for Advance Care Planning and End of Life Conversations

Evaluation of the SAGE & THYME® ACP Workshop

27th August 2014

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Executive Summary

1. The 'SAGE & THYME for advanced care planning and end of life conversations' (S&T ACP) workshop aims to teach participants how to structure a conversation, using the S&T ACP model. This model was developed to aid discussion of ACP issues and deal with concerns raised by patients/carers. It was developed by University Hospital of South Manchester NHS Foundation Trust (UHSM) in collaboration with Lancashire and South Cumbria Cancer Network.

2. 22 workshops were run across 8 locations between December 2012 and May 2014.

3. 413 participants attended the workshop and 91% completed pre and post workshop questionnaires.

4. 31% of participants were GPs, 48% came from a variety of healthcare professions (e.g. practice nurse, community matron). 88% of the participants were female and the vast majority (88%) had qualified since 1980.

5. The median case load was 88, with a wide range from 1 to 16000. 31% said that under a tenth of their case load were patients in the last year of their life, and another 34% said that over 50% of their patients were in their last year.

6. Over the last 3 months the majority of participants had had between 1 and 5 ACP conversations

7. Over the last 3 months between 24% and 26.3% of participants had avoided 1 or more ACP conversations, due to lack of confidence, or other reasons.

8. There was a **significant increase** from pre- to post-workshop in the level of confidence participants had in **starting** an end of life or advanced care planning conversation (rated from 1-10). Median increase of 2, range -2 to 7, n=381, $p<0.001$.

9. There was a **significant increase** from pre- to post- workshop in the level of confidence participants had in **responding** to a patient's or relatives concerns during an end of life or advanced care planning conversation (rated from 1-10). Median increase of 2, range -3 to 7, n=378, $p<0.001$.

10. There was a **significant increase** from pre- to post- workshop in the level of perceived **competence** in conducting an advanced care planning conversation (rated from 1-10). Median increase of 2, range -2 to 8, n=376, $p<0.001$.

11. When asked 'how likely are you to use the SAGE & THYME model in your practice?' (rated from 1-10) the median score was 9 (range 1-10)

12. 74% of participant's said they would **definitely change** their practice as a result of the workshop. 21% said they possibly would.

13. 88% of participants would **definitely recommend** the workshop to their colleagues. 11% possibly would.

14. In conclusion, the SAGE & THYME ACP workshop significantly increased participant rated confidence and perceived competence in conducting ACP conversations. Participants were highly likely to implement what they had learnt into their own practice.

1. About SAGE & THYME ACP Workshops

The SAGE & THYME® model is a structured and evidence-based approach for dealing with someone worried or in distress. It is taught in a 'SAGE & THYME foundation level' workshop (see www.sageandthymetraining.org.uk). It was developed by University Hospital of South Manchester NHS Foundation Trust (UHSM) and a patient in 2006 in response to NICE guidance.

The **SAGE & THYME for advance care planning and end of life conversations ('S&T ACP') workshop** was developed by Lancashire and South Cumbria Cancer Network in collaboration with UHSM. It uses a modified version of the original SAGE & THYME model (Appendix 1), to provide a structure for initiating conversations and then listening and responding to patients or carers, when discussing advance care planning (ACP) or end of life care (EOLC) issues. The workshop is run by UHSM on a commercial basis.

The workshop is suitable for senior staff who engage in advance care planning/end of life care conversations (e.g. GPs, healthcare staff, social workers, lawyers) and who have experience of advance care planning / end of life care / Gold Standards Framework.

It lasts for 3.5 hours, is run by 3 facilitators, and can be attended by up to 30 participants. It uses a combination of a lecture, small group work and interactive rehearsals of an advance care planning conversation.

The workshop does not cover: breaking bad news; the Mental Capacity Act; or specific documents such as 'preferred priorities of care'.

During the workshop, participants focus on effective communication skills that help open an advance care planning conversation. The structure provides a consultation guide as concerns and issues are disclosed.

2. Evaluation Methods

The workshops were evaluated by asking the participants to complete a questionnaire immediately pre- and post- workshop. Two different questionnaires were used; the original one (appendix 2), and a revised questionnaire (appendix 3). These questionnaires collected information on:

- The workshop
- The demographics of the participant
    - Their profession
    - When they qualified
- The participant's level of confidence in **starting** an end of life or Advanced Care Planning (ACP) conversation
- The participant's level of confidence in **responding** to a patient or relative's concerns during an end of life or ACP conversation
- The participant's level of **competence** in conducting an ACP conversation
- Information on the number of patients on a participant's case load that are likely to be in the last year of life
- Whether the participant has lacked the confidence to have an ACP conversation in the last 3 months
- The likelihood of using the SAGE & THYME structure in practice
- Comments on the SAGE & THYME structure and its usefulness
- Whether they would recommend the SAGE & THYME ACP workshop to other colleagues

The main differences between the original questionnaire and the revised questionnaire were:

- An added demographic question on gender
- A revised demographic question on profession to allow for others who weren't General Practitioners
- Questions on the percentage of patients in the last year of life, how many ACP conversations avoided, and how many ACP conversations undertaken changed, from a free text box, to tick boxes with categorized options.

The questionnaire was amended for two reasons: i) some questions were difficult for the participants to answer and hence there was often missing data; and ii) the researchers wished to capture different information, whilst still keeping the questionnaire limited to two sheets of A4 paper.

Statistical Analysis

Data distributions were first assessed for normality. Pre and post-workshop changes were then compared for participants with pre and post-workshop data. Only a small number of participants had missing information, ranging from 2%

(pre-post workshop confidence in starting an ACP conversation) to 3% (pre-post workshop competence in conducting an ACP conversation).

3. Results

3.1 Attendance

A total of 22 workshops were held, with 413 participants across them all. 376 questionnaires were returned, giving a response rate of 91%, based on 388 returned questionnaires (Table 1). The register for the workshop run at Wythenshawe Hospital on the 15th January 2014 was lost, therefore the 12 questionnaires returned were not included in the response rates, but were used in the rest of the analysis.

Table 1: SAGE & THYME ACP Workshops

Date	No. Attended	No. Questionnaires Completed	Response Rate	Questionnaire Used
11/12/2012	17	17	100%	Original
30/01/2012	50	42	84%	Original
31/01/2012	13	13	100%	Original
21/02/2013	13	13	100%	Original
21/03/2013	23	21	91%	Original
09/04/2013 (Afternoon)	6	6	100%	Revised
09/04/2013 (Evening)	4	4	100%	Revised
11/04/2013 (Morning)	22	22	100%	Revised
11/04/2013 (Afternoon)	32	32	100%	Revised
15/04/2013 (Afternoon)	10	9	90%	Revised
15/04/2013 (Evening)	4	4	100%	Revised
16/04/2013	10	10	100%	Revised
14/05/2013	10	10	100%	Original
15/05/2013 (Afternoon)	28	27	96%	Revised
15/05/2013 (Evening)	21	20	95%	Revised
03/07/2013	29	29	100%	Revised
18/07/2013	27	5	19%	Original
20/08/2013	7	6	86%	Original

Date	No. Attended	No. Questionnaires Completed	Response Rate	Questionnaire Used
02/10/2013	25	24	96%	Revised
15/01/2014	REGISTER MISSING	12		Revised
07/05/2014	31	31	100%	Revised
23/05/2014	31	31	100%	Revised
TOTAL	**413***	**376***	**91%**	

*Excluding questionnaires from the 15/01/2014

In total 127 participants filled out the original questionnaire, whilst 261 people filled out the revised version.

The 22 workshops were held across 8 locations. Birmingham held the most (n=7) workshops, whilst Wythenshawe Hospital had the highest number of attendees (n=85) (Table 2).

Table 2: Locations of SAGE & THYME ACP workshops run

Venues	Workshops Run	No. of attendees	%
Preston	3	53	13%
Belfast	1	50	12%
Antrim	1	13	3%
Wythenshawe Hospital	4	85	21%
Queen Elizabeth	2	54	13%
Westleigh - UCLAN	3	44	11%
Birmingham	7	83	20%
Wrenhall	1	31	8%

3.2 Demographics

Profession

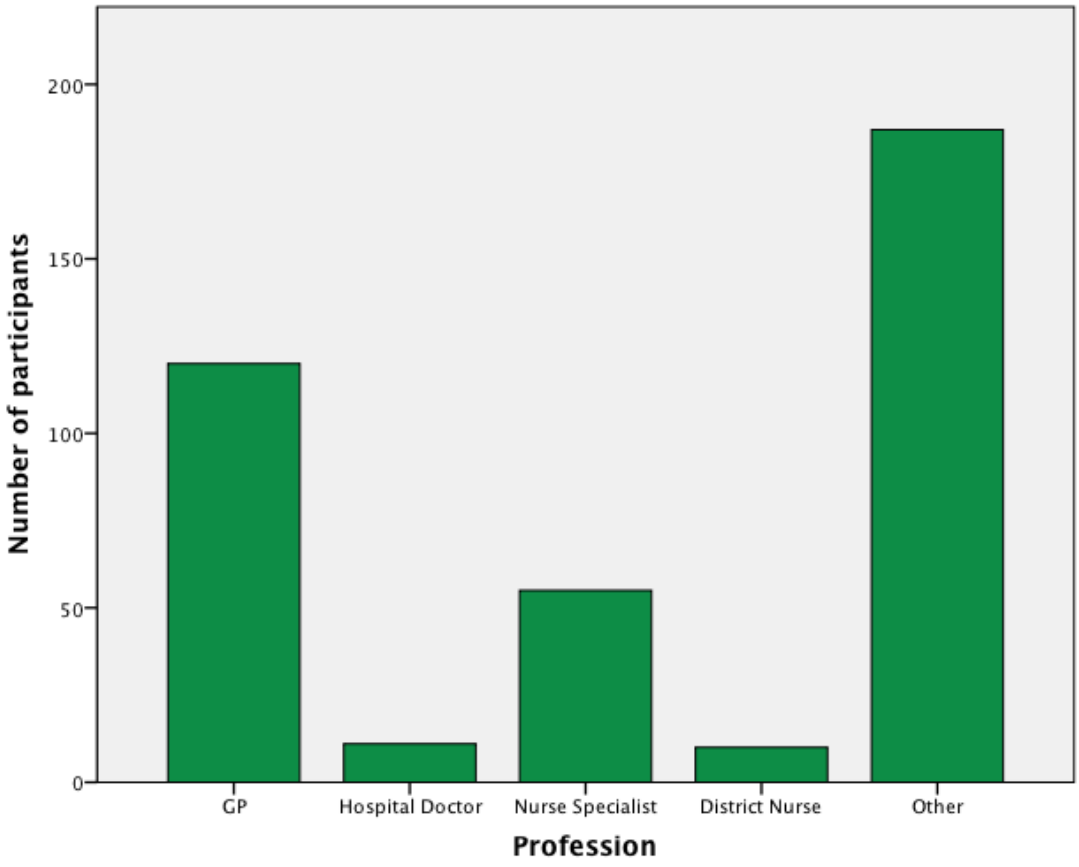
31% (120) of the participants were GPs, whilst 48% (187) were classified as 'other health professional' (table 3, figure 1). 5 participants did not fill in any profession, meaning there was a total of 383 responses

Table 3: Participant Professions

Job Title	Number	Percentage
GP	120	31%
Hospital Doctor	11	3%
Nurse Specialist	55	14%
District Nurse	10	3%
Other Health Professional[#]	187	48%

#Staff nurse, Out of Hours nurse, Practice Nurse, Lead Nurse, Community Matron, Palliative care nurse, Occupational Therapist, Nurse Manager, Physiotherapist, Lecturer, Speech and Language Therapist, Nurse educator, Theatre Sister, Nursing Home Manager, Student Nurse, Social Worker, Programme Manager.

Figure 1: Profession of participants



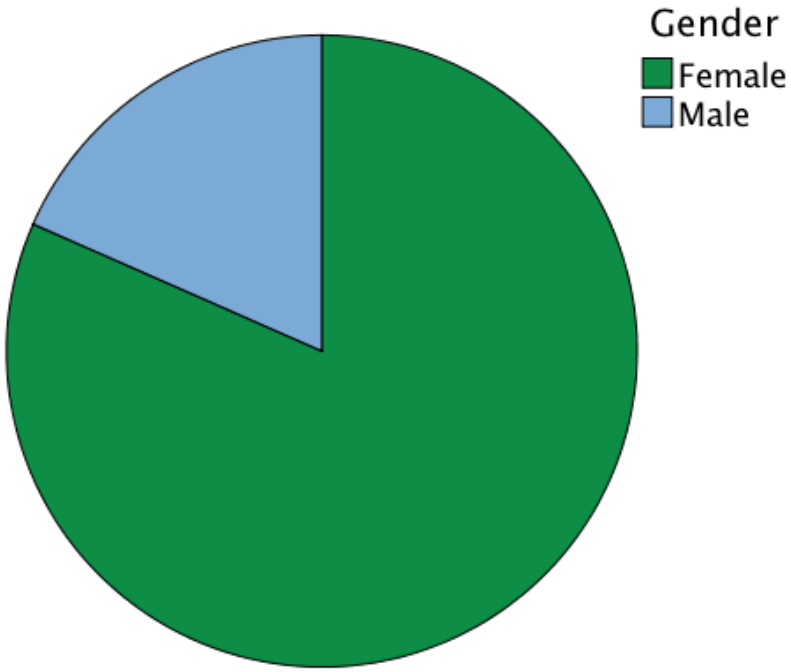
CCG

The question on which Clinical Commissioning Group area a participant worked, in, gained a large number of different responses that were difficult to categorise. Therefore responses to this question are included in Appendix 4.

Gender

Information on gender (either via original or revised questionnaire) was available for 315 participants. 1 person did not provide the information and 72 participants were not asked. Figure 2 shows that only 18% of participants were male (82% female).

