

Education initiative to support communication  
and human relationships in healthcare  
(Long Term Conditions and Palliative Care)

Collective learning and project summaries 2009/10





## Overview

During 2009/10 NHS Education for Scotland (NES) and the Scottish Government funded a range of education projects in geographic boards to support the development of communication and relationships skills in long term conditions (LTC) and palliative care.

This document offers a brief overview of the projects and a summary of the collective learning and benefits associated with the projects to date.

The aim was to enhance staff communication and relationship skills, values and behaviours in the following areas;

1. Supporting self management
2. Empathy and engagement
3. Difficult or challenging conversations and situations
4. End of life conversations
5. Consultations/interviews/assessment

NES wanted to support projects which were targeted at service provision level and were achievable within a relatively short time frame therefore sought projects which;

- Identified local areas for improvement and if possible used rapid improvement approaches to implement solutions (e.g. PDSA cycle).
- Made use of, or adapted, existing education and resources where available (rather than focussing on the development of new programmes).
- Actively supported workers to translate learning into practice.
- Adopted flexible approaches which could be adapted and build on emerging themes and impacts.
- Allowed for the possibility of multi-professional solutions and/or team learning.
- Supported development of communication and relationship skills and approaches at a range of levels i.e. not all advanced skills.

More than 80 bids were received which reflected the level of interest and commitment to this agenda.

## Evaluation

NES offered evaluation support to all of the projects individually and undertook a process to gather some of the shared learning, challenges and benefits associated with the projects. This has provided useful information about the benefits of individual projects, collective ideas about what worked well and not so well in the provision of education and reflections on the evaluation processes adopted and challenge of measuring impact of education. These are summarised below. The full report, *Education to support Communication and Human Relationships: Final Evaluation Report, August 2010*, is available from NES.

## Collective Learning

### 1. Creating the learning environment

- Education associated with communication and relationships is best provided using a variety of methods and approaches.
- Active participation in the education itself, allows participants to try things out and facilitates engagement in the wider process of learning.
- Informal approaches were valued.
- Be realistic about the environment and context...adopting a flexible and adaptive approach helped to deal with some of environmental challenges e.g. staff being unable to take time out for education, unanticipated events, changes in clinical demand.

### 2. Mix of participants

- Combining newer or less experienced staff with more senior people enables more senior staff to share their skills and knowledge and newer ones to feel supported.

### 3. Feedback

- Specific and immediate feedback is a key element in learning communication and relationships skills, values and behaviours. Some participants expressed concern or anxiety about education and feedback techniques such as video and role play. However, handled well and sensitively, participants benefitted from these methods.

### 4. Support for change in practice

- Put new learning into practice promptly - reduces potential to lapse into old ways of working/thinking and provides opportunities for individuals to build on learning and develop immediately.
- Support from managers to embed learning into practice is crucial.
- Allow the education solutions to evolve, adapt and be influenced by the experience of learners and their feedback about implementing into practice.

## 5. Reflection

- Reflecting on practice is a key skill in terms of acquiring and developing communication and relationship skills and behaviours. Not all participants will be familiar or comfortable with reflective practices therefore support to develop the reflective process should be built in to the education.

## 6. Mix of old and new

- Look for opportunities to build on or adapt existing approaches, tools and resources rather than developing new ones.
- Spread to new audiences - there is value in sharing something developed for one professional group or in one geographic board with other groups or areas.
- Mixing existing approaches or techniques with newer ones can inject life and bring new understanding and awareness.

## 7. Evaluating impact

- Most educators and participants are familiar and comfortable evaluating the education itself rather than the impact of education on practice.
- Measuring the impact of education on direct patient care is challenging and requires adequate time frames; even more so with qualitative work such as communication.
- If patient information or experience is to be measured it needs to be built in early and support provided.
- People using health services are not necessarily familiar with giving feedback to clinicians and may be more inclined to give highly positive feedback or be unable to detect changes in performance.
- Allow opportunities for project leads and educators to become increasingly "evaluation literate" and experiment with different evaluation approaches and methods.

## What did participants get out of the education?

Participants reported a wide range of benefits including:

- feeling more confident and reassured
- learning the benefit of silence, pauses and not having to "jump in"
- understanding the importance of listening
- feeling empowered to engage in difficult conversations and lead them effectively
- encouraging people to self manage
- acting as catalysts for others
- enhanced team working
- ability to address poor performance
- the value of non verbal communication
- improved decision making
- more focused on the needs and individual circumstances of the individual.

## Next steps

As the nature of healthcare provision evolves then so too do the communication and relationship skills, approaches and behaviours required to provide quality, person-centred care. NES is aware that developing and implementing these skills is a continuous process and that the capability of individuals and teams is influenced by a number of factors such as the context in which the communication takes place, opportunities to integrate new learning into practice and environments which support reflection and feedback.

During 2010/11 NES will support the spread and sustainability of a number of the projects. The focus will be on supporting the integration of learning into practice and taking steps to evaluate the impact this learning has on people who receive healthcare. We are also currently undertaking work to better understand what influences the development of communications skills and how they are assessed and supported in the practice environment. We have started to organise the learning from all of this work into a Best Practice Guidance. It is hoped that the guidance will support the acquisition of relevant skills, values and approaches and articulate mechanisms and processes to facilitate the integration of new learning into practice.

For further details contact Maggie Grundy [maggie.grundy@nes.scot.nhs.uk](mailto:maggie.grundy@nes.scot.nhs.uk), Audrey Taylor [audrey.taylor@nes.scot.nhs.uk](mailto:audrey.taylor@nes.scot.nhs.uk) or Elizabeth Travers [elizabeth.travers@nes.scot.nhs.uk](mailto:elizabeth.travers@nes.scot.nhs.uk)



## Project Summaries

## NHS Fife

### *Communication Matters*

---

#### **Brief Description:**

Develop the communication and interpersonal skills of junior Occupational Therapy (OT) staff working with patients who have life-limiting conditions and to build their confidence and capability in using a Palliative Care approach. This project was delivered over four months, commencing in February 2010 and offered the twelve OT staff a mix of three study days, three workshops and work based learning support. The time frame and support offered allowed opportunities for reflecting on practice.

