

Advanced Clinical Communication Tutor Training Programme

**For Senior Nurses and Allied Health
Professionals working in cancer care,
palliative care and long term conditions**

Final Report

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1. Executive Summary

...“This has been one of the best courses I’ve been on. It was effective and stimulating, and it encouraged us not just to file the learning away in our folders, but to get out there and use it to inform and change the practice of others.”

The aim of this programme was to train a group of senior nurses and allied health professionals from NHS Lothian to facilitate teaching sessions in advanced communication for clinical practice.

The key learning points guiding good clinical and educational practice and the future development of clinical communication and human relationship skills education and training, noted in this programme and the evaluation process are:

- The existing two day course in advanced clinical communication is transferable to nurses and allied health professionals.
- The tutor training course and the tutor practice sessions have been validated through a robust evaluation process.
- The specific advantages of this programme in training tutors to deliver advanced clinical communication to others is that it draws on the theory and practice of adult learning as well as communication educational theory. This method enables tutors to adapt programmes and sessions to different levels, professional groups and settings.
- The provision of real practice opportunities to facilitate other practitioners in learning clinical communication very soon after receiving training enables the learning to be imbedded.
- The use of a well established evaluation questionnaire based on an original developed by Professor Peter Maguire and including elements of the standard NES course evaluation tool throughout the programme has allowed us to collect robust, comparable data from each stage of the programme and relate this to data from our previous communication courses. The improvements in competencies and general comments from this course are very similar to those collected from participants over the past 8 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 processes.
- The use of a team evaluation process (independent social scientist/ educational researcher and two senior NHS clinicians with over 10 years experience of delivering clinical communication education at advanced level) strengthened and enhanced the approach through synthesis of perspectives.

The evaluation process collected data from the 12 tutors, who began the programme, in the form of pre and post ratings and written comments on their experiences of attending the advanced clinical communication workshop and the tutor training workshop. They also completed a final evaluation form after undertaking the tutor practice sessions organised as part of the programme. An independent researcher observed the delivery of the advanced communication

workshop and the tutor training and a selection of the tutor practice sessions. A schedule was used for these observations in addition to note taking.

The outcome of the programme is that 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. One tutor had to withdraw after the tutor training workshop for personal reasons. This was from a starting point where only 4 of the tutors reported that they had previously received any form of communication training and 7 had had some experience of delivering communication training. With more practice they will be fully competent to deliver training at an advanced level.

The programme was well regarded by the tutors receiving an 'excellent' rating for most of the different elements. The tutors commented on; the ability of the trainers to create a safe environment, their use of a relaxed and open teaching style and the small size of the group enabling the development of good relationships. One tutor wrote that whilst the training had been intense it had been '*A real glowing experience*'.

The impact of programme on the individual skills and confidence of the tutors will be felt by colleagues, patients and relatives when dealing with professionals who are more able to engage with them and discuss prognosis and care planning in a confident, effective and sensitive manner. A further impact is that there is now a pool of trained tutors in NHS Lothian who are able to advance the practice of others through providing relevant and cost effective training in clinical communication within their own NHS units and specialist areas.

2. Background

2.1. Project Plan

This training programme used methods already developed for training tutors in an established programme of postgraduate courses in clinical communication for doctors. This project has extended such training to senior nurses and allied health professionals and consisted of:

- A 2 day advanced clinical communication workshop
- A 1 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

Staff working in cancer care, palliative care and long term conditions care need advanced communication skills to enable them to discuss prognosis and care and engage in shared decision making and advance care planning with patients and their families. Communication is identified within the KSF as one of the 6 core dimensions. Many staff have identified that they need further training in clinical communication to move to the higher levels within this core dimension.

As healthcare policies on cancer care, palliative care and long term conditions care continue to be implemented in NHS Scotland, senior nurses and allied health professionals will be advancing their practice and as such, will require training to an advanced level to meet their enhanced roles. Training delivered by such NHS staff in their own unit or area is both cost effective and relevant given that they are working within those settings themselves and able to act as leaders and role models as well as tutors.

The programme was led and delivered by two senior trainers working in NHS Lothian – Dr Kirsty Boyd (Consultant in Palliative Medicine) and Dr Belinda Hacking (Consultant Clinical Psychologist) with assistance from several senior tutors from the SE Scotland Clinical Communication Programme.

2.2. Evaluation Approach

The purpose of the evaluation was to assess the success of the 'Advanced Clinical Communication Tutor Training Programme' on 2 levels. As clinical communication education needs to be delivered face to face, the focus of the evaluation was on the delivery of the whole programme. The progression of individual tutors was imbedded in the delivery of the programme but evaluated concurrently and separately.

Individual progress

The progress made by individual tutors in developing:

- Their own approaches to communication in clinical practice, teaching & management
- Their skills in facilitating others to developing enhanced communication skills

This progress was measured through:

- Self-efficacy scales and written commentary in response to open questions on pre and post workshop evaluation forms.
- Observations of teaching practice sessions
- Ratings from participants attending the supervised teaching practice sessions

The original proposal included two other evaluation methods: peer assessment using clinically based rating scales and patient ratings. It did not prove practical to implement these because of: the short timescale of the whole project; delays in recruiting participants due to swine flu planning; difficulties in identifying professional colleagues as assessors and concern about possible bias in patient ratings. Nurses and allied health professionals often work within a multi-disciplinary ward or clinic based team and unlike senior hospital doctors or GPs are less likely to deliver a clinic seeing individual patients and where administration staff can hand out and collect evaluation questionnaires from patients or families.

The delivery of the training programme

Participant tutors' ratings of the different elements of the programme:

- The advanced communication workshop (2 days)

- The tutor training workshop (1day)
- The supervised teaching practice sessions

An evaluation of the extent to which the programme trainers and senior tutors were observed displaying specified, evidence based teaching behaviours known to promote effective learning in clinical communication during the various sections of the programme was undertaken.

Data collection methods

Individual progress was measured through the use of numeric self-efficacy scales and written comments in response to open questions at the following points:

- Pre and post the advanced communication workshop (12 tutors)
- Pre and post the tutor training workshop (12 tutors)
- Final evaluation, after the supervised teaching practice sessions (11 tutors)

The same evaluation forms provided the tutors' assessments of different aspects of the course/workshop/practice sessions/programme as a whole in relation to: enjoyment; relevancy; the balance of teaching methods; handouts; atmosphere; venue and catering together with the core elements of:

- Group discussion and learning from other participants
- Interactive Demonstration
- Interactive Role Play
- The trainers' teaching skills

An observation schedule was used by the independent researcher to record and analyse the role-modelling behaviour of the trainers during the 2 day advanced communications workshop and the tutor training workshop. There are also digital audio recordings for all three days.

