Engaging patients in end of life talk.

Real Talk: Evaluation of the usability and acceptability of a novel resource for healthcare communication skills training

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Acknowledgements

We wish to acknowledge the contribution of trainers and trainees across a range of organisations who have participated with enthusiasm in the pilot and evaluation of Real Talk.

Executive Summary

Our key achievements in this project can be summarised as the following:

- completion of a six month pilot and evaluation of the Real Talk training resource which has successfully engaged trainers from HEI's, NHS and voluntary sector across England;
- engaged with trainees attending a range of communication skills training to seek feedback with regards to the emotional impact of working with the film clips;
- received positive feedback relating to the 'value of realness' from both trainers and trainees;
- established that further development work is needed with regards to enhancing content and usability of the supporting materials, and usability of the DVD as a training resource;
- established a data base that supports ongoing development and use of real patient conversations by engaging other professional groups e.g. AHP's and nurses.

Introduction

We report here on a project which sought to pilot and evaluate a novel healthcare education resource called Real Talk, developed from data collected as part of the VERDIS project. The pilot aimed to test the usability and acceptability of the Real Talk resource across a range of training events and practitioners groups.

Background

The study evaluates a novel communication skills training resource designed for use by trainers who deliver communication skills training to staff and students in relation to communicating with patients receiving palliative and end of life care.
The resource is designed for use within communication skills events already regularly delivered to staff and students. It is designed to offer additional resources that can be added to and slotted into existing ways of working, it is not a full course in itself.

Currently, palliative and end of life care communication training often includes work with recordings of communication episodes which involve actors playing the part of patients and relatives – i.e. these are role-played, not authentic communication episodes. Trainers frequently report trainee dissatisfaction with these resources, and recent empirical research shows that simulated interactions differ importantly from real life ones (Stokoe 2013).

Real Talk is novel because at its core are extracts from video and audio recordings of actual, everyday supportive and palliative care consultations made as part of the VERDIS study. All participants whose data are included in the training resource gave their informed consent for the recordings of them to be used in both scientific analysis, and also in the Real Talk communication skills training resource. The Real Talk resource includes not only clips of authentic recordings but also a range of supporting materials and research evidence summaries about relevant communication practices.

Evaluation of whether this novel resource has an impact on the effectiveness of communication skills training for staff and students is this preliminary evaluation – to examine the acceptability and usability of the new resources. This will inform our work in

refining and adding to the current resource, and contribute to the design of further, similar resources and their evaluation.

Communication skills training – current modalities and their effectiveness
Established, recommended training on end of life care communication exists (National Institute for Clinical Excellence (NICE) 2004). The 'Connected' advanced communication skills training programme is based within regional cancer networks, and funded through local commissioning. This kind of training is primarily delivered to staff who work in oncology and specialist palliative care (NICE 2004). Systematic reviews indicate these have some positive effects (Moore, Rivera Mercado et al. 2013), but that these are confined to two particular behaviours: trainees' expression of empathy and question-asking behaviours. No benefits have been shown in terms of patients' communication and their perceptions of communication quality (Moore et al. 2013). Also, evidence of long-term effectiveness is contradictory (Moore et al. 2013). Current training is based upon limited evidence and little derives from direct observations (Fine, Reid, Shegelia et al. 2010), most is specific to cancer patients (Parry, Seymour, Whittaker et al. 2013). The Real Talk resource draws upon a body of research derived from analysis of recordings of actual, real life interactions, and from investigations that include non-cancer patients and their companions. We know that training based upon detailed evidence about communication practices, their structure and functioning is more likely to be effective (Parry 2008) and therefore we consider the novel resource which forms the focus of this study may contribute to improved effectiveness of healthcare communication training. Before embarking upon evaluation of its effects, we need to examine more closely the acceptability and usability, to trainers and trainees, of the resource, and to make additions or refinements if they are indicated.

Aims of Real Talk Pilot

To generate knowledge about the usability and acceptability, to trainers and trainees, of a newly developed healthcare communications skills training resource entitled 'Real Talk'. It contains video and audio clips from recordings of real life consultations involving experienced palliative care doctors, terminally ill people, and relatives and friends who accompany them to consultations. Alongside the video and audio clips, there are associated materials for each patient story: case synopsis, transcripts, suggested learning exercises, evidence summaries, and suggestions for further reading.

Objectives of Real Talk Pilot

- To gather information from Real Talk resource users which will inform additions to and revisions of the existing Real Talk resource (funding has already been secured to extend the Real Talk materials to cover a new topic 'communication about pain and pain medications'; depending on costs and future grant applications, we hope to refine the existing materials on the basis of the findings of this evaluation);

- To gather information from Real Talk users, both trainers and trainees, which will inform design of future training resources centred around recordings of real life practice with allied health professionals;

- To evaluate a newly developed healthcare communication skills training resource entitled 'Real Talk' in terms of its usability and acceptability from the perspective of trainers and trainees by observing some events in which the resources are used, and seeking views and perspectives via brief anonymous questionnaire survey with trainees, and qualitative interviews with trainers;

- To gather information that will inform additions to, and revisions of, the existing Real Talk resource;

Methodology

Trainers volunteered to take part in response to announcements at special interest group meetings and workshops, and to invitations in newsletter articles. They are geographically widespread across England, Scotland and Wales.
Trainers participated in a qualitative, semi-structured interview, mostly over the telephone. This took place after they have tried out the Real Talk resource in an actual training event. Interviews were audio-recorded, verbatim transcribed, and analysed using qualitative, thematic analysis.