#### **Main learning and reported benefits:**

- All participants reported that their overall communication skills improved, the most significant changes noted were in listening skills, questioning techniques and understanding emotional processes.
- Participants reported feeling more confident in their ability to work with complex situations.
- For some of the more experienced participants, skills were refreshed while for others much of the content constituted new learning.
- Many participants commented that the course 'demystified' the palliative care approach and gave them the confidence to adapt their skills to meet the needs of this group of patients/clients.
- Including participants from different clinical backgrounds and having a mix of experienced/newly qualified OTs and experienced assistants proved to be conducive to learning and enabled participants to learn from each other.
- The participants' reflections clearly illustrate that palliative care patients present many settings and for rotational staff, the skills learned are transferable to other areas.
- Co-facilitating the study days (practice educator and advanced OTs) ensured professional relevance, follow up of issues raised and heightened awareness of the specific challenges facing this group of staff.

#### **Contact details for more information:**

Hazel Duncan - [hazel.duncan1@nhs.net](mailto:hazel.duncan1@nhs.net)

*"I will be more aware of picking up on cues patients give me...to listen and then respond appropriately, making sure I do not ignore what is being said to me"*

## NHS Shetland

### *Communication at the end of life*

---

#### **Brief Description:**

Three education events were delivered to equip multi-disciplinary teams with the necessary skills to be able to communicate about end of life issues in order to support the implementation of the Liverpool Care Pathway for the Dying Patient (LCP). The education events were delivered over a five month period;

- Event 1 – communication workshop on difficult conversations at the end of life, attended by 8 nursing and social care staff from children's services.
- Event 2 – communication workshops on addressing the emotional issues relating to care of the dying patient. This event was attended by 12 community and practice nursing staff and by 9 GP's and medical staff.
- Event 3 – full day event to explore communication issues at the end of life for the client with dementia.

#### **Main learning and reported benefits:**

- The intended outcome was to support the successful implementation of the LCP across Shetland. Audit of the implementation will provide documented evidence of conversations between professionals, patients and families.
- Reported benefits of the education to date include;
  - Recognition of the value of debriefing
  - A reported increase in confidence in own skills
  - An understanding of the need to incorporate an holistic approach to communication when caring for people and families affected by dementia.
- In addition Event 2 established a link to learning programmes delivered by Roxburghe House, Aberdeen. This will support sustainability in relation to education and training in palliative and end of life care.

#### **Contact details for more information:**

Alison Mustard – [alison.mustard@nhs.net](mailto:alison.mustard@nhs.net)

## NHS Highland

### *Enhancement of Skills in Communication and Human Relationships in LTC & Anticipatory Care Activity through Co-ordination and Development of Health Behaviour Change/Motivational Interviewing Training*

#### **Brief Description:**

This project redesigned the introductory training in Health Behaviour Change (HBC) and Motivational Interviewing (MI) in order to reach a wider cohort of health and social care professionals. The existing course is an effective and popular way to teach health and social care professionals the techniques of Motivational Interviewing. However it had limitations in terms of its capacity to deliver the number of courses and the level to which practitioners can be trained in HBC/MI techniques. The content and format of the course was redesigned to make it more accessible and to provide an opportunity for practitioners to extend their HBC/MI learning to a higher level, some of whom might be interested in becoming trainers in the future.

The project aimed to:

1. Create a healthcare culture in NHS Highland in which the spirit, skills, and tactics of motivational interviewing are demonstrated by staff in their conversations about self-management or health behaviour change with patients/ service users.
2. Create a framework within Highland to support the long term, sustainable delivery of motivational interviewing training to ensure that the spirit, skills and tactics of motivational interviewing are maintained.

#### **Main learning and reported benefits:**

- The existing HBC course has been reviewed and redesigned for NHS Highland and the course content linked to KSF competencies.
- The design of the online modules, the content and construction of the course has been completed. The modules will be available on line.
- A two day training course in advanced HBC/MI was delivered to 17 practitioners.
- The development of a 'route map' for mapping skills, competencies and training content of different and related courses offered within NHS Highland to the HBC/MI course is being taken forward by the Highland Public Health Network (HPHN) Co-ordinator in consultation with NHS Health Scotland.
- A community space has been created on the NHS Knowledge Network for all HBC/MI Practitioners who have completed HBC/MI training within NHS Highland.

*'I learned...not to take resistance to mean that a person is not motivated'*

*"I learned...to view silence positively"*

#### **Contact details for more information:**

Jane Groves, Highland Public Health Network Co-ordinator - [jane.groves2@nhs.net](mailto:jane.groves2@nhs.net)

Alexa MacAuslan, Long Term Conditions Programme Manager - [alexa.macauslan@nhs.net](mailto:alexa.macauslan@nhs.net)

## NHS Grampian/Roxburghe House

### *Newly qualified nurses coping with patient deaths*

#### **Brief Description:**

The project replicated an existing medical education programme provided for Foundation Doctors that addresses emotional and developmental issues related to the care of the dying patient. This was offered to qualified nurses across NHS Grampian, Orkney and Shetland in a series of workshops.

The educational programme took the form of a two hour session that explored communication issues in relation to; participants' experiences of patient death, prognostication, end of life care, bereavement and self care. 10 workshops were delivered over five months to a total of 118 participants.

The aims of the workshop were to support practitioners to:

1. Reflect on the emotional impact of palliative care work on families, staff and self.
2. Consider the natural history of life-limiting illness.
3. Recognise the need for changing treatment and care priorities.
4. Discuss the ethical and legal issues relevant to end of life care.

#### **Main learning and reported benefits:**

- One of the strengths of the educational approach taken was to give participants the opportunity to reflect on their own experiences and knowledge. This led to a wide-ranging discussion on all the main topic areas.
- Follow-up verbal feedback reflected that the participants felt that the session would be useful for any level of staff. This has resulted in the workshops being made available to other staff groups.
- The programme confirmed the value of taking educational events out to practitioners, particularly when they are working in rural and semi-rural locations.
- The multi-professional facilitation by expert clinician and educator enabled staff to ask a wide range of questions and the feedback indicates that practitioners value such an informal approach.
- A small follow-up survey to gain an understanding of what impact the learning had for participants on their practice was carried out in April 2010. Responses confirmed that the approach used provided encouragement, reassurance and subsequently confidence in their own practice.

