North West Coast
Learning Collaborative

Standards & Guidelines

for the provision of

Advanced & Key Level Communication Skills Training Programmes

Standards and Guidelines for the provision of Advanced and Key Level Communication Skills Training Programmes

Project

The project aim:

To improve the quality of palliative and end of life care through timely, sensitive and patient-centred communications, which will enable staff to communicate skilfully, with confidence and sensitivity.

The project outputs are:

- A quality, evidence based specification and standard for Communication Skills Training at Key Communication Skills Level and Advanced Communication Skills Level; to include the quality standard for training of Facilitators
- High quality, evidence based standardised resources to support the training
- Workplace self and peer reflection methods to support confident transfer of communication skills into practice

Scope and purpose of the standards:

- To critically review available evidence
- The standards provide a 'threshold' level (a minimum level of safe and effective practice). To do this, the guidance will be set at two levels – Essential and Discretionary
- To identify gaps in the evidence for future learning and development

Methods

Literature search

Scope:

Firstly, the literature search is not intended to be exhaustive. Many tens of thousands of studies have reported around communication skills in health & social care and end of life care. Only studies explicitly focused on issues relating to communication skills training are included. Many studies have identified the need for good communications and how these are addressed *generally*, but unless the studies commented specifically about how professionals (or trainers) are trained, they were not the focus of the search.

Search 1: "Developing a communication programme for healthcare professionals working within palliative care"

In September 2018, systematic electronic searches of Medline, Embase, Cochrane and Cinahl databases were carried out to identify relevant articles.

Search 2: “Training facilitators to teach communication skills in end of life care”

A PRISMA diagram of both search processes can be found in Appendix 1 and 2.

Reviewing included evidence from the literature review

The grading of the levels of evidence from the literature search and the setting out of recommendations follows the Cheshire and Merseyside Palliative and End of Life Care Network Audit Group Guideline Development Manual and is based on the SIGN grading system (1999 – 2012) criteria.

Guideline recommendations

Setting Standards for Education and Training (SETs)

To meet the aim to set a ‘threshold’ level (a minimum level of safe and effective practice), the standards have been set at two levels, based on the level and amount of evidence to support them:_

E - ESSENTIAL (derived from empirical and practice based evidence, levels 1++ to 2- as per SIGN grading system/grades of recommendations A-C)

D - DISCRETIONARY (derived from non-analytical studies and expert opinion, levels 3 – 4 as per SIGN grading system/grades of recommendation D)

Communication training for health and social care professionals

	Standards for Key Level Communications (SSS)	Standards for Advanced Level Communications (ACST)
1. Entry requirements for the session/course		
1.1 Who is this training aimed at?	K1.1 For any health/social care professional who has contact with patients/families/other professionals dealing with end of life care issues **(D)**	A1.1 For any health/social care professional who has contact with patients/families/other professionals dealing with end of life care issues **(D)**
1.2 What are the requirements for entry?	K1.2 Delegates are in current (health/social care) practice **(E)**	A1.2 Delegates are in current (health/social care) practice **(E)**
1.3 Previous courses attended	K1.3 No previous attendance on courses required	A1.3 Attendance on key or intermediate level session/course an advantage but not a requirement **(D)**
1.4 Previous experience	K1.4 No previous experience required	A1.4 Usually aimed at Band 6 and above health/social care practitioners, other groups may be given special consideration for attendance **(D)**
2. Admission to the session/course		
2.1 Advertising and promotional material	K2.1.1 Provide clear information regarding content and to who course is aimed at **(D)**	A2.1.1 Provide clear information regarding content, to who course is aimed at and attendance requirements **(D)**
	K2.1.2 Target all parts of work areas to notify different groups of delegates (e.g. volunteers, ancillary staff) **(D)**	A2.1.2 Ensure awareness of delegates that role play is part of the course **(D)**
2.2 Information provided to delegates prior to acceptance on the session/course	K2.2 Awareness of potential sensitivity of session is advised **(D)**	A2.2.1 Awareness of potential sensitivity of course is advised: if delegates have had recent loss or bereavement, extra caution is required and deferral may be appropriate **(D)** A2.2.2 Provision of pre-course reading and materials to support content of the day **(E)**

