Training staff working in Cancer services to feel more confident to respond to distress: The impact of SAGE&THYME™ Foundation Communication training

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SERVICE EVALUATION PROJECT (SEP)

Contents

INTRODUCTION

Background

This Service Evaluation Project (SEP) was commissioned by Dr Emma Bishop, Clinical Psychologist in the Clinical Health Psychology Service at Bradford Teaching Hospital NHS Foundation Trust (BTHFT).

Literature Review

Emotional support for people affected by cancer

Psychological distress is a common response in people impacted by cancer, affecting over half of cancer patients, particularly during diagnosis and chemotherapy (Singer et al., 2010). This is often related to anticipated/current loss, fear of death, concerns for loved ones, treatments side-effects and the biology of malignancy (Kadan-Lottick et al., 2005). While understandable, heightened distress can be associated with a number of negative outcomes, such as lowered quality-of-life (Hamouleh & Vahed, 2009), surgical complications (Pham et al., 2019), as well as physical morbidity and mortality (Llyod-Williams, 2009). It is therefore important to identify those who may be struggling and help support them.

However, there is some evidence suggesting that oncologists may often miss signs of distress in patients (Söllner et al., 2001; Carlson et al., 2012). As such, the National Institute of Clinical Excellence (NICE, 2004) guidelines on improving supportive and palliative care for adults with cancer recommends a model of professional and psychological assessment and support (Figure 1). It is based on the idea that not all patients who experience distress need to be seen by mental health specialists; often, the day-to-day care provided by healthcare staff play a key role in the assessment and reduction of distress. The model therefore suggests a stepped-care approach, from level 1 to 4, gradually increasing in the degree of specialist skill and expertise a patient/carer may need. It recognises that all staff working in cancer services should be able to 'recognise emotional distress and avoid causing further psychological harm' (assessment), as well as be able to communicate in a compassionate way and 'signpost patient/carers to the relevant support available' (support).

Figure 1:

*NICE (2004) guidelines on improving supportive and palliative care for adults with
cancer model of professional and psychological assessment and support*

Despite the importance of emotional support in the care of people affected by
cancer, findings from the National Cancer Patient Experience survey highlighted this is
an ongoing need. Local feedback in 2016 revealed that only 39% of BTHFT cancer
patients surveyed reported being able to discuss worries or fears with staff as inpatients,
and 60% during chemotherapy in outpatient visits (NCPES, 2017).

A range of factors have been identified that may act as barriers to supportive
interactions (Bramhall et al., 2014; Reynolds et al., 2000; Chant et al., 2002). For

example, Bramhall et al. (2014) suggested fear of being judged or making things worse may cause patients/carers and staff to avoid difficult conversations. Noisy environments and lack of privacy/control over who is present may also interfere with how willing patients are in talking about their difficulties. Bramhall et al. (2014) also recognised that perceived level of skill may be a barrier; patients may not feel that they have the language to explain their emotions, while staff may not feel that they have the skills to cope with difficult reactions/questions.

Communication skills training

A potential solution is to support staff to feel more skilled and confident when communicating with patients about emotional concerns. Indeed, communication is one of the 6 C's (alongside care, compassion, competence, courage and commitment) that underpins the Department of Health's (2012) strategy to deliver care for patients.

Research has found that good communication can have a positive impact on patient outcomes, including symptom resolution, pain control, satisfaction levels, emotional wellbeing and quality-of-life (Gattellari, 2001; Steward, 1996; Vogel, 2009). It has also been found that effective communication can improve the recall of information provided and treatment adherence (Gysels et al., 2005). Conversely, ineffective communication is related to psychological distress, uncertainty, lower satisfaction and reduced coping and adjustment (Vogel, 2009; Donavan-Kicken & Caughlin 2011). As such, there is growing recommendation that accredited communication training courses should be available to healthcare staff (NICE 2004; Royal College of Physicians, 2014).

Communication skills training predominantly break communication into content (what is said); process (how it is said) and perceptual (internal beliefs) skills (Silverman et al., 2005). A structure is usually provided on how to initiate an interaction, gather information, provide explanations, make a plan and finally close the conversation (Silverman et al., 2005). Attention is placed on verbal and non-verbal paralinguistic skills that have been shown to be effective. This may include use of open questions and demonstrating empathy, while at the same time avoiding pitfalls that may interfere with effective communication, such as leading questions, over-focus on physical over

psychological issues and giving premature reassurance which may be perceived as invalidating (Moore et al., 2018).

A systematic review of communication skills training found that they are relatively effective in improving some forms of communication skills, such as information-gathering and being empathetic (Moore et al., 2018). However, it is unclear which types of programmes are the most effective, what the long-term impact of such training is, and what their influences on patient outcomes are (Moore et al., 2018; Uitterhoeve et al., 2010). Connolly et al. (2010) also argued that most training has been targeted at specialist clinicians, while basic emotional support skills for general healthcare staff has historically tended to be neglected.

The SAGE&THYME^TM model

The SAGE&THYME^TM is a communication skills training programme developed by patients and staff from the University Hospital of South Manchester NHS Foundation Trust in 2006 (Manchester University NHS Foundation Trust, 2018). It is a foundation level communication skills training aimed at all staff working in cancer services. This is therefore a Level 1 communication skills training in line with the NICE (2004) model of professional and psychological assessment and support for adults with cancer.

SAGE&THYME^TM is based on principles of empowerment, which assumes that a collaborative and responsive approach will enable patients/carers to take responsibility for their own health and wellbeing, increasing their sense of control (Connolly et al., 2010). The model aims to provide structure to conversations with people who are in distress through the use of a mnemonic (S-Setting, A-Ask, G-Gather, E-Empathy, T-Talk, H-Help, Y-You, M-Me, E-End). Figure 2 provides further details of what the mnemonic represents.

Figure 2:

SAGE&THYME^TM model and structure (taken from
http://www.sageandthymetraining.org.uk/sage-thyme-model-and-benefits-1)

The SAGE & THYME model/structure	
SETTING	If you notice concern - think first of the setting, create some privacy - sit down.
ASK	"Can I ask what you are concerned about?"
GATHER	Gather all of the concerns - not just the first few - "Is there something else?"
EMPATHY	Respond sensitively - "You have a lot on your mind."
TALK	"Who do you have to talk to or support you?"
HELP	"How do they help?"
YOU	"What do YOU think would help?"
ME	"Is there something you would like ME to do?"
END	Summarize and close - "Can we leave it there?"

A range of papers have been published citing the impact of the model, such as significant positive effects on self-ratings of confidence, competence and willingness to explore emotional concerns of patients (Connolly et al., 2010, Brand et al., 2014; Griffiths et al., 2015). In one study, Connolly et al. (2014) measured staff knowledge (participants listed helpful verbal/non-verbal behaviours in a film), behaviour (participants roleplayed talking to a patient), outcomes expectancy (participants rated the likely consequence of their behaviours), usefulness of the SAGE&THYME^TM model and motivation to use it pre- and post- workshop, as well as at 2-weeks' and 2-months' follow-up. Positive increases were found in all measures and communication experts also rated simulated conversations as more compassionate, empathetic and respectful post-training. However, it is important to note that there was a poor response rate at follow-up, so conclusions about the long-term impact of the model must be drawn with caution.

Aims

This SEP aims to evaluate the effectiveness of the SAGE&THYME^TM foundation communication training workshop in helping BTHFT cancer services staff to feel more confident in responding to patient/carer distress.

METHODS

Design

The project used a mixed-method questionnaire methodology to measure the impact of the SAGE&THYME^{TM} Foundation Communication training. This was chosen as it was felt to be the most convenient way to investigate participants' use of SAGE&THYME^{TM} techniques. However, it is acknowledged that there are some drawbacks to questionnaire designs, such as participant responses being limited to the questions provided.

A convenience sampling method was used, in which delegates who attended the SAGE&THYME^{TM} workshop were asked to complete a questionnaire at the end of the workshop and after a follow-up period of 3 months. This method was chosen to maximise the number of participants providing feedback in a large group of staff. However, it is acknowledged that the sample may be biased as only certain staff may respond to the questionnaires.

Participants

138 BTHFT staff took part in a SAGE&THYME^{TM} workshop between October 2018 to March 2020. All 138 participants (100% response rate) completed the post-course evaluation form. 40/138 participants (29% response rate) completed the follow-up questionnaire. Table 1 provides a breakdown of the participants' professions. These categories are based on the pre-determined list on the post-course evaluation form provided by SAGE&THYME^{TM}. For the purpose of this study, the follow-up analysis is based on the participants' specific job roles, rather than what that is listed on the SAGE&THYME^{TM} post-course evaluation form. This was done to allow for greater comparisons of the professions in BTHFT. Table 2 provides a breakdown of the participants' professions used in the follow-up analysis.