*“one of the GPs I work with was asked ‘how long have they got’ by a relative .....reflecting on the session, I am better equipped for this situation when it next happens to me”.*

#### **Contact details for more information:**

Sally Lawton - [slawton@nhs.net](mailto:slawton@nhs.net)

## NHS Tayside

*"It's good to listen": Advanced communication skills for healthcare professionals.*

### Brief Description:

This project built on improvement work being undertaken within NHS Tayside where communication skills support had been identified. The three day experiential course was developed by a group of palliative care educators and was based on guidance on evidence based communication skills training produced by the West of Scotland Cancer Network (2009). The multi-professional course was aimed at clinical staff with KSF communication level 3/4 in their job profile. It was envisaged as an addition to communication skills training already being delivered locally by specialist palliative care services. The course was delivered during January and February 2010 to 26 participants.

The project approach incorporated the ABCD (Attitudes, Behaviour, Compassion, Dialogue) of dignity conserving care model (Chochinov 2007) into the philosophy of the course, by exploring attitudes, behaviour, compassion and dialogue in the context of care.

### Main learning and reported benefits:

An external evaluation of the course was undertaken by the University of Dundee and included: Pre and post self-assessment questionnaire, a significant incident/interaction questionnaire and focus groups.

- Overall, the course had a high degree of acceptability for participants.
- Inter-professional group learning was found to be valuable.
- Quantitative and qualitative evaluation data showed increases in knowledge and confidence in identified challenging communication areas.
- Learning transferred from the classroom into the workplace, with participants being able to readily identify events in their practice where they had observed, reflected on or had utilised their learning.
- Participants reported increased confidence in communication skills and were keen to share their learning to other team members and to extend the course availability to the wider NHS organisation.

*"I identified the wife's need to speak and facilitated this.... picked up the anxiety and listened to the wife at great length and allowed her uninterrupted time to explore her feelings"*

### Contact details for more information:

Jane Andrew Practice Educator Palliative Care NHS Tayside - [janeandrew@nhs.net](mailto:janeandrew@nhs.net)  
 Elaine Colville Practice Educator Palliative Care NHS Tayside - [elaine.colville@nhs.net](mailto:elaine.colville@nhs.net)  
 Royal Victoria Hospital, Jedburgh Road, Dundee DD2 1SP  
 Direct 01382 423042 or Roxburghe House Administration 01382 423132

## NHS Tayside

### *Supporting General Practices with the Palliative Care Direct Enhanced Service Specification (DES)*

---

#### **Brief Description:**

The Quality of Outcomes Framework (QOF) requires general practices to have in place, a register of patients requiring supportive and palliative care and to hold regular multi-disciplinary review meetings during which all patients on the register are discussed. In reality many practices find several of the more complex aspects of both these requirements challenging.

A half day workshop was delivered to three practices to explore the practical, ethical and emotional issues created in the setting up of a palliative care register and how effective regular team based meetings could be organised to ensure the needs of patients and the professionals groups were met. It included case based discussions, a consideration of the implications of interventions, a guide to communicating difficult issues with patients and relatives and other activities related to individuals needs.

The overall aim was to develop a simple modular approach to effective team work in Long Term Conditions and Palliative care, in particular;

- To create an effective register.
- To develop effective on-going team meetings/communication strategy required to optimise patient care for the end of life.
- To create a “learning set” approach to achieving the QOF framework for Palliative Care.

#### **Main learning and reported benefits:**

- All three practices showed a willingness to take part in an exercise that would support them in delivering the DES and consequently care for patients more effectively.
- The workshops demonstrated to a varying degree, the nature of team work.
- As the workshop progressed, ownership of the learning became more apparent with acceptance that the practice plan would require input from all if it was to be achieved.
- The case discussion approach worked well at helping the groups identify further educational and practical needs.
- A “Learning Set” methodology with external facilitation proved an effective methodology for practice based learning involving the whole team during Protected Learning Time.

#### **Contact details for more information:**

Mairi Scott – via email to: [a.boyle@cpse.dundee.ac.uk](mailto:a.boyle@cpse.dundee.ac.uk)

*“As the workshop progressed... ownership of the learning become more apparent with acceptance that the practice plan would require input from all if it is to be achieved”*

## NHS Forth Valley

### *Childhood sexual abuse (CSA) enquiry and response training*

#### **Brief Description:**

This project aimed to increase the knowledge, skills and confidence of mental health staff regarding CSA enquiry and response. Two day training workshops were offered by Consultant Clinical Psychologists to mental health staff from two areas within Forth Valley. This was then followed up with three supervision sessions and one follow up half day workshop directly addressing the needs expressed in the first training session by the staff involved.

#### **Main learning and reported benefits:**

Overall, the training provided was well received and prompted people working in mental health services to think about their approach to CSA and how to make their services more trauma informed. Participants reported;

- Increased confidence in ability to enquire about sexual abuse, including knowing what words and questions to use with both men and women.
- Increased confidence in ability to respond to a disclosure of sexual abuse.

#### Supervision groups;

- Gave participants more confidence in their own ability to start addressing CSA whereas before the training they were unsure and hesitant. Most emphasised how helpful it was to have the opportunity to discuss cases, hear views from colleagues and how other professionals manage complex situations.
- Allowed participants to relate the training to their own clinical practice in a safe, supportive environment where they could freely air their thoughts and concerns.
- Allowed participants to discuss service issues related to CSA such as pros and cons of referring on to a specialist if CSA is disclosed.

*It was helpful to... "Learn about assessment of trauma, and words to use" "I was able to question without fear and embarrassment"*

Some participants had initially expressed a fear that asking about CSA would lead to increased workload and that they would not have the capacity or ability to deal with this. However at the follow up workshop it was noted that this had not materialised and there was awareness that many current skills could be adapted and applied to work regarding CSA.

#### **Contact details for more information:**

Fara McAfee, Consultant Clinical Psychologist: [fara.mcafee@nhs.net](mailto:fara.mcafee@nhs.net)

Jannat Saleem, Consultant Clinical Psychologist: [jannat.saleem@nhs.net](mailto:jannat.saleem@nhs.net)

## NHS Forth Valley

### *Communication and Human Relationship Skills*

---

#### **Brief Description:**

A series of eight study days were offered to complement a wider project within NHS Forth Valley to provide communication skills training. The study days focused on supporting self management, empathy and engagement. The emphasis was on supporting staff to develop a reflective ethos in practice. Education was delivered to registered and unregistered staff and linked to the Knowledge and Skills Framework (KSF).

