The Cancer Professionals Podcast

The importance of person-centred communication in cancer care

(Intro music)

00:00:08 Carly

How can we go beyond good intentions to deliver compassionate, impactful communication during a cancer experience?

00:00:15 Richard

You've basically got to be honest with the patients and the patient is going to expect you to be accurate with the information that you're giving them. And they're also going to want some kind of empathy as well. And for me, those three pillars are kind of critical to good communication and any one of them goes wrong it kind of falls apart.

00:00:43 Lydia

Hello, I'm Lydia and I go by she/her.

00:00:46 Carly

And I'm Carly and I go by she/her. Welcome to The Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests, including health and social care professionals, to lift the lid on current issues faced by the cancer workforce.

00:01:03 Lydia

In this episode, recorded live at the Macmillan Professionals Conference, we're joined by Richard Galloway, Natalie Harrison and Caroline Coffey, who share their experiences and perspectives on communication in cancer care.

00:01:17 Natalie

I think it makes that person feel an individual that you're coming into healthcare not as the patient. But as a wife, a mother, someone who enjoys different, you know, your whole life. And you don't leave that at the door, do you? Just because you've got cancer diagnosis.

00:01:33 Lydia

We discuss the impact of effective communication on interactions with people living with cancer and why it's important to get it right.

00:01:42 Carly

This episode contains conversations about lived experience of cancer, which you may find upsetting or triggering. Listener discretion is advised.

00:01:52 Lydia

Shwmae, Croeso i 'The Cancer Professionals Podcast'. So hello and welcome to 'The Cancer Professionals Podcast'.

00:01:59 Carly

Today, we're here to talk about communication and actually what communication means and looks like in the context of health and cancer care, and actually the impact that communication can have on someone's, a patients or a person living with cancer's experience. So we're going to be talking to three amazing guests who will be doing intros very shortly, talking to them, and they're going to bring their experiences and sharing their stories and their expertise about this topic.

00:02:30 Lydia

So it's time to welcome our panel and thank you all so much for joining us today. If you could first start by telling us a little bit about yourself and what brings you to the panel. So Caroline, if I can start with you?

00:02:52 Caroline

Yeah. Thank you. My name is Caroline Coffey. My role is consultant clinical psychologist at Velindre, which is a specialist cancer centre in Cardiff, I guess so why I'm here today is I suppose communication is kind of a key part of my role, and I think it's you know the style of the communication can really shape someone's interaction and I think you know things like trust and respect which kind of can be built through communication is so key in when we're delivering cancer care.

00:03:30 Lydia

I'm Natalie.

00:03:31 Natalie

Hi everyone. I'm Natalie. I'm a bit of a hybrid dietician, so I work across two health boards in Wales. I'm Macmillan specialist palliative Care dietitian in Cwn Taf, and I work in non-malignant end of life care for Cardiff. I've been a Macmillan palliative care dietician for 19 years and I'm here to talk to you about my experiences in that, and in particular something that I call compassionate truth telling.

00:03:58 Lydia

Thank you. And last but not least, Richard.

00:04:00 Richard

Hi, I'm Richard Galloway. I'm here as a lived experience expert. I've been through breast cancer and prostate cancer. First diagnosis was back in 2015, both of which were primary cancers, and I also do some work volunteering for Macmillan as a telephone buddy and I also do work with a men's breast cancer group which meets online on a regular basis, providing him with support as well.

00:04:45 Lydia

Thank you very much. OK, well, let's get into the discussion. So I suppose really where we want to start off is thinking from I suppose that healthcare professional perspective. So for Caroline and Natalie, why is communication so important to you? Shall we start with you, Caroline?

00:05:05 Caroline

I think it's at the kind of core of any kind of relationship you know. So I think about kind of how you know, I guess I communicate with colleagues support or how I communicate with patients. And I think for me it's something you know there's a lot of importance in those interactions, and people remember those interactions and I think they shape the experience from someone's receiving of a diagnosis to how they you know how somebody might be told information about treatments. Or so I think there's there's a lot of detail in the style of communication. So I think for me it's it's it's a huge topic and I think there's so many layers to it. But it helps you know it really matters in terms of people's interactions I think, yeah, yeah.

00:05:56 Lydia

Thank you. Anything you want to add to that, Natalie?

00:05:58 Natalie

Yeah, I think you know to echo you, Caroline, it's it's the foundation of everything really. And to go into my role a little bit you know, all our roles, we're in complex situations, they're intense, they're emotionally loaded. I work with people who are very end of life in one of my roles, and certainly the core reason I'm seeing them is they're anorexic, they're cachexic, they've they've lost their appetite, they're rapidly losing weight. It's very visible to people so there there's, there's high emotion around that. And I've learned over the years that, you know, some things I take for granted other people don't understand and that that's core in communication there is a huge value in that. So to give you a clinical example, you know it in my world. I am really aware that appetite is unlikely to improve, that people are unlikely to gain weight. People don't know that, you know, you take that for granted. They don't know it. They don't understand that. And I spend a lot of time discussing that. And we'll go into that a bit later about how useful it is to have that conversation. And and I've I feel like it's actually my duty of care to have those really open

conversations with people and to communicate those in a way that is really individual and that people can understand.

00:07:24 Carly

So I'm interested to know, actually from your perspectives, what does really great communication look like and feel like from your from your experiences? Do you want to go first Natalie?

