

Touch as communication in palliative care: gaining insights from final year physiotherapy students.

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“Nothing is so healing as the
human touch” *Bobby Fischer*





- 38% of physiotherapists feel uncomfortable communicating with palliative patients (Lim and Ng 2015)
- Physiotherapy students feel underprepared by their classroom education (Clarke and Ross 2006)
- Expressive forms of touch improve patient care in palliative care significantly (Sims 1988; Kozłowska and Doboszynska 2010; Chan 2013)
- Communication skills using touch develop with experience (Michel 2001; Roger et al 2002)



What are final year physiotherapy students' experiences of using touch to communicate with palliative patients, when on placement?

Physiotherapy - a “hands on” approach to communication

“instinctive”

“how you communicate”

“builds therapeutic relationship”

*“support just from touch, sometimes that’s a better
form of communication”*

*“there were a few times where I had no real response to
what the patient was saying to me”*

“touch was a big part of the patient’s journey”

Stigma of death

“when you are on a placement for 4 weeks you don’t have that ability to desensitise”

“with a palliative patient there’s the fear of doing more damage...I think it affected my confidence ”

“when the family are there it’s a bit too invasive to be there... I didn’t want to be there”

“made me more wary with my touch”

“I found it really difficult that we were using an end of life patient, as a learning experience”

Influence of the clinical educator

“they always offered me support after seeing a patient if I wanted to talk through it”

“there were definitely a few situations getting a bit awkward for me, and they took the lead, which was comforting as a student”

“you feel torn as a student between what you want to do... and what you know you have to do to get a good mark”

“I hate being observed and it does change the way I communicate with a patient”

Learning through experience

“It’s not something that someone can read out at the front of a lecture”

“now I’ve done a palliative placement I’ve seen the importance of it”

“this is what you should do, this is how you will feel, there’s no way you can be taught that”

“The first time someone might actually deal with a palliative patient might be when they are qualified and that would be scary”

“I definitely came out knowing a lot more...that was all through learning from experience”

Conclusion



- Students recognised the importance of using touch to communicate in palliative care
- Practice education was deemed superior to classroom teaching in developing communication skills
- Students needed additional support due to the emotional challenges posed by the palliative environment
- A palliative care placement was regarded as a vital student experience, prior to becoming autonomous practitioners