

Online Supplement 1: Training details

How was the training intervention developed?

Engagement with Primary Care providers and audits within a local clinical commissioning group highlighted the need for end of life care communication skills training. End of life care data around recognising dying, advance care planning, and recent deaths demonstrated the inequalities across practices, implicating the need for improvement in these importance areas of care. Moreover, clinicians reported finding conversations around these topics very challenging, potentially contributing to these inconsistencies. Following a literature review, focusing on the effectiveness of interactive¹, simulated², inter-professional learning^{3,4}, a grant of innovation was provided by The London Deanery / Simulation and Technology-enhanced Learning Initiative / Education Commissioning System for London / National Health Service in London to develop and pilot the workshop.

The workshop was developed by a general practitioner (GP), Dr Catherine Millington-Sanders, and a Social Worker, JJ Nadicksbernd, who each have over 15 years experience working in palliative and end of life care. Both are clinically experienced trainers in end of life care communication. Many individuals and stakeholders supported the development and aided in the review and editing of the curriculum such as Royal College of General Practitioners South London Faculty, Macmillian, Dying Matters, GP Learning, Education and Development in South West London, Royal College of Nursing, British Geriatrics Society, and Princess Alice Hospice.

The pilot stage took place in 2012, where the feedback and the act of implementation helped shape the final product. The workshop curriculum is periodically refined and improved based on feedback from participants, advisors, and trainers. A formal curriculum review took place in April 2016 and changes were implemented in September 2016.

Who is the training intervention intended for?

The workshops are aimed at any National Health Service or social care staff who have difficult conversations, for example around diagnoses, life-limiting illnesses, or death and dying. This includes but is not limited to: GPs, nurses and doctors (community and hospital), care home staff, social workers, physiotherapists, occupational therapists, health care assistants, ambulance teams, mental health teams, and spiritual leaders.

How were trainees recruited?

The 'Difficult Conversations' workshops are advertised through multiple methods, including email bulletins and social media. Most participants attend voluntarily to improve their skills, but some are also signed up by their managers (e.g. as part of induction training) or attend this workshop as part of a broader set of trainings (e.g. GP vocational training schemes).

What topics are covered, what teaching methods are used, and how long is the training?

The workshop comprises one session, lasting 3 hours 30 minutes:

| Component | Hours | Method |
|--|--------------|--|
| Principles of breaking bad news | 30 mins | Interactive seminar, group reflection and discussion |
| SCARS communication framework | 30 mins | Interactive seminar with videos (including a clip from a commercial film as an example of poor communication, and short clips produced by 'Difficult Conversations' to demonstrate effective communication). |
| Skills practice | 1 hr 30mins | Role play scenarios with workshop participants playing staff and patients and/or relatives. Scenarios are generated from examples brought up in the group discussion. |
| Personal & multi-disciplinary roles and responsibilities | 30 mins | Group work |
| Capacity & consent, care planning, legal aspects & documentation | 30 mins | Interactive seminar, group work |

Who taught the course?

Workshops are taught by trained facilitators from a variety of backgrounds in health and social care (e.g. GPs, palliative care specialists, social workers, nurses). Each workshop is led by one or two facilitators, depending on the number of participants. 'Difficult Conversations' facilitators are required to complete a Train the Trainer course (comprising a minimum of 15.5 hours supervised working) before being licensed to deliver the curriculum. The majority are individuals with previous experience as trainers/educationalists.

Where was the course run?

The workshops are typically held in local community spaces or hospital teaching rooms.

How were adverse events considered and monitored?

Ground rules around confidentiality and sensitivity are set at the beginning of the workshop. It is acknowledged that some of the topics covered may be difficult and may bring up emotions, and it is acceptable for participants to take time out. In addition, this is addressed as part of facilitators' training and is encouraged on-going through the facilitators' guide for effective teaching.

How much did the course cost to run?

For a standard, single commissioned workshop for up to 20 participants, certificates, post training reflection tool for appraisals, evaluation and report, the average cost is £1,700.

References

1. Skilton CJ. Involving Experts by Experience in Assessing Students' Readiness to Practise: The Value of Experiential Learning in Student Reflection and Preparation for Practice. *Social Work Education*. 2011; 30: 299-311.
2. Kneebone R. Evaluating clinical simulations for learning procedural skills: a theory-based approach. *Academic Medicine*. 2005; 80: 549-53.
3. Health Professions Networks Nursing & Midwifery Human Resources for Health. Framework for action on interprofessional education & collaborative practice Retrieved from http://www.who.int/hrh/resources/framework_action/en/. Accessed March 13 2017: World Health Organisation, 2010.
4. Pauze E and Reeves S. Examining the effects of interprofessional education on mental health providers: Findings from an updated systematic review. *Journal of Mental Health* 2010; 19: 258-71.

Box S1: Self described roles within staff groups

| Group | Examples of self-described roles within this category |
|---|--|
| Advanced practice and specialist nurses | Clinical nurse specialist, dementia clinical specialist, health visitor, nurse assessor, nurse practitioner. |
| Allied health professionals | Occupational therapist, paramedic, physiotherapist, speech therapist, trainee psychologist. |
| Care home staff | Care home nurse, team leader, unit manager. |
| Care workers | Care assistant, care home activities coordinator, care worker, coordinator, health care assistant, senior carer. |
| Community nurses and care coordinators | Care coordinator, care navigator, community matron, district nurse, health and social care coordinator, mental health nurse, practice manager, practice nurse, registered general nurse, senior sister, student nurse. |
| General practice | GP, GP trainee, GP registrar, |
| Social care professionals | Care manager, case manager, social worker. |
| Other | A&E registrar, acute consultant, bereavement manager, consultant psychiatrist, dementia advisor, medical secretary, pastoral care, patient liaison, pharmacist, receptionist, training manager. |