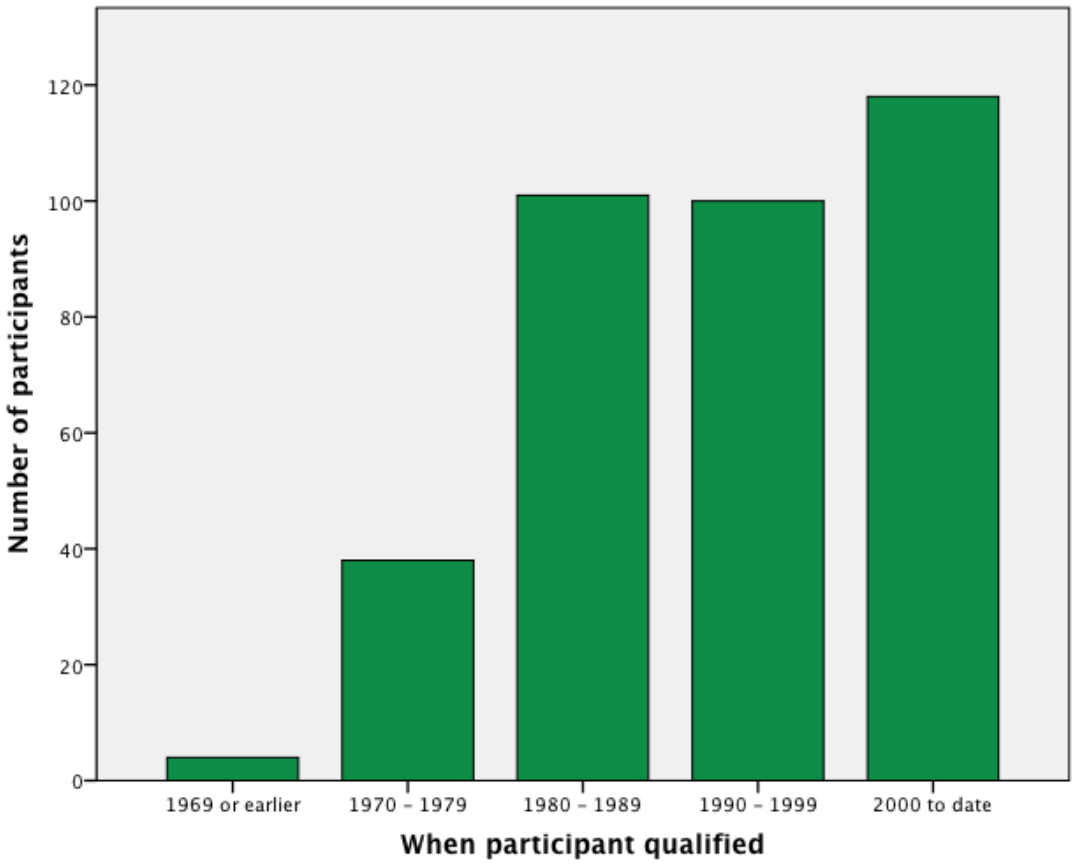
Figure 2: Gender of participants



Year of qualification

88% (n=318) of participants who provided information qualified in their profession since 1980 (figure 3), with just under a third (32.7%) having qualified between 2000 and the present. Only 1.1% had qualified in 1969 or earlier. 9 people said this question was not applicable to them, and 18 more did not provide any answer.

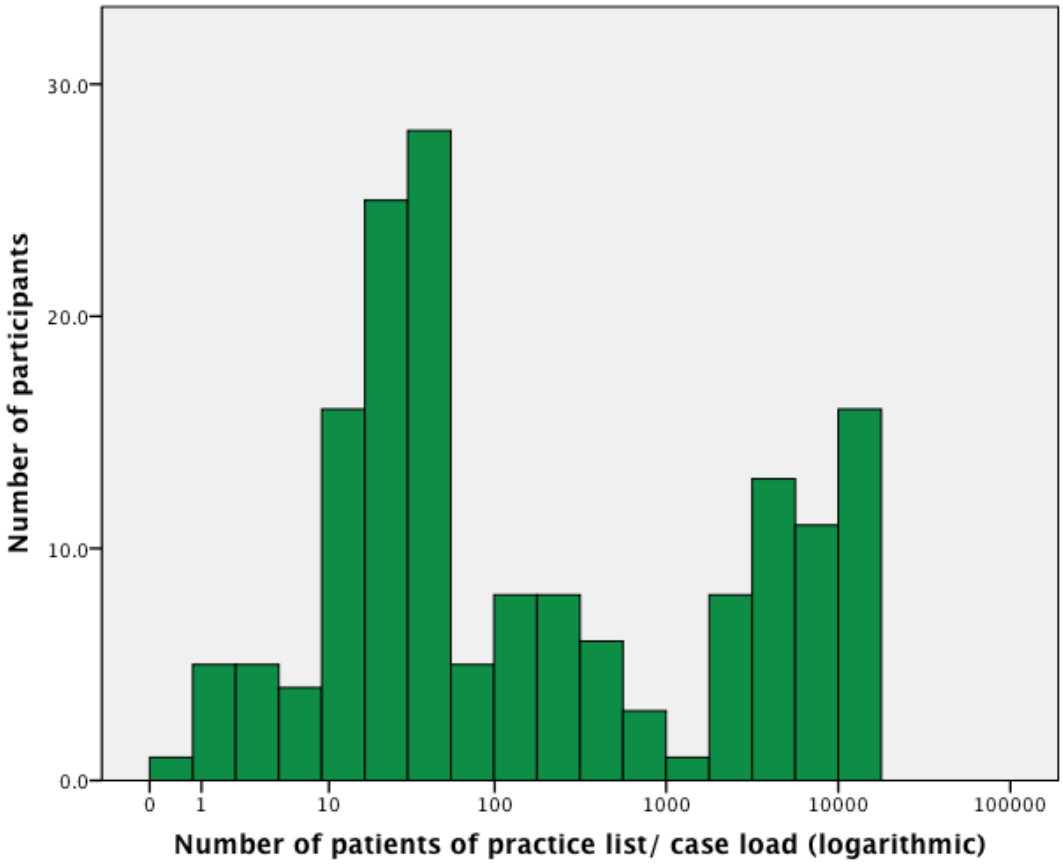
Figure 3: Year when participants qualified in their profession



3.3 Patient Population

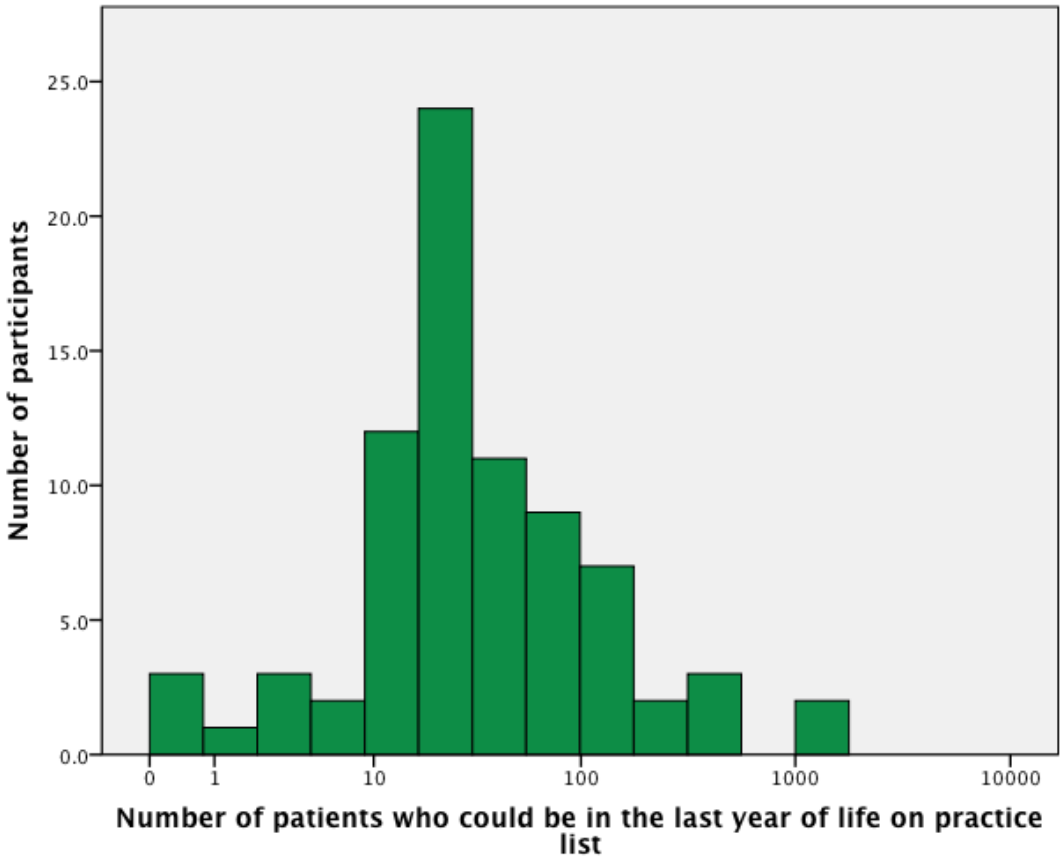
Participants who received the revised questionnaire (n=261) were asked to approximate how many patients they had on their practice list/case load. The median number was 53 (ranging from 1 to 16000) (Figure 4). Of the 261 73 people said this question was not applicable and a further 25 provided no information. Therefore figure 4 consists of information from 163 participant's responses.

Figure 4: Number of patients on practice list/case load



Question 7 of the original questionnaire asked how many patients were in the last year of their life with a text box for the participant to approximate the number who were in the last year of their life. Of the 127 people who were asked this question, 79 gave a response (48 people gave no information). The median number of patients per case load within the last year of their life was 30 (range 0-1500) (Figure 5).

Figure 5: Number of patients who could be in their last year of life on practice list

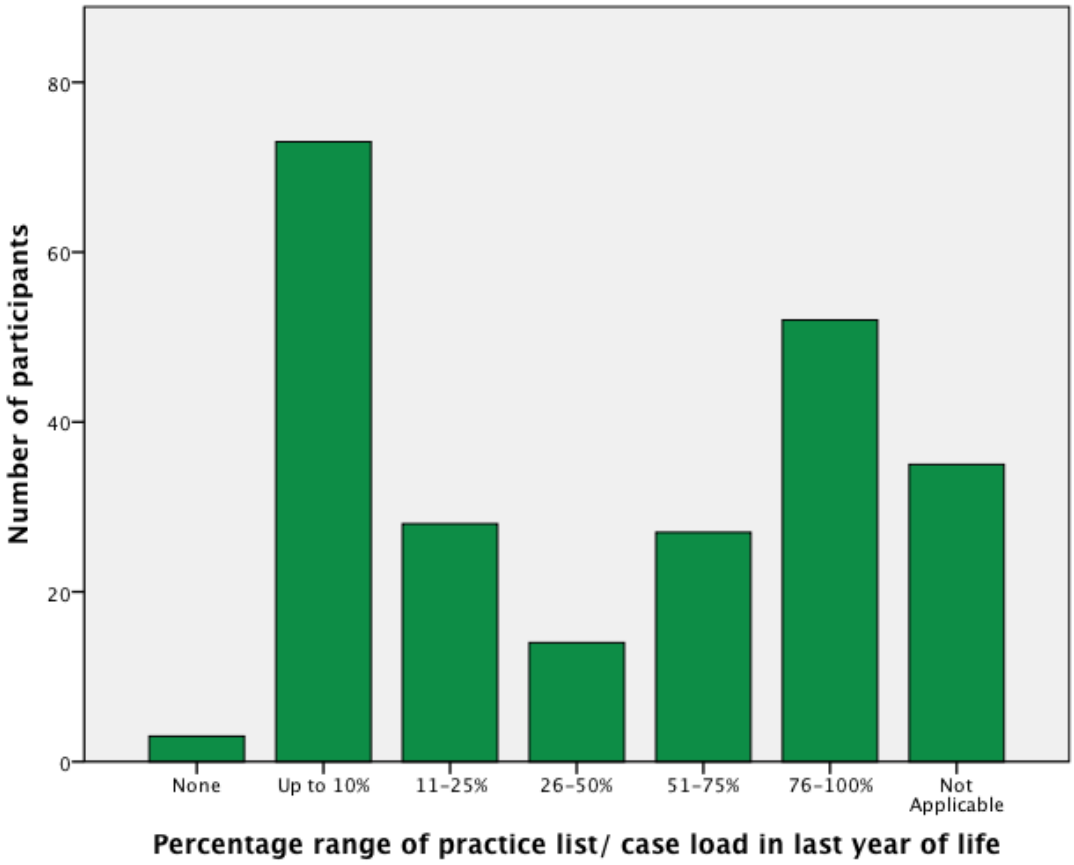


Similarly, question 10 of the revised questionnaire asked participants to approximate the percentage of their case load that could be in the last year of life (including those with long term conditions/cancer and the frail elderly. They were given 7 options:

1. None
2. Up to 10%
3. 11-25%
4. 26-50%
5. 51-75%
6. 76-100%
7. Not applicable

Of the 261 people who were asked this question 232 responded (29 missing) and the results are shown in figure 6.

Figure 6: Percentage of patients in the last year of life (including those with long term conditions/cancer and the frail elderly)



The largest group was 'up to 10%' with a count of 73 (31%), whilst over a third (34%) said that 'over 50%' (51-75% and 76-100%) of their practice list/case load were in the last year of their life.

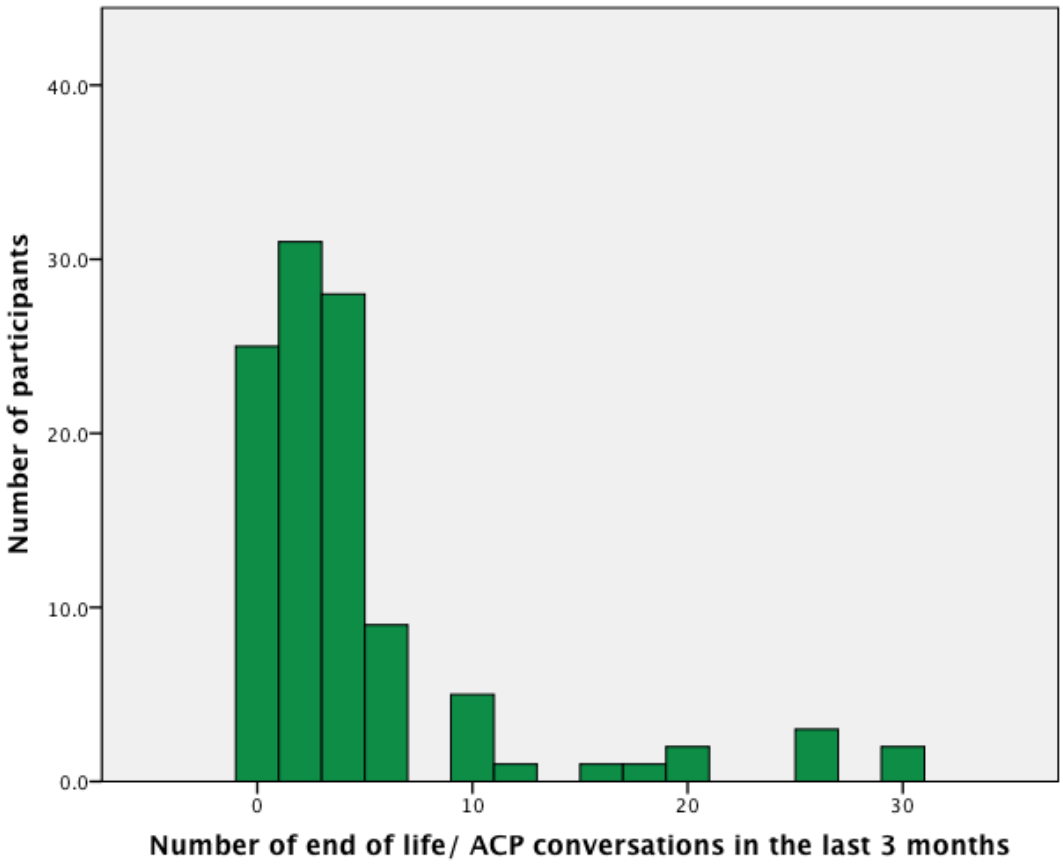
Figures 4, 5 and 6 indicate that there was a large variation in case load for workshops participants. General practitioners for example, may have large case loads with a low percentage of patients in the last year of life, whilst other occupations have a highly specific case load, with a low number of patients, but a higher percentage of them in the last year of their life.