A subset of volunteer trainers were observed in situ, using the Real Talk training resource during a training event. Time and cost constraints meant we could not observe all trainers. As far as possible, observed events and trainers included a wide a spread of participants as possible from Higher Education Institutes (HEI's) to NHS settings and voluntary organisations. Trainers piloted the Real Talk resource within their usual work, i.e. in delivering face to face healthcare communication skills training.

Views of trainees were sought by completion of the short 4 part questionnaire (appendix 1) that was completed immediately at the end of the training sessions and either handed back to the trainer or posted to the research team.

Participants

Following the period of publicity seeking expressions of interest regarding the pilot, 44 experienced communication skills trainers requested a copy of the Real Talk DVD. This represented 12 hospices, 13 NHS trusts and 8 Higher Education Institute's.

On receipt of the DVD all 44 trainers signed and returned the DVD receipt form (appendix 2). This indicated agreement as follows:

- DVD resource only to be used for communication skills training;
- Only to be used by named trainer(s);
- Copyright© University of Nottingham, 2015. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owners.

All 44 trainers work with within the NHS, HEL's or voluntary sector and will keep and continue to use the DVD as long as the safeguards below are introduced at the start of each training event:

- These materials include content that can be distressing, feel free to step out of the session if this is the case for you;
- In your own working or personal life you could come across people you see in the clips. Be aware that they are unlikely to know that you have seen them in this way;
- Both during and after the session please do not talk about any individual in personal or negative terms, and if you recognise them please do not refer to them by their real name;
- No one in the recordings is claiming that their practice is perfect, but the clips do include skills and actions that contribute to good practice;
- You must not take any visual images or make audio or video recordings of the clips when they are playing;
- All the people you will see and hear gave their permission for the use of their recordings in training sessions provided these safeguards are in place.

During the pilot period 1 July to 30 November 2015, 15 trainers went on to provide data. This represented 6 x hospices; 5 x universities; 2 x hospital trusts. Those who did not use Real Talk were either not providing training during the pilot period or trainers felt it was not appropriate for their student groups. Three organisations sought evidence of our ethical agreement, and 2 of these organisations went on to pilot the resource. Feedback from NHS trusts to establish why trainers did not pilot the tool suggests this was mostly due to i) time restrictions to review the resources as most facilitators were also senior clinicians, ii) planned training being cancelled or iii) training not planned during the pilot period.

Data

Data was collected by the researcher BW in three ways:

i) Researcher observing a range of training events where Real Talk was incorporated into an exciting timetable. A total of 10 training events were observed [data coded O]. Data is presented as a framework analysis;
ii) Interviewing, face-to-face or via phone the trainer facilitating the use of Real Talk. A total of 11 interviews were recorded and transcribed [data coded R]
iii) Questionnaires completed by Trainees immediately at the end of the trainer event. A total of 150 questionnaires were returned [data coded Q] (appendix 3)

Organisations providing data for the pilot:
Hospice - Hayward House, Nottingham; John Eastwood, Mansfield; LOROS, Leicester; Rowcroft, Torquay; St Christopher's, London; Wirral St Johns, The Wirral;
HEI's – Bradford; Cambridge; East Anglia; Nottingham; Worcester;
NHS Organisations - Derbyshire Community Health Services (DCHS); Nottingham City NHS Trust.

Findings

Findings are presented under 3 core themes: acceptability, usability and future of Real Talk

Acceptability

The resource has been overwhelmingly welcomed by both trainers and trainees as an effective and safe tool to use in communication skills training, adding depth and value to the learning experience. Key themes emerging from the data with regards to the acceptability of the Real Talk clips relate to its overall value of realness, the importance of skilled facilitation, the value of group discussions, emotions and concerns, and consolidating the learning experience.

> *"…I think it's streets ahead, to be honest. Absolutely streets ahead, the reason being is that it is, as the title says, it's so real. It's humbling. Every time you watch it, it affects you differently…"* [R10]

Value of Realness

There was a strong message in all 3 data sets relating to the real value of using film clips. This moves the resource beyond being 'acceptable' to potentially being a significant resource to enhance the learning experience in communication skills training.

> *"…because I think an awful lot of pressure is put on.. professionals, to think they've got to get it right first time, every time, without fail, and I think that clip* [Eashan] *really illustrates the fact that, actually, you know, the bottom line is, we're all human and these are difficult discussions, and they will always remain difficult discussions but if we can bring the humanity into it, then, then, you know, you can't go far wrong, really…"* [R11]
>
> *It's good to watch real situations as in everyday (working life) you don't get that opportunity Somethings I feel I do already but don't always realise and it's good to see what works well [Q38]*
>
> *Reality - is real [Q32]*
>
> *To see a true account of the real life patients dealing with their prognosis/life/treatments and mentally / acceptance of dying compared to actors* [Q43]
>
> *Very useful. Very good to witness real life conversations rather than role play. Good to discuss strategies/techniques* [Q144]
>
> *"…but I preferred this, because it felt more real. You know, they're actually watching a consultation, it was, whereas when myself and a colleague are doing it, it's very staged, and it's very, you know, and even, as a trainer, as an experienced nurse, you sometimes don't know what to say next..."* [R2]

An overall theme emerging from the data was how the trainers recognised the value of working with the real clips to explore 'what did you see?' rather than 'what did you think?' This approach resulted in an exploration as skills based 'process' rather than a focus on 'outcome'.