The project aims were to:

- Improve patient / carer experience.
- Support staff in implementing a self management philosophy.
- Support the development of education that encompasses the culture, capacity and capability of a workforce that is fit for purpose (Better Together 2008).

Self management was incorporated as a core element of communication and was integrated throughout the education provided as a natural aspect of care. Staff were supported to integrate new learning into practice by;

- Utilising senior staff to actively respond to observations of poor communication and expecting participants to provide feedback on the impact of learning on their daily practice. Reflective practice was advocated to support this.
- Executive endorsement of the approach and philosophy.
- Incorporating patient experience as integral to the process.

#### **Main learning and reported benefits:**

The project was well received by the participants; feedback suggested that the intended outcomes were achieved although the impact on direct patient care was more difficult to measure. Participants reported a number of benefits including;

- Importance of learning from patients.
- The value of the therapeutic relationship, first impressions and the importance of self awareness.
- Importance of empathy and not being judgemental.
- Encouraging proactive participation and involvement in processes.

#### **Contact details for more information:**

Sandra Campbell, NHS Forth Valley - [sandra.campbell2@nhs.net](mailto:sandra.campbell2@nhs.net)

*"I have learned new techniques that I can try during my working day. I will be more aware and take more time to think things out before acting on situations."*

## NHS Forth Valley/Strathcarron Hospice

### *Building therapeutic relationships through effective communication within community hospitals – an evidence based approach*

#### **Brief Description:**

A three day face to face course specifically designed for nursing and allied health professionals working in community hospitals. The main themes of the course were empathy and engagement, difficult or challenging conversations/situations, end of life conversations and assessment skills. Evaluation process included immediate impact and three monthly questionnaire.

These themes represent fundamental aspects of both communication and therapeutic relationships within the community hospital. They are significant to the various patient groups represented in the community hospital including those with cancer, dementias and other life limiting conditions.

#### **Main learning and reported benefits:**

- The course evaluated extremely positively. The learner centred approach and the experiential teaching and learning methods were highlighted as having a very positive impact in the learning of communication skills/building therapeutic relationships and in the individual application of this learning to clinical practice.
- The participants' feedback and evaluation lends support to the achieving of the overall learning outcomes and addressing of main themes.
- Overall participants reported increased self awareness, increased confidence and skills in many key areas related to the main themes and learning outcomes. In particular participants identified the following areas:
  - Process of breaking bad news.
  - Active listening.
  - Specific skills such as reflection, open questions, eliciting patient feelings, paraphrasing, and being aware of own blocking strategies.
  - Emphasis on psychosocial assessment.
  - Importance of looking after self.
- Evaluation demonstrated an overall trend in improved self confidence scores in key areas of communication / aspects related to building therapeutic relationships on immediate completion of the course for the majority of participants.
- This overall beneficial impact appeared to be maintained at 3 monthly follow up for a significant number of those participants who completed this part of the evaluation.

*What is the one most important thing that you intend to do differently when next at work?...to engage in more active listening.*

#### **Contact details for more information:**

Jackie Higgins - [jackie.higgins2@nhs.net](mailto:jackie.higgins2@nhs.net)

## NHS Greater Glasgow and Clyde

### *Supporting General Practice Nurses to promote active self-management in patients with long term conditions*

---

#### **Brief Description:**

Education for general practice nurses in effective collaboration with patients, carers, healthcare teams and others and empowerment to actively self-manage long term conditions LTCs. This project was conducted in collaboration between Glasgow Caledonian University and NHS Greater Glasgow and Clyde. The aim was to;

- Move away from the notion that patients are passive recipients of medical care dependant on the healthcare system to intervene in their "chronic illness",
- Embrace contemporary models of care provision, which advance beyond the acute care paradigm and adopt the concepts of collaboration, empowerment and active self-management in support of long term conditions.

The workshop was followed up with structured face to face or telephone interview with the Primary Care Support Nurse to explore/reflect on particular themes associated with the study workshop.

#### **Main learning and reported benefits:**

- Participants recognised the importance of showing compassion and empathy during delivery of diagnosis and identified ways of supporting this e.g. spending time preparing to deliver, support and re-cap diagnosis and in allowing the person time to reflect on their diagnosis.
- Consultation skills were seen as being very important for Practice Nurses to engage with the person in lifestyle change and self management. A team approach to supporting self management is required.
- It is good practice to reflect post-consultation and look at what went well and what did not go well. It may be useful for the patient / significant other to have a post-appointment discussion with the GP to determine their level of understanding.
- All participants highlighted that they were more conscious of encouraging patient involvement but also need more carer involvement.
- Need more reactive appointments to suit patients' needs e.g. drop in sessions.
- Participants identified increased awareness of literacy issues and many have tried to incorporate information from the education project into their own practice eg; avoiding jargon, observing the quality of health literature and giving consideration to reading capacity.
- Practice Nurses reflections on self management in heart failure indicated that they had become much more aware of their patients' condition and were attempting to empathise and offer realistic contextualised support.
- All participants asserted that they were more confident in encouraging patients to set goals, recognise symptoms and be empathic. After the course they felt they had more appreciation of 'living with the condition' rather than just the symptoms and an awareness of the need to offer emotional or psychosocial support.

#### **Contact details for more information:**

Bernadette Campbell - [bernadette.campbell@ggc.scot.nhs.uk](mailto:bernadette.campbell@ggc.scot.nhs.uk)

## NHS Greater Glasgow and Clyde

### *The development and measurement of empathy and enabling therapeutic relationships amongst community physiotherapists in Glasgow*

#### **Brief Description:**

Twenty five community physiotherapists and support workers participated in education to explore communication skills in relation to empathy and engagement with people with long term conditions.

The CARE (consultation and relational empathy) measure was introduced and course participants aimed to gather 40 completed measures. A full day training with a half day follow up session for reflection and consolidation three weeks later was delivered. The training consisted of interactive tutorial sessions with group discussions supported by patient consultation videos and role play.

