• What are your expectations?

• Jot your thoughts down and then share with the group

**Perceptions and Awareness**

**Patient expectations**

• Positive image

• Polite

• Professional

• Respectful

• Caring

• Trained

• Calm

• Good communicator

• Confident

**Self-aware**

• Act as an ambassador

• Remember you are a guest

• Self awareness....

• Acknowledge your abilities and limitations

• Think about your own attitudes, beliefs and perceptions

• Be non-judgemental

• Remember - how you are feeling can and will come across

**How you see yourself is NOT always the same as others see you!**

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**Boundaries of the Companion role **

**The Boundaries of the Companion role**

**What do you think they are? **

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**Personal Boundaries**

**Exercise: Consider the following Statements**

• I can work most effectively with people if I have the same experience

• When the person asks for your opinion on their situation, should you give it?

• It should always be the same Companion who sees the same person



**Do you feel prepared?**

• Have we given you enough information today to start you in your new Companion Role?

• Are there any other questions?

• Is there anything worrying you about this role?

• Is there something else you would have liked to see in the training?



**Looking after yourself.**

How do you reward yourself? 

How do you relax?

How do you wind down?