> *The topic was unavoidably difficult. I found the recordings helpful to get in touch with these experiences and prompt reflection in working practice* [Q147]
>
> *Trainees actively engaged in discussion, more so than expected by the trainer. Trainees linked the Lucy clip to their own experiences of working with patients at*

very end of life. Also realised that it could be used for much more fundamental teaching relating for example to empathy, compassion and care [O1]

Trainers noted a depth to discussions that they had not experienced in role play or using other resources. These discussions had the power to move beyond communication skills to wider subjects including empathy, establishing a relationship, concepts of caring and compassion:

> *"…Well, they started off observing communication skills and kept it very much on that level. And then as the clips unfolded, they started to talk about more general palliative care themes and we talked about involving family members, so when we watched Eashan and his brother, we then started talking about involving family members. We went on to have a discussion about person-centred care planning…* [R1]

> *"…We have used it about 6 times and it's definitely growing on us, as we become more familiar with it, the results and impact have been really good. The attendees are really engaging in it and this week was probably the best, with the impact of the real consultations adding much more depth and importance to them wanting to get the "simple things" right like active listening, clarifying, patient lead agenda etc..."* ([T10])

> *"…Well it would fit into something much more fundamental – like use in empathy and compassion teaching. That is all so important and it is really underpinned by communication skills…"* [R4]

Skilled facilitation

Trainers using Real Talk have demonstrated the importance of being skilled and confident in facilitating group discussion relating to sensitive materials.

> *"…Because it was, because it was a first time I used it, I, I didn't feel confident enough to stop and start, because I didn't feel I knew the vignettes well enough. I feel that once, if I used it again and again, you know, next course, for example, and the course after that, and got to know the clips, got the know the material, if you like, I would feel confident to say I'm going to stop there and we'll talk about what just happened there…"* [R2]

> *"…It always surprises me in communication skills, you know, that sort of, trust your audience mantra … I always find that a little bit unnerving. But it worked really well, they were superb…"*[R9]

Trainers involved in the pilot worked with the clips to facilitate exploration of understanding relating to ‘process’ rather than ‘outcome’. This required expert facilitation to move trainees away from saying what they would do differently in each scenario, or what wasn’t done, to a more focussed and in-depth exploration of the communication interaction and skills involved; trainers seemed to value this and recognise the value of working with uncomfortable materials.

> *"…confidence…in, in being able to break down the communication…once you show a clip and you ask them to observe it, they automatically kind of observe the, the whole thing, the impression almost it gives, rather than the actual nitty-gritty of what techniques have been used in communication. I think, from a facilitator’s point of view, you’ve got to have the confidence to be able to say, right, well, what skills did you observe? And, and know what skills were used within that, and what was the objective, and what was the, you know, I think you’ve got to have the confidence and the skills to be able to do that. And, also, yeah, I think, from what you said before, the confidence to be able to facilitate a discussion because these clips, sometimes, will bring up personal issues, or personal situations and you have to be able to have the confidence and the ability to be able to handle that within the classroom setting, making sure that people feel safe, because, to me, communication skills, the most important thing is that people feel…"* [R11]

Data also indicated that skilled facilitation was essential to add value and ensure safety to the learning experience, this links to recognising the emotions the clips and associated discussions can invoke.

There is limited evidence on whether trainers used RT differently from other communication skills resources, however it was noted that trainers liked the ability to work with short clips of film to enable trainees to focus down on process issues that could be used independently from the other clips in the scenario.

> *"…it’s very bitesize. … But it’s very powerful and that’s amazing really…"* [R9]

> *"…And it helped to sort of go back to the start of the clip or to part of the clip and just, again, it’s using it to make it cement, I suppose, some of the things from earlier…"* [R3]

> *"…the lovely thing about the Eashan clip was that it covered so much, it was fantastic…"* [R11]

Many facilitators commented on the added value with regards to the safeguards, this could be because of preparation, instructions/safety strengthens the power and depth of discussion.

Trainers mostly used the clips to consolidate prior learning, emphasise a specific skills or to engage in group discussions resulting in an absence of data with regards to using the the clips to frame role play between trainees. However facilitators overwhelmingly suggested that Real Talk can be used to effectively working alongside role play rather than replace it.

> *"…the intention was to link in some of the learning from earlier in the day and I think, because of the scenarios, a couple of the group thought up, with advance care planning, it sort of linked in to that. And even if they hadn't, I think my aim was to think about those, the communication skills and how to move forward with discussions, and also, to, to really go with the patients' agenda, but also have ways of sort of, broaching topics, and just following that through. And I think that would have happened, even if people hadn't brought up advance care planning earlier in the day. So I think, from that point of view, it worked well because, hopefully, they can then see a real live consultation, well, not a live, but a real consultation with a real patient and those skills, actually, yes, they work really, they, they can be put into practice and they can be used. So, I think, from the learning point of view, I think it was, it was really helpful to just to cement some of the things from earlier… and how they could put those skills into practice in their own environment, so it's good to leave them thinking with a, with a real consultation, and that it isn't all theory, and this isn't all roleplay, it's actually, you can use it in practice with your patients, your carers. I think it worked well from that point of view…"* [R3]

Facilitators reported a range of experiences at coping with emotion in the classroom