A very comprehensive course manual was provided. In addition, the training was videoed and all participants received a high quality copy of this. It is hoped that this will be used by all staff at departmental in-service training to review the training and pass on the key learning points to their colleagues.

#### **Main learning and reported benefits:**

- Feedback from participants showed the CARE measure to be a relatively straightforward, user and patient friendly tool. It is expected that the service will continue to use this as a measure which can be periodically audited to ensure effective therapeutic relationships with patients and highlight any future training requirements.
- Initial 'pre training' CARE scores were very high. The measure was designed for use with GPs who have significantly shorter contact time with their patients, therefore it is perhaps unsurprising that the scores for the physiotherapists were particularly high. The methodology was questioned and the community service is now taking part in a more robust reliability study of the CARE measure.
- Physiotherapy has long regarded itself as taking a holistic approach to all patient care. This training allowed further exploration of this and the importance of empathy.
- Participants found the education challenging and highly relevant; it provided practical ideas of simple changes that could make a significant difference to patient outcomes and participants left feeling better equipped to deal with complex needs.
- Lack of time was reported as the most common barrier to exploring issues relating to stress and emotional difficulties with patients. This is an issue which warrants further discussion with service managers to establish the optimal appointment times and if possible apply across the whole service.

*“Those physiotherapists who received the training now act as ‘champions’ in their workplace, disseminating the teaching from the course and rolling out the use of the CARE measure”*

#### **Contact details for more information:**

Karen Glass & Jill French, Practice Development Physiotherapists,  
NHS GG & C 0141 232 2011

## NHS Greater Glasgow and Clyde

### *Supporting self management for children with long term conditions by developing engagement, negotiation and collaboration techniques*

---

#### **Brief Description:**

This project offered four days training (two x 2 days) training for the paediatric Occupational Therapists (OT) team on communication skills to enhance self management with people with long term conditions. The first workshop focussed on engaging clients and carers effectively and the second on negotiating goals and outcomes with clients

The paediatric OT team is also involved in a research project being carried out by Aberdeen University Health Services Research Unit. Therefore two follow up days were provided by the lead researcher as part of a project supporting therapists to provide similar care for children with similar needs and make the best use of available resources.

#### **Main learning and reported benefits:**

- New patients now have pre-assessment information collected looking at impact, needs and wants of client, expectations from the OT service, and timing of interventions.
- At the assessment appointment the patient story is taken, listening carefully to what they need. Clear goals are set collaboratively with the family, with a date for monitoring progress.
- If service is no longer required then OT staff are more willing to discharge.
- OT staff now initiate conversations with patients and families about what they need from the OT service to equip them to self manage their condition, identify changes and know when they need to seek therapeutic intervention in the future.
- New paperwork has been created and used to help support these processes.
- Joint therapist assessment sessions have been scheduled to allow for peer support and review and help each clinician hone their skills.
- Weekly team meeting are held to support and develop the service and good practice.

#### **Contact details for more information:**

Lorna Davies, Occupational Therapy, 0141 207 7100

## NHS Lothian

### *Talking Mats®: A Communication Tool to Support Self Management in Long Term Conditions*

#### **Brief Description:**

This project delivered a two-part programme of training in Talking Mats® to 16 health and social care professionals working in Edinburgh Community Health Partnership (CHP). Talking Mats is a communication framework which utilises picture symbols to support people to express their views about specific topics and issues in their lives. It has broad ranging potential for use with a wide variety of individuals. Research evidence supports its use as an effective, person-centred framework for gathering views from people both with and without communication difficulties.

This project aimed to develop staff's skills in using Talking Mats as an innovative and flexible tool for supporting self management in people with long term conditions (LTC). The education was offered over a nine week period and included formal training days, reflection on practice and follow up focus groups.

#### **Main learning and reported benefits:**

- A high quality training experience in which all participants achieved a basic level of competence in the use of Talking Mats.
- Development of communication skills for use with people with long term conditions. Participants demonstrated greater awareness of their language and interaction styles following training. There was a clear shift towards a more person centred and facilitative style with service users. Participants commented on the move towards using more open questions and that Talking Mats supported them to give more control to the service user.
- There was strong consensus that Talking Mats represents an enhancement of the tools and resources available for working with people with long term conditions. Talking Mats was felt to offer a unique structure which could enable people to engage in discussion about their lives and rehabilitation. Participants were surprised that this simple tool could facilitate deep and complex discussions. The ease with which people could access Talking Mats was especially commented on.
- There was recognition of Talking Mats' capacity to support greater inclusion and autonomy for the service user and to promote person centred interactions. Talking Mats supports the rights of service users to have their feelings and views accurately represented and to take control over how this information is shared. This was seen to lead to a more authentic and equal working alliances between service users and staff members in the day centre setting.
- Talking Mats is a tool which supports the implementation of a self-management approach for people with long term conditions.
- The project identified several possible future uses of Talking Mats for people with LTC . These include using Talking Mats to facilitate group work and discussions requiring group consensus e.g. seeking client participation in shaping future service provision and using the Talking Mats framework to establish and develop enhanced goal setting and outcome measurement practices.

*"When your first come in you think...I'm not sure about that. It's putting pictures on a mat...and then you see the videos...and think 'this has power'."*

#### **Contact details for more information:**

Yolanda Strachan - [yolanda.strachan@nhslothian.scot.nhs.uk](mailto:yolanda.strachan@nhslothian.scot.nhs.uk) or  
Fiona Campbell - [fiona.campbell11@nhs.net](mailto:fiona.campbell11@nhs.net)

## NHS Lothian

### *An education initiative to support the development of communication and human relationship skills with practice nurses*

#### **Brief Description:**

27 practice nurses in Lothian took part in training which aimed to improve the quality of consultation between nurses in the general practice setting and people living with long term conditions (LTCs). The focus was on using empathy and patient centred approaches. The CARE measure was used to evaluate impact on patient experience (the CARE measure is a consultation process measure that is based on a broad definition of empathy in the context of a therapeutic relationships).

The initial education day was followed up five weeks later with a half day to discuss experiences of using the tool and any other issues that had arisen in the interim. A high proportion of nurses in general practice have many years of experience. Therefore the focus was not on the acquisition of 'new' skills but on fine-tuning existing skills and raising awareness of 'bad habits' or less helpful approaches which may go un-noticed or be reinforced in daily practice.