3.4 Advanced Care Planning (ACP) Conversations

Participants were asked how many end of life (EOL) / ACP conversations they had been involved in over the last 3 months. The original questionnaire gave a free text response box, whereas the revised version had 7 tick boxes with ranges on them (see appendix 3, question 11 pre-workshop).

Answers to the original questionnaire were varied (figure 7) ranging from 0 to 30. 23.1% (n=25) responded with answers of 0, and 59.3% (n=64) gave answers of between 1 and 5.

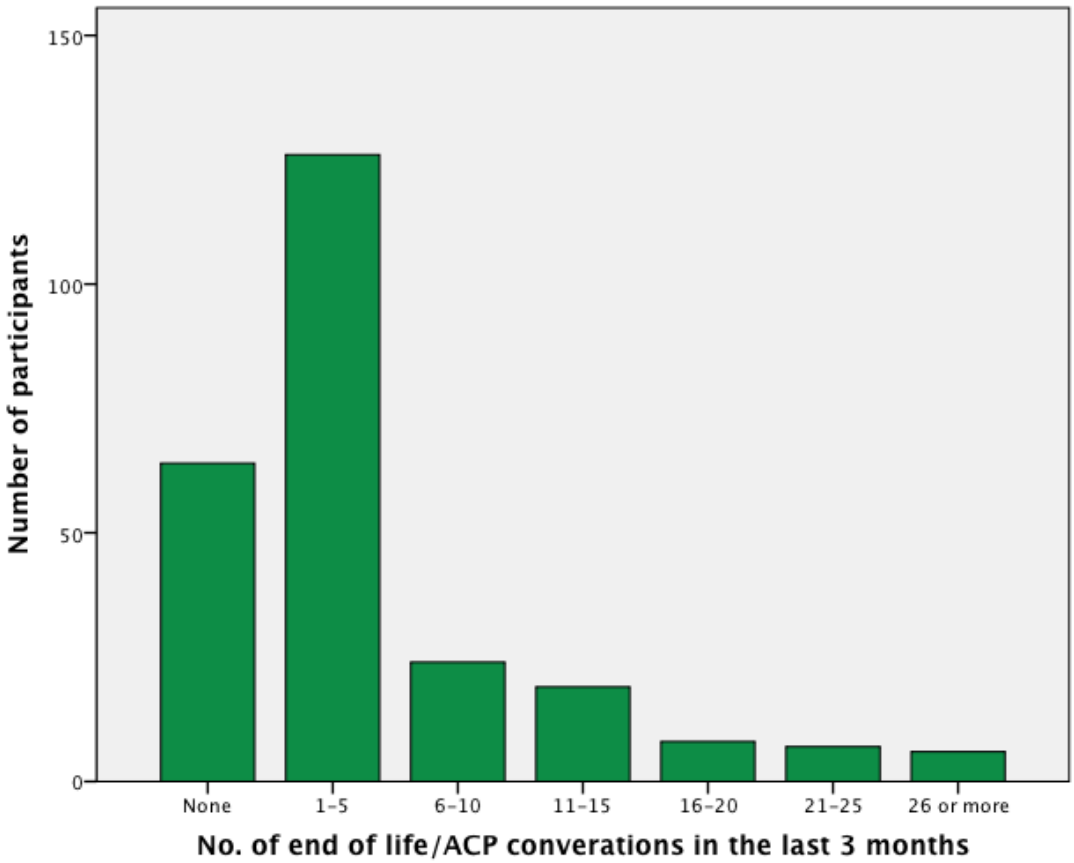
Figure 7: Number of ACP conversations in the last 3 months (original questionnaire)



Of the 127 people who were asked this question 108 responded, whilst 19 gave no response.

Responders to the revised questionnaire numbered 254, with the main answers given being 'none' (n=64, 25%) and '1-5' (126, 50%). This meant that a quarter (n=64) had been involved in more than 5 ACP conversations in the last 3 months (Figure 8). These were similar findings to the original questionnaire.

Figure 8: Number of ACP conversations in the last 3 months (revised questionnaire)

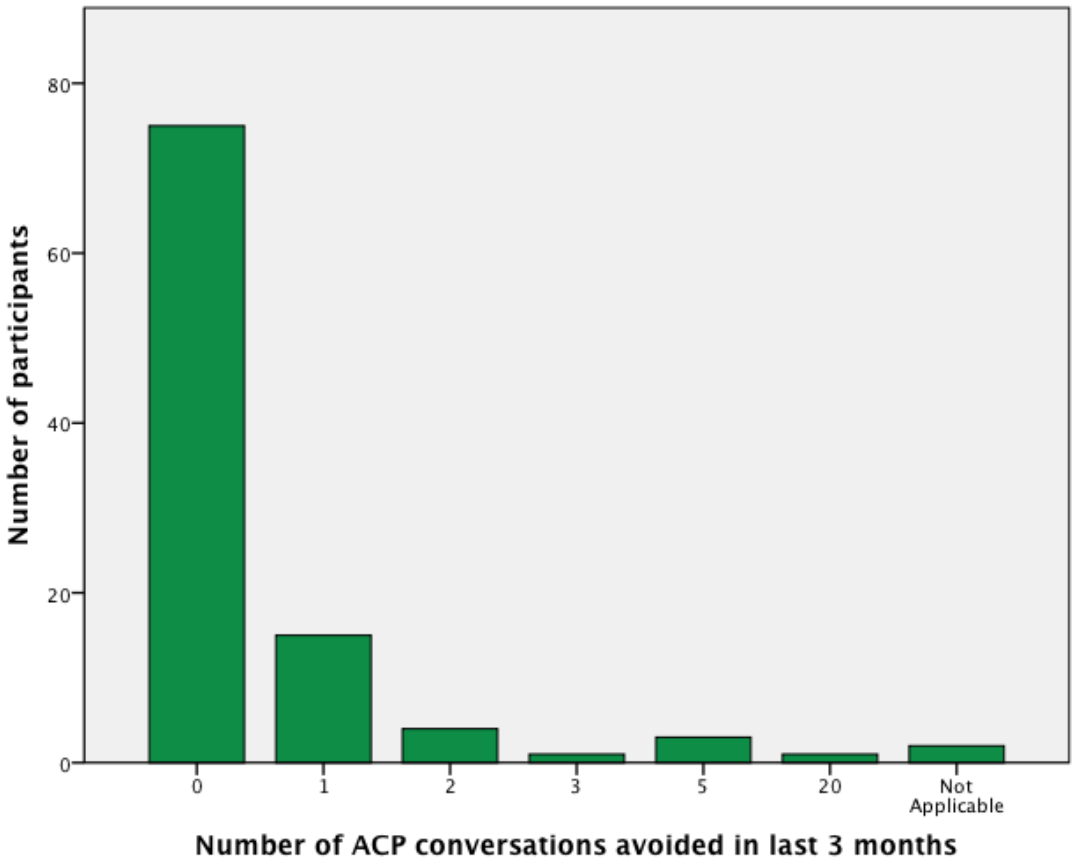


7 participants gave no information.

Participants were also asked whether they had avoided ACP conversations in the last 3 months. The original asked for the number of conversations they had avoided (see appendix 2 question 9 pre-workshop), whilst the revised questionnaire asked whether this was due to confidence (see appendix 3 question 12 pre-workshop).

Nearly three quarters (74.3%, n=75) of participants who received the original questionnaire said they hadn't avoided any ACP conversations in the last 3 months. 24 responders said they had avoided 1 or more conversations (24%) with one responder stating they had avoided 20 ACP conversations in the last 3 months. 2 people said this question was not applicable to them (figure 9).

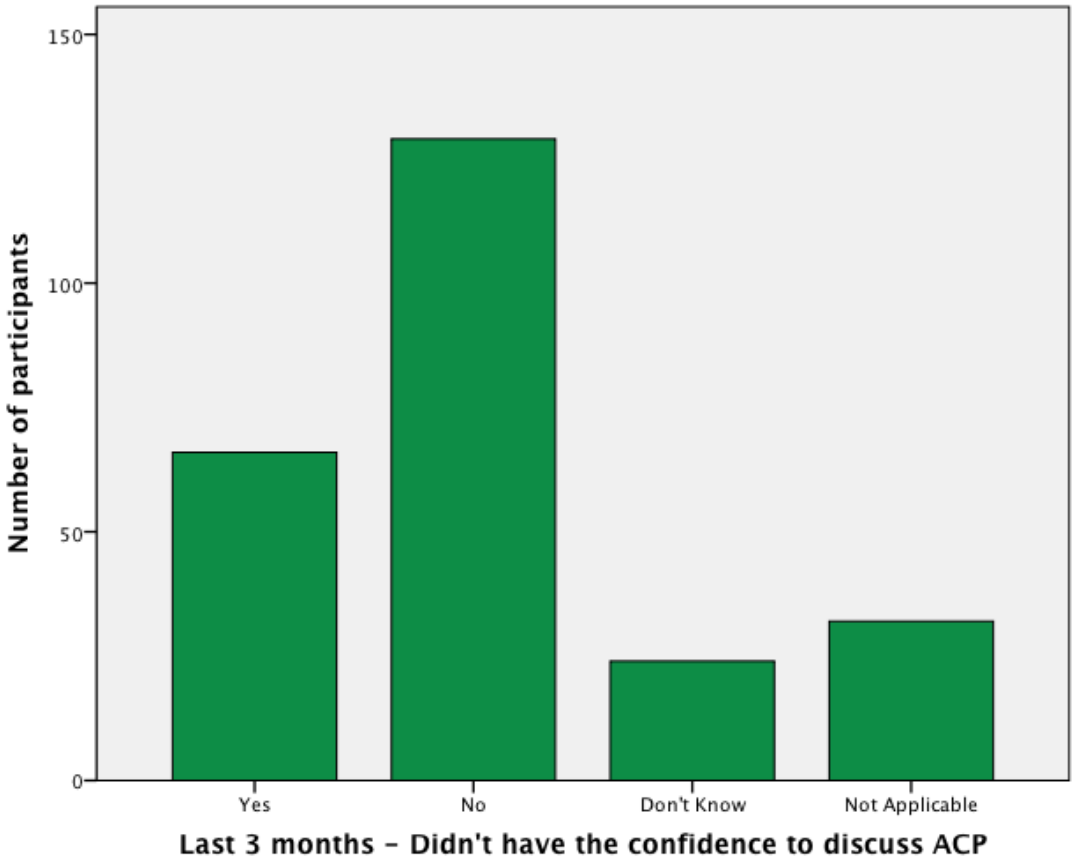
Figure 9: The number of ACP conversations participants had avoided in the last 3 months



26 participants provided no information for this question

66 people receiving the revised questionnaire (26.3%) responded that they had avoided an ACP conversation due to lack of confidence, whilst the majority 129 (51.4%) said they had not. 24 (10%) people said they weren't sure and 32 (12.7%) said this wasn't applicable to them (figure 10).

Figure 10: Whether or not participants had avoided ACP conversations in the last 3 months due to lack of confidence



10 participants gave no information

3.5 Confidence in advanced care planning (ACP) conversations

Confidence in starting an ACP Conversation

The participants were asked to rate their level of confidence in starting an end of life or advanced care planning conversation on a scale of 1 to 10 (1 being no confidence, with 10 being complete confidence). The scores (median (range)) were: pre-workshop 5 (1-10) (n=384) (figure 11) and post workshop 8 (2-10) (n=385) (figure 12).

Figure 11: Pre-workshop score for confidence in starting an ACP conversation

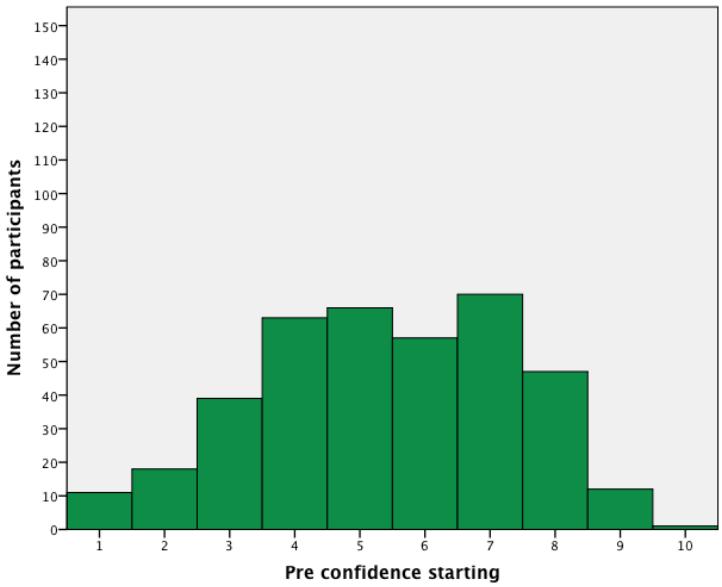
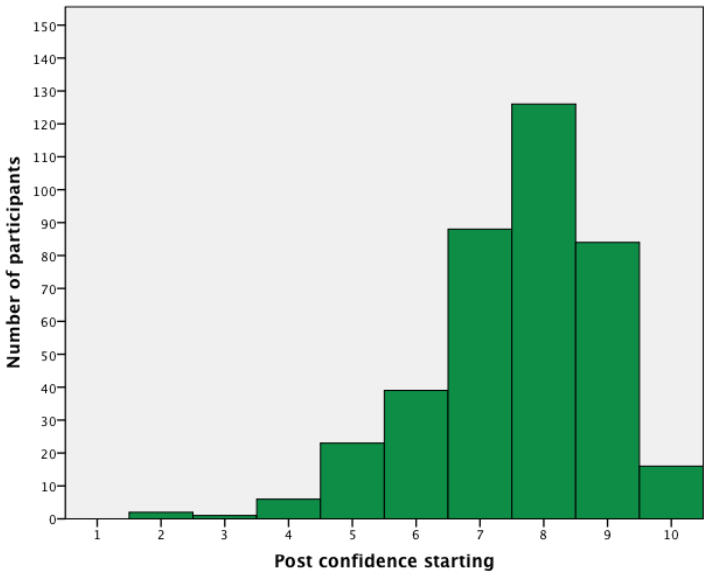


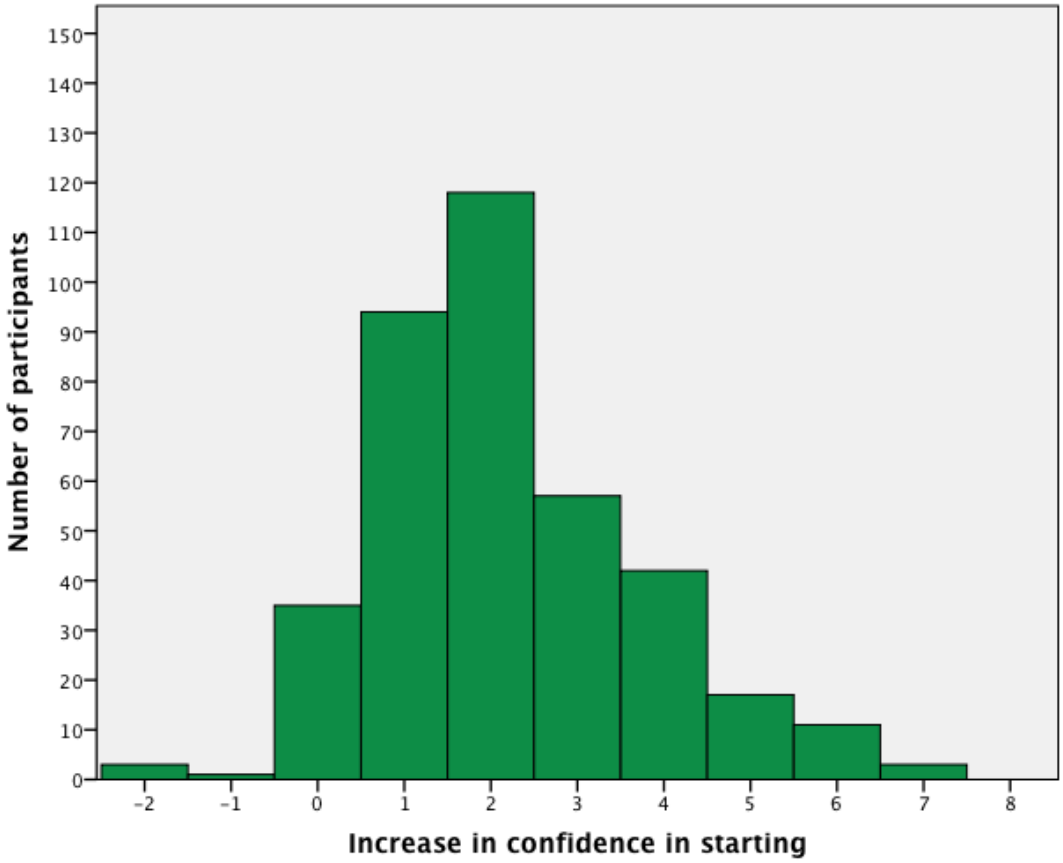
Figure 12: Post-workshop score for confidence in starting an ACP conversation



The change in confidence score in starting an ACP conversation from pre to post workshop had a median increase of 2 (range -2 to 7) (n = 381) (figure 13). This is a statistically significant increase (Wilcoxon signed rank test; p<0.001).