The same observation form was also used by the independent researcher, the trainers and the senior tutors to record and analyse the new tutors' teaching skills during the tutor training day and the supervised teaching practice sessions. The evaluation process also included analysis of the observation process, particularly of the teaching assessment tool developed during the programme. Each of the 12 tutors was observed in practice at least once.

Pre and post course evaluation forms were collected from Year 3 medical students who attended the interactive demonstration sessions facilitated by the tutors.

3. Project Implementation

The programme was widely advertised through senior managers in the hospital and community divisions of NHS Lothian in November 2009 and 12 senior professionals were recruited by application form and interview. Line manager support has enabled these tutors to commit to ongoing participation in delivering clinical communication education sessions during 2010.

The tutors were selected on the basis of existing expertise, commitment to professional development in this area of their work and to ensure a wide coverage of clinical areas. Most were been identified in pairs to facilitate future working partnerships.

Areas represented in the programme: general medicine, oncology & palliative care, renal medicine, paediatrics and the Liverpool Care Pathway implementation team. (Appendix 1) It proved extremely difficult to recruit participants from primary care because swine flu planning resulted in a moratorium on staff training at the time the programme was advertised.

The tutors were trained using a variety of evidence based educational strategies through a well established, NHS programme with a strong research base in providing training to variety healthcare services, within the UK and abroad. (www.ec4h.org.uk)

The strategies were delivered through:

- Advanced clinical communication workshop (2-days) 14/15 January 2010: An intensive, experiential, learner centred course of communication training addressing key clinical tasks and situations which participants brought from their own practice. Participants worked two small groups and used the methods of interactive demonstrations and structured, interactive role plays to achieve negotiated learning objectives.
- Tutor training workshop (1 day) 2 February 2010: In this workshop, the focus was on the tutors practising facilitating groups in interactive demonstrations and interactive role plays, negotiating objectives and providing behavioural feedback and learning support.
- Supervised teaching practice sessions (between February and March 2010). These pre-arranged sessions used trained simulated patients and prepared scenarios and were undertaken with:
 - Small groups of Year 3 medical students
 - Larger groups (10-15) of Year 4 medical students
 - A&C staff from a specialist care service.
 - Large groups (15-20) of Year 3 medical students

In addition running these practice sessions with a fellow tutor (their unit colleague or another course participant); each session was also supported by a senior tutor. Tutors received a tutors' session outline and a copy of the scenario by email in advance. Eleven of the tutors who commenced the course delivered a role play (6 tutors) or an interactive demonstration (9 tutors) to other healthcare staff with the supervision and support of the trainers and senior tutors.

- During the programme the tutors had access to the password protected tutor sections of the www.ec4h.org.uk website. The most recent resources for the training programme are available through this website and a discussion board was set up to allow the tutors to keep in contact with each other and develop peer support.

4. Project Outcomes and Impact

Having completed the programme, 11 of the 12 tutors who started the course are now part of the Scottish Clinical Communication Tutors' Network and will continue to receive support to deliver communication training through the website as well as ongoing contact and clinical supervision from the senior clinical communication tutors in this network. Further support will also be available through joint working on the delivery of future communication education programmes/ courses as well as 'refresher courses' that are available to all tutors who are part of the network.

4.1 Individual progress of the 12 tutors

Outcomes of two-day, advanced clinical communication workshop

The tutors' self efficacy ratings pre and post course for the advanced communication workshop covered 6 core areas in clinical communication. A six point rating scale was used from 'very low' (1) to 'very high' (6).

The tutors' self ratings (median score for the 12 participating tutors):

NO CHANGE

- Confidence in eliciting patient/relative feelings: median score of 'high' (5) for both pre and post ratings.
- Confidence in responding to complaints: median score of 'high' (5) for pre and post ratings.

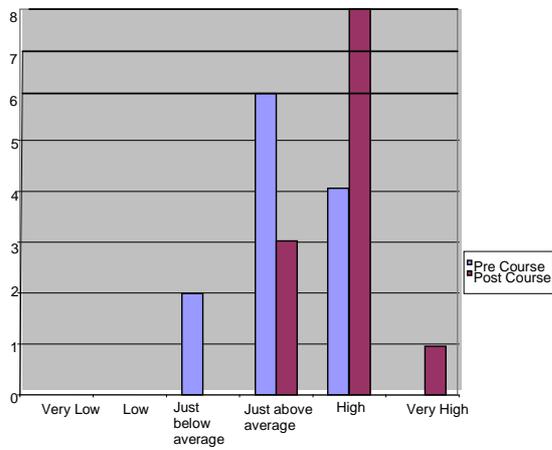
IMPROVEMENTS

- Confidence in handling anger/emotional distress: pre course median of 'just above average' (4) and a post course median of 'high' (5).
- Confidence in giving complex information: pre course median of 'just above average' (4) and a post course median of 'high' (5).
- Confidence in addressing poor performance: pre course median of 'average' (1) 'just above average' (4) or 'just below average boxes' (3) and a post course median of 'high' (5). This was the area in which tutors rated their greatest improvement.

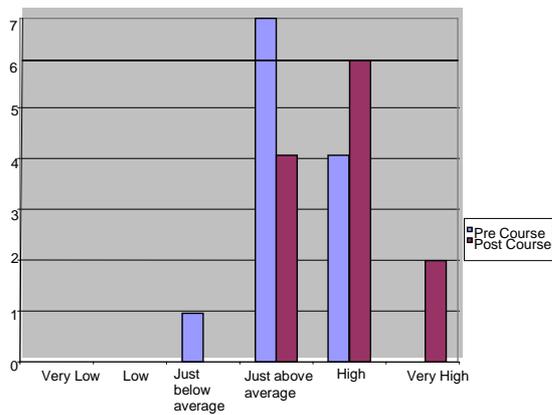
These results are summarised in Figure 1 (tutor ratings) and Boxes 1&2 (tutor comments).