#### **Main learning and reported benefits:**

- The findings of this study indicated that nurse/patient communication showed a slight improvement before and after consultation skills training. However in many cases the patients' perceptions of the nurse's communication skills before and after the training was not marked.
- Reflecting on practice is a skill which needs to be utilised more to gain an insight into personal strengths and weaknesses in the consultation.
- Despite some initial scepticism the nurses embraced new methods and approaches as adding value to their therapeutic toolkit.
- Use of video as a training tool was highly effective and the majority of the nurses felt that their practice had changed as a result of watching the video and being on the course.
- Capacity to participate in the education was highly influenced by external factors such as seasonal flu and difficulty being released from the practice.
- Nurses were receptive to a subject when delivered by a fellow practitioner.
- Time management highlighted as a real problem.
- Anxiety regarding completing QOF screens can affect the consultation.

*"Getting feedback from your patients in a more formal way rather than just chocolates at Christmas allows me to reflect on my own skills"*

#### **Contact details for more information:**

Loretta Dunn – [medicangel@blueyonder.co.uk](mailto:medicangel@blueyonder.co.uk)

## NHS Lothian

### *Advanced Clinical Communication Tutor Training Programme for Senior Nurses and Allied Health Professionals working in cancer care, palliative care and LTC*

#### **Brief Description:**

This programme trained a group of senior nurses and allied health professionals from NHS Lothian to facilitate teaching sessions in advanced communication for clinical practice. It used methods already developed for training tutors in an established programme of postgraduate courses in clinical communication for doctors. It consisted of;

- A two day advanced clinical communication workshop.
- A one day tutor training workshop.
- Supervised teaching practice sessions for the tutors to deliver training in clinical communication to other health practitioners.
- Ongoing support in developing teaching in their own clinical areas through membership of the SE Scotland Clinical Communication Tutors' Group.

#### **Main learning and reported benefits:**

- 11 tutors have been successfully trained to a level where they are able, and feel confident, to deliver clinical communication training to others in various formats and at different levels.
- The existing two-day workshop in advanced clinical communication was transferable to nurses and allied health professionals.
- Drawing on the theory and practice of adult learning as well as communication education theories gave tutors skills and knowledge to enable them to adapt programmes and sessions to different levels in their future teaching.
- The provision of real practice opportunities to facilitate other practitioners in clinical communication very soon after receiving training enabled the learning to be embedded.
- The use of a well established evaluation questionnaire (based on the original developed by Professor Peter Maguire) throughout the programme allowed the collection of robust, comparable data from each stage of the programme which was relatable to data from previous communication courses.
- The improvements in competencies and general comments from this course are very similar to those collected from participants over the past eight years of running the SE Scotland Clinical Communication Education Programme.
- During this programme a new approach to tutoring evaluation evolved in a dynamic way and took account of emerging data and learning points from the teaching and learning process.
- The use of a team evaluation process (independent social scientist/ educational researcher and two senior, experienced NHS clinicians) strengthened and enhanced the approach through synthesis of perspectives.

#### **Contact details for more information:**

Kirsty Boyd, Consultant in Palliative Medicine, Royal Infirmary of Edinburgh ([kirsty.boyd@luht.scot.nhs.uk](mailto:kirsty.boyd@luht.scot.nhs.uk)). Belinda Hacking, Consultant Clinical Psychologist, Western General Hospital, Edinburgh ([belinda.hacking@luht.scot.nhs.uk](mailto:belinda.hacking@luht.scot.nhs.uk))  
Programme website [www.ec4h.org.uk](http://www.ec4h.org.uk)

*"There is now a pool of trained tutors... who are able to advance the practice of others"*

## NHS Dumfries and Galloway

### *SAGE & THYME™ Skills Development Programme*

---

#### **Brief Description:**

Nine multi-disciplinary staff completed a 1.5 day 'train the trainers' course in the SAGE & THYME™ model (a nine step model for training health and social care staff in patient focussed support). The training was delivered in Dumfries by staff from the University Hospital of South Manchester Foundation Trust who developed the model. This was the first time SAGE & THYME™ had been delivered in Scotland. The overall aim of this project was to build internal training capacity in the organisation to further develop communication and human relationships skills through cascading the SAGE & THYME™ model to all levels of staff across a variety of areas of care.

#### **Main learning and reported benefits:**

- The training was well received by participants; immediately following the training staff:
  - Felt more confidence in dealing with distressed patients/carers.
  - Valued the structure offered by the SAGE & THYME™ model in shaping difficult conversations.
  - Felt patients were empowered to make their own choices.
- It would be useful to add in more rehearsals to future programmes, with an opportunity for all to take part and where feedback was provided.
- The requirement for potential trainers to demonstrate pre course learning created challenges. A recommendation for the future would be balance quality assurance processes with a level of flexibility in the system to avoid barriers to experienced and capable staff becoming involved in delivery of SAGE & THYME™ workshops.
- One three hour SAGE & THYME™ workshop has been delivered to eight Speech and Language Therapy (SLT) staff. Feedback from this first workshop included;
  - Need the Scottish context to ensure relevance for staff and managers.
  - Need to develop a set of scenario examples and education materials to ensure relevance to all staff (be mindful of current cancer 'bias').
  - Having multi-disciplinary facilitators broadened the model's appeal.
  - Challenges associated with keeping the Sage and Thyme model at right pitch (Level 1) if participants are more advanced.
  - Advantages to running the programme with a single clinical group, as it allowed discussion.
  - Provision of Pathways (local) needed in case of pitfalls e.g. health professional feels out of their depth.
- Further delivery dates for monthly SAGE & THYME™ workshops have been organised between October 2010 and April 2011.

*"I now have a better understanding of distress and how to work on helping patients instead of blocking off what I felt I could not do"*

#### **Contact details for more information:**

Sandy Wilkie, Head of OD [sandy.wilkie@nhs.net](mailto:sandy.wilkie@nhs.net)

## All Boards

### *Consultation skills for Community Pharmacists*

---

#### **Brief Description:**

25 Community pharmacists undertook training in patient-focused consultation skills. These practitioners will deliver the new Community Pharmacy contract in the near future. The contract involves consultations between pharmacists and patients, however many practitioners have not received any formal training in consultation skills. This project piloted proposed training and measured its acceptability and usefulness in practice. Two training days were delivered which covered all regions within Scotland. Those trained can now provide support to other community pharmacists locally.