3. Session/course management and resources		
3.1 Learning environment: The types and nature of teaching space	K3.1 One room with sufficient capacity is required **(E)**	A3.1 One room with the ability to have two breakout rooms are required **(E).** Ideally, a separate tea break room will be available **(D)**
3.2 Resources: Information provided to delegates	K3.2 Handouts and group activity work sheets as needed **(E)**	A3.2 Handouts and group activity work sheets as needed **(E)**
3.3 IT equipment: Recording equipment	K3.3 Equipment to support interactive activities (e.g., video playing equipment) **(E)**	A3.3 Equipment to support interactive activities (e.g., video playing and video recording equipment – enough for two separate groups) **(E)**
3.4 Use of actors	K3.4 Actors not required, although facilitators may be required to demonstrate goldfish bowl scenarios instead of videos **(D)**	A3.4.1 Two actors are required for one and a half days **(E)** A3.4.2 Actors should have undertaken appropriate training for Advanced Communication Skills level **(E)** A3.4.3 Ongoing support including debriefing and feedback should be provided **(E)**
3.5 Diversity of groups	K3.5 Inter-professional learning rather than uni-professional groups **(E)**	A3.5 Inter-professional learning rather than uni-professional groups **(E)**
4. Course structure		
4.1 Number of days/hours	K4.1 A minimum of a half-day session (3 hours total) **(E)**	A4.1 A minimum of a two day course consisting of two full days (15 hours total) **(E)**
4.2 Key elements to be included within sessions/courses	K4.2.1 Based on current and topical practice (e.g., Advance Care Planning, opening difficult conversations, responding to cues, supporting decision making) **(E)** K4.2.2 The use of communication frameworks (e.g., Simple Skills Secrets,	A4.2.1 Based on current and topical practice (e.g., Advance Care Planning, challenging or complex conversations, giving significant information, dealing with emotional situations) **(E)** A4.2.2 Integration of communication frameworks into broader communication skills

	CLEARER, Sage and Thyme, Difficult Conversations) **(E)**	(e.g., Calgary Cambridge, SPIKES, BREAKS, ABCDE, KAYES) **(E)**
4.3 Involvement of users	K4.3 Involvement of patient and family in development of content **(E)**	A4.3 Involvement of patient and family in development of content **(E)**
5. Teaching and learning strategies		
5.1 Didactic/lecture content	K5.1.1 Didactic and/or lecture content is kept to key aspects, while group involvement is maximised **(D)**	A5.1.1 Didactic and/or lecture content are linked to pre-course materials **(E)**
	K5.1.2 The content reflects current issues **(E)**	A5.1.2 Include relevant and up to date theory, with a diverse emphasis such as learning disability and mental health needs **(E)**
5.2 Promoting individuality of delegates	K5.2 Facilitators adopt a flexible approach in order to ensure all delegates learning needs are met **(E)**	A5.2 Facilitators adopt a flexible approach in order to ensure all delegates learning needs are met, particular delegates who have high levels of anxiety about undertaking simulated learning **(E)**
5.3 Role play/ interactive demonstrations/ simulated role play	K5.3 Inclusion of appropriate interactive elements: role play, goldfish bowl scenarios or video clips **(E)**	A5.3 Include the use of simulated role play. This type of teaching is the main strength of the course and a powerful learning tool **(E)**
5.4 Learning environment	K5.4 A safe learning environment with opportunities for open discussion **(E)**	A5.4 A safe learning environment with opportunities for open discussion **(E)**
6. Personal and professional development post session/course		
6.1 Further development for delegates post session/course	K6.1 Sign post to ACST course for appropriate delegates **(D)**	A6.1 Undertake a follow up workshop every 2 years **(D)**
7. Quality management		
7.1 Evaluation processes	K7.1.1 Subjective staff self-reported outcomes (e.g., confidence, skills and attitudes)	A7.1.1 Subjective staff self-reported outcomes (e.g., confidence, skills and attitudes)