Table 1:		
A breakdown of the participant's professions based on the SAGE&THYME^{TM} categories		
Profession	**Post-course evaluation**	**Follow-up analysis**
Admin (reception and admin staff)	31	4

Chaplain	2	-
Complaints staff	4	-
Dietician	5	3
Healthcare assistant	16	8
Manager	3	2
Occupational therapist	2	1
Pharmacist	2	2
Qualified doctor (hospital)	2	-
Qualified nurse (hospital)	42	7
Qualified nurse (other settings)	1	-
Radiographer	2	2
Student nurse	1	-
Volunteer	1	-
Other	24*	11**

*Other professionals who completed the post-course questionnaire included clinical trials assistant, interpreter, trainee clinical psychologist, complimentary therapist, care co-ordinator, cancer pathway facilitator, transformation, counsellor, assistant psychologist.

**Other professionals who completed the follow-up questionnaire included care co-ordinator, research, interpreter and counsellor.

Table 2:

A breakdown of the participant's professions used in this study's follow-up analysis

Profession	Number
Admin (reception and admin staff)	4
Care co-Ordinator	6
Dietician	3
Healthcare assistant	8
Manager	2
Nurse	7
Pharmacist	1
Occupational therapist	2
Radiographer	2
Research	2

Other***	3
***Other professionals who completed the follow-up questionnaire included interpreter and counsellor.	

Measures

Two questionnaires were used for this SEP – a post-course evaluation form and a follow-up evaluation form. The former is part of a standardised SAGE&THYME^{TM} pack that is given to delegates at the workshop. The latter was created by the project's commissioner and was emailed to all the delegates who had attended a workshop 3 months after they attended the workshop. Both questionnaires included a range of open- and close-ended questions designed to measure the participants' experience of the workshop as well as their use of SAGE&THYME^{TM} techniques. Appendix A and B provides a copy of the questionnaires.

Procedure

BTHFT staff were invited to take part in the SAGE&THYME^{TM} Foundation Communication Training workshops on the BTHFT weekly staff bulletin. The workshops were 3 hours long and consisted of a presentation, some group work and roleplays. They were facilitated by 3 BTHFT staff who had attended the SAGE&THYME^{TM} Facilitator Course and have been trained as facilitators. At the end of the workshops, delegates were asked to complete the post-course evaluation form by pen-and-paper. The follow-up questionnaire was emailed to participants 3 months after they attended the workshop, and this was completed electronically.

Data analysis

Quantitative data were analysed using descriptive statistics. Qualitative data were analysed using thematic analysis (Braun & Clarke, 2006). This was chosen due to its theoretical flexibility in answering a range of research questions. Participant responses were read multiple times in order to immerse the researcher in the data and ensure familiarity. Initial codes were then generated and categorised into overarching themes. Credibility of the results was achieved through discussion of the themes with the project commissioner and with peers. Evidence of transparency is provided via Appendix C, which contains the quotes and initial codes created from the data.

Ethical Consideration

This project has been approved by the University of Leeds Research Ethics Committee (reference number: DClinREC 20-003). The project does not need NHS ethical approval, as it is a service evaluation and is therefore not defined as research according to the NHS Health Research Authority (2021). All data is anonymous and confidential. All data has been processed in line with the Data Protection Act 2018.

RESULTS

Quantitative results:

Post-course evaluation

Confidence. Overall, participants gave an average rating of 8.8 out of 10 (10 being the highest) on how confident they felt talking to other people about their emotional problems as a result of the SAGE&THYME™ training. Ratings ranged from 7/10 to 10/10.

Willingness. Overall, participants gave an average rating of 8.8 out of 10 (10 being the highest) on how willing they felt talking to other people about their emotional problems as a result of the SAGE&THYME™ training. Ratings ranged from 7/10 to 10/10.

Safety in the learning environment. Overall, participants gave an average rating of 9.8 out of 10 (10 being the highest) on how well the facilitators created a safe environment for them to learn. Ratings ranged from 8/10 to 10/10.

Influence on practice. Overall, participants gave an average rating of 9.29 out of 10 (10 being the highest) on how the likely the training was to influence their practice. Ratings ranged from 7/10 to 10/10.

Recommendations of colleagues. 100% (138/138) of participants said that they would recommend the SAGE&THYME™ training to colleagues.

Follow-up evaluation

Frequency of use. Since the workshops finished, 5 participants reported using the SAGE&THYME™ model 'very often', 10 used it 'often', 20 used it 'occasionally', 1 'never' used it, and 4 reported 'not having had the opportunity to use it'.

Most frequently used elements. The most commonly used element of the SAGE&THYME™ model was 'E-empathy' (15). This was followed by 'A-ask' (13), 'G-gather' (9), 'M-me' (8), 'Y-you' and 'E-end' (7), 'T-talk' (6) and then 'S-setting' (5). The least commonly used element was 'H-help' (2). Some participants reported that they did not use the model (n = 5) and their responses are therefore missing for this question. The results for this question are illustrated in Figure 3.

Figure 3:

Bar chart of how frequent each element of the SAGE&THYME™ model is used
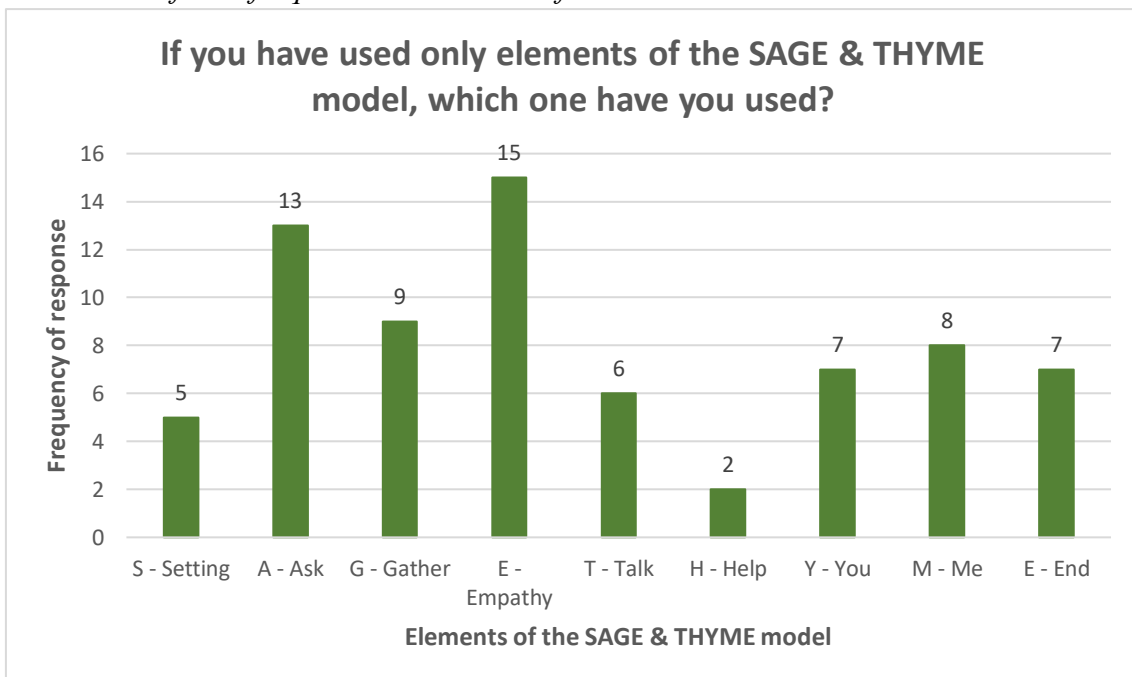
Ease of model. 8 participants found the model 'very easy' to use, 26 found it 'quite easy' to use, 5 were 'not sure' about how easy the model was to use, 1 found it 'quite difficult' to use, 0 participants found it 'very difficult' to use.

Impact of model. 20 participants reported that the model 'definitely' had a positive impact on patients/carers, 16 felt that the model 'probably' had a positive impact on patients/carers, 2 were 'not sure' about the impact of the model, and 0 participants said that there were 'no' impact. Some participants (n = 5) reported that they did not use the model and their responses are therefore missing for this question.

Qualitative results (thematic analysis):

The following themes were identified via a thematic analysis of both the post-course and follow-up questionnaires. A thematic map was also developed (Figure 4).