00:07:38 Natalie

Yeah, effective communication to me, I mean, I was thinking about this, I think I've thought about it a lot, spoke to a lot of colleagues, you gather this material. But you know what I think is really important is rapport. And I think it's something we we take for granted, especially in our busy, busy lives of lists, of clinic lists of doing. And I think sometimes do we value being as much and I think rapport is essential and developing that with someone. I'm a community dietitian, I work in a hospice, I work in, you know, in clinics as well. I'm especially in people's houses. I'm going into their space. You know, it's a real privilege actually, isn't it, to go into someone's space and sitting by the side of their bed, you know, to get that report is is essential, isn't it. For anything you're gonna say after that you connect with them on a human level.

I can give you an example yesterday where I saw someone in a clinic. He was tired. You know, my agenda was like, ohh, get him off my waiting list, you know? And I sat and and talked. Just said, you know, I can see you're tired we're not gonna do the full appointment today. And he said to me you're a Valley girls, aren't you? And I said yeah, obviously I am. Where are you from? I'm from Neath. And we had just this little, you know, and it was building that I know I can build on that relationship next. So I think rapport is a key aspect actually.

00:08:58 Carly

Yeah, absolutely.

00:09:00 Natalie

Yeah.

00:09:00 Caroline

I think maybe something to yeah, to kind of as a maybe an extension of that that is that kind of that power imbalance. You know that we've spoken about that when someone you know has to go from being a seemingly well person to being someone with a cancer diagnosis, they have to transition to being a patient, you know, and I think that has its own psychological, emotional challenges, which maybe I'll touch on a bit more later. But I think

it's that acknowledgement that there is that power imbalance, you know, not that we are using our power, you know in the wrong way, but it is there is something different about sitting in one chair or the other chair and just holding that in mind the whole time. I think that really helps me with how I approach my communication.

00:09:51 Carly

Yeah, absolutely. And so what impact does that have? So talking about the building rapport, talking about actually acknowledging that power in imbalance, recognising that what impact does that have on the person that you're supporting, the person that you're communicating with?

00:10:11 Natalie

I think a lot of our speakers have mentioned it today, haven't they about, you know we use person centred a lot as a buzzword, really, don't we? But it I think it makes that person feel an individual. You're coming into healthcare not as the patient, but as a wife, a mother, someone who enjoys different, you know, your whole life. And that's you don't leave that at the door, do you just because you've got cancer diagnosis and I think we you know we want people to feel individual and supported and and knowing that they could go to any of the health professionals they see in with whatever that concern is.

00:10:48 Caroline

Yeah. I think you hear this term around quite a lot recently in this sense of agency. Now I think for me, I was thinking, what does that mean? And I looked it up and it's something about kind of identity and ownership and feeling that you have a sense of control or that you have some kind of ability to manage your life. And I think that's something that's hugely challenged when someone is diagnosed with cancer because it affects so many aspects of somebody's life, so many aspects of their identity. So I think really trying to hold that in mind in terms of how we communicate and how we talk and you know, I guess that relationship that rapport and really that you're saying that we build up. I think I try to hold in mind that sense of a person and and all the aspects of that person that we can try and maintain and try and hold on to as much as you can throughout their experience.

00:11:45 Carly

Yeah, absolutely. It's really interesting in that concept of agency. And I know that we've spoken about it before in terms of maybe a term that people might not recognise, but actually there are other words that you could use. Was it identity that you said that you could term it as?

00:11:58 Caroline

Yeah, I think it's it's, it's I, I, you know or some kind of sense of self. I use it sometimes clinically but then also I would use identity I would use ownership I'd use control is used a lot. You know it's some kind of sense that you're able to guide your life because you know, pre cancer people are seemingly going through life with some sense of agency or control. And often people report to me that that's the thing that they struggle with psychologically the most, is how many aspects of their life has changed, sometimes unrecognizably.

00:12:39 Carly

Yeah, definitely. So, I'm sort of wanting to touch a little bit on perhaps and we could talk about all the, you know, really great communication, but I'm I'm kind of interested to know if you have any examples or be happy to share any of your examples or experiences when perhaps it didn't quite go so well. If you'd be happy to and actually what did you learn from those experiences?

00:13:08 Caroline

Yes, I think I think for me it's about assumptions or falsely making assumptions. I think I've sometimes got it wrong when I assume that somebody's going to be really outwardly distressed, like sometimes I would see a referral and the content of that referral is, you know, sad. And then I see someone and I guess I'm kind of surprised that maybe they're not presenting in the way that other people might or that I've seen over the years. So I think it's just holding in mind that people's distress comes in various forms, doesn't it? And I guess sometimes I've tried to describe how somebody might be feeling falsely rather than just trying to kind of get to that place with the person themselves. By being that with that curious stance. So I think for me it's about assumptions, yeah.

00:14:04 Richard

A thing from a patients perspective, that's an interesting one to to pick up on because every person going through cancer is different and and from the patient's perspective, you want the professional to be on the ball and in touch with you and not making assumptions. And for me, it's critical that you go into that conversation with almost a blank canvas, but your script that you kind of follow and you've basically got to be honest with the patient and the patients going to expect you to be accurate with the information that you're giving them. And they're also going to want some kind of empathy as well. And for me, those 3 pillars are kind of critical to real communication and if any one of them goes wrong, it kind of falls apart.

