

# COMMUNICATION IN LUNG CANCER

## A nurse-led clinic

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**Carole Palmer has been the lung cancer clinical nurse specialist at Furness General Hospital for four years. The role of the specialist nurse is to provide emotional support, information and practical advice for lung cancer and mesothelioma sufferers and their families. She becomes involved in their care in the pre-diagnostic phase, through treatment, to a time when the patient develops complex**

**palliative care needs. The specialist nurse provides a holistic nursing assessment and acts as patient advocate, ensuring the patient's needs and wishes are understood by the multidisciplinary team; and also acts as liaison between the different members of the hospital and primary care multidisciplinary teams, helping to ensure that the patient's care is as seamless as possible.**

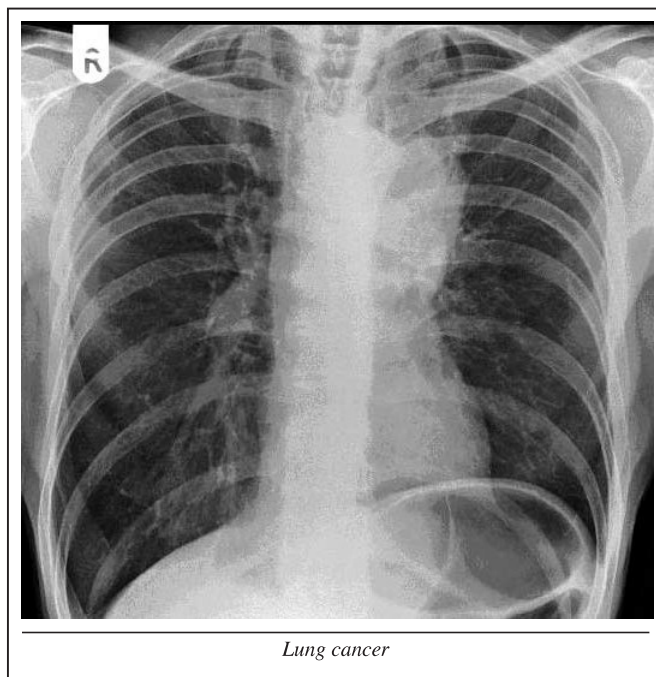
Effective communication is paramount in the health professional and patient relationship. It facilitates development of rapport, allows exchange of information, and is central to informed decision making and autonomy.<sup>(1,2,3)</sup> Despite government efforts,<sup>(4)</sup> communication and exchange of information remains an area where there is most patient and family dissatisfaction.<sup>(5)</sup> It is well documented that the way a diagnosis of cancer is conveyed to a patient may influence their future psychological morbidity.<sup>(6,7)</sup> Patient involvement in decision making about lung cancer and mesothelioma management is vital,<sup>(3)</sup> as the disease is often at an advanced stage at diagnosis, and has the highest levels of symptoms and concerns reported by cancer patients.<sup>(8)</sup> Added to this, there is often no clear 'best' treatment pathway, with outcomes being poor for this unfortunate group of patients.<sup>(9)</sup>

A growing body of evidence supports the view that nurses with suitable training and experience can develop their expertise, safely and effectively undertaking aspects of care traditionally seen to be the role of doctors.<sup>(10,11,12)</sup> A diagnosis of lung cancer or mesothelioma leaves patients and their families feeling frightened and vulnerable; it is recognised that clinical nurse specialists can have the desired communication skills and rapport with patients to provide a supportive and empathic relationship.<sup>(3,13,14)</sup> The literature also demonstrates that patients often prefer to discuss sensitive issues with nurses,<sup>(14,15)</sup> who they perceive to be more approachable and friendly, and provide a more patient-centred and holistic approach to their care.<sup>(7,16)</sup>

The past decade has seen an increase in nurse-led services, particularly for cancer patients. This change has been driven by government policies that aim to reduce patient waiting times, to improve both quality of life and patient experience, and increase patient involvement in decision making.<sup>(3,17,18)</sup>

It may be left to specialist nurses to lead these innovations in practice, giving them the opportunity to challenge healthcare roles and professional boundaries. One area in which this development is evident is in relation to the specialist nurse role empowering patients with cancer to make informed choices about their treatment and care through provision of information and support, particularly psychological support.