Each element of the new contract relies on a successful patient/pharmacist relationship. This training provided pharmacists with the opportunity to develop and enhance their consultation skills and to learn new patient centred approaches to patient consultation. Subsequently, participants were asked to submit reflections on a DVD recording of a consultation they had carried out, for peer review by pharmacist colleagues trained in providing written feedback.

#### **Main learning and reported benefits:**

- Both consultation days were well received by community pharmacists. They rated the quality, relevance and adherence to objectives very highly on both occasions. The majority of participants learned more or much more than before the training days and learned something that will alter the way they consult.
- All (100%) of the participants believed the course met their expectations and will use the learning in daily practice.
- Participants self reported increased knowledge in structuring consultations, importance of summarising, use of questions and awareness of language, using silence, being mindful of patients values and beliefs and value of self reflection

*“(I have learned) more patient focused consultations - remember the beliefs of patients are paramount to effective consultations.”*

#### **Contact details for more information:**

Ailsa Power - [ailsa.power@nes.scot.nhs.uk](mailto:ailsa.power@nes.scot.nhs.uk)

## Board: NHS Fife

### *Title: Health Behaviour Change Training*

---

#### **Brief Description:**

Three Motivational Health Behaviour Change training sessions were delivered to a total of 20 multi-disciplinary community based staff. The education emphasised the move away from traditional advice giving and to understanding how inequalities impact health behaviour and capacity to change. Participants received information and knowledge about various practical and effective tools and approaches to support health behaviour change including:

- The cycle of change.
- Motivational interviewing.
- Open ended, Affirmation, Reflection and Summary (OARS) technique.
- Elicit- interest and readiness for change, provide- feedback neutrally, elicit- patients interpretation and follow up. This technique was used as part of a practical exercise after participants listened to an audio transcript.

The sessions were delivered by healthcare professionals who had completed the Health Scotland Train the Trainers course in Health Behaviour Change, thus utilising existing knowledge and expertise from within the organisation.

#### **Main learning and reported benefits:**

- Approximately 65% of participants identified that this was the first training on Motivational Health Behaviour Change that they had received (some participants identified that they had received training 10 years ago or more and could remember details).
- End of course evaluations were positive and indicated participants' intentions to utilise the tools and apply different approaches when consulting with patients (The longer term impact and effectiveness of the education is currently being evaluated).
- Participants identified the need to practice using tools with specific patients.
- Changes in participants immediate consultation approaches and increased confidence were identified with statements such as:
  - Not to jump in and try and sort everything right away.
  - Will take time to ask more open questions.
  - Will try and be more aware of using more open questioning.
  - Avoid setting the agenda for the patient – determine what is their agenda.
  - I'll spend more time discussing health issues with patients. I am more confident I can help facilitate.

*“(I will try) not to jump in and try and sort everything right away” “(I will) avoid setting the agenda for the patient – determine what is their agenda”*

#### **Contact details for more information:**

Irene McDonald - [irenemcdonald@nhs.net](mailto:irenemcdonald@nhs.net)

## Board: NHS Fife

### *Are we listening? – communication and human relationships*

---

#### **Brief Description:**

This project built on and adapted communication courses already in place within NHS Fife in order to enhance staff skills in the art of dealing with difficult and complex issues in palliative and end of life care and the development of supportive therapeutic relationships with patients and carers during the last stages of life. A total of 121 staff participated a number of programmes;

- 2x three day Courses 'Are We Listening': Content: working in pairs or triads, skill acquisition, communication theory and workshops. Target audience Healthcare Professionals.
- 1x three day Course 'Are We Listening' Content: as above. Target audience Healthcare Support Workers (New).
- 4x two day Neurolinguistic Programming (NLP). Content: To understand the systemic study of human communication, relationships, emotions and change Target audience Senior Healthcare Professionals/Managers.

#### **Main learning and reported benefits:**

- Participants acquired knowledge and skills which had an impact on their practice. For some of the experienced participants it was not so much new knowledge but a matter of getting back to the basics of good effective communication again.
- Working in pairs or triads allowed participants to have privacy to discuss their issues and practice their skills of communication. Many of the participants raised concerns and fears about dealing with complex palliative and end of life issues. The triads allowed feedback in a safe environment.
- Adapting the programme for healthcare support workers worked well; it was a relatively small group which developed a strong bond to support learning.
- The reflective essay requested from participants of the 3 day course highlighted that the course impacted on their decision making with patients with palliative care needs.
- Participants were supportive and compassionate to each other when discussing challenging issues like loss and bereavement.
- The roll out of the educational plan needed to be realistic, take into account current organisational changes and where possible take steps to embed education in service delivery.
- Delivery of education based on theory and experiential skills development had an impact on the participant's confidence and in their capacity to handle complex and difficult issues within the workplace. The participants felt equipped and empowered in the knowledge and skills they had learnt on the course and in their skills sets.
- Ongoing Continuing Professional Development which is linked clearly to the Knowledge and Skills Framework will ensure that competencies and capabilities are maintained and developed and that practice is informed by current knowledge.
- Audit and evidence based systems will ensure in the future that change and attitudes is delivering the desired results to meet the outcomes.

*"(In my work I will now) try not to assume how a patient feels, not shy away from awkward topics – explore if the patient wishes too."*

#### **Contact details for more information:**

Jan Aimer - [jaimer@nhs.net](mailto:jaimer@nhs.net)

## Board: NHS Grampian

### *Title: e-learning package based on Motivational Interviewing to enhance Communication and Human Relationship skills in Long Term Conditions*

---

#### **Brief Description:**

Development of an e-learning package for healthcare professionals to support the development of skills required to have more meaningful and focussed discussions with people. Package uses evidence based conversational approaches (Motivational interviewing) which have a greater chance of influencing health behaviour change and promoting independence. Demand for training such as this is significant but there are challenges associated with time out of the workplace and one off training events. The development of an e-learning package offered the opportunity to trial an alternative approach and evaluate what helped and supported on going learning and what hindered it.

