

Psychosocial Spiritual Alberta Community of Practice: Skill Building for Difficult Conversations

Presenter:

Kim Crosby, PhD., R. Psych

Registered Psychologist, Cross Cancer Institute

Clinical Lecturer, Department of Oncology, University of Alberta

Host:

Vidhi Vinayak, Project Coordinator, Covenant Health Palliative Institute

Date:

March 20th, 2025



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a five-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.

Stay connected: www.echopalliative.com

Disclosures

The Palliative Care Public Awareness project is funded by the Government of Alberta. The views expressed herein do not necessarily represent the views of the Government of Alberta.



Reminders

- This session is being recorded.
- Please do not disclose any personal health information during the session.
- Your microphones are muted. When we invite participation, please unmute yourself if you'd like to speak at that time.
- If you experience technical difficulties, please let us know in the chat.

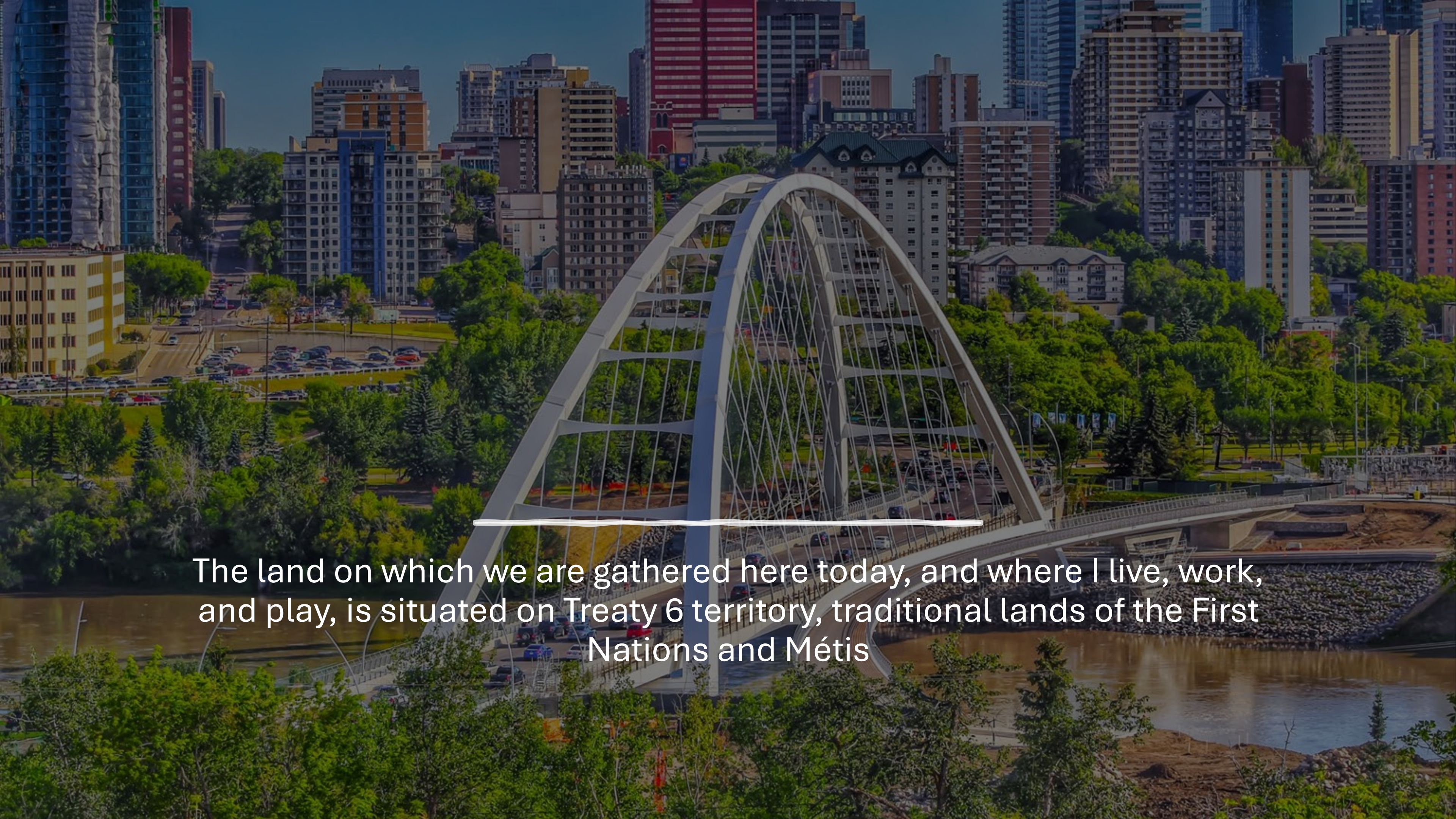
Skill-Building for Difficult Conversations

Communication in Palliative Care

Dr. Kim Crosby, R. Psych.