4 participants had reduced confidence, 3 of -2 and 1 of -1. 35 (9%) had no change in confidence in starting ACP conversations.

Figure 13: Change from pre- to post- workshop in score for confidence in starting an ACP conversation



Confidence in responding to a patient/relative's concerns

The participants were asked to rate their level of confidence in responding to a patient or relative's concerns during an end of life or advance care planning conversation on a scale of 1 to 10 (1 being no confidence, with 10 being complete confidence). The scores (median (range)) were: pre-workshop 6 (1-10) (n=382) (figure 14) and post-workshop 8 (2-10) (n=384) (figure 15).

Figure 14: Pre workshop score for confidence in responding to a patient or relative's concerns during an ACP conversation

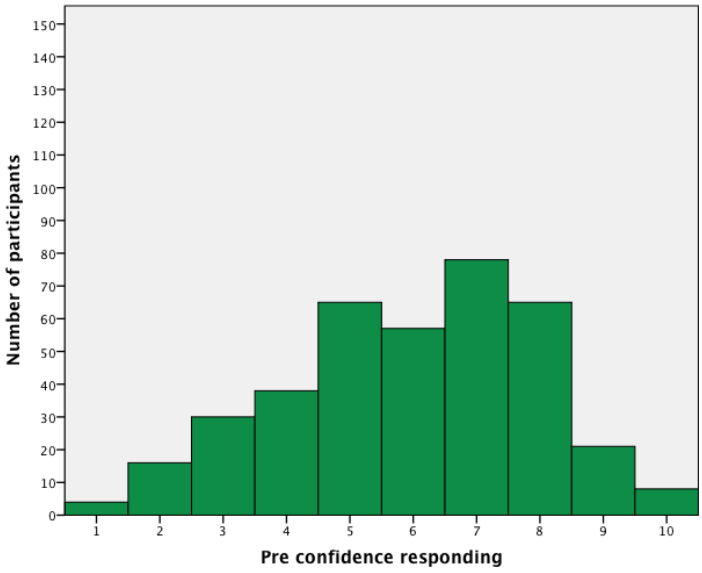
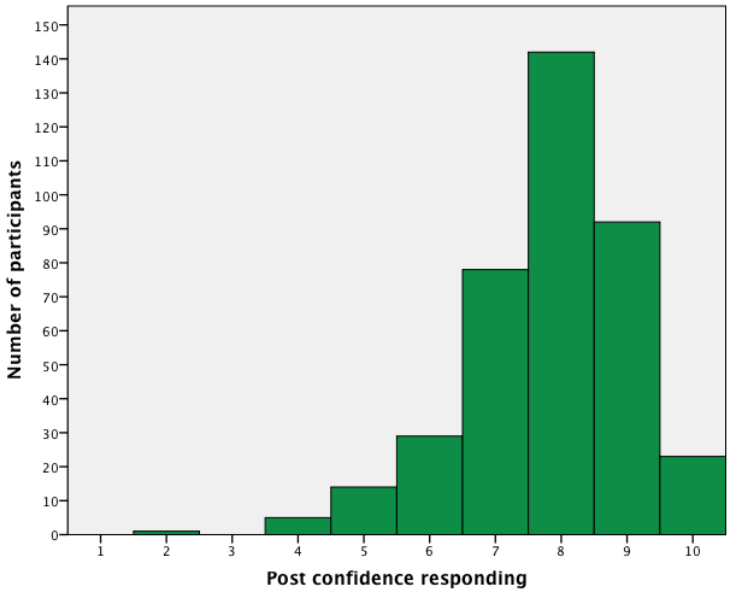


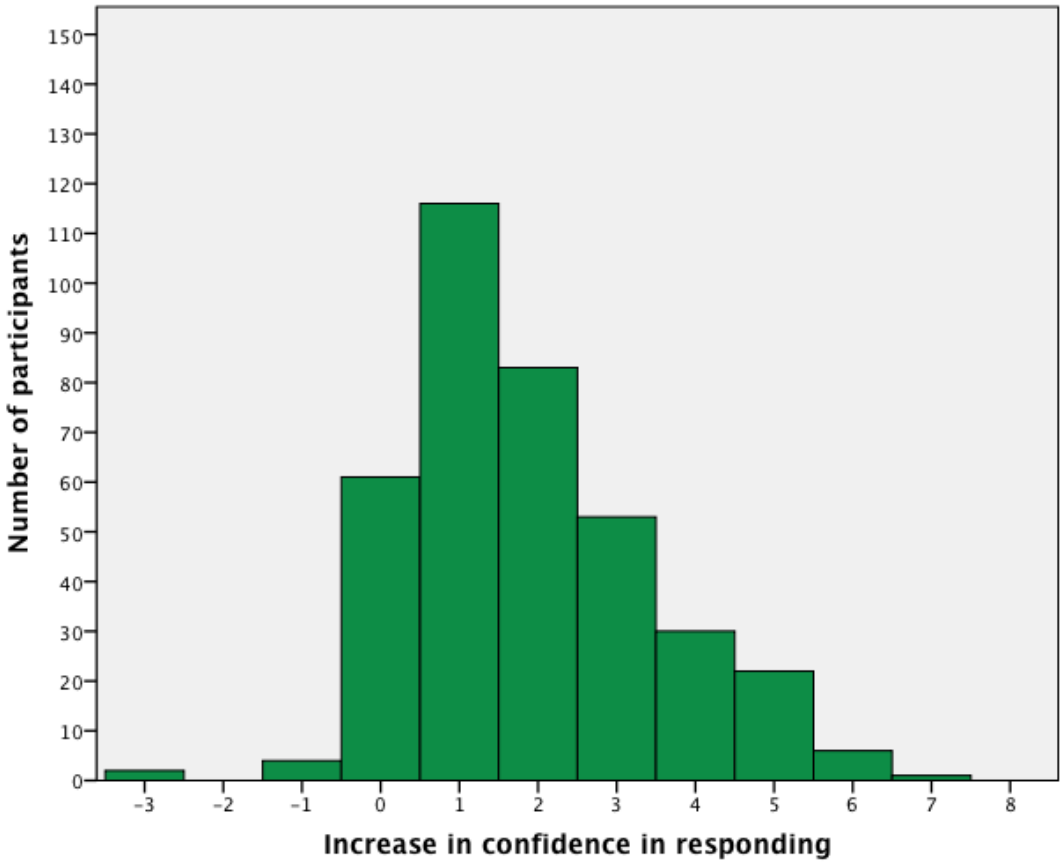
Figure 15: Post-workshop score for confidence in responding to a patient or relative's concerns during an ACP conversation



There were 378 participants with both pre and post workshop scores for confidence in responding. The median increase from pre to post scores was 2 (range -3 to 7) (figure 16), this was a statistically significant increase (Wilcoxon signed rank test; p<0.001).

6 people confidence scores were reduced (1.5%), with 2 participant's score dropping 3 points (8 to 5 and 10 to 7). The other 4 peoples' scores were reduced by 1 point. 61 people had no change in confidence (16%).

Figure 16: Change from pre- to post- workshop in score for confidence in responding to a patient or relative's concerns during an ACP conversation



3.6 Competence in conducting advanced care planning (ACP) conversations

Participants were also asked to rate their level of competence in conducting ACP conversations on a scale of 1 to 10 (1 being no competence, with 10 being complete competence). The scores (median (range)) were: pre-workshop 5 (1-10) (n=378) (figure 17) and post-workshop 8 (2-10) (n=382) (figure 18).

Figure 17: Pre-workshop score for competence on conducting an ACP conversation

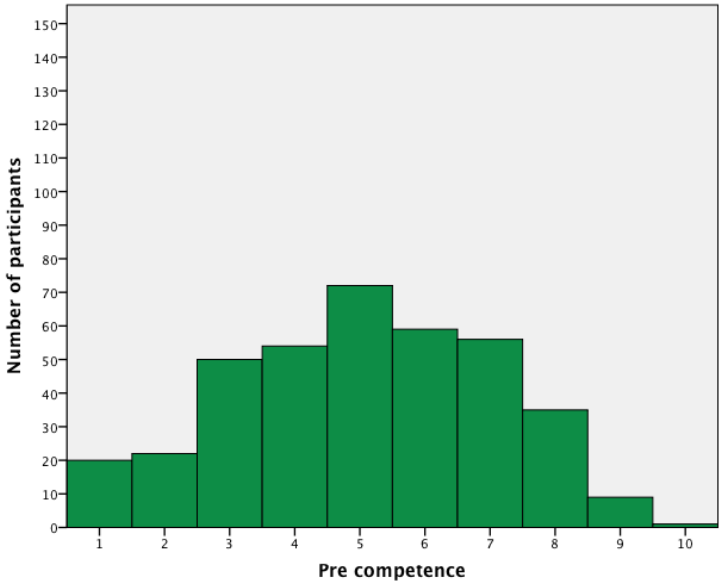
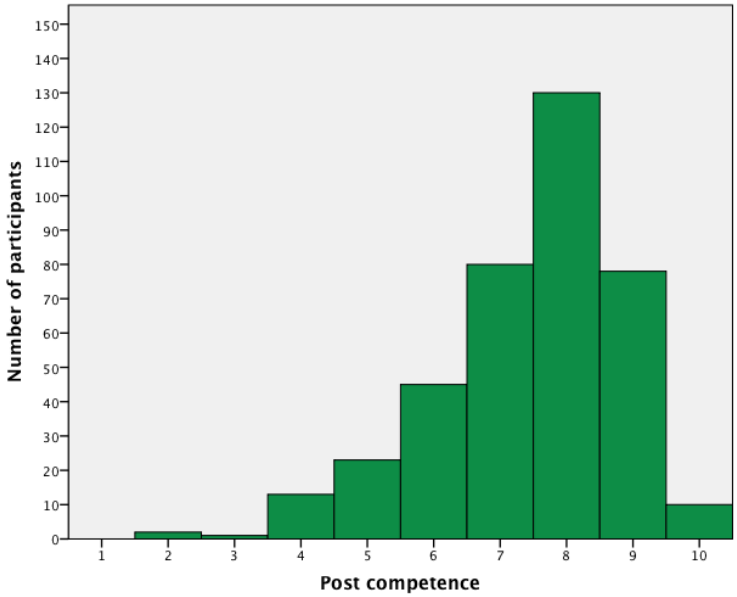


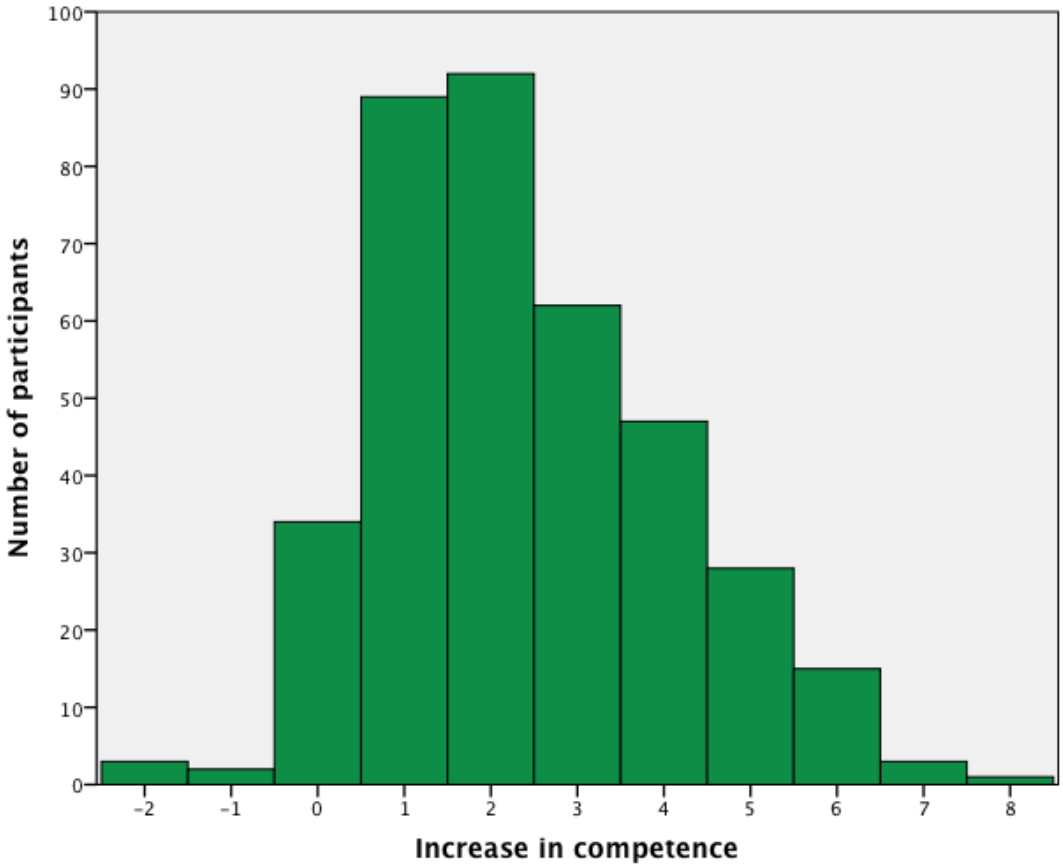
Figure 18: Post-workshop score for competence in conducting an ACP conversation



There were 376 responses with both pre and post workshop scores, the median increase was 2 (range -2 to 8) (figure 19). This is a statistically significant increase (Wilcoxon signed rank test, p<0.001).