00:15:25 Natalie

And we've talked about this, haven't we in just our our meetings for this and to give you an example, you know I as a palliative care dietician, I will get people referred to me sometimes who are frail and are coming towards end stage and maybe will have been told

to go away and build yourself up for treatment. OK, to give you a clinical example, they're they're probably never going to have that treatment, OK? They're too unwell. They know, systemically, you know, weighing up pros and cons. And they come to me, and I am then the person who will discuss that with them. And these are skills I've developed over a long time. You know, they're hard and they're hard to talk about, but, you know, to explain to that person that actually it's not possible to gain weight, it's not possible to build up. That's bad news, you know.

00:16:21 Richard

And I think patients, they want that honesty.

00:16:24 Natalie

Yeah. Yeah. And that's that's what, that's what we've said in our discussions, isn't it and you know I've got a lot of experience in that, but it's interesting to explore that and we have explored that, isn't it of, of how the person perhaps felt, who referred them. Was it too difficult for them to have that conversation, you know. And I've, I've learned over the years to do that in a kind way. I call it compassionate truth telling. But, you know, you've really given me personal insight into that value.

00:16:51 Richard

Yes, I think by being honest, by being accurate about the situation. Then the patient will understand what's going on and then OK, you may have to pick up the pieces and provide the right kind of support, but it's important that you're honest and accurate initially, yeah.

00:17:16 Natalie

Yeah. And there is some, you know, there is some relief in that interaction, there is positivity coming out of that interaction that you know they know where they are. OK, maybe that's not something I'm going to do. Kind of what next? That's we were saying earlier, wasn't it? What next? People know what next, whatever it is.

00:17:30 Richard

Yeah.

00:17:33 Caroline

I think it taps into that sense of ownership you know that kind of agency if we use that word again or it allows people to make decisions from a place of clarity rather than that, there's a lot of grey areas, I think in cancer. I think people think it's quite black and white, but it's often very grey. So I think where there can be clarity, I think there's immediate upset sometimes, but I think there's a lot of power then in being able to kind of exercise,

that kind of ability to make a decision or to feel that there's some kind of sense of control back, I think.

00:18:10 Richard

Yeah, that's the thing. Just to give you an example from the the support work that I do, I've been in touch with a guy who's been diagnosed, but then he's not been given the the path that he's going to be on. He's not being told about what's going to happen going forward and he feels like he's being left and abandoned almost. I mean, this was a guy with prostate cancer and he'd been diagnosed but here was no treatment plan. It wasn't communicated from, even if it was OK, we're going to monitor your PSA levels and see what happens. Without that, he's kind of floundering around and getting stressed because he doesn't know what's going on.

00:19:13 Carly

Yeah. I wanted to pick up on something you said a bit earlier and Natalie and then maybe ask you this question and then we can kind of go round. But you were talking a bit about bad news and breaking bad news and actually someone finding that difficult to do and the impact of that. And I was interested to know what other maybe worries or concerns do people have about communication, which maybe means that they don't do it or it doesn't go so well or even if there are any barriers. What your thoughts?

00:19:48 Natalie

I think it's something people worry about. I think it's scary. I think people worry about getting it wrong and we are in a climate of complaints, litigation. I I think perhaps that's in people's minds. I think from a, you know, a human aspect you worry about causing distress, discomfort, hurting that person. We're all in these jobs because we care for people and the other thing is, you know, it's difficult for that person. What if I cry? What if I get upset? Can I handle this or is it just sometimes easy to put the shutter down, isn't it? And those are all really, really difficult things to explore and you need support with them from your colleagues and trained in and everything that goes with it.

00:20:34 Caroline

Yeah, I think sometimes you know, colleagues say to me that they think that they're going to provoke distress in someone they're going to bring that distress to the surface. I guess I often think that distress is there anyway. And you said that earlier Richard didn't you? That actually, the stress you felt was much sooner than you met a lot of the professionals who were maybe struggling to communicate those things to you.

00:21:01 Richard

Yes, I think as a as a patient, your your stress levels go up as soon as you feel a lump basically and that that's the start of your your journey and that's what as a professional, you've got to recognise that your role is to minimise the stress in the patient as much as you can.

00:21:24 Caroline

I think also though following on from what you said Natalie I think I don't think there's like you know in my profession, I'm given ample time and space, I think to reflect on emotionally what the job does for me and what it does to me sometimes. I don't think that's the same with all professions. I know it isn't because I work with lots of different professionals, so I think it's that awareness that actually some of these things that we're asking people to do are really complex. And as you said Natalie you've taken years to build up these skills. So I think, yeah, we have to acknowledge that for this recording, I think it's important to identify the, you know, people are not given time for training or to reflect or to even think about kind of, you know, what we're holding emotionally with these roles. I think it's really important to acknowledge that.

00:22:21 Lydia

Yeah, absolutely. And and Richard, you've obviously given us a bit of insight into some of your experience. It would be really great, like reflecting on what Natalie and Caroline have told us so far. If you could give us a bit more information about your experience, perhaps about their communication.

00:22:37 Richard

About about where it goes wrong you mean?

00:22:40 Lydia

Well, we could have some good examples as well but yeah, some some examples we can build on.

00:22:44 Richard

Yeah, I guess and it comes back to professional communication. It comes back to accuracy and empathy and all those things. For a guy going into a breast clinic, it's very pink, it's very female orientated and you know, but through the support that I do with the men's VMU, which is kind of a virtual meet up. So we we meet once, once a month online. But one of the regular complaints that the guys make is that they they get called for their appointment as Mrs whatever and it happened to me last time when I went to a clinic I was called Rachel uh and it's at best, unprofessional. If you've got patients that are concerned, I'm I'm as laid back as anything, but it's not a problem for me, but I know that some guys, they have a real problem with being diagnosed with something that is essentially regarded

as a woman's disease. That's probably the worst case. I've got another one up there that I was going to talk about and my minds gone blank. There we go.