- Versatility – settings, populations; clinical vs non-clinical settings
- Structure – starting/ending conversations; calming and containing for both staff and patients
- 'Being vs doing' – not rushing, listening to patients more, not jumping to problems-solving too soon, delving deeper
- Collaboration – reduced pressure to solve problems, empowering patients to make their own decisions

Figure 4:

Thematic map of identified themes
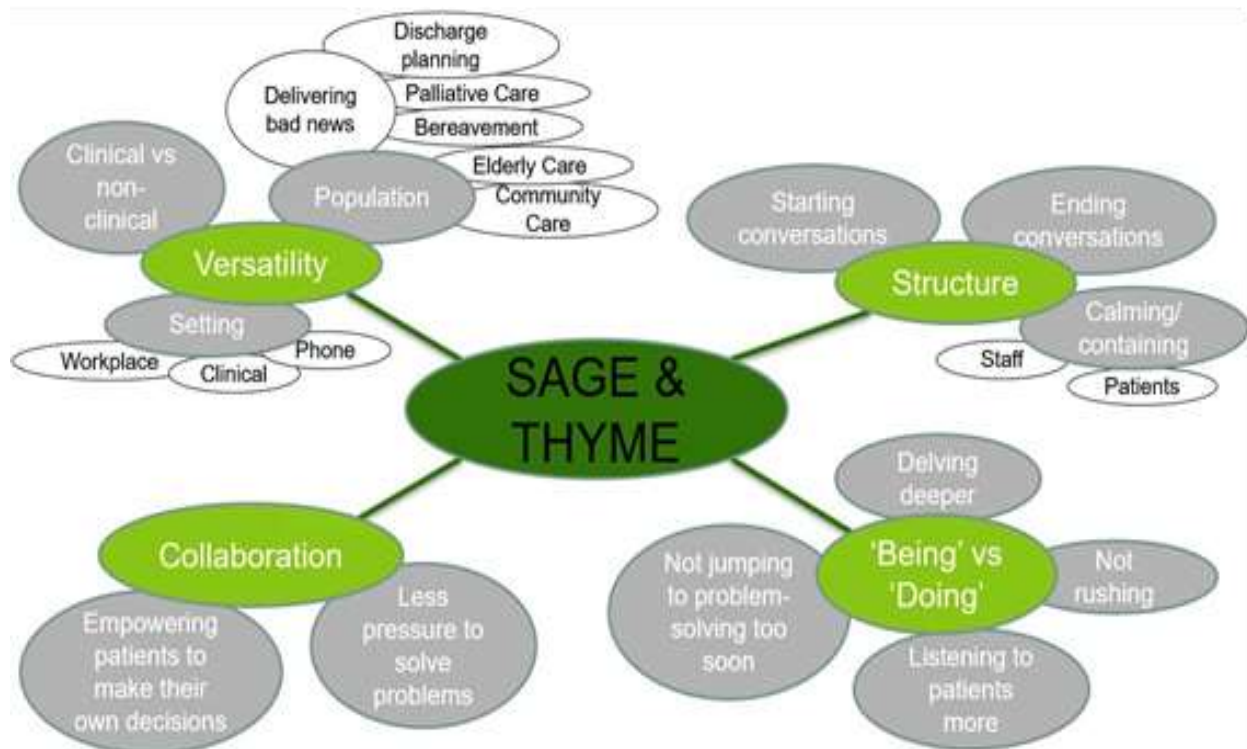
Participants often commented on how the SAGE&THYME^{TM} model might be applicable across different settings and populations. For example, many felt that the model could be useful in clinical settings beyond cancer care, such as in palliative care, elderly care, community settings, discharge planning, discussing bereavement and other bad news.

Whether the SAGE&TYHME^{TM} model could be used beyond clinical settings was more mixed; some participants felt that it could also be useful with colleagues in the workplace, while others felt that the model was only relevant to those with more clinical contact. Indeed, some participants later reported in the follow-up study how they did not have the opportunity to use the model due to various reasons, including the context of their role making it difficult to use with patient/carers (n=3), patients not always approaching them with issues (n=2) and not working with the appropriate patients that it would be suitable for (n=1).

Furthermore, some participants felt that the model could be useful on the phone as well as in face to face settings. This seemed particularly relevant to those in admin roles. However, one participant did later say in the follow-up study how they struggled to use the model on the phone as they could not see the other individual's reaction.

This theme is illustrated by the following quotes:

"I was able to construct my telephone call in a way that helped the patient and also helped me."

"All staff caring for not only end of life, but also elderly patients should attend this training. Would recommend the day to any staff/department who has patient contact."

"I enjoyed the training session. It certainly gave food for thought and made me realise that everyone is going through some difficulty (be it patient or staff) ...."

Structure

The structure of the SAGE&THYME™ model was frequently cited by participants, which seemed to have had a positive impact on both patients/carers and staff. Participants commented on how the structure was containing for them, increasing their confidence and communication skills in various areas. This was especially the case for starting and ending difficult conversations, which many participants said that they struggled with prior to the training. Some participants also talked about how they felt they were more able to stay focused (n=2) and had greater confidence redirecting the conversation (n=2) because of the model's structure. In terms of positive impact on patient/carers, participants noted how the structure allowed patients/carers an opportunity to talk and feel listened to, helping them calm down. Some participants also talked about how they received positive feedback from patients/carers following the use of the structure (n=1), and some patients even requested further contact afterwards (n=2). A very small minority of participants mentioned how they struggled with the structure of the model, sometimes forgetting what the mnemonic represented (n=1) or finding it an unnatural approach to converse with others (n=1).

This theme is illustrated by the following quotes:

"Given patients the help and direction they need in a structured manner while giving them the time and space to share their concern."

"... Have a structural guideline in listening to distress and how I can help that person by just listening and to help that person realise that solutions can be made out of this conversation."

This theme corresponded with the SAGE&THYME™ acronym of A-Ask (starting conversations, "Can I ask what you are concerned about?") and E-ending (summarising/closing conversations, "can we leave it there?").

'Being vs doing'

While many participants commented on how the SAGE&THYME™ model helped boost their confidence in their communication skills in various areas, one of the most commonly mentioned skill was on 'being vs doing'. Participants noted how the

structure of the model helped them learn to take their time and not rush, listening to patient/carers more and not jumping to problem-solving too soon. Many participants also talked about the importance of 'delving deeper', checking for further concerns, rather than taking what is said at face value.

This theme is illustrated by the following quotes:

> *"Take more time to gather all concerns and give the client more time to think before trying other solutions"*

> *"See the bigger picture in all parts of patient care and understand things are not always as they seem"*

> *"LISTEN!! And ask them more questions, not assume answers, not jump in immediately"*

This theme corresponded with the SAGE&THYME™ acronym of G-Gather (gather all of the concerns, not just the first few) and E-empathy (responding sensitively, "you have a lot on your mind").

Collaboration

Another commonly talked about theme was around the ability to work jointly together with patients/carers. Participants commented on the collaborative approach of the SAGE&THYME™ model, which reduced the pressure to solve all of the other person's problems and gave them the opportunity to empower patients/carers in making their own decisions.

This theme is illustrated by the following quotes:

> *"Not feel I need to provide solutions. It's OK to just listen."*

> *"Very useful and interesting, empowering me to empower my patients"*

This theme corresponded with the SAGE&THYME^{TM} acronym of T-Talk ("Who do you have to talk to or help you?"), H-Help ("how do they help?"), Y-You ("What do YOU think would help?") and M-Me ("Is there something you would like ME to do?").

DISCUSSION

Summary of findings

Quantitative feedback for their experience of the workshop was highly positive, with participants scoring the level of safety in the learning environment as very high. All staff also said that they would recommend the training to their colleagues, suggesting that this was a useful training experience. Quantitative feedback for the SAGE&THYME^{TM} model itself was also very positive. Staff rated the model's level of influence on their practice very high, feeling more confident and willing to talk to others about their emotional problems after the workshop. This was further supported in the follow-up study, whereby 35/40 (87.5%) of participants reported that they had continued to use the model since the workshop finished, which appeared to have had a positive impact on patients/carers. Many also reported that the model was easy to use, which may have contributed to relatively high retained rate of the model being used.

The qualitative analysis also corroborated with these positive findings. Many people commented on how the SAGE&THYME^{TM} structure had increased their confidence and skills, especially around starting/ending difficult conversations. Strong themes were also identified in focusing on 'being' in the conversation, whereby staff felt that they were more able to take their time, listening to patient/carers more and not jumping to problem-solving too soon. There was also a reduced pressure to solve all the problems and an increased desire to empower people more. This resulted in staff feeling that they were better able to help patients/carers calm down.

Interestingly, the identified themes also fit with the SAGE&THYME^{TM} mnemonic. For example, the theme of structure and starting/ending conversations relates to A-Ask and E-Ending; the theme of 'being vs doing' corresponds with E-

empathy and G-gather; and the theme of collaboration focuses on T-talk, H-Help, Y-You, and M-Me. This therefore implies that staff had managed to grasp many of the key messages central to the SAGE&THYME™ model. This is an important finding, as it demonstrates that the training has targeted all three areas of communication – content, process and perceptual skills (Silverman et al., 2005). Training programmes that take into account both attitudes/beliefs and skills tend to produce better results (Gysels et al., 2004).

There was some debate about the flexibility of the SAGE&THYME™ model. Many people talked about how it could be used in settings and populations beyond cancer care, with some even commenting how it could be used in any interactions, including on the phone and in non-clinical settings with colleagues in the workplace. On the other hand, some wondered how applicable the model was to those with limited patient/carer contact. A few staff also talked about how they have not had the opportunity to use the model following the workshop, as they did not work with the appropriate patient/carers where the model would be suitable and patients/carers did not always approach them with their issues. Additionally, while the majority of staff gave positive feedback about the structure of the SAGE&THYME™ model, a small minority did cite it as a barrier, forgetting the structure and finding it an unnatural approach to having conversations with people. This is something that could be addressed with further top-up training or support.