	are appropriate measures **(E)**	are appropriate measures, but should also include objective knowledge measures (e.g., colleague rated behaviours) **(E)**
	K7.1.2 Consider objective knowledge measures (e.g., colleague rated behaviours) and impact measures (e.g., effect on patient or families) **(D)**	A7.1.2 Consider impact measures (e.g., effect on patient or families) **(D)**
		A7.1.3 There is a need for more randomized (or even non randomized) controlled evaluation processes using validated measures **(D)**
7.2 Feedback mechanisms	K7.2.1 Consistent feedback from previous sessions integrated into future sessions **(E)**	A7.2.1 Consistent feedback from previous sessions integrated into future sessions **(E)**
	K7.2.2 Adverse events are considered and monitored (e.g., dropouts due to sensitive topics) **(E)**	A7.2.2 Adverse events are considered and monitored (e.g., dropouts due to sensitive topics) **(E)**
7.3 Review and updating of content	K7.3 Content regularly reviewed against changing evidence base **(E)**	A7.3 Content regularly reviewed against changing evidence base **(E)**
8. Facilitators (More detailed information regarding ACST facilitator development and support can be found in the Cheshire and Merseyside Advanced Communication Skills Facilitator Training (ACSFT): Mentorship and Peer Review Programme)		
8.1 Minimum requirements for facilitators leading sessions	K8.1.1 Facilitators have professional experience in end of life/end of life communications **(E)**	A8.1.1 Facilitators have professional experience in end of life/end of life communications **(E)**
	K8.1.2 Facilitators have undertaken a minimum of a two day training course (e.g., train the trainers for key level communications) **(E)**	A8.1.2 Facilitators have previous experience and training in general facilitation / teaching skills (e.g. an Educator Development Programme)
		A8.1.3 Facilitators have undertaken a minimum of a three day training course (e.g. train the trainers for advanced level communications) and completed the mentorship

		programme **(E)**
8.2 Facilitator updating/refreshing, ongoing development i.e., peer review)	K8.2.1 Facilitators deliver a minimum of 4 key level communication sessions per year on an ongoing basis **(D)**	A8.2.1 New facilitators attend a mentorship support programme **(E)**
	K8.2.2 Facilitators maintain their evidence based knowledge of communication skills in end of life care **(D)**	A8.2.2 Facilitators deliver a minimum of 2 ACST courses per year on an ongoing basis **(E)**
	K8.2.3 Facilitators undertake peer review of their teaching skills at least once every 2 years **(D)**	A8.2.3 Facilitators maintain their evidence based knowledge of communication skills in end of life care **(E)** A8.2.4 Facilitators undertake peer review of their teaching skills at least once every 2 years **(E)**

Training for communication skills facilitators

	Standards for Key Communications (SSS)	Standards for Advanced Communications (ACST)
1. Entry requirements to the course		
1.1 Who is this training aimed at?	FK1.1 For any health/social care professional who trains/educates/facilitates other health/social care professionals within end of life care **(D)**	FA1.1 For any health/social care professional who *regularly* trains/educates/facilitates other health/social care professionals within end of life care **(D)**
1.2 What are the requirements for entry?	FK1.2 Delegates are in current (health/social care) practice **(E)**	FA1.2.1 Delegates are in current (health/social care) practice **(E)** FA1.2.2 Robust knowledge of the underlying theory and evidence base for relationship centred communication skills **(E)** FA1.2.2 Ideally, candidates have an education/teaching qualification **(D)**
1.3 Previous courses attended	FK1.3 Previous attendance at key and/or intermediate level communications session/course *plus* attendance at advanced level course **(E)**	FA1.3 Previous attendance at key and/or intermediate level communications session/course *plus* attendance at advanced level course **(E)**
1.4 Previous experience	FK1.4 Delegates have *(some)* experience of working with small groups **(E)**	FA1.4 Delegates have *regular* experience of teaching/facilitating end of life communication skills with small groups **(E)**
2. Admission to the course		
2.1 Advertising and promotional material	FK2.1.1 Provide clear information regarding content, admission requirements and attendance requirements **(D)** FK2.1.2 Ensure awareness of delegates that interactive participations is part of the course **(D)**	FA2.1.1 Provide clear information regarding content, admission requirements and attendance requirements **(D)** FA2.1.2 Ensure awareness of delegates that interactive participation is part of the course **(D)**