#### **Main learning and reported benefits:**

This project is still underway.

- The infrastructure needs to be in place to support this approach to learning, we had underestimated the lack of infrastructure and this has led to delay in this project.
- E-learning is still fairly new for some staff groups and confidence in using this approach is low.
- E-learning package is complete and is about to be tested with several teams.
- Prior to commencing the testing period supervision arrangements and support for using the package are agreed.
- The approach to evaluation will be action research based, using a qualitative approach, both interpretative and descriptive in terms of the professionals' experience of the training package and their view on the subsequent impact on practice.
- The project team will observe and monitor the successes and challenges of implementation. This will include capturing the time commitment for the organisation and teams in delivering and completing this training. This will be important for future roll-out if successful.
- The project team will seek to rectify some hardware challenges prior to implementing the pilot.

#### **Contact details for more information:**

Pam Gowans, Long Term Conditions Programme Manager [pamelagowans@nhs.net](mailto:pamelagowans@nhs.net)

## NHS Lothian

### *Providing Healthcare Support Workers (Clinical & Ward Clerks) With the Knowledge, Skills and Confidence Required to Engage in Compassionate, Caring Conversations with Patients and Relatives.*

---

#### **Brief Description:**

The aim of this project was to support the participants by developing their skills, knowledge and confidence in communicating effectively in practice with patients and relatives.

This course for (15) ward clerks and clinical support workers was delivered over a period of six months and included 3 face to face study days complimented by four sessions of individual or group mentoring in their workplace.

Participants were required to collect stories linked to communication they had either experienced or observed involving a patient, relative or staff member. They were then encouraged, using a reflective cycle to work through and record their story and any new learning from the experience in a portfolio.

Study Day 1 – Benchmarked current practice and explored basic theory as well as group exercises in communication. The participants also observed positive and negative role play. Stories were introduced using the “Patient voices” programme.

Mentor visits:

Study Day 2 – Participants were invited to discuss some of the situations they had experienced in practice. Further role play and communication exercises were used as learning tools.

Mentor visits:

Study Day 3 – Involved composing a collage and giving feedback on the collage in relation to the course. This was followed by welcoming invited visitors, to visit and hear some of the stories collected by the participants through the use of quotes from situations. The final part of the day involved a focus group. Charge nurses and clinical team members were also involved in the overall evaluation.

#### **Main learning and reported benefits:**

Participants particularly appreciated the mentorship in practice. They also felt the reflection and writing in their portfolio although challenging at times was of benefit. Other benefits included

- An increased self awareness and confidence in communicating.
- Stopping to think about the communication, and consider the bigger picture before acting on the situation.
- Team members were keen to extend their learning and felt this course should be available to others in the organisation.

#### **Contact details for more information:**

Dr. Stephen Smith, School of Nursing, Midwifery & Health Care, 74 Canaan Lane, Edinburgh EH9 2TB. Tel: 0131 455 5675. Email: [Ste.smith@napier.ac.uk](mailto:Ste.smith@napier.ac.uk)

## NHS 24

### *The impact of attitudes and behaviours within the clinical environment on frontline staff*

---

#### **Brief Description:**

This project used a theatre group and live performances to focus on the values attitudes and behaviours of managers in the clinical environment. The aim was to demonstrate how negative values or behaviours impact the behaviour of other staff and explore how they may lead to complaints or negative feedback from partners. Pace Theatre Company devised scripts focused on behaviours, attitudes, communication skills etc particularly relevant to frontline managers in the clinical environment which were attended by clinical team leaders and senior call handlers. After review of script received from Pace it was felt that all staff within NHS 24 would benefit from the workshop. A total of five plays with facilitated discussion following each play to discuss emerging themes was carried out. The plays took place at three of the regional centres (Aberdeen, Glasgow and Edinburgh) with the final two at the staff conference in Perth. A total of 115 staff attended the workshop ranging from Call Handlers to Executive team Directors.

#### **Main learning and reported benefits:**

- Recognition of attitudes and behaviours which staff have exhibited or witnessed.
- Positive feedback from all staff who attended workshop.
- Pre workshop survey showed awareness of current behaviours and attitudes within the work place.
- Benefit of live experience made learning easier and more enjoyable.
- Facilitated discussion gave a chance to discuss what they had seen.
- Awareness of challenging behaviour.
- Use of survey monkey made questionnaire easy to structure.
- Ease of analysis of feedback using survey monkey.
- Feedback from dental staff on using theatre group as why of learning.
- 3 month post workshop survey sent out to review changes in behaviour.
- Review of complaints received related to attitudes in 6 months.

*“I now think about my attitudes and impact that my mood will have on staff prior to coming to work”*

#### **Contact details for more information:**

Dawn Orr, Nurse Consultant, Clinical Decision Making. Email : [Dawn.orr@nhs24.scot.nhs.uk](mailto:Dawn.orr@nhs24.scot.nhs.uk)

## NHS Greater Glasgow and Clyde

### *Communication skills training package for health professionals working in chronic pain management*

---

#### **Brief Description:**

NES contributed funds to support elements of a larger project within Greater Glasgow and Clyde. This project aims to provide multi-disciplinary chronic pain teams with a two-and-a-half hour module of learning. The module includes the use of video-recorded live sessions with written and verbal feedback on the use of core communication skills such as empathy, active listening, non-verbal communication and open questions. The module also includes a DVD which uses actors to highlight examples of "good" and "bad" consultations, covering the areas of communication described above.

#### **Main learning and reported benefits:**

As this project was part of a larger initiative the evaluation is ongoing. The project will evaluate a baseline level of patient rated empathy and enablement using CARE and PEI measures. This will be followed by the delivery of the training package consisting of verbal and written feedback from videoed new patient assessments, a DVD on communication skills and a further videoed session and more feedback. Pre and post-training data analysed for differences.

#### **Contact details for more information:**

David Craig - [David.Craig@ggc.scot.nhs.uk](mailto:David.Craig@ggc.scot.nhs.uk)



**NHS Education for Scotland**  
Thistle House  
91 Haymarket Terrace  
Edinburgh  
EH12 5HE

Telephone 0131 313 8000  
Fax 0131 313 8001

[www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

