

## **Video transcript: How to use the Integrated Palliative care Outcome Scale (IPOS) in clinical practice**

We have created this short film showing how you might use the staff-version of IPOS during your usual holistic assessment.

Using IPOS as the basis for conversation and opening up dialogue, promotes safer and more comprehensive care by making patients feel confident that any symptoms or concerns they have can be raised, and – if all of IPOS is used – that the full range of common symptoms and concerns are considered.

This video will demonstrate how some of the IPOS items can be introduced within your usual holistic assessment. We have not included all IPOS items here to keep the video short; we simply give examples. However, all IPOS items should be included to ensure your assessment is comprehensive.

IPOS can be used in different ways. The patient version of IPOS can be given to the patient to complete themselves, but often, someone is too unwell to complete IPOS or it is otherwise inappropriate. We therefore sometimes need to use the staff version of IPOS.

*[Video shows an illustration of the IPOS form (staff version)]*

To do this, you can show the IPOS questionnaire to the patient and go through each item, one by one, asking the questions direct, but this is laborious and often burdensome if someone is unwell.

It is usually better to use IPOS flexibly to structure your assessment, without the patient even being aware that your questions follow the IPOS items.

**In this video, we ask you to imagine the patient is unwell and in hospital.**

**Clinician:** Good morning, my name is Jo from the Palliative Care team. Your doctor has asked me to see you and try to help with your pain. Is that okay?

**Patient:** Yes, the doctor said you would visit

**Clinician:** Thank you. I am not sure if anyone has explained my role, but I am here to help you with any symptoms or other concerns from your illness. Firstly, I am keen to hear how things are from your perspective, but later, I will ask you about a range of other symptoms or concerns which you may or may not have. This is just to be sure I haven't missed anything. Is it alright if I make one or two notes to help me capture all the details?

**Patient:** Yes, that's fine

**Clinician:** So, tell me, what have been your main problems or concerns over the past three days?

**Patient:** Well, I'm really worried about two things. I am really uncomfortable and painful here [*The patient indicates upper part of abdomen over stomach*]

**Clinician:** I would like to know more about that. How much has the pain affected you over the past 3 days?

**Patient:** Well, it is sometimes really bad, it stops me sleeping .... I've never had a pain that bad

**Clinician:** Would you say it is severe? Or maybe even overwhelming?

**Patient:** No, no, not overwhelming ... maybe severe

[*Clinician ticks 'severe' in pain section IPOS question 2*]

**Patient:** Sometimes it settles down and then I am okay for a bit

**Clinician:** Tell me more about the pain. When does it affect you, how long does it last?

**Patient:** Well, I suppose it's there quite a lot. The other thing I am really worried about is how I have been, I am not managing as well and feel that things are out of control. I don't know what to do...

[*Clinician writes 'Not managing, out of control' in Q1-1 of the IPOS*]

**Clinician:** How long have you felt like that?

**Patient:** Ever since they told me about my cancer. I just can't believe it... I've always been fit and well. Then I find out about this. Now I can't sleep, I lie awake and worry... How will my family cope? I'm worried about them...

**Clinician:** I am keen to know if you have been affected by any other symptoms over the last 3 days. Can I ask you about some other symptoms or issues?

**Patient:** Yes of course

**Clinician:** Some of these won't have affected you, but any breathlessness affected you over the last three days? Any weakness? Nausea or vomiting?

**Patient:** No, no, nothing like that

*[Clinician ticks IPOS question 2 'not at all' corresponding boxes]*

**Clinician:** What about poor appetite?

**Patient:** I am not eating as well – I just don't feel like food so much

**Clinician:** How much has this affected you? Slightly, or moderately, or severely, would you say?

**Patient:** Maybe slightly, a bit. I'm still eating something for most meals.

*[Clinician ticks 'Slightly' box labelled 'poor appetite']*

**Patient:** Maybe it is because I'm feeling so worried, or sometimes it is when I have the pain and I just don't feel like eating

**Clinician:** We can talk more about how to help your eating, but can I just check first if you have been affected over the last 3 days by constipation, sore or dry mouth, drowsiness or poor mobility?

*[Video shows the corresponding questions IPOS Q2]*

**Clinician:** We have discussed some of things that are affecting you physically. Can I ask you how you are coping with your emotions? I know you are feeling out of control and worrying a lot. How much would you say that this has affected you?

**Patient:** A lot, I would say, it's affecting everything

**Clinician:** Would you say most of the time, or all of the time?

*[Video shows 'Always' highlighted in Q3 of the IPOS]*

**Patient:** Yes, I would say all of the time.

**Clinician:** Would you say your family or friends have been anxious or worried about you too?

**Patient:** Yes, the family keep asking me how I am – I think they are very concerned

**Clinician:** Are you saying that they are worried occasionally, sometimes, most of the time or always? What do you think their concerns are?

**Patient:** Definitely – I would say most of the time. I think they worry about how I am, if I'm coping

*[Video shows 'Most of the time' highlighted in Q4 of the IPOS]*

**Presenter:** The question relating to peace can raise concerns from staff, but patients usually understand it well. The purpose of this question is to capture any spiritual or existential distress; identifying if the patient is content with one's self. Peace was the word identified by patients as reflecting this best.

**Clinician:** In Palliative Care we are keen to help with ALL the things that might affect you. This includes how you are feeling. Sometimes when people are living with an illness, they may not feel very settled or peaceful – could I ask if you have felt at peace in yourself over the last few days?

**Patient:** No, I can't say I've felt at peace. It is so difficult to get my head round what is going on with me. I am someone who needs answers, and no one can give me answers. It feels very overwhelming and this feeling is with me every day

*[Video shows Q6 of the IPOS]*

**Clinician:** Do you feel at peace occasionally or not at all?

**Patient:** Not at all. I am really unsettled – I just cannot calm myself and my thoughts are stopping me sleeping.

**Clinician:** That must be very difficult for you .... Thank you so much for taking the time to explain. Could we consider some of the ways our team could help...

**Presenter:** There are many ways to incorporate IPOS into assessment. This is just one example. It may be helpful to observe a colleague in practice to learn in your clinical environment and/ or to discuss with colleagues in how they use IPOS in practice. It is important that all the teams work together ensuring consistency. You can get further information from [www.pos-pal.org](http://www.pos-pal.org).

## References

Murtagh FEM, Ramsenthaler C, Firth A, Groeneveld EI, Lovell N, Simon ST, Denzel J, Bernhardt F, Schildmann EM, Oorschot B, Hodiamont F, Streitwieser S, Higginson IJ, Bausewein C. A Brief, Patient- and Proxy-Reported Outcome Measure in Advanced Illness: Validity, Reliability and Responsiveness of the Integrated Patient Outcome Scale (IPOS). *Palliative Medicine*, 2019.  
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