Figure 1: Clinical communication workshop: tutor ratings

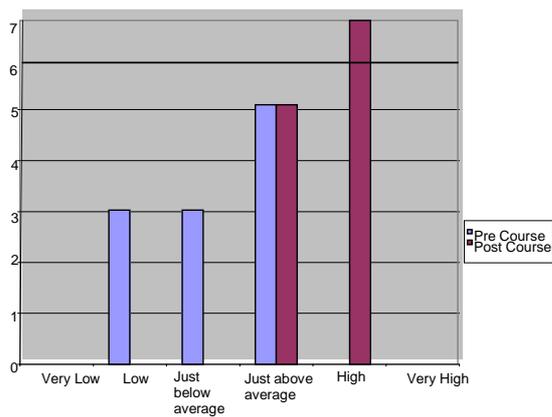
Tutors' confidence in handling anger/emotional distress



Tutors' confidence in giving complex information



Tutors' confidence in addressing poor performance



Box 1: Advanced communication workshop –tutors’ recorded comments

“It helped me to recognise that it is okay to stop and check (where a consultation is going)”

“I think that it is amazing how far we have travelled in two days...I didn’t fully realise what I was going to get from it...but I feel very connected to my small group...I feel very safe, all the rules and guidelines we set up at the beginning they’re real now”

Box 2: Advanced communication workshop – tutors’ written comments

How to use role play and interactive discussion to facilitate teaching better communication.....

The extreme usefulness of “simulated scenarios” for learning...

Being compassionately direct – not using too much talking and confusing the situation...

That patients and relatives do not necessarily hear what you say...

Pause – listen for a lead from the interviewee, follow at their speed....

Outcomes of the one-day tutor training workshop

Before attending the 2-day advanced communication workshop, only 4 tutors reported that they had previously undertaken any specific communication course. Five had no experience of teaching communication skills and one of these had no experience of any teaching. Three measures were used to assess the development of tutor training skills:

1. Self-efficacy ratings
2. Feedback from participants attending the supervised practice sessions
3. Observations from senior tutors supporting the supervised practice sessions

1. Self-efficacy ratings by the tutors

The tutors rated their confidence in key dimensions of communication teaching before and after the tutor training workshop and on a final evaluation form after the supervised practice sessions in March 2010. The tutors’ self ratings (median score for the 12 participating tutors) demonstrate no overall change in 1 area of teaching skills, but improvements in 4 areas.

NO CHANGE

- For ‘Handling challenging group members there was no change, the median remained at ‘high’ (5)

IMPROVEMENTS

- Facilitating interactive demonstration
- Facilitating role play
- Providing behavioural feedback

For these 3 areas the pre course median was 'just below average' (3) and both the post course and final medians were 'just above average' (4). The greatest change was in:

- Confidence in using adult learning theory in teaching: the pre course median was 'just below average' (3), the post course median of 'just above average' (4) and the final median of 'high' (5)

On the final evaluation forms the tutors were asked to list 3 specific things that they had learned from the programme as a whole. Their free text responses (see Box 3) fall into five areas:

- Listening
- Setting goals
- Role plays/Interactive demonstrations
- Feedback
- Specific communication strategies

Box 3: Specific learning from the whole training programme – written tutor comments

The importance of listening in good communication...

Using the goals set at the beginning of the interview is an effective way of focusing both the group and the progress of the role play or interactive demonstration....

How to facilitate role plays & interactive demonstrations effectively – practice is essential!

Being specific about 'behavioural' feedback which is powerful and effective and is also a valuable means of modelling good communication skills to the group....

The importance of providing constructive feedback using the correct terminology....

Communication skills such as summarising, clarifying, educated guesses, empathy....

2. Observations and ratings from the tutors' teaching practice sessions

In addition to having an opportunity to practice facilitating a role play and/or an interactive demonstration with a colleague as part of the tutor training day, a list of pre-arranged sessions was provided as part of the practice component of the programme for the tutors to select teaching practice opportunities. Assessment of tutor pairs was undertaken through:

- Observations by the project researcher and senior tutors
- Participants (medical students) completed pre and post course evaluation forms

The observation and participant data presented here relate to the interactive demonstrations conducted with groups of 15-20 Year 3 medical students.

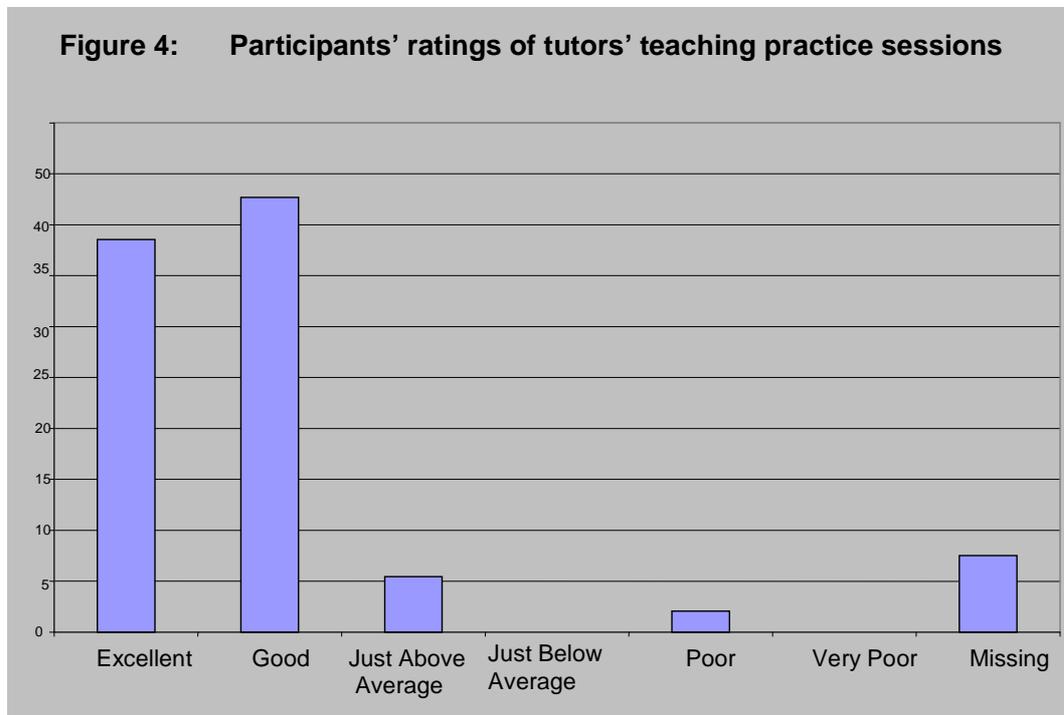
OBSERVATIONS

Two tutor pairs were observed by the researcher. Both followed the format of delivering an interactive demonstration as they had been taught, preparing the room and providing good introduction to the aims of the session, using a flipchart to clarify goals. Pair A involved a participant in writing out the points, and part way through the session Pair B asked for a volunteer to take the role of the interviewer. Both were good ways of seeking to engage the group. The pairs supported the participants in providing strategies for the interviewer to test out, although with a large group both pairs found that gaining full engagement was challenging. Pair B was good at maintaining the group's responsibility for the interview and Pair A at encouraging behavioural observations.