These findings are similar to those found in previous studies. The high quantitative ratings are echoed in other SAGE&THYME™ evaluations (e.g. Connolly et al. 2010, Brand et al., 2014). Qualitatively, both Connolly et al. (2014) and Griffiths et al. (2015) also found similar themes in the importance of the model's structure, which helped provide greater confidence and a sense of control on starting/finishing conversations, as well as listening without interrupting. Concerns about the mechanistic nature of some communication models has also been cited by Connolly et al. (2010) and Chant et al. (2002).

A similar follow-up study conducted by Tayside NHS (2015) also found that the majority of respondents had used the model and had found it useful 6-months after completing a SAGE&THYME™ workshop. Interestingly, most of the respondents

reported that they tended to use parts of the model, rather than its entirety, although it was not clear which elements of model they preferred. This SEP was able to extend the finding. The most commonly used element in this study was E-Empathy (respond sensitively). This may be because showing empathy in response to distress makes intuitive sense and therefore has face validity. Indeed, Moore et al. (2018) found that communication skills training programmes often results in improved empathy. The least commonly used element in this study was H-Help ("How do [the people who support the individual] help?"). This may be because it is connected to the previous element, T-Talk ("Who do you have to talk to or help you?"), and participants may have therefore combined them together. Alternatively, it may be that participants feel less skilled in this area and therefore use it less often. More research would be required to answer this question about why staff chose not to explore the kinds of support people access from their support network.

Strengths and limitations of the SEP

This SEP expands on the growing qualitative and quantitative evidence base for the SAGE&THYME™ model. It also extends on some previous findings, such as which elements of the model are most/least used.

Another strength of this SEP is its differentiation of the professions who took part in the workshop, providing some insight into people's experiences of the model by occupation. A range of professions took part in the workshops, including those who may not typically participate in such training (e.g. admin and managerial roles), meaning that the results can be generalised across a broader range of disciplines.

It is also of note that managerial staff attended the training. This is important as the SAGE&THYME™ structure can potentially be used with workers who are stressed, as well as encourage them to take part in the training. Research indicates that a range of social/environmental factors often act as barriers to supportive patient/carer-staff interactions, such as high workload, lack of time/support, limited supervisory contact, workplace policies/practice, occupational/ward culture, etc (Bramhall et al., 2014; Chant et al., 2002; Reynolds et al., 2000). These are all areas that those in leadership roles have influence over. Promoting a supportive working environment will help staff

feel supported/cared for, which may translate into better interactions with patient/carers (Reynolds et al., 2000).

Additionally, the results have highlighted that some professions may be more confident with communication that others. Indeed, those from a chaplaincy background consistently gave the highest scores in terms of confidence, willingness and influence on practice, while some people from administrative roles indicated that the relevance of this communication skills model is less apparent for their profession. This suggests that more work is needed to encourage staff to consider their role within the NICE (2004) model of assessment and support for adults with cancer, which posits that all staff should be able to assess and provide support for emotional distress at various levels.

There are some limitations impacting on this study. The response rate of 29% for the follow-up data is similar to the response rate for other follow-up studies. For example, Tayside NHS's (2015) follow-up study had a response rate of 28%. However, the 29% of participants who provided follow-up data may be unrepresentative of the rest of the staff who took part in the workshops (e.g. they may be particularly more invested in the model, or they may have had more time to complete the questionnaire), thus potentially biasing the results. Additionally, the questionnaire design meant that participants were restricted to the questions provided and that they could not talk about topics important to them. An alternative interview design would have allowed for exploration of themes important to the participants or unexpected topics to be discussed. It is also important to note that the views of the patient/carers who received interactions based on the SAGE&THYME™ model is missing from this study, and this could have been another alternative design for the SEP. This is an area that future research could focus on, especially as there is currently inconclusive evidence on the impact of communication skills training on patient outcomes (Uitterhoeve et al., 2010).

RECOMMENDATIONS

Based on the findings of this SEP, the following recommendations are suggested for BTHFT staff:

- **Continuing and extending training**: SAGE&THYME communication skills training is a potentially valuable offering to support staff working into cancer services to feel able to discuss emotional concerns with patients and their families. It has the potential to benefit other staff groups in the wider Trust beyond cancer services.

- **Consider profession-specific sessions:** Offering workshops dedicated to clinical groups may allow detailed discussions of how the model can be applied to situations in their specific discipline. However, this would need to be balanced alongside the benefits of supportive networking and building relationships across staff groups.

- **Visual reminders:** Regularly reminding staff about the model may help consolidate what has been learned. Staff could be encouraged to use the SAGE&THYME prompt card containing a breakdown of the mnemonic or use other prompts such as posters displayed near phones or in clinic rooms.

- **Supporting continued development of skills:** Provision of refresher training may help people retain the model more, facilitating its continued use. Some participants also suggested that further training, especially around other difficult conversations, in group settings, and for different cultures, may be useful. Indeed, there has been some recent exploration of the model in Singapore (Ang, 2017, 2019).

CONCLUSIONS

BTHFT staff from cancer settings attended a SAGE&THYME^{TM} workshop and took part in a post-course questionnaire and follow-up questionnaire measuring the impact of both the workshop and the model. This was then analysed using descriptive statistics and thematic analysis. Overall, the feedback has been positive, and key themes were noted around the model's versatility, its structure, collaborative approach and its focus on 'being' over 'doing'. Some recommendations were suggested based on the findings, including extending training to other clinical settings, profession-specific sessions, visual reminders and continued development of communication skills.

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APPENDICES

Appendix A: **SAGE&THYME post-course evaluation questionnaire**

Appendix B: **Follow-up evaluation questionnaire**

Appendix C: **SEP Results Summary (Qualitative)**

Appendix A: SAGE&THYME post-course evaluation questionnaire

SAGE & THYME

Notice distress, listen carefully, respond helpfully

SAGE & THYME® Foundation Level Workshop
Post-workshop Evaluation

1. Job title – Please tick the box which best describes your role:

☐ Qualified nurse (hospital)	☐ Physiotherapist	☐ Complaints staff
☐ Qualified nurse (other settings)	☐ Dietitian	☐ Volunteer
☐ District nurse	☐ Occupational therapist	☐ Manager
☐ Student nurse	☐ Speech and language therapist	☐ Practice educator
☐ Qualified doctor (hospital)	☐ Radiographer	☐ Reception staff
☐ Qualified doctor (general practice)	☐ Pharmacist	☐ Administration staff
☐ Student doctor	☐ Chaplain	☐ Ancillary staff
☐ Health care assistant	☐ Social worker	☐ Other role (please state
☐ Midwife	☐ Care worker	

2. Name of organisation:

3. Name of lead facilitator:

4. Date of the training (use the format: DD/MM/YY)

5. Location of training:

6. Please draw a circle around the number which represents your view for each of the following statements:

a) As a result of the learning I have done today, I feel more confident to talk to people about their emotional troubles:

Highly agree				Not sure					Disagree
10	9	8	7	6	5	4	3	2	1

b) As a result of the learning I have done today, I feel more willing to talk to people who are emotionally troubled:

Highly agree				Not sure					Disagree
10	9	8	7	6	5	4	3	2	1

7. As a result of the learning I have done today, I am more likely to . . .

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SAGE & THYME

8. As a result of the learning I have done today, I am less likely to . . .

9. How likely is this training to influence your practice? *(Please circle one number)*

Very much									Not at all
10	9	8	7	6	5	4	3	2	1

10. As a result of this training, my next steps are to...

11. Did the facilitator create a safe environment for you to learn? *(Please circle one number)*

Very much									Not at all
10	9	8	7	6	5	4	3	2	1

12. Would you recommend the training to a colleague? *(Please tick one box)*
   ☐ Yes
   ☐ No

13. Please comment on the training:

14. What other communication skills training would be helpful for you?

Please hand in this evaluation form before you leave.

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Appendix B: Follow-up evaluation questionnaire

Follow up evaluation of using SAGE & THYME foundation communication skills training

We are evaluating the usefulness of the SAGE & THYME foundation level workshop and would like to hear your views – this questionnaire will take 2 minutes to complete.

Job title _____

Date of workshop attended _____   Today's date _____

Since completing the SAGE & THYME training have you used the model to support people with their emotional concerns?

Yes - Very often	Yes - Often	Yes - Occasionally	Never	Not had opportunity

Please say how SAGE&THYME helped in these situations:

If you haven't used the model, what made it difficult for you to use SAGE&THYME?

If you have used only elements of the SAGE & THYME model, which ones have you used? *(Please tick all that apply)*

☐ **S** - Getting the setting right
☐ **A** - Asking about concerns
☐ **G** - Gathering all concerns
☐ **E** - Using empathy
☐ **Not used any elements**

☐ **T** - Asking the patient about who they can talk to
☐ **H** – Asking the patient how these people help
☐ **Y** – Asking the patient what they think would help
☐ **M** – Asking the patient what you could do
☐ **E** – Summarising and closing the conversation

How easy do you find the model to use?