2.2 Information provided to delegates prior to acceptance on the course	FK2.2.1 Awareness of potential sensitivity of course is advised: if delegates have had recent loss or bereavement, extra caution is required and deferral may be appropriate **(D)** FK2.2.2 Provision of pre-course reading and materials to support content of the day **(E)**	FA2.2.1 Awareness of potential sensitivity of course is advised: if delegates have had recent loss or bereavement, extra caution is required and deferral may be appropriate **(D)** FA2.2.2 Provision of pre-course reading and materials to support content of the day **(E)**
3. Course management and resources		
3.1 Learning environment: The types and nature of teaching space	FK3.1 One room with sufficient capacity is required **(E)**	FA3.1 One room with the ability to have two breakout rooms are required **(E).** Ideally, a separate tea break room will be available **(D)**
3.2 Resources: Information provided to delegates	FK3.2 Handouts and group activity work sheets as needed **(E)**	FA3.2 Handouts and group activity work sheets as needed **(E)**
3.3 IT equipment: Recording equipment	FK3.3.1 Equipment to support interactive activities (e.g., video playing and recording equipment) **(E)** FK3.3.2 Equipment to ideally have front and rear facing cameras) **(D)**	FA3.3.1 Equipment to support interactive activities (e.g., video playing and video recording equipment – enough for two separate groups) **(E)** FA3.3.2 Equipment to ideally have front and rear facing cameras) **(D)**
3.4 Use of actors	FK3.4.1 Actors can be used for both days **(D)** FK3.4.2 Actors should have undertaken appropriate training for Advanced Communication Skills level **(E)** FK3.4.3 Ongoing support including debriefing and feedback should be provided **(E)**	FA3.4.1 Two actors are required for either one or two day days **(E)** FA3.4.2 Actors should have undertaken appropriate training for Advanced Communication Skills level **(E)** FA3.4.3 Ongoing support including debriefing and feedback should be provided **(E)**
3.5 Diversity of groups	FK3.5 Inter-professional learning rather than uni-professional groups **(E)**	FA3.5 Inter-professional learning rather than uni-professional groups **(E)**

4. Course structure		
4.1 Number of days/hours	FK4.1 A minimum of a two day course (15 hours total) **(E)**	FA4.1 A minimum of a three day course consisting of two full days (21 hours total) **(E)**
4.2 Key elements to be included within sessions/courses	FK4.2.1 Formed of two components: FK4.2.2 *Communication skills based on current and topical practice* (e.g., Knowledge of types of communication skills, strategies, processes) **(E)** FK4.2.3 *Managing groups* (e.g., facilitating learning while dealing with group dynamics) **(E)**	FA4.2.1 Formed of two components: FA4.2.2 Communication skills based on current and topical practice (e.g., Knowledge of types of communication skills, strategies, processes) (E) FA4.2.3 Managing groups (e.g., facilitating learning while dealing with group dynamics. This course specifically focuses on developing expertise in giving effective reinforcing and corrective behaviourally-based feedback) **(E)**
4.3 Involvement of users	FK4.3 Involvement of patient and family in development of content **(E)**	FA4.3 Involvement of patient and family in development of content **(E)**
5. Teaching and learning strategies		
5.1 Didactic/lecture content	FK5.1.1 Didactic and/or lecture content are linked to pre-course materials with a strong emphasis on experiential learning led by both individual and group agendas **(E)**	FA5.1.1 Didactic and/or lecture content are linked to pre-course materials with a strong emphasis on experiential learning led by both individual and group agendas **(E)**
5.2 Promoting individuality of delegates	FK5.1.2 The content reflects current issues **(E)** FK5.2 Facilitators adopt a flexible approach in order to ensure all delegates learning needs are met, particular delegates who have high levels of anxiety about undertaking experiential learning **(E)**	FA5.1.2 Include relevant and up to date theory **(E)** FA5.2 Facilitators adopt a flexible approach in order to ensure all delegates learning needs are met, particular delegates who have high levels of anxiety about undertaking experiential learning **(E)**
5.3 Role play/interactive demonstrations/simulated role play	FK5.3 Include the use of an experiential approach. This type of teaching is the main strength	FA5.3 Include the use of simulated role play within an experiential approach. This type