> *"…I was struck at how engaged the group were, particularly with Lucy clip and how they picked up on the words she used. I wasn't expecting that discussion about the grim reaper and the debate that resulted from it, particularly with students giving personal thoughts and not necessarily agreeing with each other… So well, at one point I thought I was going to get upset myself. I was really taken with the power of how it made them feel and that it pulled out what dreadfully hard things nurses have to face on a daily basis… I hadn't really considered the additional emotion I would feel about watching a clip with the students and also knowing what happened to the patient…"*

Value of Group discussion

Trainees widely acknowledged the value of discussing the content of clips. When facilitated to explore from a process perspective rather than outcomes it was noted

Discussing the recording together really helped to acknowledge and talk through the emotions it evoked [Q42]

Particularly the discussion and afterwards different people's perspectives [Q71]

It was useful that it was divided into chunks for discussion [Q125]

This was supported by facilitators who noted how trainees started to see what could be done differently in the clip, to moving beyond outcome, to focus on the process of 'why that, why now? This way of thinking prompted a depth of discussion that was not expected;

"…And then as the clips unfolded, they started to talk about more general palliative care themes and we talked about involving family members, so when we watched Eashan and his brother, we then started talking about involving family members. We went on to have a discussion about person-centred care planning, and when you're trying to keep the, you know, there was a difference of opinion in the room, some thought that the brother was talking over his brother, you know, and…taking over the conversation whereas others thought he was being fully involved at being supportive and it was about how we try and interpret when patients come with a family member, you know, what that family member's role is. And sort of talking about how it's not right or wrong because they're there supporting their family member, and they probably haven't come with an agenda, it's a natural conversation that's unfolding. So we have some really interesting discussions actually, not, it started off very much on observing communication skills but then it, it did naturally evolve into, yeah, other aspects of, you know…" [R1]

Emotion and Concerns

There were no specific elements of the Real Talk materials that caused distress, or other negative responses sufficient to be disruptive to teaching and learning. There appears to be an inherent link between the skilled facilitation and managing emotion

Yes, we do get emotional responses from, you know, the candidates that they come in, but they then will come back, they'll choose to stay, to watch it, even, you know, when some of them have absolutely been quite upset, and then they come back to us after and they've said to us, Do you know, that's what I needed. It's almost, it's cathartic…" [R10]

Lucy clip appeared to be the cause of most distress, though one trainer noted that the depth of discussion that this conversation led to with regards to practitioner mortality, and importance of self-care

> *"…I was struck at how engaged the group were, particularly with Lucy clip and how they picked up on the words she used. I wasn't expecting that discussion about the grim reaper and the debate that resulted from it, particularly with students giving personal thoughts and not necessarily agreeing with each other…I was a bit worried as at one point I thought I was going to get upset myself. I was really taken with the power of how it made them feel and that it pulled out what dreadfully hard things nurses have to face on a daily basis…*" [R4]

There were no other examples of distress recorded in the data sets. Of the 150 completed questionnaires, 1 trainee ticked no to 'If you were to attend a similar training event in the future, would you what it to include work with recordings of actual healthcare consultations? There was no written comment to expand this answer. This trainee indicated that learning had not been impacted on by the emotion.

What was seen in the data was the value of emotion to the learning experience, from a personal reflective process, as well as linking theory to skills in practice;

> *Discussing the recording together really helped to acknowledge and talk through the emotions it evoked* [Q42]
>
> *Shows ability to empathise with patients through emotion [Q8]*
>
> *Yes emotional but this made me reflect on it well I feel [Q13]*
>
> *It was emotional but very useful [Q74]*
>
> *It was difficult to hear/watch but really enhanced my learning - made me think broader [Q53]*
>
> *It is quite necessary to be challenged [Q4]*
>
> *Its emotionally upsetting but did not impact on my learning, mainly because it highlights what you do as health care professionals working in palliative care [Q43]*
>
> *Emotional but not distracting. I think the emotional element helps as it's better preparation for the real discussion [Q79]*
>
> *Recordings help us to come close to reality [Q83]*
>
> *Emotionally challenging but well supported and did not hamper learning [Q39]*
>
> *Its emotionally upsetting, but mainly because it highlights what you do as health care professionals working in palliative care [Q43]*
>
> *It is powerful to see 'real' life scenarios [Q31]*
>
> *Some of the recordings were emotional to watch but I really enjoyed the session. It did not distract from my learning [Q142]*

Yes emotional, did not hamper my learning. The topic was unavoidably difficult. I found the recordings helpful to get in touch with these experiences and prompt reflection in working practice [147]

Because they were not actors I was able to get a realistic sense of care and compassion given by health professionals [150]

Consolidating the Learning Experience

Whilst the pilot did not seek to measure impacts on practice, local learning was noted in all three data sets.

Usability

The pilot has allowed review of the usability of the resource and overall proved to be an effective means of integrating real clips into existing curriculum and has been overwhelmingly welcomed by both trainers and trainees as an effective and safe tool to use in communication skills training, adding depth and value to the learning experience. Key themes emerging from the data with regards to the acceptability of the Real Talk clips relate to its overall value of realness, the importance of skilled facilitation, the value of group discussions, emotions and concerns, and consolidating the learning experience.