Clinical Lecturer | Department of Oncology | University of Alberta

Clinical Psychologist | Cross Cancer Institute | Alberta Health Services



The land on which we are gathered here today, and where I live, work,
and play, is situated on Treaty 6 territory, traditional lands of the First
Nations and Métis

Learning Objectives



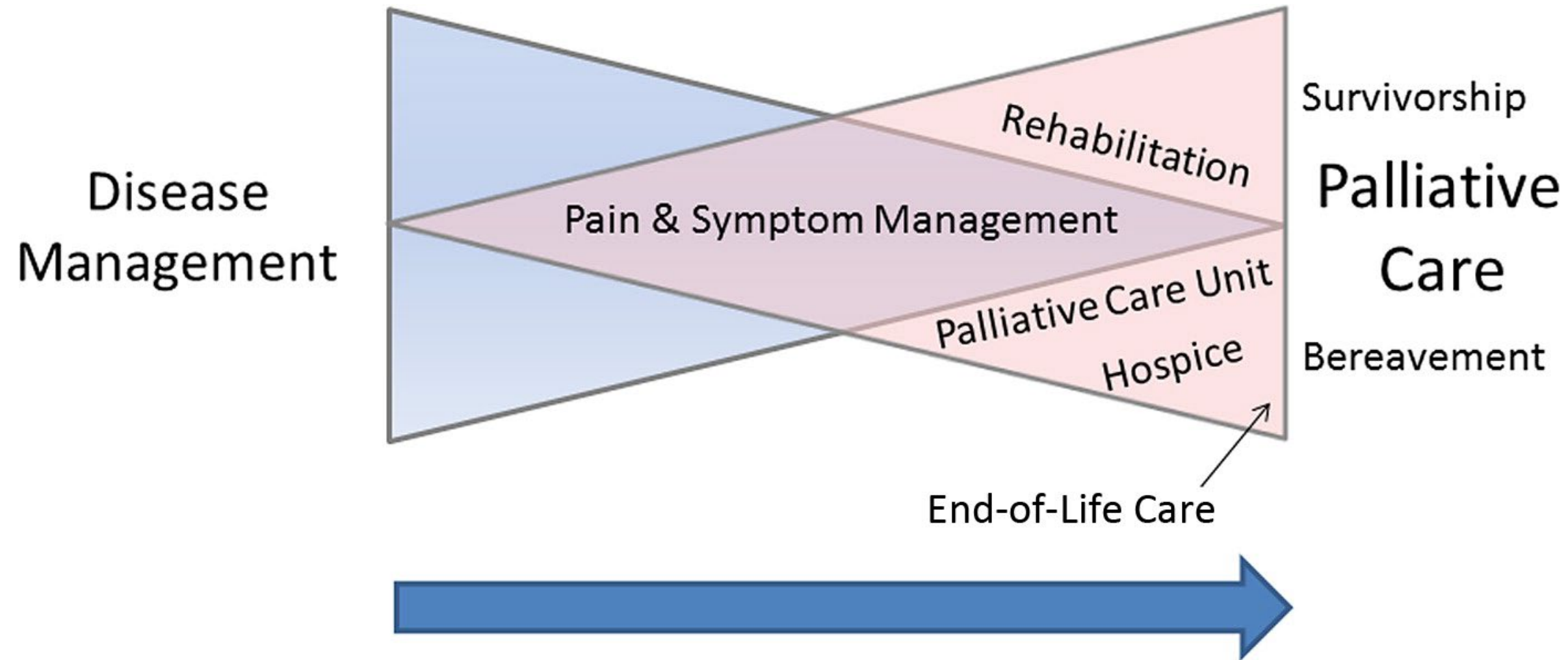
Describe palliative care and end-of-life care and understand experiences of patients facing life-limiting illnesses