Very easy	Quite easy	Not sure	Difficult	Very difficult

Do you think your attendance at the workshop has had a positive impact on patients/carers? *(Please circle one response)*

Definitely	Possibly	Not sure	No	Not applicable

If the workshop has had a positive impact on patients/carers please can you say how:

If the workshop has had a positive impact on you please can you say how:

Any other comments about SAGE & THYME training or using the model in practice:

Appendix C: SEP Results Summary (Qualitative)

POST-COURSE QUESTIONNAIRE

"As a result of today's training I am more likely to…"
Total: 124 comments

MAIN THEMES	SUB-THEMES	COMMENT
SAGE & THYME (3)	General reference (12)	Implement SAGE & THYME model
		Implement the model into my role
		Engage the SAGE & THYME framework into my conversation
		Put into practice
		Practice the skills, follow the model
		…By applying the framework of SAGE & THYME when communicating with patients
		Implement SAGE & TYHME
		Part of my role is delivering of bad news. The SAGE & THYME training will help me create more structure to ensure all the information is given, but most importantly listening, to patients' concerns and providing necessary and appropriate support
		Take time to refer to SAGE& THYME when helping people
		Incorporate all aspects of SAGE & THYME into my role
		Use the SAGE & THYME model, think more about how I approach difficult conversation
		At least have a structural guideline in listening to distress and how I can help that person by just listening and to help that person realise that solutions can be made out of this conversation
	Use of SAGE & THYME in different settings – phone (4)	Talk to people more confidently on the phone with the model
		Use SAGE & THYME over the phone
		Feel more comfortable over the phone
		Use the SAGE & THYME plastic card to help organise and structure conversations in a clinical setting and over the phone
	Use of SAGE & THYME in different settings – clinical (3)	Use the SAGE & THYME model when working with patients who are distressed and not only with cancer patients
		Use it on my ward
		Use the SAGE & THYME plastic card to help organise and structure conversations in a clinical setting and over the phone
SAGE & THYME general structure (2)	Structure (25)	Follow the SAGE & THYME structure
		Use the structure of SAGE & THYME to help me in difficult conversations where patients are upset, distressed, angry, concerned and need someone to talk to
		Use SAGE & THYME structure
		Try to use the model more, use it as a guide more
		Given patients the help and direction they need in a structured manner while giving them time and space to share their concerns

		Use a staged approach to my conversation with patients, staff and colleagues
		Use the steps-by-step of SAGE & THYME…
		Follow a structure of the training, and also ask the relevant questions
		Try and have a structured conversation with people about their concerns and feelings
		Follow the structure.
		Good idea and structured flow to deal with patients. Give proper support. Good learning experience. Listen and communicate.
		Try and remember a pneumonic or strategy to use
		Have structured conversations using the tool
		Use SAGE & THYME structure, this is a helpful direction
		Follow the structure – go over patient concerns, check what the other concerns are
		Build structure into conversations.
		Apply a structure to my conversation
		Be able to use the structure to talk to patients
		Use SAGE & THYME to help me with structured conversations
		Take a structured approach to communication and collect as much information from patients as I can rather than just their first concern
		Good structure to conversation and useful phrases to use.
		Use the SAGE& THYME structure to help me have conversation with people who feel stressed or anxious
		Structure conversations more appropriately
		Use the structured approach to enable conversations to open and close in a way that feels comfortable for both
		Use the information displayed on the course in a more structured way. And felt more confident in doing this
	Better language (3)	Feel more confident and reassured in using the correct terms to apply when in discussion with a patient
		Rephrase certain words
		to use words like 'something else' and 'can we leave it there for now'
SAGE & THYME techniques – Setting (1)	Reference to 'Setting' (1)	Pay even more attention to the setting, including for telephone contacts…
SAGE & THYME techniques – Ask (1)	Approaching people more(17)	Engage in conversation with emotionally-down patients and try to help them to come of the dilemma
		Approach a difficult situation or being able to commence a difficult conversation without being fearful
		Communication more with people
		Approach a difficult situation more confidently
		Approach somebody looking distressed/upset, etc
		Stop and ask if something is wrong
		Talk and listen to patients more
		Approach patients/people who look like they are experiencing emotional distress
		Initiate conversations
		Be more observant of our patients in our reception.

		Talk to patients more about their concerns
		Ask about concerns
		Engage in such conversations
		Feel confident to approach and explore emotional troubles with patients, carers and staff
		Approach somebody who might seem distressed outside of a counselling setting, in other areas of the hospital
		Approach people even if I don't have much time
		Engage with patients more, according to their needs, taking SAGE & THYME into consideration
SAGE & THYME techniques – gather (4)	Reference to 'gather' (11)	Gather – not just take the first apparent issues.
		Gather! Keep checking in that there is nothing that I have missed
		Question further and gather more information
		Gather information more effectively – use helpful language, 'something' rather than 'anything',
		Question further and gather more information
		I would already talk to people but I will aim to 'gather' information and allow the respondent to fully reply, avoiding 'I' and 'me' until appropriate
		Try to actively listen and question the patient further
		Take time to ensure I've gathered all concerns and relevant information…
		Gather all concerns, rather than jumping in, trying to help straight away.
		Take more time to gather all concerns and give the client more time to think before trying other solutions
		Gather more information before giving advice, make notes while listening
	Delving deeper (14)	See the bigger picture in all parts of patient care and understand things are not always as they seem
		Keep asking if there are any other concerns
		Listen more – ask if there is something else
		Ask regarding 'anything else'
		Keep asking if there is anything else
		Follow the structure – go over patient concerns, check what the other concerns are
		Collect as much information from patients as I can rather than just their first concern
		Ask questions
		Asking more questions to patients (e.g. concerns, support, etc)
		Listen more carefully to what is being said and what is not being said, out loud
		Ask if there is something else
		Probe to ensure I fully understand all the issues the person is facing
		Listen to concerns and ensure all concerns have been listed before moving the conversation on
		Ask is there anything else upsetting you
	Listening to the patient more (20)	Listen to patient feelings
		LISTEN!! And ask them more questions, not assume answers, not jump in immediately

		Follow the SAGE & THYME model will mean I'm more likely to reflect and summarise and ask the person how I can help, and take the time to listen
		Listen
		More time to listen to concerns
		Listen and give time for answers
		Take time to listen and assess concerns
		take time to really listen and hear what the person is saying
		Spare some time to listen more
		Take time to listen. Empower the patient.
		Be more patient and listen to patients
		To listen more
		At least have a structural guideline in listening to distress and how I can help that person by just listening and to help that person realise that solutions can be made out of this conversation
		Take a step back and listen to concerns
		Listen more
		Value the importance of listening towards other feelings of concerns about their problems, to show the individual as unique, support and help, reassurance, acknowledge, communication more with people
		Listen and sit back
		Listen more
		Listen, without jumping in
		Listen more and raise any other concerns
	Not jumping to problem-solving (10)	Listen to what people want, rather than jumping into problem-solving before get to the bottom of what people really want
		Learn to listen and ask, rather than provide a solution
		Be more restrained when offering advice
		Remember to not jump in with 'what can I do' too quickly
		Listen – try not to jump in with solutions
		Not be too quick to give solution
		Make time to sit with patients and their family members to discuss their concerns. Not interrupt or try to offer solution, and let them talk through it.
		I would already talk to people but I will aim to 'gather' information and allow the respondent to fully reply, avoiding 'I' and 'me' until appropriate
		To talk, rather than first try to solve the problems practically without looking at underlying issues
		Not feel I need to provide solutions. It's ok to just listen
SAGE & THYME techniques – empathy (2)	Reference to 'empathy' (1)	Ensure that my practice is more client-centred. Be more confident about the use of empathy being evidence-based even in the context of the acute physical setting and time constraints (i.e. use of empathy doesn't prolong patient interviews/session)
	Consideration of patients' emotions (3)	Consider patient feelings while talking to them
		Try to help calm a stressful situation and listen to concerns raised better
		See how quickly emotions can be diffused
SAGE & THYME	Asking about the	Ask confidently what 'support' a client has

techniques – Talk (1)	client's supports (7)	Find out about their support
		Ask who patients have to support them
		Ask about their support networks in details
		Ask if patients have support
		Ask about someone's support network,
		Ask about social support
SAGE & THYME techniques – You (3)	Reference to 'you' (1)	Use the 'Y' – what do you think would help?
	Asking for patients' perspectives (3)	Ask patients what they could to do help themselves
		Ask patient what help they feel they need and how I can help
		Ask individuals what they feel they need
	Empowering the patient (4)	Gather information and empower patients, help patients and families to empower themselves
		Use direction to empower patient
		Help patient to make their personal management plan by being persistent in asking them to speak/open up more
		Listen and respond in a way that empowers the patient
SAGE & THYME techniques – Me (1)	Offering appropriate help (9)	Follow the SAGE & THYME model will mean I'm more likely to reflect and summarise and ask the person how I can help, and take the time to listen
		Ask how I can help – listen
		Ask patient what help they feel they need and how I can help
		Offer help and able to share my knowledge and support from all walks of life
		Offer emotional advice with confidence and also help where I can and reassure
		Knowledgeable, confident to talk to people of their problems and to how where to escalate the situation if needed to
		Offer more help…
		…Provide effective care and support
		Try to offer more support if appropriate
SAGE & THYME techniques – End (3)	Reference to 'end' (1)	Summarise – 'close the conversation'
	Reflecting and summarising (6)	Summarise throughout a structured conversation
		To reflect what they have said to me, summarise
		summarise the issues concerned
		Repeat the problem or query with patients just to reassure them
		Reflect more
		Follow the SAGE & THYME model will mean I'm more likely to reflect and summarise and ask the person how I can help, and take the time to listen
	Confidence in ending conversations (4)	Feel more confident in ending a conversation, and not feel guilty about it
		Able to end a conversation without feeling the conversation hasn't been completed
		Feel confident asking for clarification about issues and bringing the conversation to a close
		End a conversation well. Have leading questions to allow the conversation to flow

