

Better Conversations - Better Care: Evaluation of Clinician Training within the Serious Illness Programme, UK

Roberts A.¹, Coackley A.², Bonwick H.³, Khodabukus A.⁴, Block S.⁵, Sanders J.⁵, Maloney F.⁵, Paladino J.⁵, McGlinchey T.¹, Maguire M.², Mason S.¹, Kirkbride P.², Ellershaw J.¹

¹Marie Curie Palliative Care Institute Liverpool, University of Liverpool, ²Clatterbridge Cancer Centre NHS Foundation Trust, ³Marie Curie Hospice, Liverpool, ⁴Royal Liverpool and Broadgreen University Hospitals NHS Trust, ⁵Brigham and Women's Hospital and Harvard T.H. Chan School of Public Health, Ariadne Labs, Boston, MA

Background

Despite evidence to show that the majority of patients want to talk about their end of life care¹, fewer than one third of patients report discussing end of life preferences with clinicians^{2,3}. Clinicians are often underprepared and undertrained to conduct high-quality end-of-life conversations and tend to avoid them⁴. The Serious Illness Care Programme is a multi-component intervention designed to improve the lives and personalise the care of all people with serious illness through meaningful conversations about their goals and priorities. Originally developed in the United States by Ariadne Labs, it aims to enhance clinician's capabilities in engaging with seriously ill patients more frequently, earlier in the course of illness, and with greater skill. The UK Programme is led by The Clatterbridge Cancer Centre NHS Foundation Trust in partnership with The Marie Curie Palliative Care Institute Liverpool and Ariadne Labs (Boston, USA). The team has spent the last 12 months developing and implementing the programme at three diverse sites in England.

Training and Evaluation

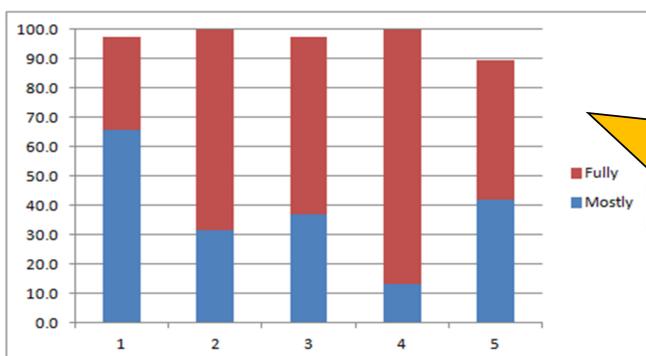
The education programme was adapted to meet the cultural and educational needs of clinicians in the UK, including adaptation of all course materials and case histories. In addition, a demonstration video depicting the use of the conversation guide in practice was remade to reflect the UK setting.

Training consisted of a 6 hour study day supported by a coaching framework. It included an overview of the Serious Illness Programme UK and the Serious Illness Conversation Guide and provided the opportunity for each participant to practice using the Guide with a simulated patient and to learn how to document the discussion. Clinicians were trained in cohorts of 9 and the training was run twice at each site: in a tertiary cancer centre and 2 primary care sites. Following the training, each clinician was invited to participate in a coaching programme. Evaluation included pre and post course bespoke self-assessment questionnaires and a clinician acceptability questionnaire. The results from the Primary Care Groups are given below.

Results

Four groups of clinicians from 2 CCGs were trained. This gave a total of 38 participants from primary care who completed the training: 35 GPs and 3 Palliative Medicine Consultants

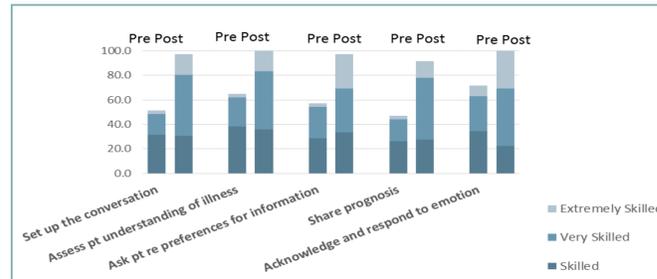
Key	Question
1	I can describe the evidence based benefits of serious illness conversations for patients and families
2	I can describe my role in improving serious illness conversations
3	I can describe the components of the serious illness conversation guide
4	I had the opportunity to practice using the serious illness conversation guide in role play
5	I can describe my local workflow and how it is organised to support the programme



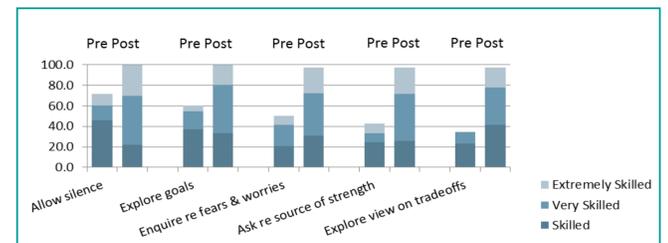
Participants indicated that all the objectives of the training were met.

Participants were asked to rate how they thought their level of skill changed when they had completed the training, compared to before the training on a 5-point scale (1= Not at all skilled—5 = Extremely Skilled)

Results (cont.)



Participants' self-assessed level of skill increased in every question asked.



Participants were asked to comment on what they would take away from the training, what surprised, inspired and/or helped them the most.

- Participants felt that they understood the association between effective communication and improved care and that they would be able to have better conversations with patients with serious illness
- They indicated that they had learned skills to help them have these conversations, specifically identifying the use of silence and listening as being important.
- They identified that the training had enabled them to change the way they cared for patients and gain confidence in having difficult conversations.
- The participants valued learning from each other. In particular they found the shared learning and personal stories all very inspiring and helpful. They felt that watching the video and getting the chance to role play helped them to make sense of the guide – even though some found the role play a bit scary! They felt that the actors were excellent.

The participants were overwhelmingly positive about the training and commented that they had found it enjoyable and helpful. Some suggestions for improving the training were to make more time available for role play, being more directive at the start of the role play, providing more detail on the organisational aspects of the training and extending the training to more GPs, nurses and other health care professionals.

Conclusion

The training for the Serious Illness Care Programme UK was a positive learning experience, enjoyed and valued by all participants. Participants developed greater confidence in having meaningful conversations with patients. They became confident in using the Serious Illness Conversation Guide and developed a good understanding of the wider programme. The use of actors was seen as an important component of the training as it made the interactions realistic and meaningful.

References

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