Describe patient preferences in communication with health-care providers



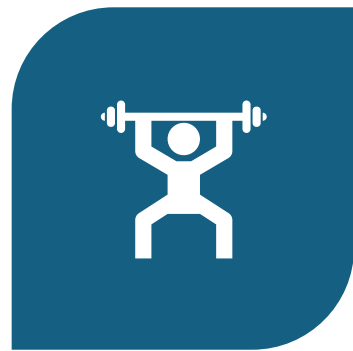
Describe a framework and skills for effective communication in palliative care



- Hawley, P. H. (2014). The bow tie model of 21st century palliative care. *Journal of Pain and Symptom Management*, 47(1).
[https://www.jpmsjournal.com/article/S0885-3924\(13\)00609-X/fulltext](https://www.jpmsjournal.com/article/S0885-3924(13)00609-X/fulltext)

What is Palliative Care?

Domains of Palliative Care



PHYSICAL



PSYCHOLOGICAL AND
PSYCHIATRIC



SOCIAL

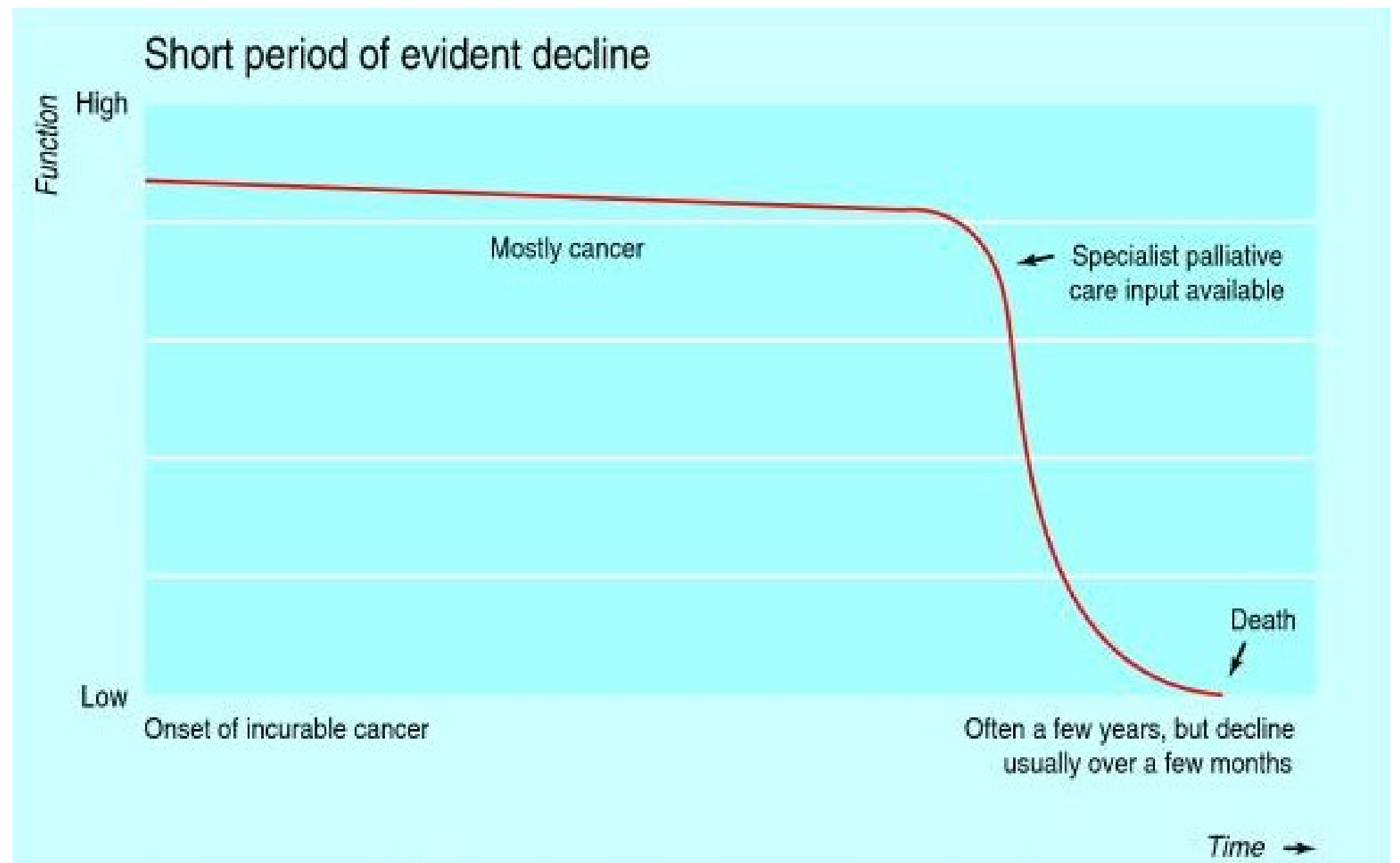


SPIRITUAL, RELIGIOUS,
AND EXISTENTIAL



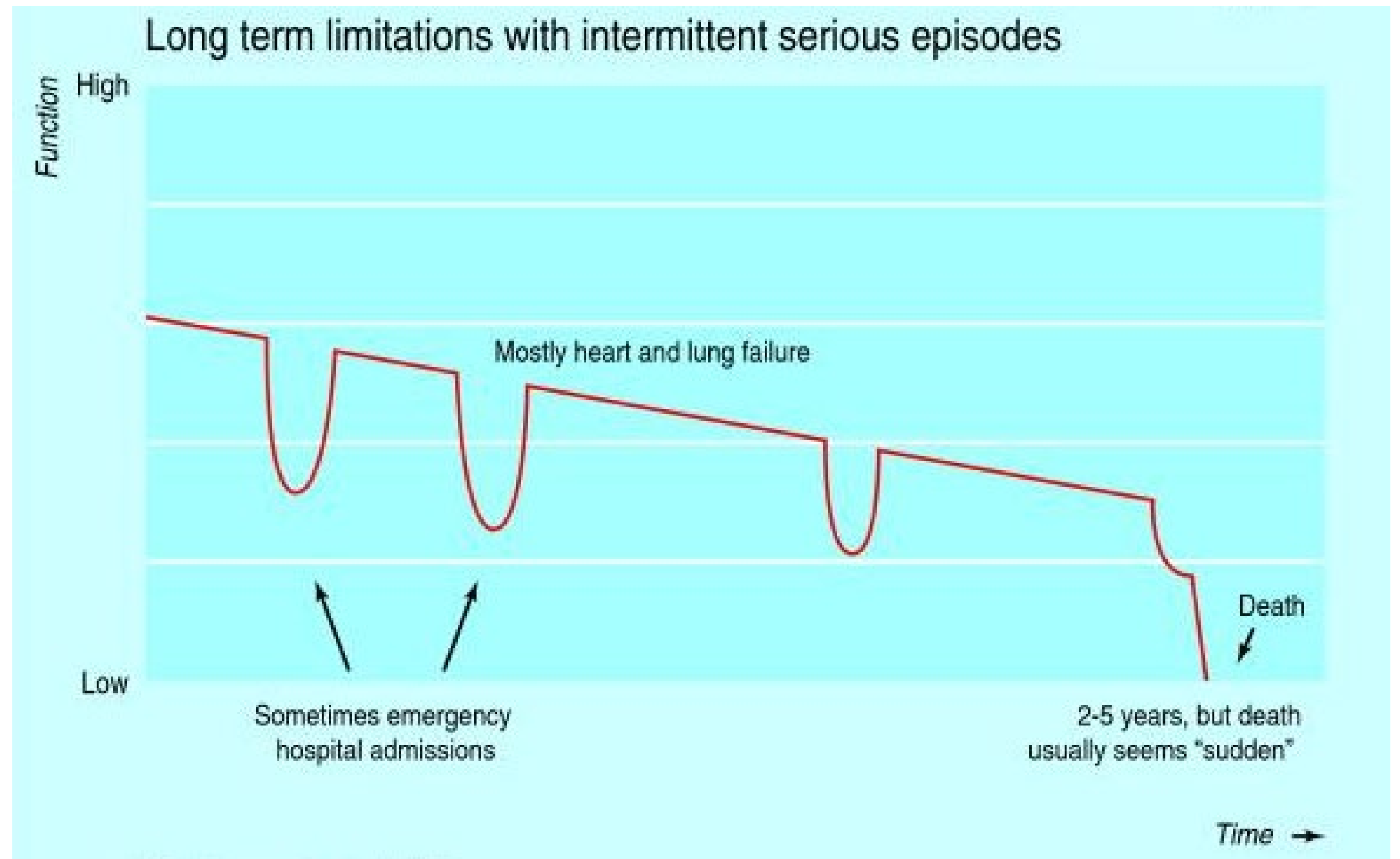
CULTURAL