Both pairs acknowledged the need to make optimal use of the key techniques of comparing the effectiveness of different strategies and utilising 'predict and check' to access patient feedback. They commented that it was difficult to remember all the different elements of the teaching process and that they would improve with more practice. The pairs worked well together complementing each other's skills. To close each session they asked for the participants to individually report back on what they had learnt and acknowledged the group's suggestions.

PARTICIPANT RATINGS

Ratings for the tutor pairs were obtained from 99 Year 3 medical students (Figure 4). The most common written comments on the aspects of the course the students particularly enjoyed are shown in Box 4.



Box 4: Aspects of tutor facilitated teaching practice sessions most enjoyed by the medical student participants

Allowing us the chance to give ideas and between the group members, working out what to say in certain situations'

The use of simulated patients...

[The] chance to "pause" the interview to analyse/break down what was being said..

Interactive session and allowed us to act out different scenarios to see how they would work out and go back to correct if necessary...

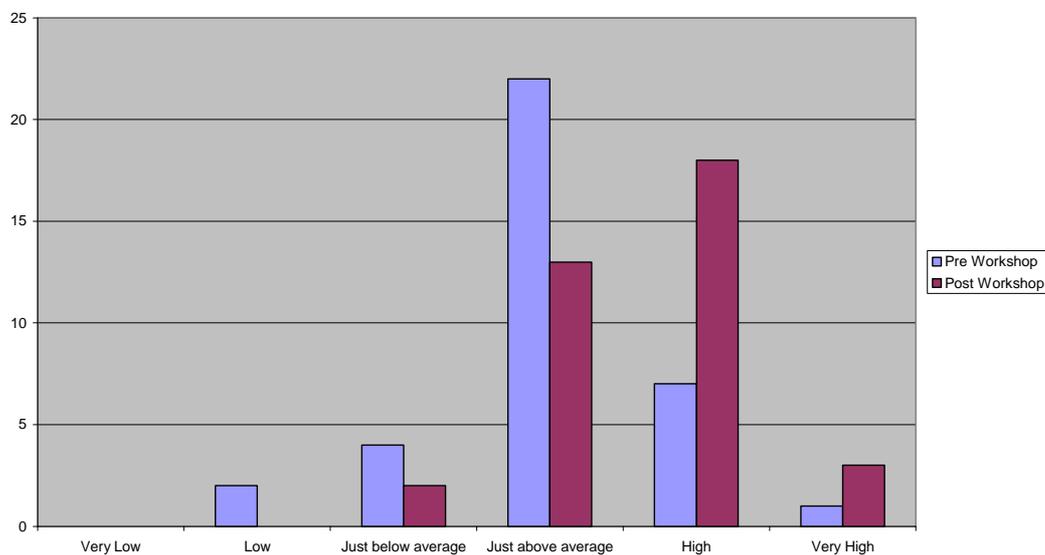
I enjoyed the fact that we were giving advice and ideas on how to react to the patient and the way in which this changed depending on what we suggested'

Comfortable environment', 'Conversation within the group was open and not pressured'

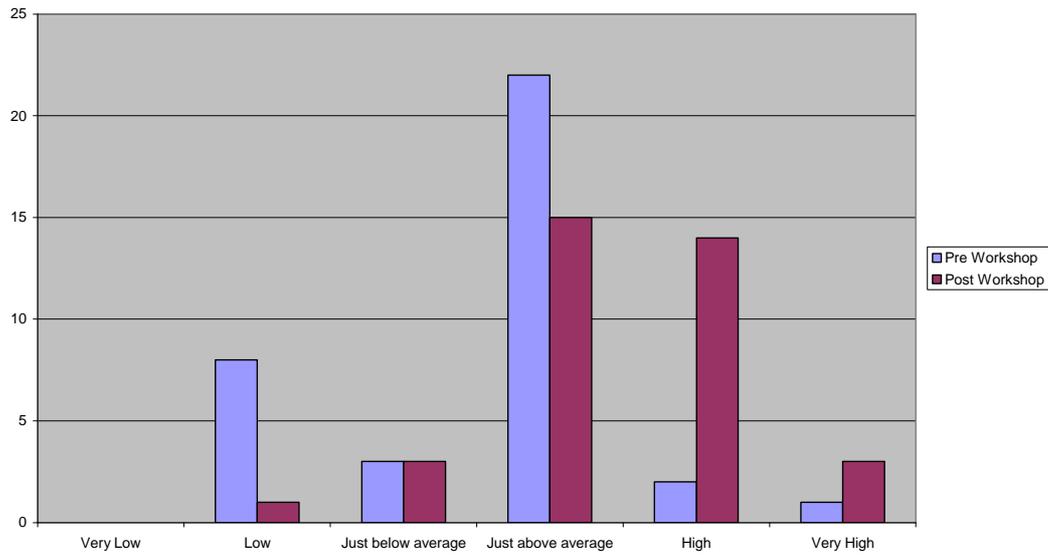
The students were also asked to complete ratings about their confidence in handling complaints from distressed relatives before and after the workshop. The way these improved is shown in Figure 5.