This article describes development in the lung cancer clinical nurse specialist role at Furness General Hospital (FGH). It concerns a service where the respiratory outpatient clinic was heavily oversubscribed, leading to increasing difficulty getting timely outpatient appointments for patients who had gone through the diagnostic phase of investigation for lung cancer or mesothelioma and were returning for their results and diagnosis. This delay in appointments resulted in a longer patient journey and impacted on cancer targets,<sup>(3)</sup> which reflected badly on University Hospitals of Morecambe Bay Trust.



It was suggested that a nurse-led clinic for this group of patients would streamline the diagnostic pathway, could be a satisfactory alternative to a doctor-led clinic, and may improve the patient's experience by allocating a longer appointment, which would allow more time to support the patient and discuss this difficult news. The specialist nurse undertook a three-day advanced communication skills course focusing on breaking bad news to cancer patients.

Breaking bad news is an important, but often difficult, element of patient/clinician communication that can influence the patient/clinician relationship in a positive or negative

way. The manner in which the news is conveyed also can impact on the patient's psychological adjustment to the diagnosis, and affect their quality of life and their ability to make informed choices about their treatment and care.

Frameworks representing best practice for breaking bad news have been developed using the evidence described in tables 1 and 2, and whose purpose is to guide clinicians in breaking bad news effectively – these frameworks are the McMaster technique,<sup>(21)</sup> and more recently 'SPIKES'.<sup>(2)</sup>

1	Having significant others present if desired by patient
2	The consultation not being rushed
3	Familiar, friendly, knowledgeable clinician
4	Sensitive delivery of the news
5	Tailoring amount of information to patient's need
6	Explaining information clearly in unambiguous language that patient understands (avoiding medical jargon)
7	Using the word cancer (not tumour, growth, lesion or mass)
8	Answering patient's questions the same day
9	Being involved in treatment and care decisions
<i>Table 1 What patients value at a bad news consultation<sup>(2,6,16)</sup></i>	

In this nurse-led results clinic as it is known, patients are allocated a 45-minute appointment. This takes place following discussion at the Lung Cancer Multidisciplinary meeting, where diagnosis and staging of the disease is confirmed, and a treatment plan formulated. The nurse clinic runs alongside an existing respiratory clinic should a medical review by a doctor be required. These patients have met with the specialist nurse in the pre-diagnostic phase of their journey, and a rapport with the specialist nurse has been established. They are informed of diagnosis using the McMaster technique, given written information about lung cancer to take away if they wish, and followed up by the specialist nurse a few days later when they are seen by the oncologist to discuss the management plan in more detail.

1	Preparing the patient for a cancer diagnosis
2	Using the word cancer
3	Answering patient's questions the same day
4	Talking about the patient's feelings
5	Encouraging patient to talk about their worries and concerns
6	Discussing severity of situation and prognosis with honesty if patient wants this
<i>Table 2 Strategies used when breaking bad news that may help minimise future anxiety and depression<sup>(6,19,20)</sup></i>	

Gathering views from all stakeholders in the clinic was clearly important to establish if the nurse clinic was a satisfactory alternative to a doctor consultation. However, it is not easy to demonstrate the effectiveness of nurse-led clinics in terms of improving service delivery and enhancing patient care, as the 'art' of caring is difficult to describe and demonstrate. It was decided to survey patients, their general practitioners (GP), chest consultants and oncologists on their experience of the nurse clinic using short, anonymous questionnaires.