Film clips as a learning resource

"…A lot of the communications skills training is experiential but also important to add in didactic bits as well and I think the clips could be used to embed a specific point or as pre-session preparation for the role-paly. As in giving examples of skills to look out for and engage in…"

DVD integrity

There were challenges experienced with regards to using the DVD as a means to deliver the film clips as well as technical issues relating to the playing of the clips, specifically relating to;
DVD sticking – mostly when using the stop start process over a period of time
No stop rewind facility – a second edition was produced and
Sound quality – this was largely dependent of the sound system trainers used.
Comments relating to the quality of sound linked to the nature of recordings

Using the supporting materials

A range of supporting materials are embedded in the DVD and information provided at the time of distribution sign-posted facilitators to these resources. After several requests from facilitators, a hard copy of the supporting materials in a bound manual was made available to all facilitators on request.

The Future of Real Talk

Early findings suggest there is a clear value in using real film clips when facilitating communication skills training for practitioners working in end of life care across a range of settings.

The pilot has captured examples of how trainers have learnt how to use the clips across a range of curriculum and student groups. An additional section in the resource manual will be added as a bullet point guide for facilitators using the resource for the first time. A bullet point list of ideas relating to different levels of academic study and different learner groups is also proposed, though more evidence is needed with regard to the value of lesson planning.

Two facilitators suggests developing a tips sheet for trainers 'how to use the clips, prompts before playing, facilitating discussions and this will be included in the second edition.

Many facilitators are now in the process of embedding Real Talk clips into their current curriculum and it is envisaged updates on these developments will help to inform further development of the resource.

A residential conference/training workshop for trainers has been proposed by several facilitators to develop future skills in facilitation as part of their own professional development. We are proposing this to start at experienced clinicians and trainers to explore the value of a Trainer the Trainer approach.

Facilitators and trainers have commented on wanting 'more' when watching the clips. It is not clear from the data if more relates to i) length of clips, ii) number of clips or iii) related discussions. What is evident though from the discussions that emerge is the perception the clips relate to the 'nub' of the clinical relationship. Our ongoing work is analysing the existing clips in relation to empathy, pain and decision making. This work may result in additional cases being added to Real Talk in time.

Summary of project outcomes

- completion of a 6 month pilot and evaluation of the Real Talk training resource which has successfully engaged trainers from HEI's, NHS and voluntary sector across England;
- engaged with trainees attending a range of communication skills training to seek feedback with regards to the emotional impact of working with the film clips;
- received positive feedback relating to the 'value of realness' from both trainers and trainees;
- established that further development work is needed with regards to enhancing content and usability of the supporting materials, and usability of the DVD as a training resource;
- established a data base that supports ongoing development and use of real patient conversations by engaging other professional groups e.g. AHP's and nurses.

Conclusions

The pilot and evaluation of the evidence based Real Talk communication training resource has provided a firm foundation on which we can work to build Real Talk as a flexible training intervention in future healthcare practice.

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Appendix 1: Trainee Questionnaire

School of Health Sciences,
Sue Ryder Care Centre for the Study of Supportive, Palliative and End of Life Care

Real Talk Evaluation – an evaluation of the usability and acceptability of a novel resource for healthcare communication skills training

Investigators: Ruth Parry (University of Nottingham), Becky Whittaker (University of Nottingham), Marco Pino (University of Nottingham), Christina Faull (LOROS: Hospice care for Leicester, Leicestershire and Rutland)

Trainee questionnaire

Version 1.0: 06/05/2015

The purpose of this questionnaire is to gather your views about the Real Talk training resource, to help us decide whether we should change it, and whether it would be useful to develop further resources along the same lines.

This questionnaire is anonymous, however if you would like us to send you a final report about what we find from our research, please provide your email address here:

____

All the questions are overleaf

Please consider the elements of this training event that involved the video and audio recordings made of actual consultations in a hospice, and also any accompanying transcripts and learning materials. The recordings and accompanying materials are called the 'Real Talk resource'

1. **What did you think about the part/s of the event that involved working with the recordings?** Please circle the response that bests fits your views

   Not at all useful   Somewhat useful   Very useful

   If you wish, provide further details:

   ____

   ____

   ____

2. **Some people find seeing and hearing the recordings so emotionally difficult that it distracts from their learning. Did you find working with the recordings emotionally difficult?** Please circle the response that bests fits your views

   Yes   No

   If yes, do you feel this hampered your learning?

   Yes   No

   If you wish, provide further details:

   ____

   ____

3. **If you were to attend a similar training event in the future, would you want it to include work with recordings of actual healthcare consultations?** Please circle the response that bests fits your views

   Yes   No

4. **If there are things you think could be better about the Real Talk resource please use this space to tell us**

   ____

   ____

   ____

   ____

   ____

Appendix 2: DVD receipt form

Direct line/e-mail
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Nottingham NG7 2HA

Real Talk Evaluation – an evaluation of the usability and acceptability of a novel resource for healthcare communication skills training

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Receipt of Real Talk Training DVD (Version 1.0: 13/07/2015)

Please read the following conditions of taking receipt and using the Real Talk DVD:

- DVD resource only to be used for communication skills training;
- Only to be used by named trainer(s);
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I confirm receipt of the Real Talk Training DVD and agree with the above conditions of use.

Name:

Organisation:

Signature:

Date:

Please scan signed copy to verdis@nottingham.ac.uk

Or post to: Becky Whittaker,
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Appendix 3: Field notes -Key findings

- Early evidence suggests Real Talk adds real value across a range of learning events and practitioner groups by providing flexibility in both content and approach

- Real Talk has been used successfully in different ways in established curriculum; success is measured through review of trainee questionnaires and trainer reflections captured in interview.