5 participants had reduced scores: 3 of these were -2 (from 6,9 and 4 to 4, 7 and 2 respectively) and 2 were -1. 34 people (9%) recorded no change.

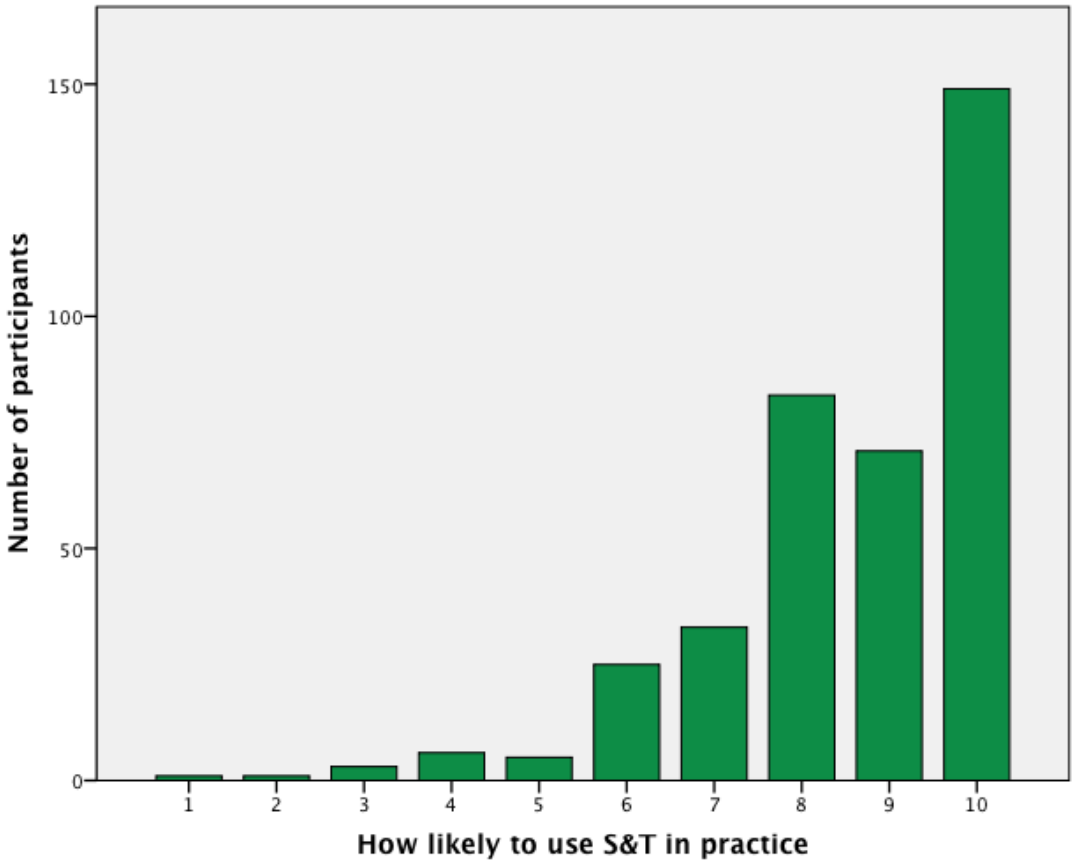
Figure 19: Change from pre- to post- workshop in score for competence in conducting an ACP conversation



3.7 Changing Practice

Both questionnaires asked 'how likely are you to use the SAGE & THYME model in your practice?' Responses were recorded on a scale ranging from 1 to 10 (1 being not at all, to 10 being definitely). There were 377 responses and the median was 9 (range 1-10). Furthermore 149 (40%) people scored themselves a 10 (figure 20).

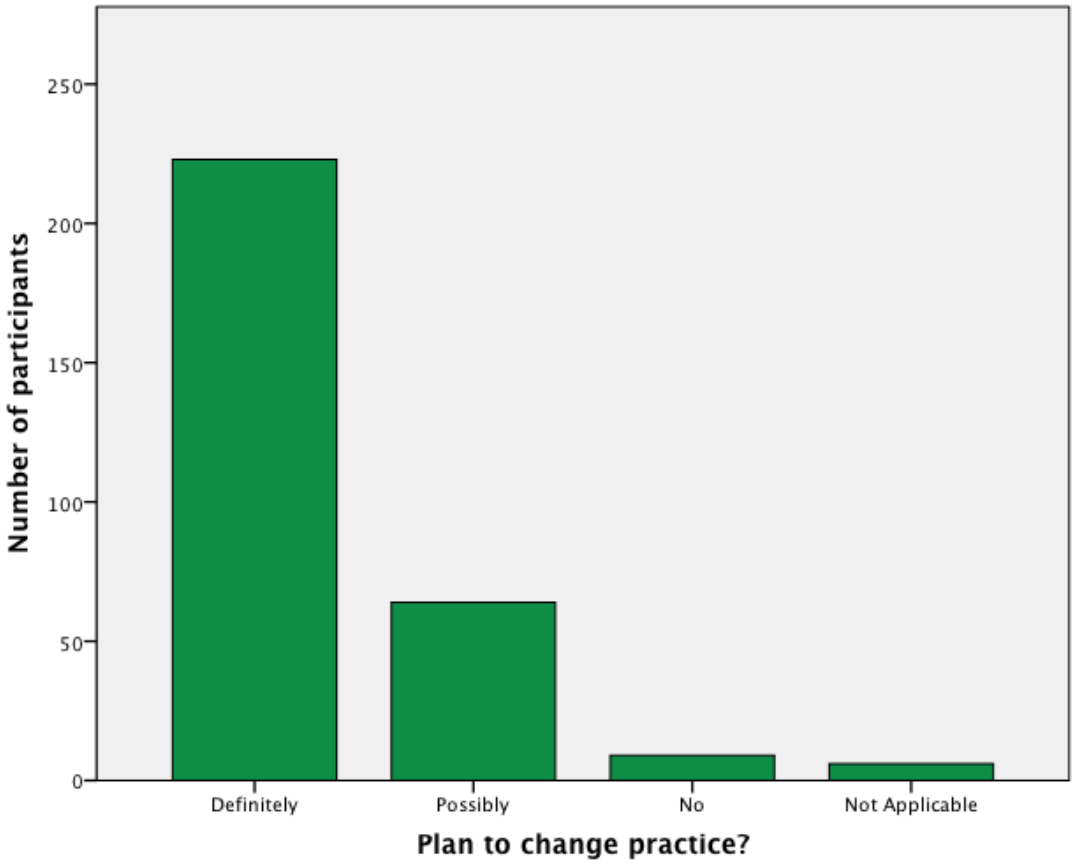
Figure 20: Likelihood of using SAGE & THYME model in practice



10 responses were missing, and one person replied this was not applicable.

302 people responded to the question as to whether they planned to change their practice as a result of the workshop. 73.8% (n=223) of participants said they would definitely change their practice, and 21% (64) said they possibly would (figure 21).

Figure 21: Participant's plan to change practice as a result of the workshop



15 people provided no information in response to this question, 6 participants said it was not applicable to them.

Participants were also asked ‘what is the most helpful thing about the SAGE & THYME structure for you?’ (original questionnaire)(table 4) and what is the most helpful thing you learnt in this workshop?’ (revised questionnaire)(table 5)

Table 4: What is the most helpful thing about the SAGE & THYME structure?

Unique no	What is the most helpful thing about the SAGE & THYME structure?
1	The importance of finding all the patient's concerns, their support and their solutions.
2	Screening questions
3	Enables the patient to be in control of the conversation.
4	Having a structure important to be patient centred, enables us to have important conversations with time constraints.
5	Structure to enable use if consultation becomes disorganised. Enable patient to 'voice their concerns' - 'something else' - phrase.
6	It gives structure and guideline which helps conversations to flow smoothly.
7	The model as a structure to start and finish difficult conversations.
8	Allow patient to consider own solutions.
9	More confidence in starting and finishing a conversation.
10	Useful structure and phrases to try.
12	It gives you the way in to the conversation and also a way out.
13	Asking what the patient thinks would help. Starting the conversation with things that have happened.
14	Structure to follow. Phrases to use. Summarising and reflecting.
15	The actual framework. Is there something - phrase.
16	Focus on patient agenda and concerns. Regular feedback during conversation.
17	Having a structure to work to.
19	It is patient centred.
20	Structure and empowering patients.
21	Opportunity to acknowledge situation - structure very patient centred.
22	Framework very useful to structure difficult conversations.
23	Useful to consider having such conversations through a more specific structure and the benefits of this.
24	Organise frameworks to work within.
25	It gave a framework.
26	helps to remain focussed. Creates confidence in engaging in EOL conversations.
27	Avoiding jumping in too soon with solutions/advice
28	Moved from head to heart.
29	Asking patient what they think might help, rather than going straight to "is there something you'd like me to do?"
30	Having structure - helping to maintain conversation/issues they have raised.
31	Enabling a structural template - very worthwhile.

Unique no	What is the most helpful thing about the SAGE & THYME structure?
32	The structure is very good.
33	Not to jump in and reassure people. Framework to focus on clarification.
34	Learning that I don't need to reassure from the start as I may miss out on various other information by doing this.
35	A framework to work through.
36	Allowing patients to talk before we jump in with solutions.
37	General concepts and themes to ensure important areas are not omitted.
38	Listen not assume
39	Clear generic process. I don't need to have all the answers.
40	A framework to guide me whilst having difficult conversations.
41	Much more person-centred. More effective communication skills.
43	Structure and focus
46	Trying to elicit all the concerns. Not jumping in with solutions until the end.
47	Providing patient centred structure and avoiding doctor's agenda of symptom control.
48	It gives me a structure!
51	[Unreadable]
52	Structure. Gathering before you give.
53	Gathering information - allowing patient to express first before giving info.
54	How to start conversations about end of life care.
55	Structured questioning. To listen to all concerns and not just first question.
56	Gather concerns, wait and see / don't jump in with solutions.
57	Feel will be beneficial in my assessment, will help with structuring the conversation.
58	It will remind me not to instantly offer solutions or suggestions to the first problem that is mentioned, thereby potentially missing other problems.
59	Having a structure. Encourages patient-centredness.
60	Avoids missing important issues, it is the patient's agenda.
61	It is centred around the patient's concerns and is led by the patient's responses.
62	Assessing what the patient's main concerns are and not what I perceive they are.
63	Patient centred. Easy to use structure. Not time consuming.
65	It's patient focussed and follows their agenda.
66	The structure and opportunity to screen for other concerns as well as the need to allow the patient to dictate the pace.
67	Not to go with my agenda.
68	When it came to 'Help' - what would help patient and who is there to help. Knowing I don't have to try and "fix" concerns.
69	It's led by the patient and can deal with issues in the way the patient wants to address them.

Unique no	What is the most helpful thing about the SAGE & THYME structure?
70	Timely and understanding of patient's fears and concerns and allowing them to plan their care.
71	Focus on the patient's agenda and the communication strategies.
72	Listening.
73	A- ask
74	A brilliant aide memoire. Thank you!
75	To keep asking the questions.
76	Eliciting concerns / working with patient's own solutions.
77	Encourage the patient to express their concerns and opinions re solutions, allow time for concerns to be expressed.
78	Enrolling the patient to lead the discussion.
79	Structure for a patient led consultation with emphasis on empowering the patient to problem solve themselves.
80	Easy to remember when many things on mind.
81	Awareness of the topic as a subject.
82	Gives direction, suggests phrases which will be useful.
83	Structure and framework to avoid panic! To acknowledge how different people help.
84	Took away the panic. Gives a structure to work by.
85	The multiple opportunities it allows the patient to express their point of view and empower them.
86	The structure and asking "what do you think would help" empowering the patient.
87	The ease of the structure and the ability to end.
88	YOU' not to focus on 'ME'.
90	The 'you' part is extremely helpful to me due to the patient's wishes and the gathering not just dealing and fixing one issue.
91	Structure to consultation, "YOU", exit strategy to consultation.
92	The structural approach and the 'you'.
93	Allowing patient to take lead more. 'YOU'.
94	Structure to guide me and keep me on track without going off at a tangent.
95	Having structure in undertaking the conversations.
96	Remember - what do you want? Plus giving patient time to speak.
97	Patient focused but provides a tool to help introduce ACP.
98	Clear steps on how to conduct the conversation.
99	Structure. Gathering before you give.
100	Bringing the patients thoughts and wishes into the discussion - using this as the focus for how to move forward.
101	Listening to the person's needs/concerns - staying on their track.
102	Allows the patient to set the agenda.
103	The balance it gives to the discussion in supporting the patient to make decisions for themselves in difficult circumstances.
104	Leads naturally into the conversation about priorities of care.
105	Asking the you before the me.

Unique no	What is the most helpful thing about the SAGE & THYME structure?
106	That there is a structure similar to the Cambridge-Calgory consultation model.
161	Summarising/acknowledgment
163	Structure
164	Gave a frame for the consultation; use summary now.
165	More methodical / structure to information gather (gather THEN give).
166	It will help me hold back from offering solutions until later in the consultation which will allow me a better understanding of my patient's issues.
167	Holding back from offering advice too quickly
168	Patient centred approach. [?] information.
169	Structured approach.
170	Patient centred prime importance.
200	It gives a plan of action and a frame work. Gives confidence
201	Information gathering. Prevention in reaching conclusions early
202	Not jumping to the M part. Giving the patient more time to say what's really important
203	To follow a structure, recognise cues and summarise throughout
204	Patient agenda not health care professionals. Eliciting patient solutions and their ideas
205	A structure to the conversation and do it methodically
206	Keeping the patients agenda at the centre throughout the consultation
207	The logical flow of the conversation using SAGE & THYME
208	To recognise the patients individuality and to take the time to make the patient feel in control of their life
210	Sticking to patients agenda and eliciting the patients true fears and giving them control

Table 5: What is the most helpful thing you learnt in this workshop?

Unique no	What is the most helpful thing you learnt in this workshop?
107	SAGE & THYME - ACP - fully explore, I stay in control.
108	Ability to defer concerns until further on in the conversations.
109	How you can be in control of a conversation and the structure works.
110	Structure - how much more efficient and effective this makes EOL discussions. Makes it easier to initiate the discussion.
111	Structure. Not fixing problems - listening.
112	The structure of SAGE & THYME. Remembering I can't fix everything.
113	Structure to important conversations.
114	Not necessarily 'fix things'.
116	The structure of SAGE & THYME.
117	It's OK not to solve all the problems, let the patients tell you what they need first!
118	How to initiate a difficult conversation and the ability/confidence to make a plan regarding end of life.