Pre & post workshop evaluation results from Year 3 medical students

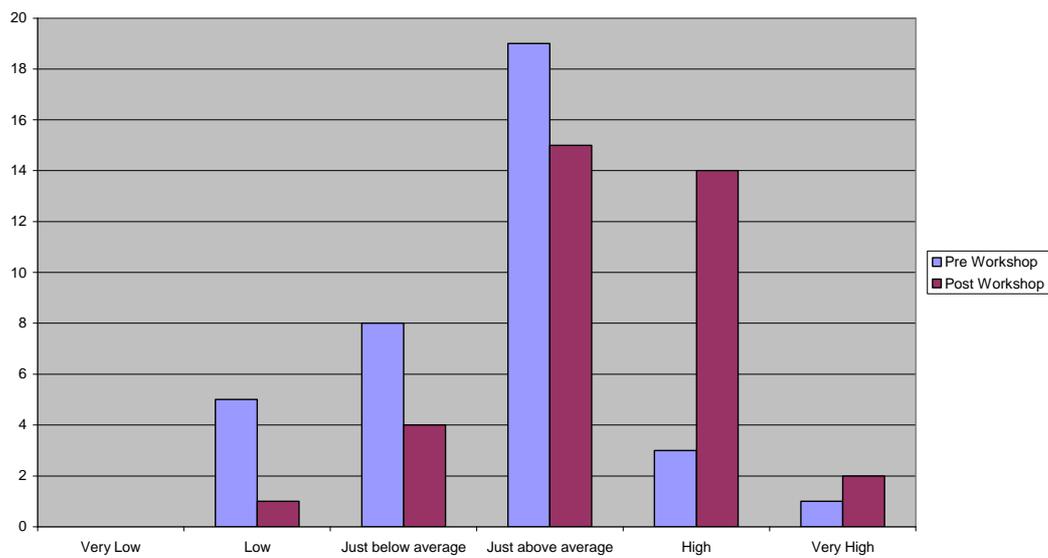
Eliciting the patient/relative's main feelings and concerns



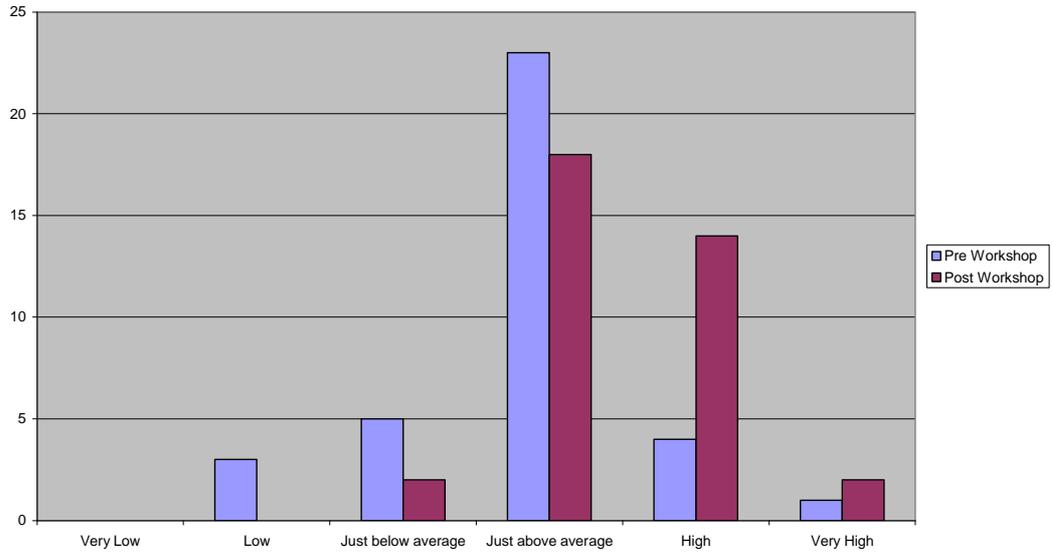
Handling anger & emotional distress



Responding to complaints about patient care



Giving complex information about treatment or care



4.2 The Tutor Training Programme

The tutor training programme was in 3 parts:

1. The advanced clinical communication workshop (2 days)
2. The tutor training workshop (1 day)
3. Supervised teaching practice sessions

An evaluation of each of these sections is made before the outcomes of the training programme, as a whole, are detailed. The evaluations included participants' ratings and free text comments of their experiences together with the researcher's observations of the ways the trainers and senior tutors delivered the programme.

The project researcher attended the 2-day advanced communication workshop and the tutor training workshop. She also received copies of the emails and all the course information resources sent to the tutor participants. She observed the delivery of the course and took detailed field notes. Digital recordings were also made and an additional observer was used when the group split into two for role play sessions during the 2-day communication workshop.

In addition to making general notes, the researcher used an observation form to record the key behaviours. This observation form has been developed by the programme trainers based on their experiences of running previous courses and key papers from the literature on clinical communication teaching & learning methods. (See: References) As part of the evaluation process, this form has been re-developed on two occasions. The final version was used by senior tutors to observe the tutors in the supervised practice sessions.

1. The advanced communication workshop (2 days)

The communication workshop is a well-established course that the senior trainers have delivered and developed over of the past 8 years. In addition to the two programme trainers, four senior tutors were also involved in facilitating sessions, particularly when the tutors broke into 2 smaller groups.

The programme trainers introduced and demonstrated the two main teaching methods of interactive demonstration and role play on which the course is based and provided the tutors with extensive written information as hard copies and via the website to support their learning. This workshop was used to enhance the clinical communication skills of the trainee tutors in their own practice and to enable the senior trainers to role model the key teaching methods used in all such courses.

The trainee tutors were aware that as the focus of the course was on a participant led agenda and brought clinical scenarios from their own practice to work on in the small groups. The programme trainers emphasised their role in providing support, the transferability of the skills the tutors would be learning and the move from being a workshop participant to a tutor which they would experience during the tutor training workshop.

The programme trainers and senior tutors were observed delivering 2 interactive demonstrations and 6 role plays which were recorded on the observation form (version 1). The programme trainers and senior tutors demonstrated a range of core teaching competencies (Fryer-Edwards et al 2006) including:

- Engaging the group
- Highlighting the relevance of the workshop to the tutors' professional practice
- Clarifying expectations and goals
- Setting the tone for the sessions
- Modelling and naming key communication skills
- Enabling the tutors to compare competing strategies in an interactive demonstration
- Paying attention to the structure, pace, timing and balance of the session
- Providing behavioural feedback
- Encouraging participants to identify and record their personal learning

After attending this two day communication workshop, 11 of the 12 tutors rated the course as 'excellent'. The other rating was 'good'. All 12 reported that they would recommend the course to colleagues. The majority of the ratings for individual elements of the course were excellent.