- Key theme is the 'value of realness' for the communication skills training environment

- Trainers and trainees appear to value the idea of Real Talk in giving opportunity of sharing the small details of 'process', though need skilled facilitation to move away from focus on outcome.

- A DVD is a dated medium to deliver the content of Real Talk

<u>Working with Real Talk clips:</u>

- 44 trainers were sent a copy of the Real Talk DVD representing 12 hospices, 13 NHS trusts and 8 HEI's. 18 trainers actively engaged in using RT during the pilot period representing 6 x hospices; 5 x universities; 2 x hospital trusts. Those who did not use RT were not providing training during the pilot period. Feedback from NHS trusts is being sought to establish way many did not provide data.

- Organisations providing data for the pilot:
Hospice - Hayward House; John Eastwood; LOROS; Rowcroft; St Christopher's; Wirral St Johns
University – Bradford; Cambridge; East Anglia; Nottingham; Worcester
NHS Organisations - Derbyshire community Health Services (DCHS); Nottingham City. No private organsiations

- Overview of clips used:
Observations: Eashan x6; Ian x4; Lynne x3; Lucy x1; Curtis x2; Sam x0; Tim x0;
Interviews: Eashan x8; Ian x5; Lynne x2; Lucy x4; Curtis x3; Sam x1; Tim x1;
All clips were used in the pilot and no clip was deemed to be unsuitable by any trainer for use with trainees.

- The successful use of RT appears linked to competence, skills and confidence of the trainer. Not just about length of time teaching or clinical experience, but confidence to use clips creatively e.g. start/stop/rewind/no sound/no subtitles. Confidence was developed over time with increasing knowledge of the clips and content of cases. Confident facilitation allows discussions to move away from session learning outcomes or specific topic of focus. Sessions with 2 trainers working with the group can impact positively on how the clips are used and discussions generated.

- Trainers predominately used sub titles for all clips, mostly start-stop-discuss-start. Mostly all clips were for each case shown.

- Clips predominantly used as Trigger Tapes for discussion, to illustrate theory in practice and to aid the process of 'chunk and check'.

- Focus on 'process' and skills rather than 'outcome' potentially leads to wider debates around palliative and end of life care specifically and care delivery

generally e.g. compassion, developing therapeutic relationships, mortality, empathy and care-giving. For some trainers these were unexpected discussions.

- No difficult emotions witnessed in class that were not expected by trainers. No concerns expressed by trainers with regards to emotional reaction to clips and trainers found working with the clips to be suitable and appropriate.

- Trainer engagement with Conversation Analysis language has been varied. Some trainers felt it refreshing to have different approach to use with trainees; to explore 'process' of examining details rather than focus on the achievement of an overall aim. Working with the clips and learning points does not appear burdensome to the non-CA expert, learning points were valued and used by all trainers. Parry et al (2014) paper box 1 used by several trainers as a prompt sheet.

- Trainees respond to scenarios initially by commenting on what was not done or what they would do differently. This is significantly different to the CA approach, though with facilitator guidance trainees creatively engaged with the clips to work with the CA approach to reach creative and meaningful discussions. This worked well where trainers had introduced CA language early on in the theory sections of training events, e.g. using terms such as parking, continuers and surfacing. There were no observations of the clips being used to develop Role Play (CARM method), though trainers were considering this approach as confidence in the resources increased.

- Trainers confidence to use the materials changes over time suggesting trainers use classroom experiences to further embrace the content of the clips and to engage in more micro work including 'start-stop-rewind-restart'.

- Trainees expressed a degree of loss when not seeing the whole story and wanting to 'know the ending' of the case they had worked with. Whilst trainees appeared happy to focus in detail on process within small sections of the story that leads to creative and meaningful discussions, there was a need to be given an overview of the whole consultation.

- There was limited used of supporting pdf's by trainers, this was mostly due to how much information there was included. Very limited used of CARE questionnaire with trainees to explain patient views. Where the manual was prepared for them this was greatly valued.

- Evidence of local learning was really positive. Trainees engaging in activities in using the tapes appears to helps in consolidation of local learning through experiential work. Trainees appear to value the discussions that arose from observing skills in 'process'. This versatility of learning was observed across a range of learner groups that includes; year 5 medical students, experienced SpRs, GP's and qualified nurses.

<u>Limitations and usability of DVD as delivery method of RT/ Integrity of DVD</u>

- Most trainers felt using a DVD was dated, some had limited DVD access on machines, 2 trainers needed to buy a DVD drive for the laptop.

- Reliability of DVD was variable when in use, frequent instances of the DVD sticking at various points, possibly when it had been used for a while, ?when it was warm.

- Flexibility of DVD was limited by lack of time frame when palsying via media player. This is present when playing on VLC player

- Issues with ease of use or playability impacted on how trainees evaluated the session with regards to effectiveness and satisfaction.

- Trainees noted sound quality and whilst subtitle was used in the majority of cases, this potentially distracted from viewing the story.