Unique no	What is the most helpful thing you learnt in this workshop?
119	That you do not need to answer all the 'big' questions directed at you!
120	Structure of model and how it can be applied to other scenarios.
121	Letting patients being empowered, not fixing, solving knowing how to get from awkward questions.
122	More confidence about end of life conversations and taking time to listen to all their concerns.
123	Structuring difficult conversations and drawing out key issues/concerns.
124	Structure, not having to have the immediate answers or solutions.
125	About structure and a new way of thinking to difficult conversations.
126	The structured approach.
128	Being able to hold back and not jump in with advice. Asking if there is anything else and ending the consultation.
129	The structure of SAGE & THYME.
130	Organised approach.
132	Confidence.
135	To gather all information and then making action plan.
136	About the simple, practical, evidence-based way to have discussions about end of life care.
137	Structure, more power back to patient.
138	Listen more and talk/advice a little less.
139	Listening and giving the time to the patients to voice their concerns.
140	Listening to the whole story, the patient at the centre, the patient creating solutions to their own problems - my role to listen and facilitate this process.
141	Nurse is not main fixer/support system - listen to patient and allow them to prioritise care.
142	Time spent with patients is critical - listening is vital and reiterating what heard is important.
143	The structure of SAGE & THYME = the importance of listening to the patient and summarising what they said.
145	The structure of the conversation.
147	To write information down as the discussion occurs.
148	Role playing practice.
149	Theory and practical group work, role play.
150	Keep to a structure using SAGE & THYME.
151	Empowerment to the patient.
153	Leave it to the patient. Don't jump in.
155	I was surprised that by letting the patient talk through things they seem more clear and definite of what they want/don't want by the end of the conversation.
156	SAGE & THYME.
157	Structure and reflecting back to the patient.
158	Importance of letting the patient speak.
159	How to ask the questions appropriately in a structured way so that you don't lose the essence of what is being said.
171	Listen to the patient need's before given answers
172	Agendas and empowering patient/relative - A framework to allow discussion of difficult topics

Unique no	What is the most helpful thing you learnt in this workshop?
173	To listen more
174	Not to problem solve too soon/ listen
175	Hold back and listen more rather than offer solutions earlier on
176	Hold back let the patient lead
177	To open conversation with a lead into thinking about ACP
178	listening/gathering
180	Structuring conversation and focusing
181	Pick up on the cues recognised that these are useful in establish what the patient may want. Keep it patient centred
182	This workshop has helped me to realise that talking to patients about End of Life planning isn't something to be afraid of but allows a normal conversation to take place
183	Structure to the consultation, opening questions - 'A' aspect
184	Acknowledging the cues to start an ACP conversation and using SAGE & THYME to have the discussion
185	To pick up on patient's cues. Acknowledge deteriorating condition. Have courage!
186	Totally patient led, checking out anything else
188	ACP is a manageable process for me to undertake. It's been simplified for me and become less overwhelming for me
189	Creating time, listening, recognising cues, ensuring patient led
190	To gather information from the person concerned and what he/she wants and not jump with solutions
192	To resist interrupting flow of discussion and tendency to problem solve
193	Not to try to problem solve/ to listen
195	To hold back from offering advice or solving problems
196	ACP can be slick and natural not a form filling exercise
197	Pace and not offering advice
198	Pace, not expecting too much, benchmarking
199	Opportunity to practice/work through and refresh
211	Patient lead. May require more than one session. Patient's own time
212	Its patient led and should not be Health Care Professional led. Good structure
213	Makes more focussed on client while not problem solving
214	Using the structure will help take the stress out of holding end of life conversations
215	SAGE & THYME is a good guideline
216	Acknowledgement of what I am hearing, personalise the importance of what's important to them. Hear things but not always trying to fix it
217	How to feel competent in conducting an advanced care planning conversation
218	Patient led, empathise
219	Confidence in introducing a written plan and talking this through with patient /family/team
220	Going over the structure and cues
221	Made me recognise that giving the patient more control makes helping them easier
222	Identifying patients own resources, ideas, knowledge

Unique no	What is the most helpful thing you learnt in this workshop?
224	Leaving off solutions until end of consultation
225	Not to be complacent and miss out the Y stage of the model
226	To use the structure of SAGE & THYME
227	Structure and guidance on phrasing
228	The importance of acknowledgement and using all the steps
229	Structure to the conversation
230	Following a structure and letting the patient verbalise their wish and needs
231	Re-look at my approach to clarify each stage reflect
232	Using a model to guide practice and improve patient assessment
233	It's all about the patient's wishes
234	How to communicate in a controlled way in sometimes overwhelming conversations
235	How SAGE & THYME applies to ACP
236	A structure to give my discussions. Helpful prompts on questions to ask
237	Watch for cues. Reflect back
238	All of the sections
240	Reflecting/not talking
241	We are all human with real fears. Listen to them even if you can't fix them
242	Not to rush to problem solve
243	Not to be scared of starting the conversation or using the structure to guide it
245	Use of listening, summarizing, empathic statement
246	Ways to start difficult conversations, giving structure and direction to this and summarising and bringing the conversation to a close
247	To encourage people to take the lead and formulate plans for themselves
248	Role play
249	How to open up the conversation and illicit what the patient feels are the issues and what's needed to help
251	To do a care plan early as possible
252	To consider what the patient wants more, how to use the term ' end of your life' more easily and directly
253	Using the structure will help when talking to patients
254	Having structure to EOL discussion
255	SAGE & THYME Structure
256	A sound nursing model to take direction from
257	The most helpful was to understand how patients and relatives feel about end of life
258	It was all good to assist us in starting the conversation
259	The structure
260	Think in the longer term as well as not looking to fix things myself
261	That anyone can have these conversations - qualified or not. That it is more about info gathering rather than question answering
262	How to ask questions in the right way, how to gather information without people feeling pressured
263	To take things in stages

Unique no	What is the most helpful thing you learnt in this workshop?
264	Structured approach to discussion
265	How to engage in a conversation at end of life
266	To have a structure to guide me through to ensure you achieve what you want to achieve
267	That I do not always need to be solution focussed
269	The structure gives a person centred approach which is empowering to the patient
270	The structure of SAGE & THYME
271	Gather information without intercepting on the first issue raised
273	The criteria to follow
275	Not to respond to instincts - other advice/reassurance using elements of model when people don't want to talk now. Find out why
276	The structure based aid to conversations
278	Model - Plan your language
280	Knowing when to introduce the advanced care plan and how to adapt SAGE & THYME model
281	Structured approach
282	Structure/focus
283	To give patients time to work through their feelings
284	How to bring in the document into the conversation
285	May need 2 or 3 meetings for the person to be able to verbalize their concerns to the point of doing a written plan
286	To use the framework to make the whole process patient centred
287	Structure. Directness re ACP
288	Not jumping in and interrupting patients when they raise their first concern
289	Summarizing. Let the patient take the lead
290	To listen to the whole story and not try to problem solve
291	To use acknowledge to direct the questions more closely
292	Remain professional throughout process ie it is a work related task so maintain the conversation within the boundaries. Don't use 'chat'!
293	Staying with the structure, and refraining from trying to 'fix things'
294	Acknowledging of asking permission that this is a difficult point you have arrived at
295	Don't make assumptions and reflect back to the patient often clarify main points
296	Using reflection and summarising repeatedly
297	Structure
298	How to introduce writing their wants/wishes down in ACP
299	Using the opportunity to acknowledge a trigger and use it
300	The model works!
301	Structure of model, sharing knowledge, how to begin discussions
302	Safe
303	Introducing ACP at the M part of SAGE & THYME
304	Interesting to see the model in action and how to extend use of normal SAGE & THYME. Food for thought

Unique no	What is the most helpful thing you learnt in this workshop?
305	The structure of the model helps me with confidence in initiating very difficult situations
306	To follow the plan
307	Structure offered
308	The structure of the meeting that keeps you calm, gives you confidence and takes both you and patient along a journey to ultimately allow them to face their end of life as they wish
309	It's alright not to have all the answers. Wait. 'Something else?' Importance of this education for clinicians.
310	Not to start 'me' too soon - important to get the full picture.
312	About 'SAGE & THYME'; listening for cues; waiting; not 'advising' too soon
313	To listen, not interrupt allow the person to talk. WAIT!
314	The learning of a structured approach. Appreciating the value of waiting to get the full picture.
315	The support elements of the model [sic] THYM
316	Think about the support network available to patients
317	The structure this model provides in gathering important information
318	That using SAGE & THYME helps to address a patients emotional need
319	Model
320	A simple structure to follow in advance care planning
322	SAGE & THYME ACP
323	Structured consultation Sage Thyme
324	Tool
325	Structured approach to terminal care.
326	following a structured format to help pts @ end of life & ACP
327	Everything
328	Setting the scene
329	A structure to a consultation that is relevant - There is an evidence base to validate this
330	Advanced care planning & the structure towards that
331	To concentrate on patient / family's solutions first
332	Patient agenda exploring patient's support, encouraging patient to problem solve.
333	Long communication spell - SAGETHY until medical suggestions or actual ACP; likely to need discussion - needs to be done early
334	The model and practical tips when using it.
335	To keep "me" late as long as I can.
336	To allow patient to lead the agenda
337	How to structure an advance planning conversation with a patient
338	Step by Step approach for addressing advanced care planning
339	Structure approach but not in same order not to assume
340	Structured, less repetition, time saving.
341	SAGE & THYME
342	Need to give space, listen and focus on patient agenda - not mine
343	Listen - Let the pt. talk and tell us what they want
344	To structure the conversation

Unique no	What is the most helpful thing you learnt in this workshop?
345	To listen to the patients concerns.
346	Structure to allow patients to lead
347	Structure - Model. Listening
348	SAGE & THYME MODEL helps structure the model
349	A structure approach prevents/slows down the Paternal approach that health professionals have. Puts patient views centrally
350	Communicating with patients near the end of their life
351	Structure, different approach. Letting pt inform you.
352	To take time to listen and ensure you have everything important to the patient.
354	Structured approach
355	Not to make recommendations too early.
356	STRUCTURE
357	Structure/model to use. Simple, increases confidence, power if summarising + feeding back
358	Recapping summarising listening
360	The structure of the model
361	Power of structuring consultations
362	Helping to go through the SAGE & THYME plan point by point
363	SAGE & THYME concept. Gather before Give. Patient centered agenda.
364	Role play through SAGE & THYME tool
366	Structure and listening
367	To structure an assessment/consultation
369	Opening lines, using structure + Repeating/Revisiting what has been said.
370	Having a structure to fall back on if its not going right/difficult relatives/patients.
371	Leaving doctor agenda to the end - the 'm' in THYME!!
372	Learning to use the SAGE & THYME model and not prioritising my ie. the doctors agenda.
373	How to respond to cues. Very structured plan - I feel confident in dealing with end of life situation in future
374	This is an efficient model esp. in terms of info gained and plans made in short time
375	Palliative Care + Management
376	Not to interrupt. Let pts make the solutions - acknowledge + summarise
378	Holding off on jumping in to early with solutions
379	Let the patient speak - list the problems
380	Taking time to empower the patient to discuss their problem in detail
381	You don't always need to fix problems! Gathering, acknowledging concerns and allowing patients discover a solution is the way to go.
382	The sage thyme module
383	Stop giving advice!
384	To follow the steps systematically.
385	To hold back and listen and acknowledge
386	END OF LIFE

Unique no	What is the most helpful thing you learnt in this workshop?
387	The central structure
388	Let patients find own solutions, listen

Table 6 shows how participants planned to change their practice if they had answered ‘definitely’ or ‘possibly’ to ‘do you plan to change your practice as a result of this workshop?’

Table 6: How do you plan to change your practice as a result of this workshop?

Unique no	How plan to change practice
1	To incorporate asking more directly, about patient concerns.
2	The main one I would say is that it has put 'ACP' on the agenda - i.e. In any discussions with patients.
3	Just feel more confident to deal with concerns of patients and relatives. More proactive to discuss issues with patients.
4	Not feel pressured to complete these discussions in one go.
5	Use SAGE & THYME in practice and try it.
6	Totally.
7	This will aid me in my new career as a clinical nurse specialist in head and neck cancer care - especially in pre and post-treatment clinics.
8	Implement framework, plan adequate time, facilitate patient to generate own solutions (patient owned).
9	Try to use the framework and more patient-led conversations.
10	I'll feel more confident about starting these conversations.
11	Very likely - the main change will be to reduce the need to organise the patient.
12	To consider how to incorporate SAGE & THYME ACP into the Trust.
13	Asking the patient what things would help. Not offering my suggestions to help.
14	Raising my awareness of patient cues. Using a recent hospital admission as a starting point.
15	More structure. Find out more about patient's own resources.
16	Keep the card on my desk to remind me. Next time I have a ACP conversation will try and practice the structure.
17	Use some of the suggested phrases.
18	Use it in practice
19	To be more aware of the cue and acknowledge when a patient wants to talk.
20	Already use SAGE & THYME [foundation level training].
21	Currently use SAGE & THYME - added info on ACP very helpful.
22	Recognise that I don't have to have all the answers. Gives a framework to work on, however, usually follow similar format in current role.
23	Trial using the framework to help further develop skills.
24	I felt that framework was very appropriate to my role as a hospice nurse specialist.
25	Build up on existing skills and personal qualities.
26	Perhaps raise these issues sooner rather than later.
27	More structured consultations
28	Use this model.
30	Thinking more about what I can do to help - from patient's point of view.

Unique no	How plan to change practice
31	Need to reflect and work out how I can work this out and each individual patient's need. Also communicate with patients.
32	To introduce ACP in practice. Helped to bring up ACP with patient.
33	As above - not to jump in and reassure people throughout. Ensure they are ready to hear what they are asking.
34	Be confident and empowered by having a framework to use.
35	Clarifying the patient's understanding of their disease not giving reassurance as soon as.
36	Allow patient to say what they want me to; do not assume.
37	A lot of themes are practiced by most of us, but it will help structure conversation.
38	Set aside time
39	Let the patient come up with their own solutions for most part.
40	More listening to the patient and less giving my advice on how to deal with their concerns.
41	Use of SAGE & THYME structure.
42	Discuss the model with partners and aim to introduce this to the patients on palliative care register and [can't read].
45	Following SAGE & THYME.
46	Way to go through patient's concerns when the situation arises or the patient gives cues or asks directly.
47	Use SAGE & THYME structure in palliative care planning.
48	Be more proactive in discussing end of life.
52	Try to listen in a more active way.
54	Identify patients who are nearing end of life and have this conversation with them.
55	Use SAGE & THYME questioning system. Reflective listening. Remember to consider ALL concerns - even the ones you can do nothing about.
56	Hope to use framework with selected patients.
57	Will try to use this structure to help lead conversations with patients and families.
58	Spend more time gathering information to get a complete picture so I can better holistically assess [?] and problems and offer help/solutions or help the patient help themselves - self empowerment.
59	Exploring fully patient's concerns/expectations.
60	I will start by using this at every opportunity if I feel the patient is entering the last year of life.
61	I will use this for patients who are possibly entering the palliative care stage of their illness.
62	Start using SAGE & THYME as a structure for my conversations and patients and their carers - seeing their agenda as opposed to mine.
63	Will use SAGE & THYME in clinics and on home visits to identify patient's concerns/anxieties/worries etc and to improve communication and patient relationships.
64	Use the model to structure conversations and plan care.
65	To use SAGE & THYME - giving a more structured patient focussed time for patient issues and a more efficient issues [?]