The single element most enjoyed was the role play (5 tutors) and that enjoyed least was 'being in the spotlight' (3 tutors). There was a positive view of the course materials ('excellent' 5 tutors; 'good' 5 tutors).

There were a variety of suggested ways of improving the course (see Box 5) but 4 tutors thought that the course did not need any improvement. There were also a variety of comments on the course in general (see Box 6) with specific mention of the programme trainers' educational skills.

Box 5: Suggestions for improving the advanced communication workshop

[Tools suggested] for feedback on performance pre-course were not applicable for managers as too clinically focused - group discussed using 360 degree feedback approaches.

More articles related to nurses/AHPS included in the reading [lists].

Integrate medical staff with other health professionals during the two day workshops

Box 6: General written comments on the advanced communication workshop

Excellent workshop delivered by facilitators who were able to provide a safe environment to explore our communication issues...

Two days very good; need this time to really “bed-in” information and training....

The size of the group was ideal, as we were able to build good relationships in a short period....

Thank you. Amazed that after such a short yet intense programme my confidence is so high, as is my awareness that skills can be transferred across scenarios...

In relation to the course as a preparation for teaching, 4 tutors wrote that they were not yet ready and would need formal tutor training as provided in the tutor training workshop to be effective as facilitators (see Box 7)

Box 7: The advanced communication workshop as a preparation for teaching communication

It gave me confidence – I am now enthusiastic to take things forward...

Good, but don't feel at present I am anywhere near ready to teach. Look forward to confidence increasing post tutor day and supervised practice....

Felt I still need further support for teaching but the tutor training day I am sure will help with this. I am more aware of the next level that teaching will take me to....

Has improved my confidence in sharing information on communication.... I will look forward to the next day as I feel this will give me the further skills required....

2. The tutor training workshop (1 day)

This was a one-day workshop led by the programme trainers in which the 12 tutors practised the key teaching methods – interactive demonstration and role play. For each interview, a tutor pair practised facilitating the group and two other tutors joined the programme trainers as observers, able to give focused feedback at the end of each session. The other tutors acted as normal group members but also contributed their experiences of the teaching process to the feedback and discussion thus engaging all the participants fully in the tutor training process.

Interactive demonstrations

Interactive Demonstrations (as a teaching tool) are a good way of getting slightly sceptical people who think that they can learn communication in a couple of hours, or maybe a lunchtime, engaged with the idea that there is a little bit more to this, and it fosters interest before they will think of signing up for all day role play.

Trainer

The programme trainers worked with the tutors on how to set up an interactive demonstration including the arrangement of the room and key points in briefing the interviewee, especially the importance of taking time in this process.

As the tutors conducted the demonstration, the trainers aided them at various points by providing suggestions and reminders on how to work with the group and manage the process. When the tutors described the difficulty of remembering everything, the course trainers acknowledged the demands of teaching at this level and gave tips on working as a pair and using summary sheets and notes. The trainers regularly provided positive feedback to the tutors by complementing their successes '*amazingly well done*'. They also suggested that the tutors use each other as resources, for example by asking others to observe them when they lead an teaching session in future as had been modelled during this tutor training workshop.

Role play

"A lot of research has gone into how to optimise people's learning. It used to be common to just run a role play the whole way through and then analyse it but the difficulty was that when someone went wrong they could end up going down a track that was more and more difficult and feeling deskilled. That is not the objective of our courses... We want to build skills and confidence by stopping the role play and looking at alternative ways to progress the interview that can be tried out".

Trainer

In supporting the tutors as they prepared for the role play interviews, the trainers defined the roles of interviewer, interviewee and the 2 tutors who would be facilitating (the tutor pair). They also consulted the group as to the type of difficult behaviours in group members they wanted to work with and set this up as role for group participants, clarified the facilitator role, and modelled how to brief the interviewee.

Before the first interactive role play, the trainers provided theoretical input referring to the handouts that the tutors had been sent via email and to a powerpoint presentation. The following points were emphasised: the learning that can be gained from participants taking on the role of a patient or relative; the differences between an interactive demonstration and a role play; the

importance of giving positive feedback to the interviewer and that asking the group 'what was effective' makes the feedback behavioural and more effective.

During the role play interviews, the trainers made various observations, provided positive feedback to the tutors, and re-emphasised the delineated roles of the facilitators.

Towards the end of the workshop, the trainers emphasised the important of taking up the opportunities being offered to the tutors to practice their teaching skills. They also asked what would be useful in future training programmes and there was discussion about more time, particularly for tutors to consolidate what they have learned.

Before attending this one day workshop all 12 tutors completed a pre-course evaluation on which they were asked 'Please list three specific things you would like to learn at this facilitators' workshop? The most common comment (13/36) related to the development of their teaching skills.

The most frequent comments about specific learning post-course were in relation to greater understanding of the facilitation role (10/36) and using the group as a teaching resource (4/36).

Regarding the invitation to make suggestions for improvements the comments of 7 of the tutors related to the need for more time for facilitator practice. Eight tutors made comments about the course; 4 were general expressions of praise and 4 tutors commended specific elements of the course (see Box8) Overall, all of the tutors said that they would recommend the workshop to their colleagues and all but one rated the workshop as 'excellent'.

Box 8: Written comments on the tutor training workshop

Excellent, well presented. Excellent facilitators who make it all look very easy!

*Excellent course... very powerful stuff .Very exhausting but cannot believe how much I have learnt in such a short course....Thank you to all involved
Very good course have learnt so much. Teaching materials and websites very well-researched, all articles relevant and add to the learning experience.
Would recommend this course to all, will suit all healthcare groups. Learning style relaxed and open, enhancing learning experiences...*

*Intensive but very worthwhile, so much to learn but so beneficial...
A real glowing experience...*

3. The supervised teaching practice sessions

The final evaluation form primarily asked tutors to comment on the course as a whole. However, there were specific references to the value of having supervised practice sessions (see Box 9)

Box 9: Written comments on the supervised teaching practice sessions

Although the facilitation was most enjoyable part, I did also feel uncomfortable at times in a situation where I was not completely confident. However I felt it was important in the learning process...