SAGE & THYME – Other techniques (1)	Use of credit card (1)	Use the SAGE & THYME plastic card to help organise and structure conversations in a clinical setting and over the phone
	Writing notes (2)	…Notes with permission…
		…Make notes while listening
Increased confidence (1)	General increased confidence (4)	Be confident in dealing with emotionally charged situations…
		Communicate easier
		Feel more confident when communicating bad news to patients and their families
		Communicate well with patients and their families
Organisational shifts (3)	Share the model with the team (2)	Concepts of this will be shared with the team
		Feedback to team.
	Recommending training to colleague (2)	Sign some of my staff onto the course
		Recommend this training to my colleagues
	Discussion with managers (1)	Talk to my bosses about changing referrals
No change (1)	No change (1)	I don't feel I want to comment by circling numbers – having worked as a counsellor previously, I already felt willing and confident

"As a result of today's training I am less likely to…"

Total: 129 comments

MAIN THEMES	SUB-THEMES	COMMENT
Anxiousness (2)	General anxiety (6)	Feel anxious in 1:1 situations
		Feels awkward in dealing with patients
		Feel awkward to speak to people
		Feel as nervous approaching someone in distress
		Worry about having difficult conversations
		Feel under-confident in dealing with patients in difficult to hard times
	Anxiety impacting on the interaction (8)	Worry about saying the right things
		Feel that I don't have the knowledge, skills or tools to help
		feel lost for things to say during a difficult conversation
		Get flustered with ways to deal with patient emotions
		Have awkward pauses and not know what to say on the phone
		Worry about what to say
		Feel apprehensive about opening up problems I cant deal with
		Panic and say will ring back in an unrealistic timeframe
Avoidance (1)	Avoiding emotional conversations (14)	Avoid a difficult conversation and now have to address it
		Avoid a difficult conversation
		Stay away from difficult or emotional situations
		Be afraid of getting involved or offer my help to

		individuals
		Avoid situations which I feel may be difficult because of emotions
		Avoid emotionally challenging situations
		Running away from difficult conversations
		Avoid emotional conversations
		Avoid difficult dilemmas
		Avoid exploring emotional issues in more detail
		Walk past someone who is upset in the hospital
		Avoid these conversations
		Ignore patients who are clearly needing some time to talk
		Avoid the topic due to not being able to contain the conversation in a timely manner
Rushing (3)	Rushing (16)	Have a quick conversation with patients
		Conscious of time (slightly indiscernible)
		Rush a patient to talk
		Time for patients, asking the correct questions
		Be inpatient, wait for my turn to speak
		Talk too soon? I hope
		Rush into a situation
		Rush (x2)
		Rush things
		Rush things, as we need to make time out to these patients due to their symptoms
		Being in a hurry all the time
		Rush through my workload and not take my time
		Jump in
		Struggle with knowing what to say and rushing it through
		Try and rush a conversation through
	Interrupting (12)	Interrupt (x4)
		Interrupt and rush to an answer
		Interrupt in conversation
		Interrupt when all the patient want to do is to have a conversation,
		Interrupt people
		Interrupt in between when the patient is saying something and they are distressed
		Interrupt people when they are telling me something
		Interrupt people discussing their concerns
		Interrupt and offer my advice early on in the contact
	Jump to problem-solving too soon (29)	Rush to fix to solve a problem
		Rush to provide my solutions and allow the patient the opportunity to explore existing support and solutions
		Rush in with answers
		Jump into solving problems
		Jump to a solution
		Use advice and solve problems too soon
		Jump in and try to offer a solution before hearing their point

		Jump in with answers and solutions
		Try to offer advice before listening to the person's full concerns
		Try to resolve the first problem before finding out what other concerns they have
		Go straight to giving advice, practical help and ensure I have all patients concerns
		Jump in and problem-solve before I know the problem
		Jump in with solutions and practice advice in the first instance
		Rush to provide my solutions and allow the patient the opportunity to explore existing support and solutions
		Jump in with answers and solutions
		Rush to fix to solve a problem
		Try to solve a problem right away
		Offer help immediately without gathering more information, although I do recognise that there may be some situations that help is needed sooner
		Offer advice early when people are upset.
		Jumping in with solutions, help before asking about all the concerns
		Try and fix the problem from the offset by offering a solution
		Interrupt and offer my advice early on in the contact
		Jump in with solutions
		Start with information giving, and empathise more, empowering patients
		Jump straight into trying to fix the first problem they tell me
		Jump in with advice
		Jump to giving advice
		Jump to offering solutions before allowing clients to explore the situation themselves
		Offer help midway through and structure the approach more so
'Being' vs 'doing' (3)	Desire to fix things (9)	Feel that I can solve all the patients issues and problems
		Go into 'doing' mode and stick in 'being' mode
		Need a solution, realise listening is often enough
		Feel the need to solve everyone's problems myself
		Try to solve all their issues at once!
		Try to solve all the problems of the individual all at one
		To be in a fixing mode and to strive to provide solutions
		Try to solve problems
		Not to problem solve
	Offer advice (9)	Offer advice
		Give ideas to patients or service users
		Over-advise patients (i.e. I will allow patients to lead the conversation and I am likely to reflect back

MAIN THEMES	SUB-THEMES	COMMENT
		more)
		Offer my advice in these situations
		Not to always offer solutions
		Not listen constructively
		Offer help midway through,
		Offer advice, what can I do, provide support,
		Try to solve problems the way I think is best
	Not listening, waiting to speak (5)	Be inpatient, wait for my turn to speak
		To give my own experience
		Talk more than listening
		Put words in people's mouths
		Speak, when maybe I could listen
Not delving deeper (3)	Not delving deeper (5)	Accept the first issue as the main issue
		Just ask about one concern and not gather further
		Go with the first issues people tell me about
		Jump straight into trying to fix the first problem they tell me
		Identifying only one difficulty
	Making assumptions (4)	Make presumptions in regards to patient needs and to stop listening too soon (i.e. waiting to speak is not the same as listening)
		Assume what the concern is
		Make assumptions
		Make assumptions about how someone is feeling
	Being judgemental (2)	Be too judgemental
		Be judgemental of people, situations and scenarios
References to the model (3)	Recaps (1)	Forget to recap
	Ending the conversation (4)	Cut off a conversation
		Question how or what to say. Question how to end a conversation and feel guilty as to whether it was ended abruptly or insensitively
		Close conversations down too quickly, give patients time to think of answers to concerns
		Worry that I am being rude by bringing the conversation to a close
	Specific settings (1)	Use SAGE&THYME face-to-face
Structured approach (2)	Going off topic (1)	Go off topic
	Efficiency with time (1)	Consume more time in unnecessary conversation in dealing with patient needs
No changes (2)	Continue with current practice (1)	Continue with present practice. However, there is always ways and means to improve practice
	No changes (1)	Not sure

Comment on the training

Total: 162 comments

MAIN THEMES	SUB-THEMES	COMMENT
General positive feedback (5)	Excellent (17)	Excellent (x7),
		Excellent, brilliant
		Excellent, very helpful
		Very/really good (x5)

		Was wicked, thank you
		OK
		Training was great
	Interesting, thought-provoking, informative, engaging (21)	Thought-provoking
		Very interesting and informative
		Very interesting and has increased knowledge
		Very constructive and informative
		Very informative and interesting
		Informative
		Very good, informative, learned a lot
		Very informative and useful
		The training was interesting and helpful
		Absolutely fantastic and informative
		Interesting and informative…
		Training was interesting and engaging, not just a lecture
		Excellent training, interesting, interactive, relevant to many roles
		Very interesting, knowledgeable, very informative and helpful, excellent
		Great, engaging
		Really engaging and informative
		It was informative and enjoyable…
		Structured, practical, applicable, interesting, informative
		Engaging, emotive, representative.
		Learn more information
		Excellent training, interesting, interactive, relevant to many roles
	Helpful (14)	Very good and helpful
		It was informative and enjoyable. I have gained a lot from this training and facilitator
		Really useful
		The training has been more helpful, knowledgeable and full of wisdom
		Confusing initially but became clearer and helpful
		Very thorough and helpful
		Very useful
		Very clear and helpful
		Overall found it useful
		Great, really helpful
		Very good, helpful, informative
		Very useful, which I can use with the patients
		Really helpful and illuminating. I will use this probably everyday in my work…
		I felt the training was very helpful
	Enjoyment, engaging (5)	Thoroughly enjoyed
		Very interesting, really enjoyed it
		Great! I really enjoyed it and is very helpful in my role and environment around me…
		Enjoyable course – very informative
		Enjoyed the training and looking forward to using the framework
	Delivery (4)	Well delivered
		Really well-presented and thought-provoking