00:24:30 Lydia

I think you know, one of the things that I'm getting from what you're saying there is communication is not just the words we speak as well, it's that communication of walking into a clinic, everything being pink and targeted towards women. That's obviously sending you a message. So I suppose I'm getting from you there, we need to be aware about everything else as well.

And and I suppose I want to know how it really makes you feel I suppose you and also the men that you support or other people that you support, how that miscommunication opportunity has had that lasting impact on you?

00:25:04 Richard

I I guess for me the I was diagnosed back in 2015 and had an unfortunate experience on tamoxifen close to killing me, but there we go. Pulmonary embolisms if I've got that right, I always struggle to say that one at the best of times. Blue lighted and all that and I was then on blood thinners for six months and coming out of that I got the e-mail from walk the walk as I had previously done a moon walk. And I thought, well, I've had a rather lucky escape three times and thought, well, I've got to do something. You know, I'm lucky to be alive almost. There was nothing at that time around male breast cancer. Uhm, and that kind of made me feel I need to do something so anyone that listens or is prepared to listen I'll go on for ages. But the other problem was I'm going back to my first presentation with the GP and I was told the classic is probably only a cyst come back in a couple of weeks if it hasn't gone away. You know. What does that do in a man's head? Everything's OK. Uhm.

I left it two months, I would say. It wasn't going away, so I eventually went back and I'm glad I did. One of the guys that's part of the VMU very similar, told exactly the same thing, left it 15 months before he went back and he now wears a lymphedema sleeve and his original position was very much the same as mine.

00:27:40 Lydia

Yeah. So I suppose just a change in that communication, just to say, you know call back in.

00:27:45 Richard

Yeah, what I say you've you've got to express the urgency you've got to understand the patient that's in front for you and what their reaction is going to be. So if if my GP had stressed the importance of going back rather than just saying no it's probably only a cyst type thing. Then I would have gone back that much sooner and I'm sure the the other guy

that that I know he would have done exactly the same. So it's about getting it right. It's about understanding who's in front of you.

00:28:22 Lydia

Yeah. And how could things have been better for you? And I suppose within that, I'm really touching on what does good communication look like for you and how could they have improved those conversations?

00:28:35 Richard

Yeah, I think I think it's a lot, a lot of it's about preparation. So if I go back to when I was called as Rachel in in the clinic, for me that is it was first appointment of the day so at someone come into their workstation and not reading their notes properly. There should have been some kind of pre-clinic meeting you know, who have we got on the list today? What have we got to look out for? You know those kind of things are all going to help prevent that sort of problem in clinic. Uhm, as far as the GP is concerned, I just it's just just about doing the job properly.

00:29:36 Lydia

Do either of you have any reflections, I suppose on Richard's experience there?

00:29:39 Natalie

It comes back to what you were saying about assumptions, wasn't it that that person looked at the list and assumed well it's normally women, so you must be just.

00:29:46 Richard

Yeah, the same when the the other guys have the problem. It's so easy to call Mrs Galloway or whatever, isn't it, you know? Because that's what you do 99 times out of 100.

00:30:01 Caroline

But but as you shared with us Richard, it's like you know the impact that that could have on someone could be enormous actually for you you've not been so significantly affected, you could be able to talk to us quite openly about it.

00:30:17 Richard

Yeah. For for me. Yeah, I'm as laid back as anything. But I know guys on the VMU and they really struggle with the fact that they've been diagnosed with breast cancer. They just cannot get their head round it.

00:30:32 Caroline

Absolutely, it taps into something, doesn't it? About their identity.

00:30:36 Richard

Yeah, you know, is there something wrong? Is it something wrong with me sexually? Is it? And that, believe me, that went through my mind in the early days.

00:30:41 Caroline

Absolutely, yeah.

00:30:48 Natalie

Yeah, It's like everyone said, all the way through, we all just want to be individuals. We all want to be valued for ourself and whatever we're doing really.

00:30:53 Caroline

Yeah.

00:30:57 Carly

Yeah. I think one of the words that come through for me when listening to your experiences, Richard is essentially inclusion. It's about like you said, understanding the person that's in front of you and what's going on for them and what's needed for them. And that didn't always, you know, happen for you. And I was interested that kind of idea of that inclusion and inclusive communication. I was interested to know what your thoughts are on how can we demonstrate inclusive communication based on the person, the individual, that is, that is there?

00:31:33 Caroline

There's something that's said quite often, isn't there. I'm sure most people will have heard there's something very different about something being done to us or something being done with us, and I think there's a lot of aspects of cancer treatment and care, which is done to people you know, like treatments, surgeries, medications, all those kind of interventions that have to happen. I think where we can things should be collaborative, they should be co-produced as someone said earlier its that doing with. I think that it's massively powerful for people but it's hard, you know.

00:32:13 Carly

Yeah, yeah, doing it with someone not to them. And again, that goes back to the agency doesn't it.

00:32:16 Caroline

Yeah. Yeah, it does.

00:32:21 Richard

It's about just taking that two or three seconds before you start communicating with someone who's that person in front of me.