Appendix 3: Overview of Trainee Questionnaires

Returned questionnaires n = 150 representing 13 organisations

1. **What did you think about they parts of the event that involved working with the recordings?**

No answer	Not at all useful	Somewhat useful	Very useful
0	0	29	121

Theme	*Examples*
Value of Realness	*Real life experiences, no right or wrong way to do it [Q5]* *showing footage of conversations that I am not often involved in. Real life examples [Q13]* *In reality this is what happens with patient's and professionals, can relate it to sessions in previous day and this morning [Q18]* *Real doctors and real patients made it more interesting and believable [Q80]* *shows the actual scenario. The clip was real a consultation happening [Q83]* *Helpful to hear real life conversations, examples of wording etc [Q104]* *Real life scenarios make a bigger impact [Q58]* *It's good to watch real situations as in everyday (working life) you don't get that opportunity Somethings I feel I do already but don't realise and it's good to see what works well [Q38]* *More real and natural [Q56]* *It was useful to watch real life situations [Q114]* *To see a true account of the real life patients dealing with their prognosis/life/treatments and mentally / acceptance of dying compared to actors [Q43]* *Could relate to true patients [Q129]* *Somewhat useful, real life emotions and reactions [Q130]* *Very useful, good to see actual patient experiences [Q132]* *Very useful. Very good to witness real life conversations rather than role play. Good to discuss strategies/techniques [Q144]*
	It made me consider what I would have done , also I was hearing from the patient [Q4]

Observing skills in process	*Picking up skills and hints for use in practice. Reflecting on my own practice and I can improve this [Q39]* *Picking up conversation styles - opening questions [Q82]* *Open questions leading to discussions, mirroring patient answers, exploring expectation [Q101]* *Very informative. Ready to pick up good techniques for future practice [Q45]* *I've gained more knowledge in verbal /non-verbal cues [Q48]* *It contains examples of various available strategies to use in communicating with dying patients [Q115]* *to see communication used effectively in actual situations [Q37]* *Good to see other approaches [Q59]* *Really benefited from witnessing other people's interaction with patients [Q16]* *Reiterated communication skills and how used in a 'real' setting. Interviewer's techniques in seeking answers [Q133]* *Helped take an analytical approach* [Q136] *Very useful to see how other professionals handle difficult situations and that more than one type of approach is ok* [Q140] *Somewhat useful. Was interesting to see how real doctors deal with this and the reactions of real patients [Q145]* *Very useful. The Real Talk resources helps to focus on the practical, not just the theory [148]*
Consolidating through Experiential Learning	*Cemented previous learning in the day [Q34]* *Brought together all the we had learnt in the day [Q33]* *Learning with recordings, helps to use visual tools [Q12]* *It was very useful to stop - start and discuss [Q21]* *It's very intense to analyse each clip - the recording was good how split into clips, allowed you further analysis than watching it as a whole [Q53]* *I found it easy in theory to think what I would like to 'hear' but very different in practice [Q27]* *Have worked with recordings in past. Communication skills in GP settings always helpful [96]* *Seeing a situation provided a better understanding [Q113]*

	Illustrated the points to be acknowledged and used when planning to meet learning outcomes [Q24] *very informative [Q112]* *Very useful. Interesting to listen then be able to break the conversations up to analyse them. Made me reflective on my own practice [Q143]*
Promote discussions applicable to practice	*Helped with group interaction and communication cycle/communicating bad news discussion [Q1]* *Excellent way of getting issues to discuss [Q105]* *Particularly the discussion and afterwards different peoples perspectives [Q71]* *Relevant to practice [Q48]* *Interesting to see how other professionals react to difficult questions in regard to dying [Q36]* *Gives us a perspective of seeing things from another person's point of view* *[Q 119]* *It was useful that it was divided into chunks for discussion* [Q125]
Development of Curriculum	*On top of 4 hrs role play with analysis it was harder to concentrate. Also due to difficult hearing and reading. Poor sound [Q31]* *Would like to have seen more of the videos - longer session [Q81]* *Needed more time with the clip/more clips, but seemed useful [Q85]* *Making the videos slightly longer* [Q126]
Concerns relating to the 'realness'	Somewhat useful. At first unsure how to view the recordings as they were real people (not actors), but was able to accept as the people themselves had given their permission [Q150]

2. **Some people find seeing and hearing the recordings so emotionally difficult that it distracts from their learning. Did you find working with the recordings emotionally difficult?**

No answer	Yes	No
0	21	129

If yes do you feel this hampered your learning?

No answer	Yes	No
0	1	20

Additional comments

Theme	Examples
Value of emotion	*Shows ability to empathise with patients through emotion [Q8]* *Yes emotional but it did not impact on learning x 18* *Yes emotional but this made me reflect on it well I feel [Q13]* *Yes they were emotional but I expected that in this module [Q45]* *It was emotional but very useful [Q74]* *It was difficult to hear/watch but really enhanced my learning - made me think broader [Q53]* *It is quite necessary to be challenged [Q4]* *Reality - is real [Q32]* *Its emotionally upsetting, but mainly because it highlights what you do as health care professionals working in palliative care [Q43]* *Yes emotional but not distracting. I think the emotional element helps as it's better preparation for the real discussion [Q79]* *Recordings help us to come close to reality [Q83]* *Emotionally challenging but well supported and did not hamper learning [Q39]* *In this context it was very much the mind-set I have professionally at work therefore facilitated learning [Q100]* *Its emotionally upsetting, but mainly because it highlights what you do as health care professionals working in palliative care [Q43]* *it is quite necessary to be challenged [Q4]* *It is powerful to see 'real' life scenarios [Q31]* *Some of the conversations made me feel emotional however I was still able to learn from the recordings [Q143]* *Some of the recordings were emotional to watch but I really enjoyed the session. It did not distract from my learning [Q142]* *Emotional but did not hamper learning. It made it real to understand the emotions and empathy etc [146]* *Yes emotional, did not hamper my learning. The topic was unavoidably difficult. I found the recordings helpful to get in*