Unique no	How plan to change practice
66	Try using this structure to find out the patient's wishes and concerns. It will facilitate/ensure that the patient's actual needs and concerns are identified and addressed.
67	Feel more confident in approaching patients can provide a structure to previous "difficult conversations". Follows the patient's agenda.
68	I will look for opportunities with my patients to use SAGE & THYME model.
69	Plan ahead for individuals in which these conversations might take place. Think about time and place.
70	By using SAGE & THYME model.
71	I will use it in many aspects of patient care - not only for end of life but will be more confident in approaching EOL conversation.
72	Listening to needs of patient. Listen to their other concerns.
73	Actively pursue patients suitable for EOL.
74	I will absorb SAGE & THYME into my cornucopia of consultation skills.
76	The ACP is an evolving process.
77	Will [def take?] SAGE & THYME structure in ACP planning and take some of the structure to daily consultation.
78	Carry the credit card reminder in my wallet and use it as a reminder before ACP conversations. Use the plan with GP trainees.
79	To initiate ACP discussions more readily. To use the structure of SAGE & THYME to guide these discussions. To empower patients in an otherwise helpless situation.
80	Encourage patients to consider their own thoughts.
81	Keep the card reminder on my desk. Follow the model (albeit loosely).
82	Effective questioning of patients.
83	I will make more effort to start important conversations re EOL and create opportunities for the 1% as needed.
84	Empowering patients to come up with own solutions.
85	Will try to use the SAGE & THYME model in ACP discussions.
86	To use the structure of SAGE & THYME.
87	Will definitely use the SAGE & THYME and explore more all the concerns before moving on as now I have the confidence to know how to end the conversation.
88	Follow structure. Focus on 'YOU'.
90	I will definitely gather and turn it to the patient putting me last.
91	Will use structure. Aide memoire.
92	Using it not just in discussions but also an aide memoire for writing up.
93	Integrate this consultation model into existing techniques.
94	Not be afraid to broach the subject.
95	If there [are] cues from patient I will be able to take the opportunity to start SAGE & THYME.
96	SAGE & THYME helps you to be more structured less chance of missing out things.
97	Increase confidence in having conversations regarding ACP/PPC. As a SAGE & THYME facilitator - would like to build on this for staff training.
98	I will be willing to start a conversation with less fear.
99	Try to initiate the conversation more often.

Unique no	How plan to change practice
100	Try using SAGE & THYME in different aspects of patient care - practice it this way and then use it for the ACP consultations.
101	Follow the structure as much as possible.
102	Use the structure SAGE & THYME gives.
103	Yes, very useful for structuring difficult conversations re care.
104	To use this model/structure more.
105	I don't have ACP conversations with patients but holding back on the fixing is something to bear in mind.
106	I will be more likely to look for cues to start the conversation and be less anxious.
107	Using ACP.
108	Practice SAGE/THYME then use it in discussions with relatives/patients.
109	To use the SAGE & THYME model and apply it to the clinical area.
110	Initiate and not simply wait for the patient to do so. Looks for cues from patients and relatives. Apply it to other areas of my practice where difficult conversations may need to be had.
111	When communicating with anyone the principles are good to apply.
112	I will try and use this in conversations with relatives/patients.
113	Try to listen more to patients/relatives to understand their concerns.
114	Will be able to have more structured discussions with patients and relatives.
116	Talking with patients and relatives. Time is an issue on the ward.
117	Slow down, follow SAGE & THYME to allow better [?] for the patients.
118	By using SAGE & THYME routinely.
119	Practice firstly and then hopefully use.
120	I will hopefully find it easier to have potentially difficult questions/conversations.
121	To use the structure in practice, Practice more using the structure.
122	Holding back in trying to come up with a solution to their first problem.
123	I will make more time to gather more concerns from patients/relatives and talk through all their problems rather than the first pressing initial concern.
124	To slow things down, listen more, make notes.
125	the structure - 'is there anything else', increased by confidence.
126	To inform other staff and when to speak to family/patient to follow the structure.
127	By using the model and communicating it to the rest of the team.
128	As above: plan and think ahead re questions - it makes perfect sense! I jot things down but will not rush when jotting down points!
129	It will enable me to have the confidence to approach patients/relatives near end of life.
130	Spend more time discussing with patients.
132	More empathy, stick to getting information from patient.
136	I think I have been putting this guide in place in practice, but now I have a structured way which is easy to remember. I plan to make more time in practice to have these conversations.
137	Listen more, 'try not to help' straight away.
138	Start practice SAGE & THYME.

Unique no	How plan to change practice
140	Listening to the whole story, the patient at the centre, the patient creating solutions to their own problems - my role to listen and facilitate this process.
141	Use SAGE & THYME model.
142	Listen.
143	Put into practice what I have learned.
145	Listen - not jump in to 'fix'.
147	To make note of info obtained.
148	Increased confidence to have these conversations as I don't need all the answers.
150	Listen to all concerns - not jump on to trying to solve first concern.
151	Try to follow the SAGE & THYME.
152	Will go to the ward and feel confidence at doing/completing the ACP.
153	Looking to complete ACP and set up a supportive palliative care clinic.
154	Plan to listen to patient more and let them 'fix' things as they want with any help.
155	I feel more confident with approaching this delicate subject knowing I don't need all the answers.
156	Listening, writing notes, reflecting.
157	Spend more time listening for "cues" acting on "cues".
158	Being able to initiate the conversation with confidence to get clear goals.
159	Will now start using SAGE & THYME process to start conversation with patient and extract information.
160	Will try to use process with future interactions.
161	Holding back and let the patient take control.
163	I will try and implement this if required.
164	Spread the SAGE & THYME to other clinicians maybe adopt this in consultancy method in the surgery.
165	More summary and screening. Not give advice too early.
167	To listen - take time out and look at setting and when the patient actually wants to talk.
168	Discuss with the other GP and PN and use this SAGE & THYME structured approach.
169	Use the approach learnt today in future.
170	Greater confidence.
171	Take time to stand back and listen ore to patient's needs
172	Adopt communication skills accordingly
173	Be more structured with the discussion, to listen more and be empathetic
174	keep SAGE & THYME at the back of your mind always
176	Listen!! Stop problem solving! Don't overload the patient with information
177	To plan to lead more ACP conversations
178	Continue to implement SAGE & THYME and use for advanced care planning
179	Ensure ACP model is used and written documentation is made in notes of conversation
180	Structuring and looking for cues
181	Use the model to facilitate the conversation

Unique no	How plan to change practice
182	Follow the structure
183	Trying to get information from patient. Seeking more about situation (not offering solutions)
184	Be braver in having ACP conversations
186	To check out more - anything else!
187	Using the structure to guide the patient to talk about what is important to them and to hold back with jumping in with problem solving
188	Not being scared of having an end of life planning conversation
189	Minimise the inclination to offer help before 'hearing' all concerns
190	Have dedicated time for this sort of consultation. Listen very carefully and help person to take his/her decision
191	Take more time. Hold back from offering advice. Be more attentive to cues
192	I will adopt this model
193	Try to be more aware about patients concerns and not to leave it or think someone else may have to do it
195	Listen more - let the patient lead. Reflect back. Hold back from problem solving, in order to get more information
196	ACP can be an on-going process
197	Slow down, more patient led
198	Change to palliative care meetings, use structure to enable patients to help themselves
199	Be aware of the opportunity to have discussions
200	Not jumping to the advice section on what help is around. Information gathering
201	Follow the SAGE & THYME structure
202	Use the model to structure conversations
203	Not to shy away from these conversations to practise SAGE & THYME with colleagues before using with patient
204	Practice the structure so that it becomes 2nd nature
205	Exactly the way it was taught
206	Use the pneumonic [sic] regularly!
207	To use SAGE & THYME in all scenarios possible
208	By telling the staff and putting this into practice daily
209	Keep practising using the model
212	Listen to patient a lot more
213	Use it to help formulate end of life discussions
214	I plan to use the format for all care planning and will cascade to senior carers
215	Helps as a guidance to apply in my practice
216	Screening questions - asking 'is there anything else' increased my confidence to consider ACP with patients. Get patients wishes documented
217	Be more confident in demonstrating and using SAGE & THYME in my practice
218	By feeding back to patients and summarising throughout
219	Try using this
220	Improve ACP conversations
221	Listening and acknowledging

Unique no	How plan to change practice
222	Using the structure, remembering to acknowledge feedback ask permission to take notes
224	Leave off solutions until end of conversation
226	To keep focussed by using the structure of SAGE & THYME and I realise it can used in other situations
227	More confidence in starting and responding to ACP conversations
228	To ensure I act at cues
229	To ensure it is centred around patients concerns/wants and not by trying to offer an immediate solution
230	Following the structure and adapting SAGE & THYME
231	Clarifying each stage. Use lots of Advance Care Planning so great to step back and re look and refresh
232	Use the model to have conversations with patients develop my skills further in end of life advance care planning
233	Listen more to my patient
234	Control conversations better, pick up on cues patient led
236	Listening more and allowing patients to direct the discussion
237	Use framework of Sage and (in particular) Thyme
238	To introduce the plan on CPNs
240	Incorporate into conversations a bit more
242	Good to reflect back to patients what I'm hearing
243	Not to shy away or just pass on to Macmillan but discuss it
244	Need to see how we can squeeze it in
245	Use of SAGE & THYME Model in clinical practice
246	I will use the SAGE & THYME ACP in surgery/home visits as a more structured and effective way of gathering information
248	Take a more active lead in starting conversation increased confidence
252	To consider what the patient wants more, how to use the term ' end of your life' more easily and directly
253	By using the THYME bit of the structure will help end a conversation
254	Will try out sticking to the structure
255	Approach the subject of advanced care planning with confidence. Use SAGE & THYME as a structure
256	Will be used when care planning end of life care with relatives
257	SAGE & THYME is a good tool to be used in different practice or organisations
258	I can begin the conversation more easily and be aware it doesn't need to be all the plan in one go
259	Using the model
260	Use SAGE & THYME to structure conversations so that they are tailored to that specific individual
261	Allow patients to answer their own questions rather than just give answers
262	To speak to staff about this model, cascade learning, put other staff on training if possible
263	Keep reflecting back to model
264	Try to plan the time and involve family more effectively
265	Try to get involved in the conversations

Unique no	How plan to change practice
266	More confident to start the difficult conversation - key phrases to use
267	Try to make more time. To get patients to try to identify more of their own solutions to dig that bit deeper with patients
268	I would use this framework with relatives
269	I will follow the structure in my assessments
271	Improve gathering information as a whole and not react to thing discussed
273	To follow specific criteria
274	To try to include this more
275	Use the model to structure an effective conversation
276	Will cascade this tool to my team
277	Ensure it is not avoided as discussion option
278	Use the model at the major changes in health
279	Structure for ACP training/conversations
280	Will use the model to introduce the advanced care planning document at the most appropriate time
281	Increased confidence - I will initiate EOL care conversations more than I do now, and feel more positive about the outcomes of these conversations
282	Liaise with senior team members regarding workshop - SAGE & THYME model. Need for continuity with patients so model used and PPC documents completed by same staff member
283	Try to encourage all of team to have discussions with patients as soon as appropriate and not leave it too late
284	To offer to document their wishes on PPC document
285	No more 'having chats'! Use the model to explore issues like PPC/PPD other support needed, doing a formal ACP
286	Use the structure and feel more confident to have these conversations
289	More open to having ACP discussion
290	To listen more and take time to have conversations and not leave it to others
291	Use more direct questioning to focus the conversation
292	Apply a more structured process to opening/allowing the discussion for ACP
293	Apply structure to practice and not shy away from difficult discussions
295	Keep structure to ACP conversations and that it is the patients agenda not mine
296	Using the SAGE & THYME guide in discussions with my patients and their families
297	To use SAGE & THYME in conjunction with existing models
298	Using SAGE & THYME structure and keeping both the patient and me safe
299	Use acknowledge as a route into ACP
300	Think about the model/structure
301	Renewed determination to take this forward
303	Be clearer when starting ACP discussion

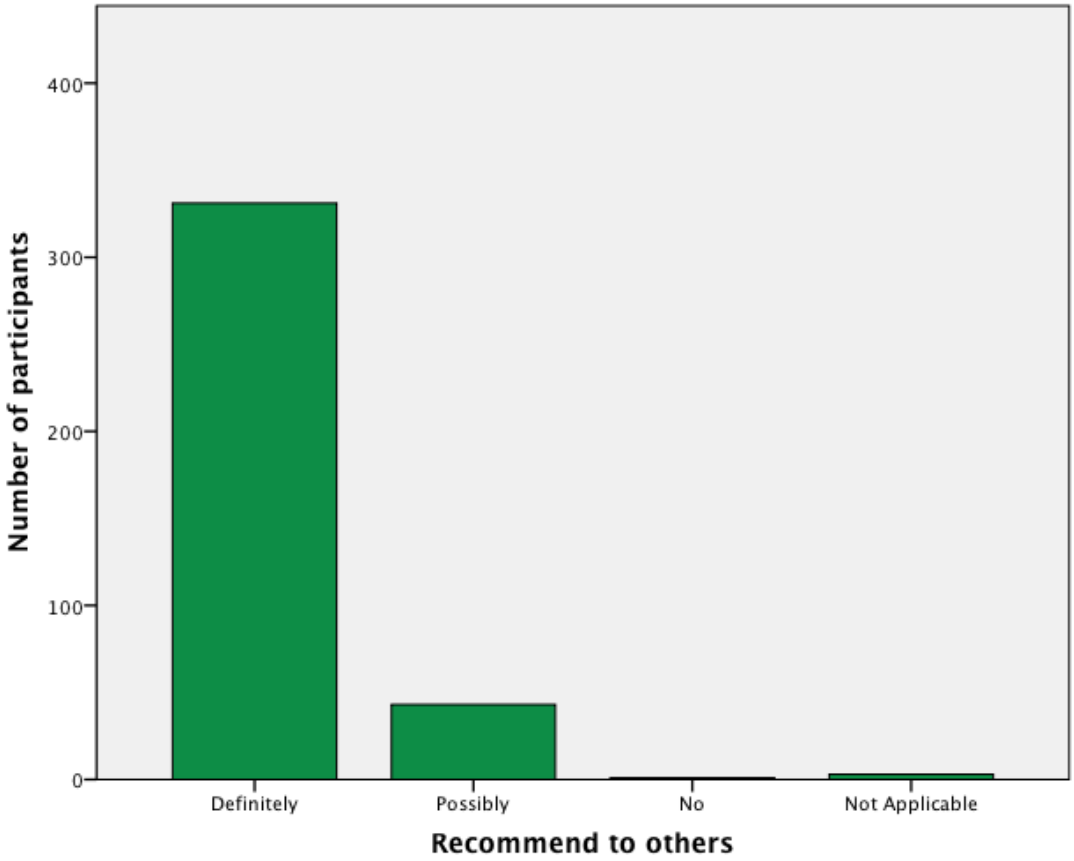
Unique no	How plan to change practice
305	Routinely use the model in conversations with patients
306	To look at setting up ACP
307	Consider introducing into our training programme to social care staff
308	Work in CTCCU/Tx centre in having an ACP structure for Tx and VAD patients. Feedback to colleagues and promote networks I have been given on this course
309	Will use structure in areas of work.
311	To tell my colleagues what should change in our EOL planning - Follow SAGE & THYME
312	Will use SAGE & THYME in advance care planning conversations when they arise
313	Feel more confident to start difficult conversations
314	Have training with Macmillan on similar project next week - it will be useful to compare.
315	Incorporate more support with consultations
316	Ask specifically about patient support
317	Use this as part of my consultations
318	Introduce SAGE & THYME model & initiate end of life discussions. Use written plans.
320	Will use SAGE /THYME where applicable in consultations
323	The way to conduct consultations in structured way so that no aspect is missed
324	Introduce tool
325	Would like to have a clinical meeting with other doctors and discuss about SAGE & THYME to this as a tool kit
326	Follow a structured SAGE & THYME framework
328	Go through SAGE & THYME concept & ACP
329	Use the structure in consultation
330	Adopt a protocol for the practice
331	See [question] 5. re most helpful learning
332	Useful structure & reminder
333	Use model when doing ACP discussions
335	Reflect on what is learned today - Guide my colleagues to follow a strategy
336	Seek to allow patient to express their full list of concerns
338	Use SAGE & THYME
339	Exploration time, less directive
340	Use the structure
341	Adopt in SAGE & THYME in my future Consultations
342	Feeling more confident in using the method with palliative patients
343	Feel confident to talk about end of life.
344	To be more specific in what I ask & to listen - allow silences.
345	Listen to the patients concerns.
346	I would like to use this in most consultations. Have this model on the wall in my room
347	Using the SAGE & THYME model