Illness Trajectories in Palliative Care



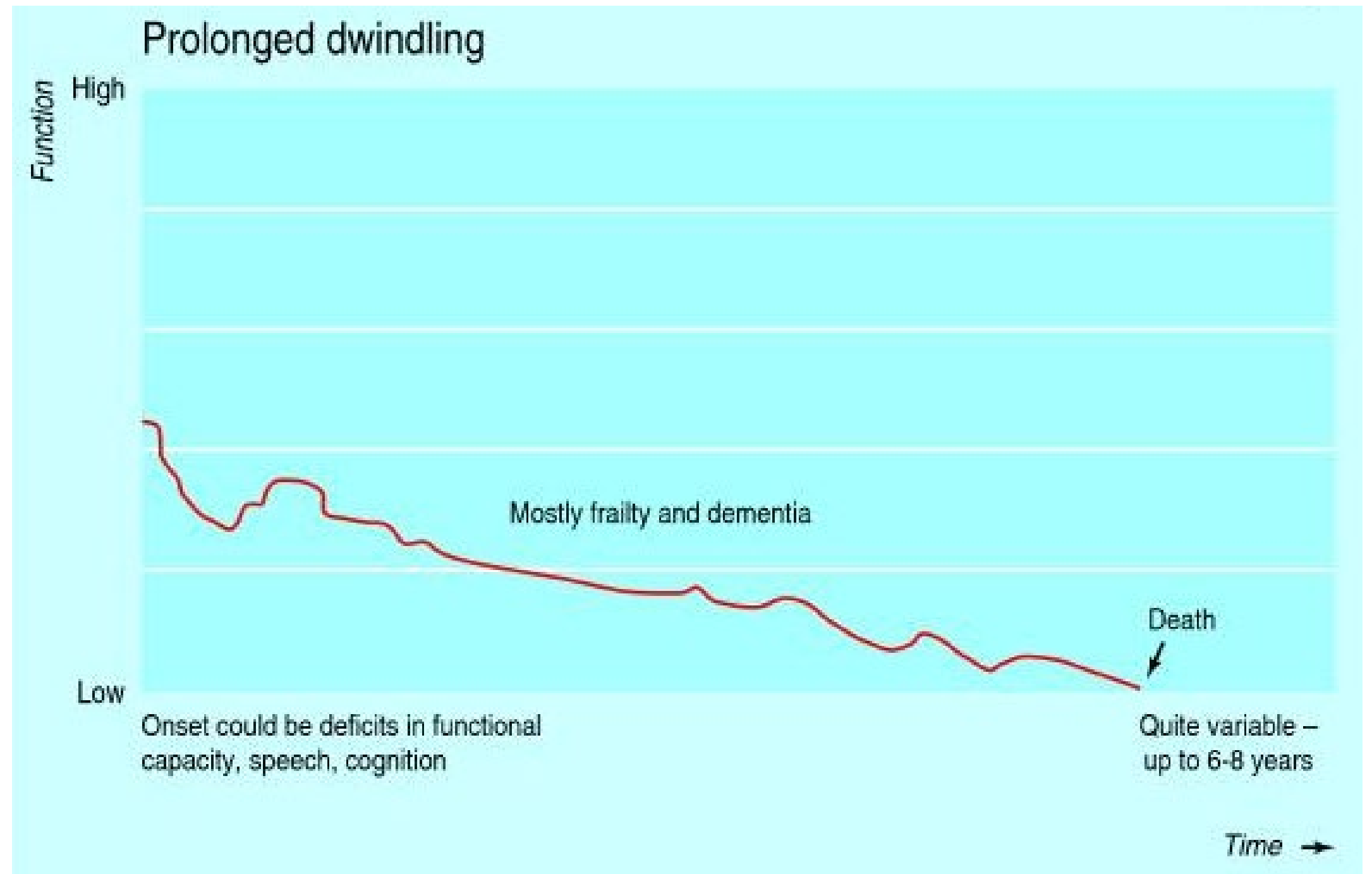
Murray, S. A., Kendall, M., Boyd, K., & Sheikh, A. (2005). Illness trajectories and palliative care. *BMJ*, 330.

Illness Trajectories in Palliative Care



Murray, S. A., Kendall, M., Boyd, K., & Sheikh, A. (2005). Illness trajectories and palliative care. *BMJ*, 330.