## The McMaster technique<sup>(22)</sup>

### Preparation

Check patient's notes, talk to the team  
Check who should be present  
Set time aside  
Set the scene and ensure privacy

### What does the patient know?

*What do you understand about your illness and tests so far?*

### Is more information wanted?

*Your test results are available. Would you like more information about the results?*

### Give a warning shot

*I'm afraid it looks more serious than we had hoped*

### Allow patient to refuse information at this time

*It must be very hard to accept this?*

### Explain

A narrative of events can be useful:

*Your chest X-ray and CT scan showed an abnormal shadow*  
(Pause)

*Your bronchoscopy/CT biopsy results have confirmed there are abnormal cells in the biopsy sample*

(Pause)

*Some of which are unfortunately cancerous*

(Pause)

### Elicit and listen to concerns

*What are the main things you are worried about?*

### Encourage ventilation of feelings

*How does this news leave you feeling?*

### Summarise and plan

*Your main concerns at the moment seem to be...*

Offer to discuss proposed treatment plan/side effects etc if this information is wanted

Give written information if wanted

### Offer availability and support

Give follow-up oncology appointment/we will work on this together/telephone contact details

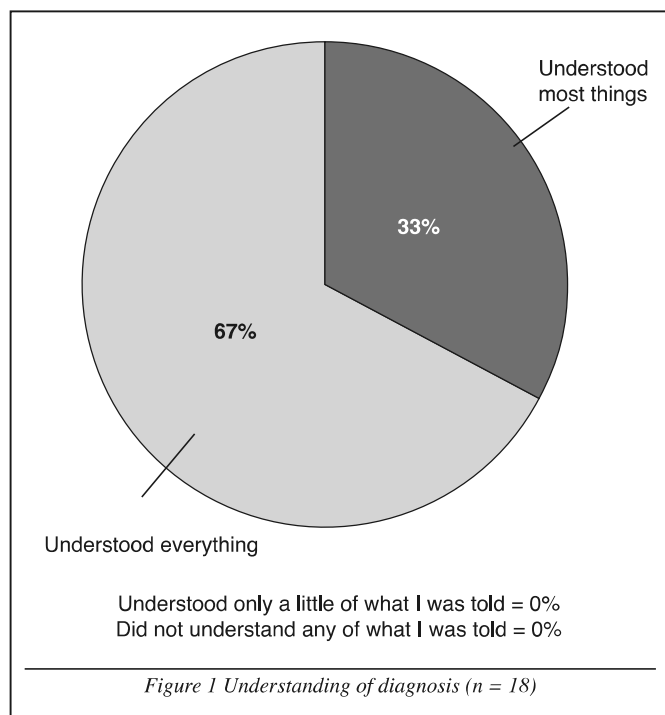
### Communicate with the team

Document in notes, plus letter to inform general practitioner

Twenty-six questionnaires were sent out to patients 48 hours after the nurse clinic, between February and September 2008. Eighteen were returned to the audit department – a 69% response rate. Some of the information from the patient survey is described in figures 1, 2 and 3.

The GPs of the surveyed patients were also asked to give feedback on the clinic – an 82% response rate. Comments and responses from the GPs were all positive and supported the clinic; the general theme being they valued the speed with

1	The specialist nurse has the necessary communication skills, and experience of lung cancer/mesothelioma, to provide complex information about diagnosis
2	The clinic provides a service that allows patients to receive their diagnosis as soon as possible after the results are available
3	The clinic allows space and sufficient time for patients to ask all the questions they may have
4	An excellent high quality service
<i>Table 3 Comments from chest physicians and oncologists</i>	



which they received the clinic letter, and the extent of the information it contained, thus allowing them to better support their patients.

Also, two chest physicians and two oncologists were surveyed; all responded, and all supported continuation of the clinic.