00:32:37 Caroline

Because I don't think it happens everywhere, but it does definitely happen in places where people can be diluted to a diagnosis. So you'll often hear the diagnosis of like Ca breast rather than the patient's name. And I don't think it happens everywhere but it definitely does happen some places. And I think that in itself is so reductive, isn't it? It's like the where's the person gone? We're just talking about a breast cancer diagnosis rather than, as you said, the things that people had in their life Natalie before they even came to a clinic or to a hospital. You know, that those things have not gone.

00:33:22 Lydia

I suppose you're like struggling then with the foundations of person-centred care. If you're not even acknowledging that they're a person initially to your colleagues, how are you then going to continue that when you go into a clinic room. Yeah. Yeah, I think that's so important.

00:33:34 Caroline

Yeah. And I and I think often people aren't consciously deciding to not to be holistic in their care provision. I just think that there's a lot of press ure and I think you know, it was mentioned earlier that we we're in really challenging times in terms of the numbers. So I don't think it's that people are consciously doing that. I just think there isn't often time to reflect or to think about how those conversations are happening or what us as people or individuals bring to those conversations because every interaction I have with a, with a, with a person is slightly different. I think you know and we have to adapt ourselves in order to accommodate what's kind of needed. But I think just that process of picking it apart is often not thought through enough, really.

00:34:24 Carly

Yeah, absolutely. I wanted to kind of move on to a slightly different topic because it's not really something that we we've touched on. Obviously, we've spoken about actually the impact on a person living with cancer and how important it is in terms of communication and we talked a bit about having those difficult conversations. I wanted to touch on from a healthcare professionals point of view actually the impact that it has on them to have these types of conversations in terms of their emotions and what's going on for them. And I wanted to ask what can or or or even something that you have you've done yourself. What can healthcare professionals do to support themselves when they're having those, you know, difficult conversations day in, day out?

00:35:17 Natalie

I think, I mean, I think they they are really difficult and even though I've done them for a long time, they're still difficult and I'll be honest with you, you know, I found out the hard way what it's like not to put things in place because my whole realm of work is end of life care. And I become pretty saturated in that reality. I don't see people that get better and and it takes its toll. And like I said, I have learned the hard way what that means. And I I now sort of put have put protective mechanisms in in the past whereas you know, for example, at a time in my life when I had very young children and perhaps I was seeing someone who was my age with young children, perhaps I would then think I might need to hand that over to someone. And. And that was a bit of struggle for me, actually, because I always want to see everyone, and I want to help everyone. But it's like, this is this is too hard, you know. And and if it's starting to leach into my personal life, into my, you know, and it's still with me at night, at home, then I know I need to do something about it. Got better at that. Got brilliant colleagues. You know, we all work in brilliant teams, don't we? We're Macmillan professionals. We've got amazing colleagues. You know it's, it's from having the bar of chocolate and the cup of tea and the cry when you get back, to the the humour ,to the to the just the being together is really important and then you know all the well-being resources and things that we we're really lucky to have access to. But you know, I guess I just want to get that across that it is still hard. It always will be. And it's going to be hard because you care, you know.

00:36:52 Richard

I think to give you just an example from my background is is industry and sort of just to put a slightly different angle on it, I think the responsibility for your own personal well-being for your own training is a joint thing that works between you and your immediate supervisor. That was a key thing for us in in industry and I think it's relevant in the Macmillan Environment as well, more so for the likes of you, when you're dealing with people that are probably going to die in the not too distant future.

00:37:48 Natalie

Can I just say something I don't mean to jump in on your time, but I've just done something. I've just done a a leadership course, amazing leadership course, and some of it was with the army, OK? It was with the Marines, it was the International Rescue. And what they talked about and this this really interesting for us is no matter what they do, where they go, they rescue people from earthquakes, all sorts of stuff. They have a debrief. And do we do that enough? No, we don't. We just move on to the next to the next. It's real value in it, OK, where they go through a timeline, you know, imagine if we'd done that after COVID, you know and and that's one thing I I took from that is that's a really important way they look after themselves.

00:38:27 Caroline

They do it in some healthcare settings Natalie don't they, they do it in ITU. I know that. And I think there's lots of requests for me and my team to do it when there's been like a like a like a traumatic death on the ward or when something's happened.

00:38:32 Natalie

Yeah.

00:38:45 Caroline

But actually, it's every day. It's that kind of like if you've got somebody that you can talk to about the difference between being empathic with someone or kind of absorbing what they're giving to you. There's a difference between that. And I guess I'm allowed to say about the other podcasts. There's a couple on vicarious trauma which are really, really good, because they explain the difference between the stuff really, really clearly, I think. You know, because they we want to be connected with the people that we're sitting with. We don't want to be disconnected or robotic, but we also don't want to absorb everything that we are, you know, seeing because then we're carrying it around with us all the time. And I think having someone, a mentor, a colleague, a supervisor that can help you know the difference and know what load you're carrying. I think can make a massive impact really on how we're doing in terms of our well-being, I think.

00:39:48 Lydia

Yeah, and and as well, so as well as the podcast that Caroline mentioned we do have an e-learning course on our learning hub called help for the helpers as well, which goes into some more depth and you can sort of work through that in your in your at your own pace. While we're on the subject of education, I'm interested to know from both of you what you've accessed previously in terms of communication courses and if there's anything that's sort of particularly stuck out for you and that you could recommend?