Illness Trajectories in Palliative Care



Murray, S. A., Kendall, M., Boyd, K., & Sheikh, A. (2005). Illness trajectories and palliative care. *BMJ*, 330.



Communication

What do patients value?

- Open and honest information
- Aligning to patient process of coping
- Empathy
- Clear and easy to understand language
- Leaving room for positive coping strategies, hope, realistic positive thinking
- Committed health-care professionals taking responsibility
- Recognitions of relatives in their role as caregiver

Sympathy

Empathy

Compassion

Sympathy

- “A pity-based response to a distressing situation that is characterized by a lack of relational understanding and the self-preservation of the observer”
- May be well intended
- Typically experienced as misguided
- Can leave patients feeling demoralized, depressed, and feeling sorry for themselves

Sinclair, S., Beamer, K., ... Hagen, N. A. (2016). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, 31, 437-447

Examples

“I’m so sorry”

“This must be
awful”

“I can’t imagine
what it must be
like”

Empathy



Cognitive

Knowledge and understanding of a distressing situation



Affective

“Feeling with” the person

Sinclair, S., Beamer, K., ... Hagen, N. A. (2016). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients’ understandings, experiences, and preferences. *Palliative Medicine*, 31, 437-447

Examples

“Help me to
understand
your situation”

“I get the sense
that you are
feeling...”

“I feel your
sadness”



Compassion

- A virtuous response that seeks to address the suffering and needs of a person through **relational understanding** and **action**



Sinclair, S., Beamer, K., ... Hagen, N. A. (2016). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, 31, 437-447

Compassion

“Compassion is actions... sympathy are thoughts and well wishes”

“Sympathy are words and you know, “jeez I hope you feel better” and “it’s terrible you got this” and compassion is running over and getting a barf bag”

Examples



“I know you are suffering, are there things that I can do to help it to be better?”



“What can I do to improve your situation?”

Sinclair, S., Beamer, K., ... Hagen, N. A. (2016). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, 31, 437-447

Non-verbal Communication

Body
language

Eye contact

Tone of
voice

Silence

Gestures

Personal
Space

A serene landscape photograph featuring a calm body of water in the foreground, which perfectly reflects the sky and the surrounding environment. The sky is a pale, hazy blue with soft, wispy white clouds. In the background, a range of mountains is visible, their peaks partially shrouded in mist or low-hanging clouds. The mountains are covered in dense green forests. The foreground is framed by dark, silhouetted branches and foliage on the left and right sides, adding a sense of depth and framing to the scene. The overall atmosphere is peaceful and quiet, evoking a sense of solitude and connection with nature.

Getting comfortable with silence

Framework for Patient-Centered Communication in Advanced Cancer

01

Fostering the
clinician-
patient
relationship

02

Discussing
Serious News

03

Dealing with
Emotions

04

Eliciting
values

05

Preparing for
the Future

06

Making
Decisions

07

Involving and
supporting
family
caregivers

Back, A. L. (2020). Patient-clinician communication issues in palliative care for patients with advanced cancer. *Journal of Clinical Oncology*, 38(9).

Clinician-Patient Relationship

Introducing palliative care
as dying

- “We can provide an extra layer of support for your symptoms”

Undercutting hope

- “I wish I had another treatment that would really work”

Abandonment near the end

- “Could I call you in a couple of days to make sure you have what you need?”

Not including other team
members

- “We’re here together so can have the benefit of the whole team”

Discussing Serious News

Proceeding without assessing what the patient already knows

- “Tell me what your physician said” or “Tell me what you’ve already learned”

Using medical jargon that is unfamiliar

- Use common language

Blocking or overlooking emotional reactions

- “I can see this is not what you wanted to hear”

Dealing with Emotions

Talking while the patient is absorbing

- Holding silence until patient is ready to resume speaking

Missing emotion cues

- Notice emotional language: “I’m scared” or “Isn’t there anything more that can be done?”

Not responding to emotions explicitly

- “Tell me what is going through your mind”

Redirecting away from sadness

- “It sounds like the biggest thing in this moment is feeling sad”

Eliciting Values

Skipping values to get to decisions

- “Could we step back so I can be sure I know what is important to you?”

Eliciting labels rather than stories

- “Tell me more about that”

Overlooking cultural differences in communication

- “I’m wondering what you are thinking or if I am missing anything?”

Preparing for the Future

Confronting patients with dying

- “Has someone talked to you about what to be prepared for?”