	of the course and a powerful learning tool **(E)**	of teaching is the main strength of the course and a powerful learning tool **(E)**
5.4 Learning environment	FK5.4 A safe learning environment with opportunities for open discussion **(E)**	FA5.4 A safe learning environment with opportunities for open discussion **(E)**
6. Personal and professional development post course		
6.1 Further development for delegates post session/course	FK6.1.1 Facilitators deliver a minimum of 4 key level communication sessions per year on an ongoing basis **(D)** FK6.1.2 Facilitators maintain their evidence based knowledge of communication skills in end of life care **(D)** FK6.1.3 Facilitators undertake peer review of their teaching skills at least once every 2 years **(D)**	FA6.1.1 New facilitators attend a mentorship support programme **(E)** FA6.1.2 Facilitators deliver a minimum of 2 ACST courses per year on an ongoing basis **(E)** FA6.1.3 Facilitators maintain their evidence based knowledge of communication skills in end of life care **(E)** FA6.1.4 Facilitators undertake peer review of their teaching skills at least once every 2 years **(E)**
7. Quality management		
7.1 Evaluation processes	K7.1.1 Subjective staff self-reported outcomes (e.g., confidence, skills and attitudes) are appropriate measures **(E)** FK7.1.2 Consider objective knowledge measures (e.g., colleague rated behaviours) and impact measures (e.g., effect on patient or families) **(D)** FK7.1.3 There is a need for more randomized (or even non randomized) controlled evaluation processes using validated measures **(D)**	FA7.1.1 Subjective staff self-reported outcomes (e.g., confidence, skills and attitudes) are appropriate measures, but should also include objective knowledge measures (e.g., colleague rated behaviours) **(E)** FA7.1.2 Consider impact measures (e.g., effect on patient or families) **(D)** FA7.1.3 There is a need for more randomized (or even non randomized) controlled evaluation processes using validated measures **(D)**

7.2 Feedback mechanisms	FK7.2.1 Consistent feedback from previous sessions integrated into future sessions **(E)** FK7.2.2 Adverse events are considered and monitored (e.g., dropouts due to sensitive topics) **(E)**	FA7.2.1 Consistent feedback from previous sessions integrated into future sessions **(E)** FA7.2.2 Adverse events are considered and monitored (e.g., dropouts due to sensitive topics) **(E)**
7.3 Review and updating of content	FK7.3 Content regularly reviewed against changing evidence base **(E)**	FA7.3 Content regularly reviewed against changing evidence base **(E)**
8. Facilitators (More detailed information regarding ACST facilitator development and support can be found in the Cheshire and Merseyside Advanced Communication Skills Facilitator Training (ACSFT): Mentorship and Peer Review Programme)		
8.1 Minimum requirements for facilitators leading sessions	FK8.1.1 Facilitators have professional experience in end of life/end of life communications **(E)** FK8.1.2 Facilitators have a recognised teaching qualification and a minimum of 5 years teaching/facilitation experience **(E)** FK8.1.3 Facilitators have undertaken a minimum of a two day training course (e.g., train the trainers for key level communications) **(E)** FK8.1.4 Facilitators have delivered a minimum of 12 key level communication sessions **(D)**	FA8.1.1 Facilitators have professional experience in end of life/end of life communications **(E)** FA8.1.2 Facilitators have a recognised teaching qualification and a minimum of 5 years teaching/facilitation experience **(E)** FA8.1.3 Facilitators have undertaken a minimum of a three day training course (e.g., train the trainers for advanced level communications) **(E)** FA8.1.4 Facilitators have delivered a minimum of 12 advanced level communication courses **(D)**
8.2 Facilitator updating/refreshing, ongoing development i.e., peer review)	FK8.2.1 Facilitators have accessed and documented peer/other support during the last two years **(D)** FK8.2.2 Facilitators maintain their evidence based knowledge of communication skills in end of life care **(E)**	FA8.2.1 Facilitators have accessed and documented peer/other support during the last two years **(D)** FA8.2.2 Facilitators maintain their evidence based knowledge of communication skills in end of life care **(E)**