		Really well-presented
		Very good, well-presented
Specific positive feedback - Learned something, took something from the training (3)	Development, aiming to do things differently (8)	…Confident will find it beneficial in practice. Excellent CPD event and will be able to draw examples (case studies) from own practice for CPD file
		It was very good. I found it useful and helped me see where I was going wrong
		Very good. Makes me feel I need to change my practice
		I feel that this training was extremely helpful with developing my practice in future and gave good insight into dealing with people who are upset
		Great training. Very helpful and inspiring. It has made me think more about how to reflect and end conversations in a helpful way
		Very useful and interesting, empowering me to empower my patients
		It has been very helpful and gave me an opportunity to be more structured in ways of dealing with difficult situation
		Highlights the importance of just giving someone space to talk
	Aim to apply to different settings (3)	Very useful and can be applied to any interaction, really. Interactive. Confidence building
		I found the training very useful in my role. It highlighted how I can implement SAGE & THYME over the telephone more effectively
		The structure really helps with how a conversation could help in any given situation
	Aim to bring it back to the team (1)	Brilliant! Very informative – I will take it back to my team and urge them to come
Specific positive feedback – training (4)	Structure in general (12)	Excellent, well-structured, right length
		Excellent training and well-structured
		Well done, structured
		Training was very well-structured…
		The training was very good, offering more structure to deal with difficult sensitive situations
		Very structured
		Well-presented
		The training gave a clear pathway to follow
		Very informative and structured
		Very good, well-designed and professional
		Good structure, clearly presented
		Well-planned training session…
	Pacing (4)	Well-paced and clear.
		…Session time was appropriate…
		…Found the pace of the training good.
		Excellent training, just the right length. Short bursts keeps focus
	Range of activities (3)	Very valuable session. Structured very well. Some group work, some learning, some question-and-answers, all flowed really well and helped everything sink in
		Really well-presented. Good mix of presentation media and opportunities for participation

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		Training went well. Plenty of opportunity to take part and clear understanding of the rationale behind the workshop
	Venue (2)	Nice venue
		Excellent venue
Specific positive feedback – facilitators (3)	General good facilitation (10)	Friendly, approachable staff,
		…facilitators were brilliant
		…I have gained a lot from this training and facilitator
		Excellent and well-facilitated
		The training delivered was very good and very clearly delivered, all the training staff were very friendly
		Facilitated well,
		…Good facilitation
		… Lots to take on board, great facilitators…
		Excellent delivery, friendly approach, informative…
		… Staff were super
	Good teaching style (4)	The training was fantastic – well-delivered, questions answered. Timely manner. Lovely, lovely people
		Clear concise teaching. Information that is interesting to learn
		The teaching style was fab and the interaction was super helpful
		Very realistic, effective teaching, modelling the process
	Sensitive to the needs of the group, creating a safe environment (18)	Facilitators explained well and drew in quieter members into the group
		Well delivered, informative and sensitive to group
		Very good – safe environment, engaged leader
		Excellent, delivered with enthusiasm and sensitivity
		Good facilitation, participation is down to the individual, how much they want to contribute, therefore not stressful
		Extremely helpful, created a safe comfortable environment
		Comfortable learning environment.
		Good environment and group...
		Comfortable and open
		Well presented, informative, included everyone's level
		Very interesting, not pushed to do role-reversal
		Good and clear way of learning, how to implement, really good team, I wasn't scared to speak up
		Very relaxed…
		Lots to take on board…great group
		The training was very good, offering more structure to deal with difficult sensitive situations
		Excellent presentations, well delivered, identified others' perspectives and how the model fits with their rules
		Well-structured and got everyone involved
		…Well-organised and easy to listen to
Specific positive feedback – activities (5)	Examples and scenarios (3)	…Thought out with practical examples, which were very helpful
		Scenarios give us a good experience and examples how to deal with it

		It was presented well and the examples showed how I can use it in practice
	Group discussions (2)	Enjoyed the group discussions,
		Useful group work
	Roleplays and rehearsals (8)	Really helpful to see the roleplay
		Really good – the rehearsal was too quiet, but very good
		Very impressed with the rehearsals
		Seeing a rehearsal in practice puts the situation into perspective, which was really helpful.
		Enjoyed the training, particularly the roleplay.
		Very enjoyable and found the roleplay made the structure sink in better
		Excellent training, particularly role-playing different scenarios
		and visible videos and role-plays helped to work through the difficult stages of the model
	Demonstrations (2)	Well-delivered, the practical demonstrations were very useful
		…Demonstrations were useful
	Videos (2)	good use of media
		and visible videos and role-plays helped to work through the difficult stages of the model
Specific positive feedback – model (3)	General (3)	Excellent model
		It was a really good opportunity to learn about the model
		Excellent communication skills
	Appropriateness for specific settings in healthcare (3)	Patient-focused
		Excellent very useful in healthcare settings
		application to my workplace
	Structure (4)	Useful way to structure difficult conversations
		Very useful framework that can be brought to mind easily
		Helped structure my conversations with patients. Importance of asking, reflecting with patient, summarising everything
		Very helpful structured format. Good plan to adapt and follow
Negative feedback (5)	Model (2)	… Feel it will work better in some settings and roles than others
		Confusing initially but became clearer and helpful
	Training (2)	Don't feel it is appropriate for those who aren't clinical and also for some practitioners who are more specialised, but only if done advanced, etc, level 2
		could perhaps have been shorter
	Group (1)	Unfortunately, some of the group were reluctant to join in, causing discomfort
	Audio issues (2)	The rehearsal was too quiet, but very good
		Hearing issues – difficult in group discussion and Question-and-answer sessions. Use of microphone would help, and conscientious of environmental noises
	Videos (2)	The only thing was the video at the end, I found patronising, robotic and not empathic
		…Last video was patronising to the patient

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What other communication skills would be helpful for you

Total: 46 comments

MAIN THEMES	SUB-THEMES	COMMENT
Focusing on other settings (5)	Clinical area (3)	Specific to palliative care
		Bereavement
		Would be useful to have profession-specific training (i.e. pharmacist) or to have training in time-limited scenario
	Groups (2)	I would be interested in level 2 – handling difficult conversations and group situations, such as discharge planning with people's families
		Group sessions
	None-face-to-face (1)	More courses based around how to deal with situations not in-person
	Telephone (2)	Telephone communication
		More telephone communication skills
	Workplace and colleagues (2)	None – just apply current learned framework in workplace
		Only recommend to colleagues
Focusing on specific topics (3)	Discharge (1)	I would be interested in level 2 – handling difficult conversations and group situations, such as discharge planning with people's families
	Significant or news (6)	Breaking bad news
		Breaking bad news, difficult conversations
		Approaching bad news and managing patient anxieties
		Building confidence in communicating significant news
		Bereavement
		Delivering bad news to patients and families
	Patient-specific factors (e.g. aggression, anxiety, health conditions, etc) (5)	Maybe to discuss how you could challenge extremely aggressive person who is clearly distressed
		What to say to people lost in despair
		Dealing with angry patients and relatives
		Understanding how clinical conditions in patients affect their responses and how to read those
		Higher-level situations where SAGE & THYME might be more challenging (e.g. very complex patients, less articulate patients)
Focusing on specific skills (7)	Specific skills (8)	Counselling skills
		Have empathetic conversations
		Listening skills
		Listening skills, I think. I try but don't always manage. I find I drift without intending to.
		Assertiveness in action
		Emotional intelligence
		N.L.P (neurolinguistics programming)
		Two-way communication, thought-mapping
Types of training (5)	Advanced training (5)	I would be interested in level 2 – handling difficult conversations and group situations, such as discharge planning with people's families
		Advanced
		Level 2, as newly appointed with cancer CNS
		Would be keen to know if there is any advance learning

		Need to look at more of an advanced communication course. Worked in cancer services for lots of years and patient expectations is a lot higher than it used to be
	Refresher (1)	Refresher at some point in the future
	Profession-specific (1)	Would be useful to have profession-specific training (i.e. pharmacist) or to have training in time-limited scenario
	Cultural training (1)	Gestures used in various cultures are offensive in some cultures and in others
	General (3)	Similar training
		Any
		Any – all learning is good. It's a good evaluation of myself
Other methods of teaching (1)	Types of teaching (3)	Possibly videos to observe. Time on the internet (i.e. anonymous case study videos)
		Workshops
		Scenarios
Enough training (1)	Enough training (2)	I am confident in my communication skills
		Have done quite a few now