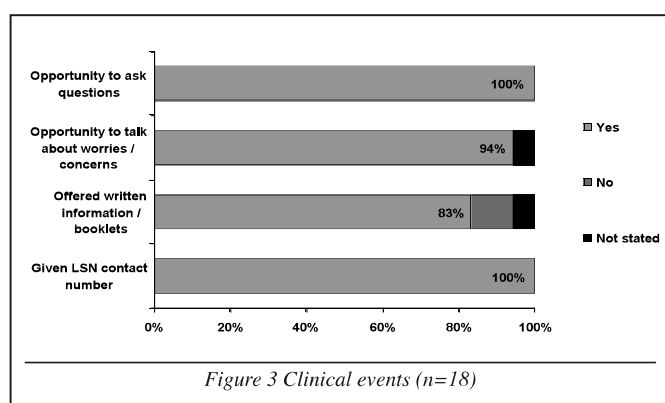
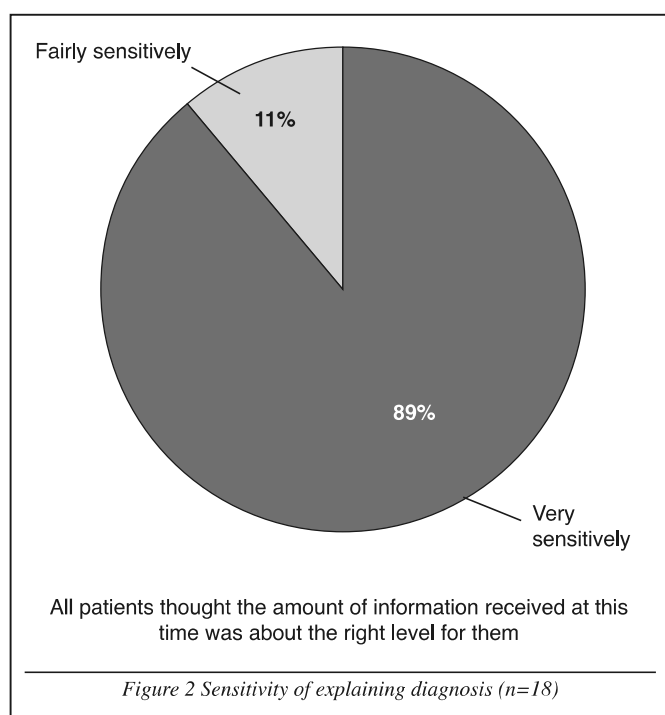
## CONCLUSION

National policy drivers and clinical guidance suggest that nurses should play a greater role in service delivery and clinical management.<sup>(3,18)</sup> This nurse-led service for lung cancer and mesothelioma patients is an innovation that extends and enhances the role of the specialist nurse. This article describes a service that aims to streamline the patient journey, enhance the patient's experience of receiving a cancer diagnosis by providing good psychological support, and improve patient autonomy through provision of easy-to-understand information. Most patients prefer open and honest communication with their clinicians and improving communication between clinicians and patients is high on the government agenda,<sup>(3,4)</sup> not only to boost patient autonomy, but also to reduce complaints from patients and their families.<sup>(5)</sup> The specialist nurse has the luxury of a 45-minute appointment slot that allows time to use a recognised framework (the McMaster technique) to increase the successful communication of bad news. This in turn helps the patient's psychological adjustment to a cancer diagnosis, and reduces future anxiety and depression, therefore improving quality of life.<sup>(6)</sup>

Evaluation of this service with questionnaires for patients, GPs and hospital consultants further supports the notion that the specialist nurse has the necessary knowledge and skills to convey a lung cancer or mesothelioma diagnosis successfully, and this service is now a fully integrated part of the lung cancer service at FGH.

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**Lancashire and South Cumbria Cancer Network is now running a free in-house Advanced Communication Skills Training Programme (developed in response to the NICE Supportive and Palliative Care Guidance), and is designed for band 6 nurses and above, GPs, and hospital doctors/consultants who give significant news to cancer patients. This course can be booked through Carol.Jakeman@lscn.nhs.uk**  
**For further information go to [www.connected.nhs.uk](http://www.connected.nhs.uk)**

**The Maguire Advanced Communication Skills Workshop (three-day course) is provided by the Christie Psycho-oncology dept and can be booked through Denise.Pyke@christie.nhs.uk (phone 0161 4463683), and costs £615 (not including accommodation costs).**

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