	FK8.2.3 Facilitators undertake peer review of their teaching skills at least once every 2 years **(E)**	FA8.2.3 Facilitators undertake peer review of their teaching skills at least once every 2 years **(E)**

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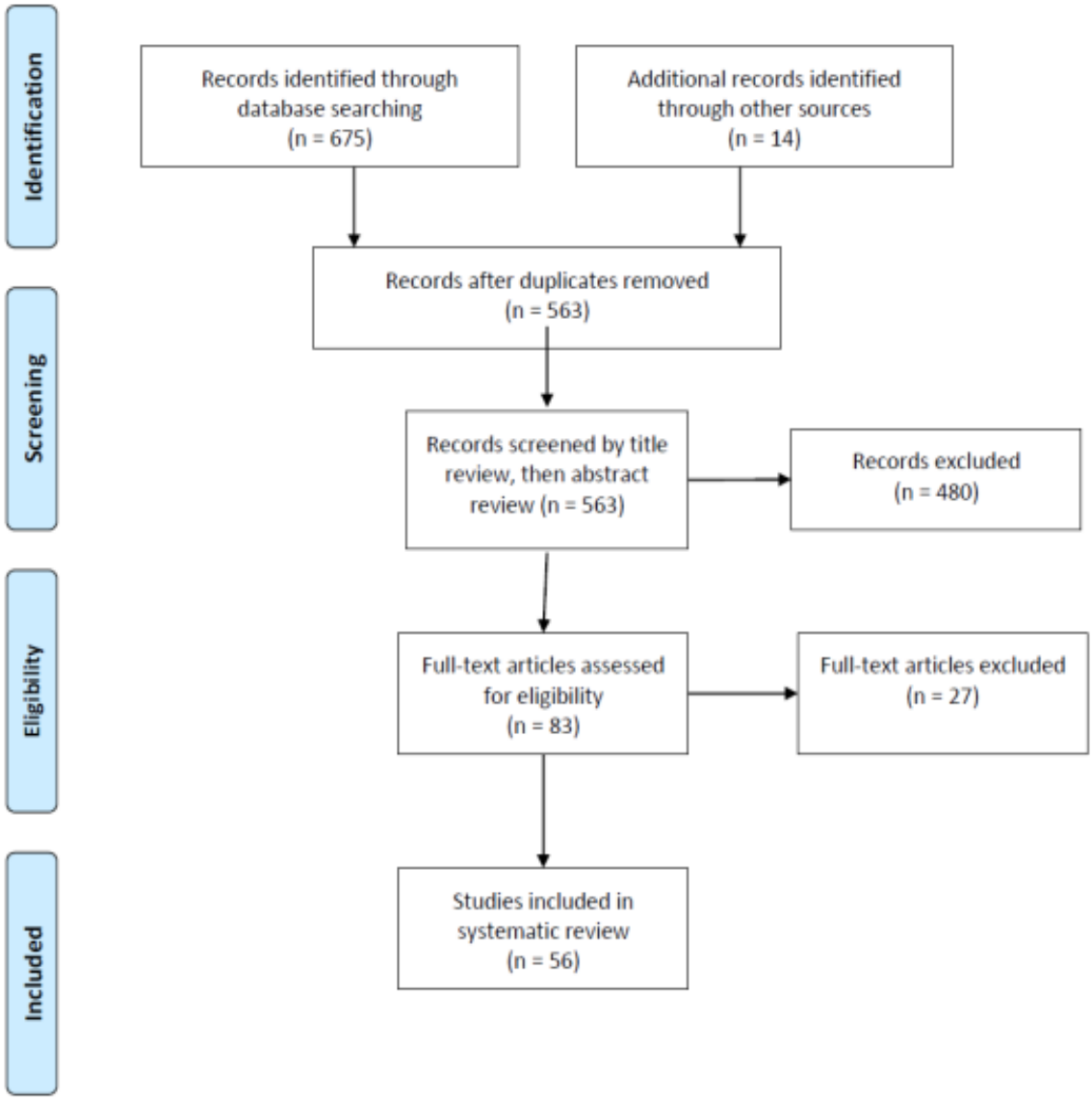
Appendix 1: GEN COMMS SEARCH