	touch with these experiences and prompt reflection in working practice [147] *Because they were not actors I was able to get a realistic sense of care and compassion given by health professionals [150]*
Impact of emotion	*I feel if it was a child or younger age group I would struggle [Q82]* *Very appropriate [Q36]* *Discussing the recording together really helped to acknowledge and talk through the emotions it evoked [Q42]* *I found it very interesting and didn't feel the emotional impact [Q16]* *I did find it challenging to watch the videos but not emotionally difficult. I would struggle to see how anyone could watch and not feel touched in some way [Q35]* *Yes did hamper my learning [Q69]* *Powerful but not difficult [Q6]* *Very emotional but not distracting [Q141]* *Yes emotional, did not hamper my learning. The topic was unavoidably difficult. I found the recordings helpful to get in touch with these experiences and prompt reflection in working practice [147]*
DVD Integrity	*Sound not loud enough [Q32]* *Sound quality was poor so subtitles used which made emotions difficult to interpret [Q5]*

3. If you were to attend a similar training event in the future, would you what it to include work with recordings of actual healthcare consultations?

No answer	Yes	No
0	149	1

4. If there are things you think could be better about the Real Talk resource please use this space to tell us.

No Comment	Comment

84	66

Theme	Examples
DVD Integrity	*Sound quality [Q5]* *Technical issues [Q11]* *At times videos faulty - could this be improved? [Q13]* *Computer working properly [Q14]* *Better technology!! Spoils it so much when freezes/sticks [Q22]* *Clips to be louder. Image played on full screen [Q43]* *DVD stopped working but would have been nice to see the complete DVD as very useful [Q19]* *Subtitles useful [106]* *Volume on videos needs to be higher [Q33]* *The last clip/slide froze which was very annoying because we didn't get to listen/ very important issues. They were read out [by facilitator] but this lost impact [Q15]* *The questions/wording at the beginning went too quickly and had no time to read properly [110]* *Clearer voice recordings [Q129]* *The quality of the recording was intermittent [Q125]* *Sound clarity could have been better. Subtitles are good but distracting as tend to read more than look at the situation/body language of patient etc [Q128]* *Quality of recordings to include faces expressions would be useful [Q137]* *The sound was not very good but that was due to resources [146]*
Positive Learning Experience	*Seeing more of the conversations [Q5]* *Thought it was very good [Q71]* *This is a wonderful resource thank you [Q35]* *Better than roleplay. Good for role modelling behaviour [Q66]* *I feel that the recordings were very useful. Thank you! [Q65]* *The clips were emotional. However it made 'it real' and more thought provoking [Q72]* *Good learning tool, gives insight [Q8]*

	If no previous experience in palliative care a useful tool to illustrate real situation [Q24] *Enjoyable to see real life cases [Q59]* *This afternoon gave reality a real check. It made me see that listening is incredibly important - reflect on what's been said and use that if necessary to take conversation further [Q63]* *Clips have to be integrated into training programme - less effective as an 'add on'. Very good learning from clips [Q31]* *really useful phrases, videos and discussion [Q86]* *Time was given to discuss the clips and the reactions of the doctors and the patients [Q36]* *Helps with real scenarios and breaking ice with patient [Q101]* *Very good consulting skills - keep up the good works [Q87]* *I can't think of anything that would be as effective for use during this training. We were advised before the recordings were shown about the emotional nature of the content which was helpful [147]* *I would like to thank the people that took part in the recordings, especially the patients [150]*
The Whole Story	*More background information prior to watching the scenario/recording [Q42]* *Seeing throughout the consultation would help see the reaction rather than use the piece [Q10]* *Clips seem quite short - I understand why, but maybe having the whole consultation replayed in one go at the end to really see the flow of it would help [Q16]* *The videos should be a bit longer [Q57]* *Longer videos [Q60]* *Very useful - good to replay for communication skills missed on the first demonstration [Q32]* *Longer snippets of conversation. Missing parts lead to questions over how they got back to the topic at hand. Would be useful to know how the staff evaluated their own performance and interesting to know which behaviours were purposeful/which were natural [Q140]*
	the nurses being recorded to link with our profession [Q54]

Broaden range of professionals and topics	*to see/watch other nurses on the recordings to critique it from a nursing point of view [Q45]* *different /various members of the MDT to gain different perspectives /communication skills [Q48]* *To include more difficult topics and different emotions/depression/denial etc [Q56]* *Same patient with different staff [Q60]* *Different scenarios (breaking bad news) [Q107]* *More examples of similar recordings/discussions with different objectives/more difficult scenarios [Q94]* *More shorter clips would be useful with different elements of focus [Q99]* *Actual care planning discussion to be included [Q93]* *Other scenarios e.g. breaking bad news of a terminal illness [Q145]*
Development of Curriculum	*More time. We could have gone through more videos [Q82]* *More time [Q85]* *More time for the video viewing. V useful [Q81]* *To be able to watch all the clips [Q75]* *Could have seen and discussed a few more consultations [Q76]* *More time, maybe 2 day course [Q112]* *I would like to see some more (we watched two) it was interesting to experience and I am grateful to the patients for allowing us to watch them. I would be interested in other doctor's approaches / what they say [Q27]* *More, more, more [Q105]* *More video clips and longer session would be better (even better) [Q80]* *More case scenarios will be helpful [Q98]* *More time for discussion about each consultation [Q93]* *Wished we could have seen more of the conversations [Q64]*