00:40:20 Natalie

I've I've done a lot of the Macmillan stuff over the years. I've done advanced communication skills, the workshops, SAGE&THYME is really good. So accessed you know your remit. I've also done some counselling and coaching qualifications externally. Which just make you think about your approach and like this whole sphere that we've talked about today is is the jigsaw puzzle of of putting it all together. And I think, you know, it's it's really useful to know that they're there and now can be accessed by everyone they used to be just Macmillan professionals, but now it's anyone you work with, you know, can can access a learning hub. I think that's really important.

00:40:57 Caroline

A thing that you might hear banded around quite a lot now is compassionate leadership, and I think that is a really interesting concept to read more around because people think it's about being nice and kind, but it's not. It's it. It really is about that difference that I said about being able to give that compassionate truth that you're talking about, Natalie, but also to do it in a in a kind of like in a way that it's not kind of draining you of your own resource as well. You know, so I think if people can have a look at that, I think that can be a really useful concept to think through.

00:41:36 Lydia

Thank you. Great.

00:41:37 Carly

And actually, as as as you've mentioned the Macmillan Learning Hub, there's loads, there's lots of education and training resources around communication. So for example, we have SAGE&THYME, which is around supporting people in distress. We've got motivation, motivational influencing. We've obviously got the vicarious trauma podcast episode that we've had. We've also today, which is actually hot off the press. Very exciting. We've got a brand new communications programme on the learning hub. It's called 'Effective communication in cancer care' and it's actually launched today and it's really great. It's for all health and social care professionals to help enhance your communication skills. There's loads of topics. So for example, empathy, giving information, asking questions. So there's lots of topics that you can that you can access. And it's it's a little bit different to other programmes we have on there because it's quite flexible, so it can, depending on what you're interested in, depending on how much time you've got, there's sort of you can pick and choose. So for example, we've got really short 2 minute videos on certain topics to longer, more in depth e-learning courses. We've also got live sort of online sessions where people can practise and demonstrate their skills. So yeah, do have a look at that and we've got some time now for questions and answers. Who's first?

00:43:15 Audience member 1

Hello, my name is Josh. I'm a palliative paramedic specialist based in an acute hospital. I guess it's a question to the general team really, because lots of experience on stage when you're witnessing communication going bad and you're in those environments where you can see someone saying things and it happens a lot I think in oncology and cancer care and palliative care, where you can see at a clinician who might not be as comfortable having those conversations. It could be an incredibly awkward thing to have to broach what are some of your recommendations or thoughts around broaching those conversations, either in the moment of that conversation, happening when you can see it going badly or afterwards. I'm just interested to hear your thoughts?

00:43:58 Carly

Who wants to go first?

00:43:59 Natalie

I will if you want. I would say in that instant I'd be keen to understand perhaps what I would perhaps say to the person, the patient, you know, tell me a bit about what do you understand about this? Uh, what? What do you need to know? And maybe by them talking about what they understand might highlight the fact that that they're not on the same page. And then as clinicians, you can kind of pick that up. That that would be my approach to it. I do that in all instances. You know, sometimes I do it with relatives. OK, you know, especially on this, this, this platform of the not eating and drinking is is say, you know to the person tell me how you feel about this. What do you think about this and to the relative and often they just start talking. I don't have to do anything. It's just you've facilitated that exchange.

00:44:55 Richard

I think from from a patients perspective, when it when it happened to me and I was called Rachel in clinic, she called it Rachel Galloway. You know, as you do, it's your turn type thing. I just said to her very pointedly I think you mean me and left it at that. And she kind of got the message.

00:45:23 Lydia

Does anyone have anything about, you know, after I suppose speaking to somebody afterwards? Because I think that was part of your question wasn't it?

00:45:28 Caroline

Yeah, I I guess I I think it is a big challenge. It's a big it's it's it certainly feels like a big kind of systemic change that you know it it it's hard to get movement on. I think you were saying earlier, Natalie, when you're in your in your context because it's a palliative context, almost those conversations are happening more whereas I'm working in a cancer centre where there's a tension between the curative and the palliative and nobody wants to go into that palliative area. You know, professionals don't want to take patients in there, patients don't want to go in there, so nobody, everyone's staying on the path of the curative or the hope. You know, we've heard that word a lot of times today. They're trying to stay there. So I think there's a lot of defence in there. So I probably haven't got much experience of challenging it in the moment. But I would probably speak to the staff member afterwards. Softly, you know, try and guage if I've got a rapport with them already, I would be more direct. But I think it's trying to build that relationship because I think it's a it's a huge. It's a huge area really.

00:46:47 Carly

Ok, thank you. Thank you for asking the question. Who's next?

00:46:54 Audience member 2

Hi everyone. Firstly I'd just like to say thank you so much for that fantastic session. It was really, really, really good. I just wanted to ask, just touching on about debriefing and it's something that I personally find quite difficult. So my name is Sarah I work in Upper GI cancer throughout the health Board and I live with my husband who doesn't like the word cancer, can't understand how I do my job. So you said Natalie, when you think about a scenario at night and it's 9:00 PM it's in your head and it's you know it's a lot to take home, isn't it? I've got a young family and quite often I just offload to my colleagues in work and I've rang you a couple of times, haven't I to have a chat. But I just wondered if there's just, I don't know, some better ways to implement debriefing within health boards or has anyone got any top tips, I guess that I could maybe take forward within my my team.