FOLLOW-UP (QUALITATIVE)

Please say how SAGE & THYME helped
Total: 47 comments

MAIN THEMES	SUB-THEMES	COMMENT
General positive feedback (1)	General positive feedback (3)	Very helpful
		Found training to be very helpful
		Offered valuable guidance for staff
Awareness (2)	Greater awareness (3)	I was more aware of being available to other members of staff or patients who are not my own
		Better understanding of appropriate ways of speaking to a patient
		Gave me better understanding when talking to patients
	Less awareness (1)	Probably used it subconsciously
General skills (1)	Greater confidence (6)	I am practicing to be more resilient. I can communicate difficult situations better
		Confidence
		Made me feel confident in uncomfortable situations
		Made me feel more confident
		The course helped me to stay calm
		It has made communication much easier
Specific skills (4)	Calming the patients (5)	Exploring and understanding emotions so can de-escalate and support with the situation
		Helped by knowing how to put a patient at ease, especially by them knowing you were listening
		How to have a conversation with people that are distressed
		I was able to calm the patient
		Calm the patient
	Better listeners (8)	Helped me to listen better in difficult circumstances
		Tried to listen to the patients instead of guessing what they wanted to know
		Made me pause to listen carefully to what was actually being asked
		Helped by knowing how to put a patient at ease, especially by them knowing you were listening
		Because of the patient are poorly and I listen to them
		Listening and acknowledging that you are listening by nodding and repeating what they are saying
		Helping to get patients to see how they have support, and go through all concerns.
		Listen to the patient and take as many details as possible so that I could help as much as possible
	Other specific skills (2)	Asking open questions
		Maintaining boundaries
	Ending a conversation (1)	Leaving a conversation
Usefulness of structure (1)	Structure (9)	Provided structure to a conversation
		Provide structure to the telephone conversations
		It gave an easy process to follow
		Helped me structure my conversation better
		Gave me a framework to use when time limits are

		significant but what time I did have could be used constructively
		Feels well-organised with regards with areas to be dealt with when caring for EOL patients
		Gave me a structure.
		Gave structure and consistency to consultations
		Helped bring structure to my consultations while having difficult conversations
Examples of uses (4)	Consultations (2)	Gave structure and consistency to consultations
		Helped bring structure to my consultations while having difficult conversations
	Telephone calls (2)	I was able to construct my telephone call in a way that helped the patient and also helped me
		Calm the patient, provide structure to the telephone conversations
	Vague examples (1)	Had a positive outcome
	Specific examples (1)	Patient was given bad news, cancer in the stomach and very upset. Before we left, I asked her 'is there something else we can do'. She replied that she was worried about the chemotherapy prior to the operation and also financially for being off work.
Not used the model yet (1)	Not used the model yet (3)	Not applicable yet
		Unfortunately I have not had the opportunity to utilise the learning in the role work in
		Never used the model yet

If you haven't used the model, what made it difficult for you to use SAGE & THYME?
Total: 12 comments

MAIN THEMES	SUB-THEMES	COMMENT
Lack of opportunity (5)	Lack of opportunity (1)	Not had the opportunity
	Inappropriate patients (1)	We do not have many patients who are appropriate. But I try when I can
	Lack of patient contact (2)	I had no contact with patients yet
		I don't often have patient contact
	Patients not coming to talk (2)	Patients are already aware of their difficult situation, before coming into the ward
		In my role, it can be difficult to have an opportunity to use SAGE & THYME because patients don't always come up to me
	Context-specific (2)	It totally depends on the situation
		A lack of consistency in the role
		My conversations can be quite specific about what medication they are taking
Difficulties using the model (1)	Telephone (1)	I think using it over the telephone is difficult at times as I cannot see the patient
Not remembering the model (1)	Forgetting the structure (1)	I haven't remembered the model structure
Not sure (1)	Not sure (1)	Not sure

If the workshop has had a positive impact on you or your patients/carers, please can you say how?

Total: 43 comments

MAIN THEMES	SUB-THEMES	COMMENT
Patient benefits (3)	General (1)	Positive feedback from patients
	Opportunity for patients to talk (1)	Patients has the opportunity to talk and they get reassurance that they are listened
	Patients feel listened to (2)	Patients felt they were being listened to
		Made an opportunity constructive – quick way to empathise and give chance to focus on support available and communicate that they have been heard and that they have some power in what might feel like a powerless situation
Staff benefits (3)	General (3)	Positive impact on me
		Because by using this model, we can create a relaxed environment
		Try to use SAGE & THYME in most instances which does help me
	Continued use of resources (1)	I refer to the notes on the 'credit card; issued with the pack
	Improved performance (2)	It has helped staff to understand we are here for patients, as well as performance and targets
		Patient has often asked for me to interpret for them for follow-up appointments
Greater confidence and skills in communication – general (1)	General (11)	Increased confidence in dealing with difficult situations
		Improved communication with patients and family.
		It has given me more confidence to handle a difficult conversation
		The increase in my confidence
		Enhance communication with upset patients
		As an interpreter, I am more confident to ask the patient using the model.
		It has given me more confidence in my 1:1 appointments
		It has given me a tool to work with
		Better insight into effective communication
		Reiteration of previous communication skills training.
		Increased my confidence to being able to help and support my patients
Greater confidence and skills in communication – specific SAGE & THYME related techniques (4)	Ask – approaching patients, availability (2)	More confidence to approach patients/carers
		I am more available to patients in the hospital that have not been directly referred to me
	Empathy – feeling understood and listened to (4)	How to have a conversation by using empathy
		Ability to understand a patient's situation better and how they may be feeling
		Made an opportunity constructive – quick way to empathise and give chance to focus on support available and communicate that they have been heard and that

		they have some power in what might feel like a powerless situation
		By listening and being assertive
	Talk – support patient already has in place (4)	Asking if they have anyone to talk to
		Helped to guide patients through the support they have when they felt alone and overwhelmed
		Made an opportunity constructive – quick way to empathise and give chance to focus on support available and communicate that they have been heard and that they have some power in what might feel like a powerless situation
		Provided structure. Helped me to think about things I wouldn't necessarily have thought of as important previously (e.g. support from others)
	You – empowering patients (1)	Made an opportunity constructive – quick way to empathise and give chance to focus on support available and communicate that they have been heard and that they have some power in what might feel like a powerless situation
Greater confidence and skills in communication – other specific skills (3)	Structure – staying focused (3)	Helps me and my patient to keep focused
		Has definitely helped with the structure of conversations, resulting in a resolution that the patient confirmed they were happy with
		Provided structure. Helped me to think about things I wouldn't necessarily have thought of as important previously (e.g. support from others)
	Less pressure to solve everything (1)	Not to be scared that I have to solve everything myself
	Assertiveness (1)	By listening and being assertive
No positive impact (3)	General (1)	None so far
	Too structured (1)	I don't really know as I feel it would be unnatural as I would be more focused on what to say, rather than just being
	Context-dependent (1)	In my role, I am mostly on the telephone and have to rely on the talking without seeing the patient and in some instances it can be harder over the phone if a patient is upset and sometimes angry, but I try to use SAGE & THYME in most instances which does help me
No chance to use model (2)	No chance to use the model yet (2)	I don't often have patient contact
		I haven't used the model yet, hence I could not say any
	Hopeful about positive impact (1)	I believe in the near future will have a positive impact

Any other comments about SAGE & THYME training or using the model in practice?

Total: 17 comments

MAIN THEMES	SUB-THEMES	COMMENT
Positive feedback about the training (1)	General (5)	A very useful training
		Thoroughly enjoyed it
		I would like to say thank you to the organiser of the workshop
		The training was excellent, well-delivered, interactive and interesting
		A very informative training session
Positive feedback about the model (1)	General (3)	Very beneficial – thank you!
		Good info
		Found it very useful to have the underpinning knowledge there to draw upon should the need arise
Applicability (3)	Applicability for delivering bad news (2)	It's a good model to use in breaking bad news
		Still have to think about the model especially when interpreting bad news.
	Applicability to both staff and patients (1)	I enjoyed the training session. It certainly gave food for thought and made me realise that everyone is going through some difficulty (be it patient or staff). I therefore need to bear it in mind when speaking to them, referring to the notes if necessary that I keep in front of me
	Recommendation to other services (2)	All staff caring for not only end of life, but also elderly patients should attend this training
		Would recommend the day to any staff/department who has patient contact
		Very good model, training should be delivered to community workers and teachers
Desire to learn more (1)	Desire to learn more (2)	Excellent, brilliant, I need to do more training course higher
		Would like to learn more if it helps improve my work
Suggestions (2)	Shorter training sessions (1)	Possibly could have been done in a shorter training course
	Greater relevance to clinical staff (1)	I think it is useful, but personally, consistency in its use would allow it to become more natural, so I think it would be best for people who have the opportunity to use it daily and in face-to-face situations to encompass communication in its entirety