...it may be useful to facilitate sessions with an experienced tutor initially. I did enjoy doing it the way we did though so I think there are probably advantages and disadvantages to both ways. I would also have liked another day on the course maybe to allow practice of facilitating the interactive demonstration and role play before being let loose!

4.3 The Tutor Training Programme: overall outcomes

The 11 tutors who completed the whole tutor training programme thought it was very relevant and enjoyable, that the different aspects of the teaching provided by the programme trainers was excellent and that learning as a group was valuable. Some tutors had difficulty accessing the website and not all tutors had the opportunity to facilitate a role play session so this will be addressed.

Various suggestions were made in answer to the question 'What additional support/ training would you like to have in future?' (see Box 10) As a result a further tutor training follow-up workshop has been organised for June 2010.

Box 10: Suggestions for improving the tutor training programme as a whole

Having more practice as the role of the facilitator in the safe environment of our small groups....

I think it would be useful for ongoing learning to facilitate some sessions with tutors who are already very experienced. I think, like driving, I have only just begun learning this and will continue to learn the more I participate....

My sense at the end of the third day (tutor training workshop) was that though people were interested and willing to explore ways of taking their learning forward, they still had anxieties and concerns (particularly about their readiness/skill level to function in the tutors role) that weren't addressed. I think it would be valuable on day three of the course, to build in more time to address the questions and concerns that individuals had about taking on the role of tutor.

[Senior] Tutor support sessions every 6 months maybe initially for feedback and peer support.

I think we should be required to provide information relating to our sessions and numbers involved on a yearly basis. Personally this would make me ensure I do them! ...Perhaps an annual update half day?

As a result of completing the tutor training programme, all 11 tutors feel confident and have demonstrated their ability to deliver clinical communication training to others. Their future teaching plans include:

- Running sessions in clinical communication for nurses and care assistants with the help of colleagues from the course, for example, starting with the specialist nurses and then working with staff on the wards and in outpatients' this summer.
- Teaching throughout our own areas and hopefully joining in with other areas.
- Multi-disciplinary groups run in conjunction with the three other course participants are being planned.
- Organising a full day communication education session for physiotherapists and occupational therapists with my course colleague in June/ July 2010.
- Working with a senior tutor to facilitate a 2 day advanced communication workshop for general practitioners in April 2010 (2 tutors).

One tutor has already used the learning gained through the programme to facilitate communication teaching as part of the Liverpool Care Pathway implementation programme in NHS Lothian and received positive feedback from her manager. (see: Box 11)

Box 11: Written comments on a tutor's teaching from her manager

We have already done 2 sessions with the Care Pathway ward champions using interactive role play. [Tutor] led both of these and I have to say she was an excellent facilitator. We have another session planned doing much the same with the new FY1 oncology doctors.

LCP Programme Manager

The overall impact of programme is threefold. Firstly, there is the personal impact on the individual tutors in terms of their confidence in dealing with a greater range of difficult communication situations in their own clinical or managerial roles. Linked to this will be the impact on colleagues, patients and relatives when dealing with a professional who is able to engage with them and discuss prognosis and care arrangements in a confident, effective and sensitive manner. Thirdly, the tutors are now able to advance the practice of others by delivering cost effective and relevant training in clinical communication in their own units and specialist areas, and act as leaders and role models as well as tutors. They will be able to provide such training in various formats and to different levels

5. Discussion

This programme has succeeded in training 11 tutors to a level where they are able and feel confident to deliver communication training to others. The programme has demonstrated that an existing two-day course in advanced clinical communication is transferable to nurses and allied health professionals. The tutor training course and the tutor practice sessions have been validated through the evaluation process.

The request from tutors for more opportunities to practice the skills of facilitating the interactive demonstration and the role play, both as part of the tutor training workshop and in supervised practice sessions highlights the importance of ongoing peer and senior tutor support as central elements of the programme. The ongoing peer support being provided by the recruitment of tutors in pairs as well as through the relationships developed through the collaborative atmosphere created on the course will be important. The supervised practice sessions created real opportunities to facilitate other practitioners very soon after receiving training, thus enabling the learning to be imbedded.

The trainers have responded to the request from the tutors for more training to reflect on and extend their teaching skills by arranging a follow-up day in June 2010. This addition also means that further evaluation of the programme will be conducted with the tutors via recorded focus group discussions.

As part of the evaluation process, observations were made of the ways in which the programme trainers conducted the programme and modelled key skills. The form used to record these observations was also used to observe and assess the skills of the tutors as they undertook the supervised practice sessions. However there were challenges in developing this type of structured evaluation of complex teaching and learning processes:

- Variations in the way that the teaching sessions were organised and the way the senior tutors supervised the sessions ranging from offering very few comments to being a co-facilitator.
- The practice sessions themselves also ran differently with some senior tutors suggesting that the trainee tutors made use of digital recordings and others preferring not to use these in that type of teaching session.
- The observations were recorded in different ways:
 - Ticking boxes
 - Giving an evaluative comment e.g. clear, concise
 - Describing a behaviour e.g. dealt with awkward points; could use simulated patients more to predict how strategies might have worked
 - Noting the actual words used by the tutors

The challenge of trying to evaluate the tutors' practice in facilitating communication training has highlighted the need to build in a robust observational schedule and to guide senior tutors in its use. The redesign will now focus on making the forms easier to use while retaining the key tasks. Assessment should ascertain whether the tutors undertook a certain task and how they undertook it.

The limited time period between the notification of funding and project start dates did not enable the establishment of as robust an evaluation process as had originally been planned. In this project, the aim had been for 360 degree appraisal with peers and patients for all the participants using well validated rating tools. These will be developed and used in future courses run by the SE Scotland network.

Advanced tutor training takes time and needs multiple educational methods as it is taught at a high level of practice. Thorough assessment and accreditation mechanisms are needed to ensure that tutor training programmes are of a consistently high quality. Training tutors to teach at a high level is not a one off event but rather a process where tutor practice is supported as well as assessed on an on-going basis by more experienced tutors. In this process, both parties are aided by an observational checklist. Future development of this observation and recording process is a dynamic action-research model that will continue to be pursued by the SE Scotland network.