00:47:47 Natalie

I mean, this illustrates the the the atmosphere of debrief is we actually did a debrief, didn't we where I was on teams and you two were in a kitchen because that's the only space that we actually had that was private. And doesn't that sum up sort of the the NHS we work in. To take you back to sort of what the these Marines did, they actually had a bit of paper. They had a long bit of paper and they drew on it and everyone wrote their bits down. And the theory behind that was how jumbled up memories get in trauma and things like that. I'm not saying we do that, but we could do, you know, we could, we could do that. I think it's about perhaps it's having space. It's I wonder if it's still seemed as a bit of a luxury. I don't know if any of you agree with that, you know that it's not like a basic necessity. It's still a bit of a luxury. It's still a bit fluffy or, you know, do we. It's about culture change, then isn't it? Uh, I mean, a personal tip I've had from a Macmillan colleague is to put some Beyoncé on in the car on the way home, you know, and just but but but there is something in that isn't about closing off the day that importance of, you know, closing that off and then going back to you know, I don't know other artists are available.

00:49:07 Carly

Yeah, it's great. I can get on board with that.

00:49:11 Lydia

I think it came up in one of the vicarious trauma episodes as well. So who we were speaking to I can't remember if it was her or her colleague, but she'd always park a little bit further away from work. So that she'd have to walk back to the car. So you have that time to, like, sort of process things. So yeah, I think that's a great tip as well.

00:49:30 Richard

Something that I've heard a lot is that if you're struggling with something, if you write it down it kind of gets it out here, but particularly if it's when you can't sleep because of it, you know. Get notepad out, write it down, get back to sleep, pick it up in the morning.

00:49:52 Caroline

I think sometimes it can be helpful to try and work out why some people stay with us and others don't, because that definitely happens, I guess for all of us, there's some, you know, people I've worked with that will always be etched in my mind, but there's other people that come as a referral and I've seen them and I don't remember, you know. So I think for me that's been important over the years is why is this affecting me so much? Is it the over identification? Is it there's a similarity in their life to mine? Is it that I like them, you know? Is it because there's a connection between us and outside of my role would we be friends? You know what? What is it? Because I think if you can pick apart why that person is staying in your mind more than. Normally you can try and do something with that feeling a bit, and I think that's what happens in debriefs. But yeah, they they they don't happen with us. We don't do them. I guess me and my team, we have our weekly team meeting and part of that is like an informal check in at the beginning. And I don't know if everyone knows we're doing this, but there is a bit of a temperature check just to see how everyone's doing and I know not all teams have that luxury of a team meeting but for me, it's what holds us all together and holds us more well than we could be I think.

00:51:17 Audience member 3

Thank you so much. Really, really interesting. I've got a question. It's a slightly different slant, but still around communication around showing emotion when you're having conversations. I'm a speech and language therapist and I've worked a similar length of time to Natalie in head and neck cancer. And I think you really touched me when you said it doesn't get any easier, and in fact I think I'm finding it's getting harder and I think sometimes I will have a conversation and I'll have tears brimming and some patients will say that they really like the fact that they've seen that in someone and then other people might feel that that's perhaps unprofessional and students ask me this question, so I'd really like to hear your opinion, Richard. But also Natalie and Caroline's thoughts.

00:52:11 Richard

I'm struggling.

00:52:14 Carly

We can come back.

00:52:15 Natalie

Yeah, we we had this funny, funny enough we had this conversation, just we could have done this podcast many times over with all the conversations we've had. And and we we were talking about it as why people worry about the communication. And I said that about you know being worried about crying and and you know, when I think back to when I was a student which is far too many years ago now. You know, I was pulled in the office and told off the first time someone I was looking after died and I was upset, you know? And I was told told off about it and it kind of stays with you. But having having done this work so long, like like you said, there are some people where you're in that space with and you can't help it. And actually the majority of the time is positive, you know, because you're you're human in that emotion and actually everything that we've heard today is about being treated as a human being, having human healthcare. So it it definitely still happens to me. And and I agree, I think, you know the people we're seeing now, especially post COVID are so complex that there is that higher level, that intensity.

00:53:24 Caroline

But also the build up you talk about in you and is is quite a natural experience I think because if you think about what we're exposed to all the time, if we had like a temperature thing on the side of us, and we could see how much we were carrying and you could see how it would be filling up. So I think, yeah, look, some some psychologists probably wouldn't agree with me. In terms of our training, we're not, you know, kind of encouraged to kind of let our emotions be the main thing in the room. I don't necessarily think that my emotion is the thing that should be dominant, but actually, I've definitely been emotional with patients and it's shown and I think is to do with the connection its to do with the intimate work we do. I think it's to do with that, you know, it's it's the privilege of that kind of being allowed into someone's life in the way that we are. I think it has emotion attached to that. So for me, it's definitely, yeah, it's it I don't think it's a weakness or I don't think it's something that I look back on and think I hadn't. I wish I hadn't done that and I've never had any feedback from a patient to say that you know, it's been inappropriate or unprofessional because most of the time it would happen in a relationship where that felt quite natural for me.

00:54:51 Richard

I think it's about being brave and actually taking the bull by the horns and going for it and if you're a gibbering wreck in the process, yeah, I think you probably get more respect for the fact that you've been brave and and you're you're you're coping with it.

00:55:18 Lydia

So how would you feel, Richard, do you think if you know, when you were diagnosed with cancer, if that person did have tears in their eyes or let tears fall, how do you think you feel?

00:55:29 Richard

I'll just join them, I think. Yeah, I'm a softie really. So I might be laid back, but I'm softie.