Avoiding discussions about dying or treatment failure

- “How much have you been thinking about what might happen if things don’t go the way we hope?”

Withholding information about survival

- “What kind of information would help you today?”

Assuming patient willingness to discuss the future will not change

- “Could we talk about this again? In my experience people have many different kinds of thoughts over time?”

Making Decisions

Emphasizing
extreme outliers in
survival benefits

- “Could we talk about what I usually see in this situation?”

Assuming that
survival is most
important

- “How do you think about quality of life and how should we prioritize it?”

Asking patients to
choose not to have
additional
anticancer therapy

- “Based on what you’ve told me, here is what I would recommend”

Involving and Supporting Family Caregivers

Assuming
family
caregivers will
speak up

- “I know you want to respect your father, and I’m guessing you have your own concerns too?”

Participating
unwittingly in
family
dynamics

- Recognize common family dynamics, such as low communication among family members, or pre-existing conflicts

Back, A. L. (2020). Patient-clinician communication issues in palliative care for patients with advanced cancer. *Journal of Clinical Oncology*, 38(9).

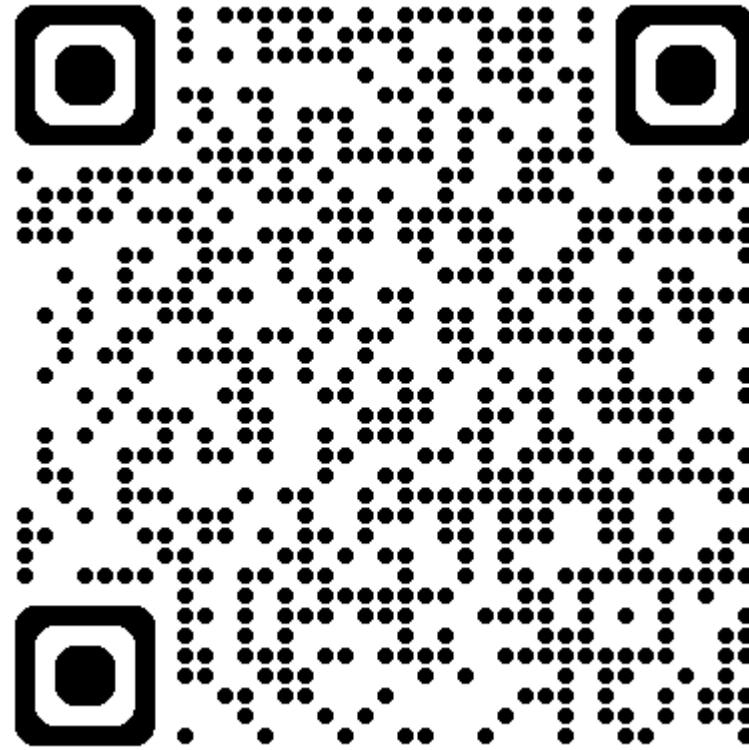
Professional Self-Care

- An important aspect of palliative care professionalism and an essential competency
- Have a plan for self-care
 - Setting boundaries
 - Reflective practices
 - Relaxation, leisure
 - Physical health
 - Meaningful activities outside of work

Questions for Discussion

1. What special considerations should clinicians be aware of when communicating virtually vs. in-person? What pitfalls might be unique to telephone or telehealth visits?
2. How can interdisciplinary teams work together to ensure cohesive and clear communication with patients and families?
3. Consider examples of successful or effective communication you've experienced or witnessed in palliative care. What made this effective or meaningful for patients?
4. How might we adapt techniques for patients with communication challenges (e.g., head and neck cancers; language barriers)

Evaluation



Psychosocial Spiritual Alberta
Community of Practice: Skill Building for
Difficult Conversations

Upcoming Session

Dementia and Grief

Date: April 24, 2025

Presenter: Becky VanTassel BSW RSW M.Ed., Grief Education

In this discussion-based session, we will explore grief and dementia. We will consider the impact of loss on both caregivers and individuals living with dementia and will identify practical tools to support individuals and families.



Stay Connected



- Visit [Compassionate Alberta \(covenanthealth.ca\)](https://covenanthealth.ca) to access all our tools and resources.
- Please subscribe to our newsletter: [Palliative Institute | Compassionate Alberta newsletter](#)
- Contact us at: Palliative.Institute@covenanthealth.ca



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.