6. Conclusions

This project has clearly demonstrated several key outcomes that support educational excellence and the future development of clinical communication and human relationships education and training. Those identified in this programme and the evaluation processes are:

- The existing two-day workshop in advanced clinical communication is transferable to nurses and allied health professionals.
- The tutor training workshop and the tutor practice sessions have been validated through the evaluation process
- The specific advantages of this programme in training tutors how to deliver advanced clinical communication to others is that it draws on the theory and practice of adult learning as well as communication education theories. This method enables tutors 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 enables the learning to be imbedded.
- The use of a well established evaluation questionnaire based on the original developed by Professor Peter Maguire and including elements of the standard NES course evaluation tool throughout the programme has allowed us to collect robust, comparable data from each stage of the programme and relate this to data from our previous communication courses. The improvements in competencies and general comments from this course are very similar to those collected from participants over the past 8 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 NHS clinicians with over 10 years experience of delivering clinical communication education at advanced level) strengthened and enhanced the approach through synthesis of perspectives.

7. Plans for further evaluation / course development

Further work will consider:

- How patient/ carer and peer evaluations could be included in future evaluation of clinical communication education programmes in addition to well-established self assessment tools and reflective learning records.
- Further refinement and evaluation of the tutoring assessment schedule developed during this project with the aim of having a system of assessment that can be used in accreditation of clinical communication tutors and educational programmes in NHS Scotland.
- Further development and evaluation of advanced communication tutors' training for postgraduate doctors and for senior nursing and allied health professionals in line with outcomes and suggestions made by the participants on this programme. Data from the planned follow-up day in June will contribute to this.
- Evaluation of wider delivery of this communication tutors' training programme in other parts of Scotland; a tutor training programme in the West of Scotland is being planned for later in 2010.

Sue Milne (Project researcher)

Kirsty Boyd (Trainer & lead tutor SE Scotland Clinical Communication Network)

Belinda Hacking (Trainer & lead tutor SE Scotland Clinical Communication Network)

April 2010

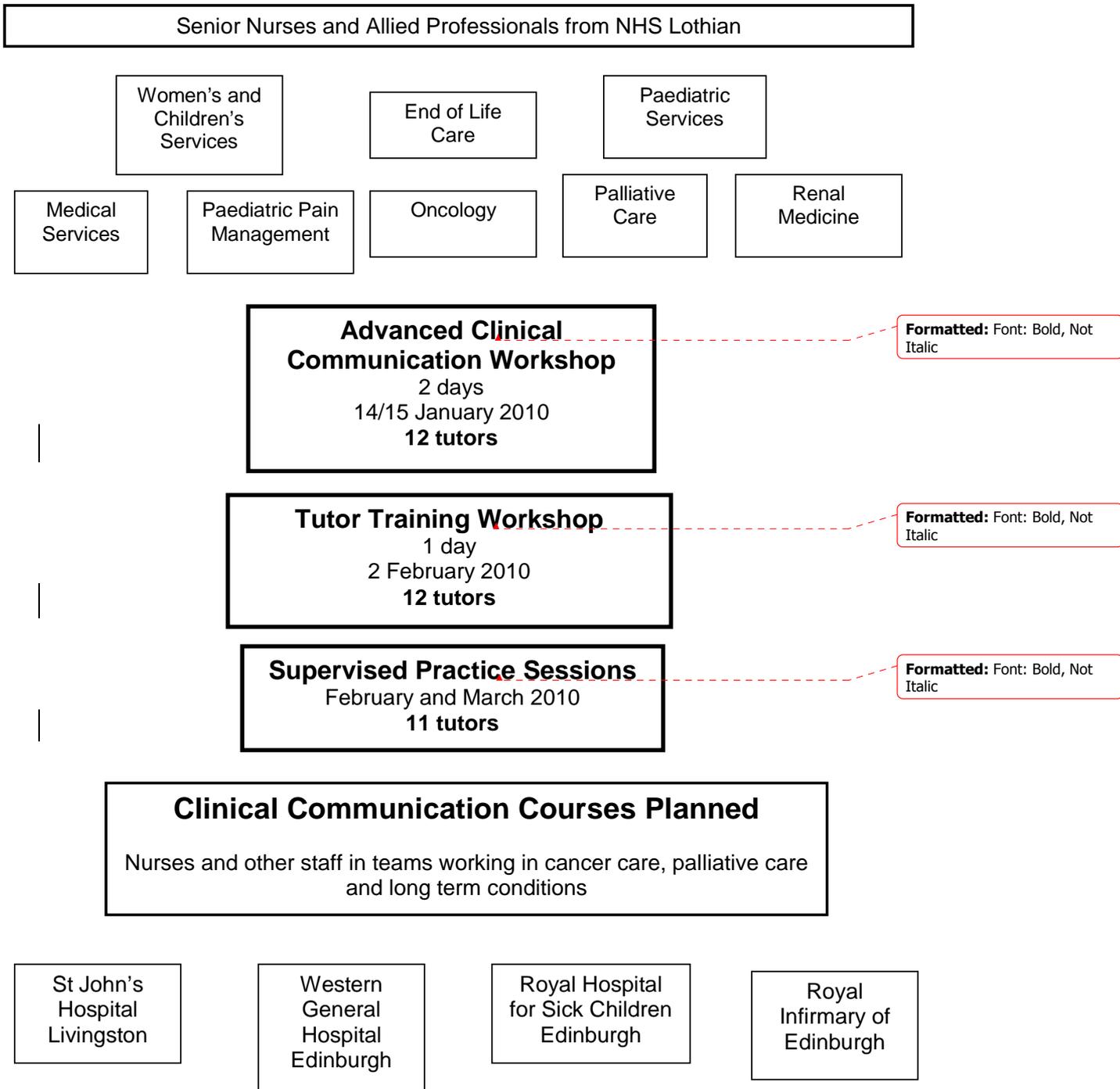
Appendix 1

Participating Tutors' Roles and Clinical Areas

Speciality	Role	Role
Oncology	Clinical Nurse Specialist	
Medical services	Senior Nurse Manager	Senior Nurse Manager
Renal Medicine	Renal Conservative Management Nurse	Education Co-ordinator
Palliative Care	Clinical Nurse Specialist	
Paediatric Pain Management	Clinical Nurse Specialist	
Paediatric Cancer Service	Specialist Occupational Therapist	Specialist Physiotherapist
Women's and Children's Services	Resuscitation Officer	
End of Life Care	LCP Facilitator	LCP Facilitator

Appendix 2

Advanced Clinical Communication Tutor Training Programme



Key References

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