00:55:39 Caroline

I just think we can't be robotic, can we, you know in the work. Yeah, I think there's there's, there's a there's a deep sense of connection that happens between people and sometimes it's just a natural extension of that. But I know that feeling and and those thoughts are not shared by everyone. So yeah, I'm really glad you asked that question, actually, because we haven't touched on it.

00:56:04 Carly

Yeah. Thank you. Yeah. I think we've got time for one more question if anyone has any?

00:56:12 Audience member 4

Well hello. My name is Joanne Church and I'm a skin cancer clinical nurse specialist in Cardiff and Vale. I'm just wondering if you could give me any advice please, on how to communicate more effectively and empathetically in a timely manner. I find this quite challenging in the amount of time allowed in a clinic, bearing in mind there's five other patients you know, waiting also to be seen. I just wondering if you could offer any advice?

00:56:49 Caroline

Thank you. I feel like I have the luxury of time with my, with my appointments, you know, Natalie do you feel that?

00:56:56 Natalie

I'm the same. I have longer with patients, but certainly I've sort of ventured back into the acute side in my non-malignant role and seen that pressure Do you know the only thing I would say is just it's just about leaning into your authentic self. You know, you probably are doing it and giving yourself a hard time that you're not. But if I've ever struggled with anything, I've always gone back to sort of the why and and and just just being who I am, I guess. And I think if you do that, you you probably can't go far wrong.

00:57:30 Caroline

Well, that's what happened with the guy when he said you're a valleys girl. Yeah, that's what you did. You leaned into it.

00:57:37 Lydia

We do have topics as well in our new communication offer as well on empathy. So have a little look, have a rummage around all that's there and hopefully you can find something that can help us well.

00:57:47 Caroline

It's something that patients do say to me often, which I'm, you know, I don't know if this helps, but they go into a clinic appointment with an agenda in mind themselves that they've probably thought about. But often people don't feel able to voice that agenda. So I wonder if there's something important about just what is the main thing you wanted to get out of today's appointment? Because I think that's quite an empathetic question. And and then it'll help you to know that you've answered something that they came with as well as whatever you need to cover. So I I don't know whether that helps.

00:58:23 Lydia

Well, thank you for those questions. So to anybody that's a regular listener of the podcast will know that we always finish every episode with three questions. Normally we would ask everybody the three questions, but we thought with time it would take us forever. So I'm just going to start with Natalie first. So if you could go back in time to the start of your career, what piece of advice, would you give yourself?

00:58:45 Natalie

Wow, what would I say? And so my answer to this is every NHS career as a marathon, isn't it? Let's face it, we're all on that. And what I would say to my much younger self is remember your why of why you wanted to do this. And remember that for the good times to celebrate because I'm not sure we do that enough actually. And remember it in the bad times, because it's going to help you put that lanyard on every day, you know, and go out there and and do battle. And I think the other thing I would say is to remember to look up from the road sometimes at the trees, because 25 years has gone in a flash.

00:59:23 Lydia

Thank you. And Richard coming to you next, reflecting on your own experience with cancer, if you could change one aspect of care to improve the lives of people living with cancer, what would it be?

00:59:34 Richard

I think for for anyone that is talking to me as a patient, I would expect the communication to have the three pillars that I said before, it needs to be accurate, it needs to be honest and it needs to be empathetic, and I think if you remember those three things when you're making communications, you're not going to go far wrong.

01:00:00 Lydia

Good tip. Thank you. And finally, Caroline, and what would you like our audience to take away from this episode?

01:00:09 Caroline

I think summing up really kind of what we've said, it feels like a big task this, but every interaction, be that a 5 minute conversation or a half an hour consultation. I think those interactions are so important and they shape people's experiences, and they remember them and they're etched in someone's memory, so it feels like a big task when I'm saying that. But every communication I think is important. I think holding in mind that power imbalance that we've mentioned between, you know, the professional and the patient and the vulnerability that somebody might feel and their the impact on their identity and the agency and that doing with and not doing to.

01:00:58 Carly

Thank you, lovely. Thank you. Perfect way to end. So I firstly want to thank.

01:01:02 Richard

I would like to just say one other thing is that I've never in the support work that I do. I've never heard of anyone complaining about a Macmillan employee.

01:01:16 Carly

Great to hear. Let's end on that. First of all thank you so, so much to our amazing guests for come in to talk about this topic. Can we give them all a round of applause? Thank you.

And thank you all, everyone who joined here today for being part of The Cancer Professionals Podcast. I guess you can give yourselves a round of applause too.

01:01:49 Lydia

You've been listening to The Cancer Professionals Podcast, which is brought to you by Macmillan Cancer Support. If you work in health or social care, visit macmillan.org.uk/learning to find out more about our Learning Hub, where you can access free education and training. For links to the resources mentioned, see the episode description.

01:02:12 Carly

If you enjoyed this episode, follow us so you don't miss our next conversation, where we'll be joined by Jennifer Corns, senior lecturer in philosophy at the University of Glasgow, to talk about understanding and enriching agency at end of life. We'd love you to rate our show and share with your colleagues. Getting in touch with us by emailing

professionalspodcast@macmillan.org.uk. New episodes are released on the first Wednesday of each month.

01:02:38 Lydia

I'm Lydia.

01:02:41 Carly

And I'm Carly, and you've been listening to The Cancer Professionals Podcast by Macmillan Cancer Support.