PRISMA 2009 Flow Diagram

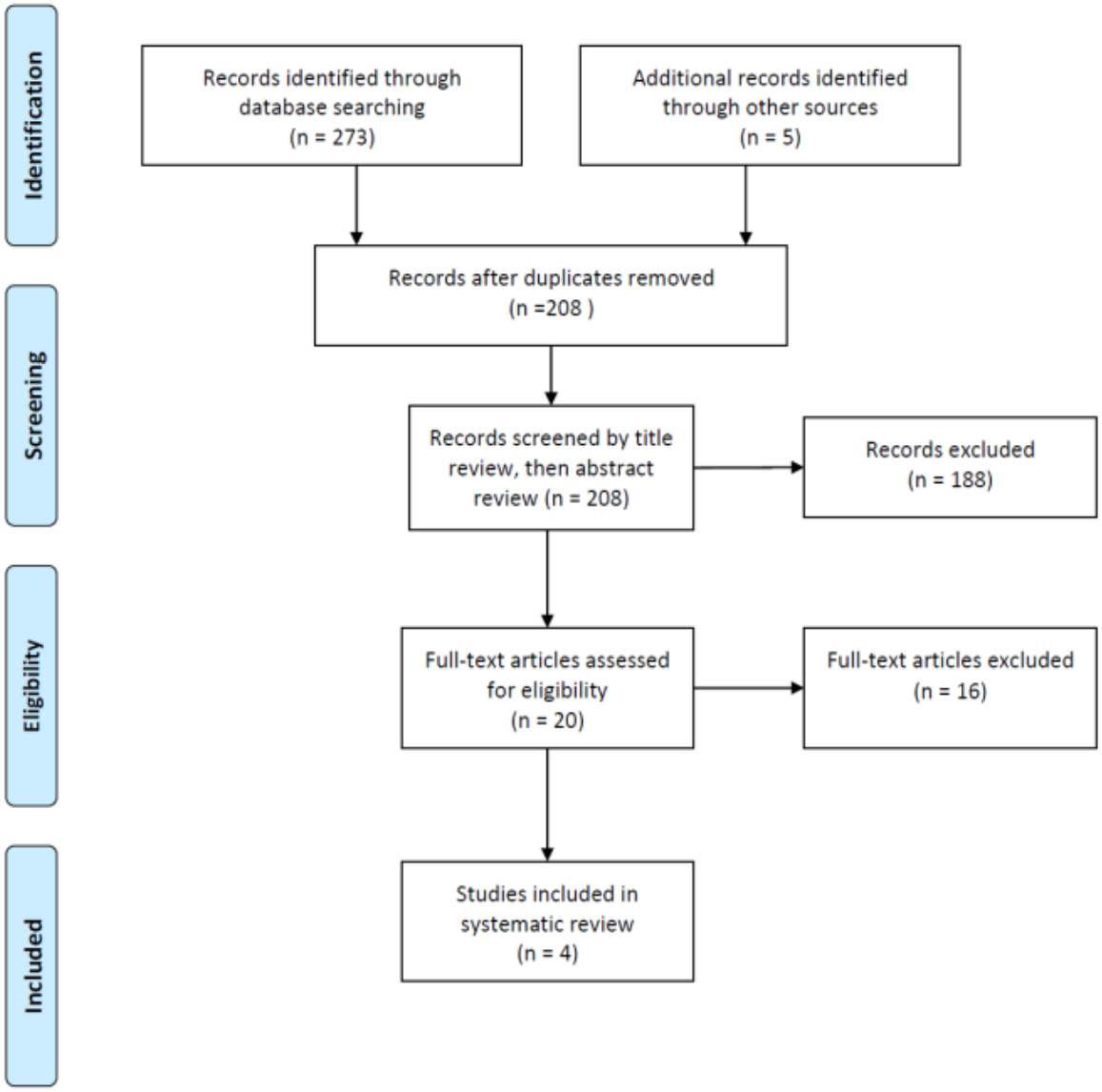


From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.* PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

Appendix 2: FAC COMMS SEARCH

PRISMA 2009 Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

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