

Rose Volunteers

End of Life Care Training

Welcome & Introduction

- Introductions
- Why have you chosen to be a Rose Volunteer?
- Expectations
- How will the day look?
- Ground rules

Welcome & Introduction Debs & Jane	
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Working within Boundaries and Support Available

- The Referral Process
- Confidentially and Personal Disclosure
- Non - judgmental
- Dress Code and Rose Volunteer ID
- Time keeping
- Role of Rose volunteer manager and supervision
- Raising Concerns

Communication Skills- Aims & Objectives

- The hospital setting
- Communication skills
- Picking up on cues
- Blocking
- Empathy

- Dealing with distress

What Makes Good Communication?

Non- Verbal

- Personal space • Eye contact
- Facial expressions • Posture
- Gestures
- Physical contact

Verbal

- Listening
- Respecting Silences • Acknowledging • Encouraging
- Picking up cues • Open questions • Reflecting
- Clarifying

What are Cues in this setting ?

“A verbal or non verbal hint which suggests an underlying unpleasant emotion and would need clarification from the health care provider”

We Can Miss Patient Cues

Listening and Responding Appropriately

- Open Questions • Open Directive Questions
- Acknowledging • Clarifying
- Exploring • Paraphrasing •

Reflection

- Empathy
- Educated Guesses
- Pauses/silences • Minimal Prompts • Summar

Blocking Behaviour Examples

- Physical questions •Inappropriate information
- Closed questions
- Multiple questions
- Defending/justifying •Avoiding Eye Contact •Rushing past/too busy

- Premature reassurance •Premature advice
- Normalising
- Minimising
- Removal of emotion •Jolly along

The Environment Blocking – Avoiding Emotion

Patient: “ I was worried about what the doctor told me this morning” **Blocking response:** “ How are you feeling today ?” **Patient:** “ the doctor told me I have cancer, I am devastated “ **Blocking response:** “ have you had a wash today?”

Blocking – Switching Focus

Patient: “ I was in pain, weak and tired, and terrified the treatment wasn’t working”

Blocking response: “Tell me about your pain, how bad is it” **Patient:** “I feel devastated by the news”

Blocking response: “And how does your wife feel?”

Empathy

- The capacity to share and understand *another’s* ‘state of mind’ or emotion
- Often characterized as the ability “to put oneself into another’s shoes”.

How To Demonstrate Empathy

Empathetic Statements

I can see this is upsetting for you

I am sorry you have had such difficult news today

Using Exploratory Questions

You mentioned it frightened you, could you tell me more about that? What worries you the most?

Giving Validating Responses

It sounds like you've really been thinking things through.

Focus On Feelings

Instead of "Morning how are you?"..... Try "Morning how are you feeling this morning?"

Or

"Good morning how are you feeling since I last saw you"?

Understanding Palliative and End Of Life Care - Terminology used

Aims of session:

- Some Facts and Figures
- Understanding Some Definitions / Palliative Care/ End of Life Care
- Care plan for the dying person

- The Rose Symbol

What we know:

- There are about 1550 adult deaths a year in the trust

(pre covid -19 pandemic)

Nearly half of all deaths in England occur in hospital and nearly 25% of those who die in hospital have been there for over a month

5.7% of the adult population die in a hospice

- 23.5% of deaths occurred in patients own homes
- 21.8% of deaths occurred in care homes (residential and nursing homes)

Palliative Care Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual

End of life Care Patients who are 'approaching the end of life' when they are likely to die with 12 months this includes patients whose death is imminent (expected within a few hours or days). This includes patients with a known incurable condition or life-threatening acute conditions caused by sudden catastrophic events.

(General Medical Council 2010)

The Individualised Plan of Care for the dying

The Rose Symbol

The Rose Symbol has been developed to promote dignity, respect and compassion at the end of life across the hospital. The Symbol is displayed when a person is expected to die in the next few days or hours or when a person has just died.

Caring For The Dying Aims and Objectives

- Discuss what makes a good death and if this is possible
- Brief overview on symptom management and use of PRN medications • Syringe pump use
- Changes during the dying phase
- Hydration and mouth care
- Hand hygiene
- What do we mean by support?
- Demonstrating empathy and compassion
- Comfort sheet

- What to do at time of death

What Makes A Good Death?

*Discuss what might
be important to
you or your family*

- *Pain free*
- *Breathing settled*
- *Staff knowing my preferred name, staff know what is important to me* • *My faith is respected and acted on*
- *Offered food and drinks that I like at a time that I like*
- *My family and friends can visit me and I am able to say good -bye to them*
- *I have someone to talk to about my worries and my decisions are respected*
- *I am kept clean and comfortable, my hair is washed and brushed* • *Staff know how to look after me*
- *Staff are kind to me*
- *I want to feel valued*
- *I do not want to die alone*

What Comfort Measures Can Be Put In Place? .

Ensuring patient looks comfortable and bedding clean

- Hair combed
- Light dimmed?
- Too hot or too cold?
- Supporting the family and ensuring they are comfortable and feel cared for
- Offer refreshments
- Listening to patient and family stories
- Reading to patients if appropriate
- Offering to put music /radio on

Managing Symptoms – *Medications at end of life*

Recognising Dying – Last Days & Hours • Deterioration in level of consciousness

- Agitation
- Mottled skin
- Cheyne–Stokes breathing
- Noisy respiratory secretions
- Some deaths are difficult and distressing but most are peaceful

Maintaining Hydration and Mouth Care

- Supporting patients to drink and eat if the patient is able and has a **safe swallow, teaspoon feeding usually best approach.**
- Allow patients to have anything they wish, Risk assessment and swallow assessments should have taken place.
- 1-2 hourly mouth care given by nursing team and Vaseline to lips • *Suggest attend feeding training*
- Usually there is some extra soft puddings in the fridge
- Always seek advice from nursing staff
- Artificial hydration at end of life- *mention*

Supporting Family and Friends

Gestures of kindness

Hand Hygiene and Infection Control

- All staff have a responsibility to ensure that they protect patients and themselves from infection
- Bare below the elbow, no jewellery and sleeves rolled up
- Hand washing and use of hand gels on entering and leaving the wards/side rooms. Must also wash and gel hands in between patients and after blowing your nose.
- *Patients in Isolation*- Gloves and aprons, wear before entering side room and take off in room before leaving, wash and gel hands before leaving side room
- You would **not** be expected to handle any vomit, urine or faeces • We would **not** be asked to visit a highly contagious patient • You will **not** be asked to visit a covid positive patient

(2021 all staff and volunteers must wear a mask in all clinical areas)

When Someone Has Died

- *Allow time for emotion to settle, respond to the emotion with empathy*
- Some families may wish to sit, whilst others will not want to stay
- Nursing staff will change bedding, clean mouth, brush hair or re-position patient to ensure patient looks peaceful before family visit.
- Provide chairs for family members
- Ensure privacy
- Offer tea/coffee
- Staff will give booklet “ Help for Bereaved Relatives”
- Are you okay?
- *Memories at this time are very important*

You matter because you are you and you matter to the last moment of your life”

Dame Cicely Saunders

Looking After Yourself

Being Kind To Yourself

- This work is emotionally challenging
- What support networks do you have in place?
- Maximum of 3 hours per shift
- De brief after visits
- Monthly Supervision
- Open door policy
- Additional training on resilience and self care
- Chaplaincy support
- Shadowing