Unique no	How plan to change practice
348	Intervene in cases which needs this care plan
349	More use of summaries of pts conversation
350	Use SAGE & THYME model
351	Approach subject
352	Use structured approach to end of life care discussions
353	Use SAGE & THYME model during ACP.
354	Follow steps
355	Keep asking if there is anything else I can do?
356	USE S + T
357	Work to a structure.
358	More summarising recapping
359	Definitely use SAGE THYME structure
360	Use the model
361	Using the structure + using different terminology
363	Approach palliative care discussion more confidently. Think of approaching the ACP subject proactively.
364	Use structured approach
365	Discuss with the practice team and look at implementing on standard approach to dealing with ACP & EOL issues.
366	Listening and stopping to listen
369	Use a blank sheet + structure of SAGE & THYME
370	Giving more time for the patient to talk - doing ACP in parts/more than 1 session - Parking my agenda - Using the screening - "something else"
371	See if there is a wishes/ACP document at the practice & if not, make one. Use the model SAGE & THYME. Write down concerns & scan into consultation.
372	Being confident to slow down and respond to the patients cues and allow them to volunteer their own solutions rather than jump in and offer advice/solutions
373	More listening, try out phrases/working on lines? and summarise and finishing consultation
374	Adopt model. Remember to screen
375	Follow the Learning Lesson From Today
376	Might try SAGE/THYME; "Use of screening"; break up into a few sessions. Have clear agenda for next sessions. Calling time when appropriate
377	Using the SAGE and THYME structure
378	Hold off jumping in, don't be afraid of emotional cues
380	Discuss the situation with the practice
381	Practice working through the SAGE & THYME model
382	Keeping my mouth shut
383	Use SAGE & THYME!
384	I will utilise the model SAGE & THYME
385	Look for cues and hold back to listen to patients worries/anxiety/fears etc
387	Use SAGE & THYME for consultants to introduce EOL
388	Set up care planning discussions with patients and let them make decisions about solutions

3.8 Comments on workshop

When participants were asked if they would recommend this workshop to others 88% (n=331) said they definitely would and 99% (n = 374) said they either definitely would or possibly would (figure 23). Only 1 person said they would not.

Figure 23: Would you recommend the SAGE & THYME ACP workshop to others



10 people provided no information in response to this question and 3 people said it was not applicable.

Participants were also asked if they would give a quote for this workshop, and these are shown in appendix 5.

4. Conclusion

This report is an evaluation of 22 SAGE & THYME ACP workshops run across 8 locations, from December 2012 to May 2014.

A total of 413 participants attended the workshops and 91% completed and return pre and post workshop questionnaires (n=376). A further 12 people completed questionnaires at a workshop where the register was lost - they are not included in the response rate calculation, but are included in the data analysis. This high response rate shows the findings are representative of all the workshop participants.

48% of the participants were in a variety of health care profession roles (generally in nursing). 31% of participants were general practitioners. The vast majority (82%) were female and 88% had qualified in their profession since 1980. Just under a third (32.7%) had qualified since the year 2000.

The median number of patients on a participant's case load was 88, but the range was large (1 to 16,000). Just under a third (31%) said that only up to 10% of their case load was made up of patients in the last year of their life. However over a third (34%) said that over 50% of their patients were in the last year of their life. This suggests that many of the people attending the workshop are highly specialised in interacting with patients at the end of their life.

Over the last 3 months most participants reported that they had been involved in either 1-5 or no ACP conversations.

In response to being asked whether, over the last 3 months, they had avoided an ACP discussion (original questionnaire) or not had the confidence and thus avoided an ACP conversation (revised questionnaire), approximately a quarter said they had (24% and 26.3% respectively). 74% said they had not avoided any conversations on the original questionnaire, and 51% gave the same answer on the revised version.

In terms of impact on people's confidence and competence to hold ACP conversations, participants who took the workshop saw a **significant increase** in:

1. Their **level of confidence in starting** an end of life or advance care planning conversation.
2. Their **level of confidence in responding** to a patient or relative's concerns during an end of life or advance care planning conversation.
3. Their **level of perceived competence in conducting** an advanced care planning conversation.

People taking part in the workshop reported that they were very likely to use the SAGE & THYME model in their practice: when asked to score how likely they were on a 10-point scale (1 = won't use in own practice, 10 = will definitely use this model) the median score was 9 (range 1-10) and 40% of people scored

themselves a 10. 73.8% of participants said they would definitely change their practice as a result of the workshop, and 95% of participants said they would either definitely or possibly change their practice. Therefore, the vast majority, at the time of filling out the questionnaire post-workshop, planned to change their practice due to the workshop.

Lastly 88% of participants said they would 'definitely' recommend the workshop to others and 11% said they 'possibly' would.

Finally, many positive comments were made about the workshop. These included the following:

"I feel relieved that I now have more confidence to embark on end of life conversations."
Practice Nurse

"Using the structure will take the stress out of holding end of life conversations."
Nursing Home Manager

"I was surprised that by letting the patient talk through things they seem more clear and definite of what they want/don't want by the end of the conversation".
Staff Nurse

"Made me recognize that giving the patient more control makes helping them easier."
Staff Nurse

"Took away the panic. Gives a structure to work by."
GP Registrar

"I felt that [the] framework was very appropriate to my role as a hospice nurse specialist."
Community Hospice Nurse Specialist

"You don't always need to fix problems! Gathering, acknowledging concerns and allowing patients to discover a solution is the way to go."
GP

"3 hours went very quickly and it was interesting all the way through."
GP

"Even if you feel experienced in ACP this course is absolutely invaluable. It certainly helped me to re think and improve personal practice and support others within our organisation. Thank you."
Palliative Care Nurse

"Very useful blueprint for a thorough, patient-centred discussion. Everybody leaving happy with a plan in place."
GP

Appendix 1: SAGE & THYME ACP model

SETTING	Find/create a good time and place to talk. Think about triggers/cues and who should or should not be included.
ACKNOWLEDGE/ASK	"I'm aware that you have just been in hospital again, what thoughts do you have about have about how things may be in the future?"
GATHER	Gather all concerns- reflect and summarise what the patient has said. Pick up cues. Screen: "Is there something else on your mind/worrying you?"
EMPATHY	"You have been through so much over that last few week I'm not surprised you are feeling..."
TALK	"Who supports you?" "Who can you talk to?"
HELP	"How do they help?" Each person may provide different support.
YOU	"What would help right now/today/in the future?" "What do you think would help?" Screen for more ideas they may have: "What else would help?"
ME	"Is there something you would like me to do?" Wait for a response, THEN offer something you think may help if appropriate. Introduce written plan.
END	Summarise and close "We have started to discuss these important issues, we can talk again next time we meet." "Is it OK to leave it there today?"

Appendix 2: Original Questionnaire

for Advance Care Planning and End of Life Conversations

SAGE & THYME ACP Workshop - Evaluation questionnaire

Please would you take a couple of minutes to complete this questionnaire? Your comments will remain anonymous. This (green side) is to be completed pre-workshop. The other (purple) side is to be completed post-workshop.

PRE-WORKSHOP

1. Date of workshop: _____

2. What is your profession? *(please tick one box)*

   GP principal ☐ Salaried GP ☐ Locum GP ☐ Other ☐ Please specify: _____

3. What is your gender? *(please tick one box)*

   Female ☐ Male ☐

4. When did you qualify in your profession? *(please tick one box)*

   1969 or earlier ☐ 1970-1979 ☐ 1980-1989 ☐ 1990-1999 ☐ 2000 to date ☐

5. What is your first instinctive thought/feeling when you think a patient or relative wants to talk about end of life issues or the future, when the prognosis is palliative/non curative?

   _____

6. Please rate your level of confidence in starting an end of life or advance care planning conversation.

   No confidence — Total confidence

1	2	3	4	5	6	7	8	9	10

7. Please rate your level of confidence in responding to a patient or relative's concerns during an end of life or advance care planning conversation.

   No confidence — Total confidence

1	2	3	4	5	6	7	8	9	10

8. Please rate your level of competence in conducting an advance care planning conversation.

   No competence — Total competence

1	2	3	4	5	6	7	8	9	10

9. Approximately how many patients could be in their last year on your practice list/case load? *(Please include those with long term conditions such as COPD, the frail elderly, and those with cancer)*

   _____ patients

10. How many end of life or advance care planning conversations have you had in the last 3 MONTHS?

    _____ conversations undertaken

11. If you have avoided any end of life or advance care planning conversations in the last 3 MONTHS, can you estimate how many? _____ conversations avoided

POST-WORKSHOP

1. Please rate your level of confidence in starting an end of life or advance care planning conversation.

No confidence									Total confidence
1	2	3	4	5	6	7	8	9	10

2. Please rate your level of confidence in responding to a patient or relative's concerns during an end of life or advance care planning conversation.

No confidence									Total confidence
1	2	3	4	5	6	7	8	9	10

3. Please rate your level of competence in conducting an advance care planning conversation.

No competence									Total competence
1	2	3	4	5	6	7	8	9	10

4. What is the most helpful thing about the SAGE & THYME structure for you?

_____

_____

5. How likely are you to use the SAGE & THYME model in your practice?

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

6. Do you plan to change your practice as a result of this workshop?

Definitely ☐ Go to qu 7 Possibly ☐ Go to qu 7 No ☐ Go to qu 8 Not applicable ☐ Go to qu 8

7. Please specify how you plan to change your practice (if at all) as a result of this workshop:

_____

_____

_____

8. Would you recommend the SAGE & THYME ACP workshop to others? *(Please tick one box)*

Definitely ☐ Possibly ☐ No ☐ Not applicable ☐

9. If you are happy to give a quote for this workshop that can be shared with others, please write it here:

_____

_____

_____

If you are happy to be named with the quote, please provide your details:

Name: _____

Practice/organisation: _____

Thank you for completing this questionnaire – please hand it in before you leave.

Appendix 3: Revised Questionnaire

For Advance Care Planning and End of Life Care Conversations

Participant Questionnaire

Please would you take a couple of minutes to complete this questionnaire? Your comments will remain anonymous. This (green side) is to be completed pre-workshop. The other (purple) side is to be completed post-workshop.

PRE-WORKSHOP

1. **Date of workshop:** _____ **Time** *(please circle)*: morning / afternoon / evening

2. **What is your profession?** *(please tick one box)*

   GP ☐ Hospital doctor ☐ Nurse specialist ☐ District nurse ☐ Other: _____

3. **Which Clinical Commissioning Group covers the area in which you work?**

   _____

4. **What is your gender?** *(please tick one box)*

   Female ☐ Male ☐

5. **When did you qualify in your profession?** *(please tick one box)*

   1969 or earlier ☐ 1970-1979 ☐ 1980-1989 ☐ 1990-1999 ☐ 2000 to date ☐

6. **Please rate your level of confidence in starting an end of life or advance care planning conversation.** *(please circle a number)*

No confidence									Total confidence
1	2	3	4	5	6	7	8	9	10

7. **Please rate your level of confidence in responding to a patient or relative's concerns during an end of life or advance care planning conversation.** *(please circle a number)*

No confidence									Total confidence
1	2	3	4	5	6	7	8	9	10

8. **Please rate your level of competence in conducting an advance care planning conversation.** *(please circle a number)*

No competence									Total competence
1	2	3	4	5	6	7	8	9	10

9. **Approximately how many patients do you currently have on your practice list/case load?** *(please specify)*

   Number of patients:_____ Not applicable ☐

10. **Approximately what percentage of these could be in the last year of their life (including those with long term conditions/cancer and the frail elderly)** *(Please tick one box)*

    None ☐ Up to 10% ☐ 11-25% ☐ 26-50% ☐ 51-75% ☐ 76-100% ☐ Not applicable ☐

11. **How many end of life or advance care planning conversations have you had over the last 3 months?** *(please tick one box)*

    None ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26 or more ☐

12. **Over the last 3 months, have you ever had the opportunity to discuss advance care planning but didn't feel confident enough to do so?** *(please tick one box)*

    Yes ☐ No ☐ Don't know ☐ Not applicable ☐

POST-WORKSHOP

1. Please rate your level of confidence in starting an end of life or advance care planning conversation. *(please circle a number)*

No confidence									Total confidence
1	2	3	4	5	6	7	8	9	10

2. Please rate your level of confidence in responding to a patient or relative's concerns during an end of life or advance care planning conversation. *(please circle a number)*

No confidence									Total confidence
1	2	3	4	5	6	7	8	9	10

3. Please rate your level of competence in conducting an advance care planning conversation. *(please circle a number)*

No competence									Total competence
1	2	3	4	5	6	7	8	9	10

4. How likely are you to use the SAGE & THYME model in your practice? *(please circle a number)*

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

5. What is the most helpful thing you learnt in this workshop?

_____

_____

6. Do you plan to change your practice as a result of this workshop? *(please tick one box)*

Definitely ☐ Go to qu 7 Possibly ☐ Go to qu 7 No ☐ Go to qu 8 Not applicable ☐ Go to qu 8

7. Please specify how you plan to change your practice as a result of this workshop:

_____

_____

_____

8. Would you recommend the SAGE & THYME ACP workshop to others? *(please tick one box)*

Definitely ☐ Possibly ☐ No ☐ Not applicable ☐

9. If you are happy to give a quote about this workshop, which can be used to advertise it to others, please write it here:

_____

_____

_____

If you are happy to be named with the quote, please provide your details:

Name: _____

Practice/organisation: _____

Thank you for completing this questionnaire – please hand it in before you leave.

Appendix 4: Clinical Commissioning Group of each participant

Note – This question was not on the original questionnaire

WEEB	Reading, Wokingham, Berkshire West
South Birmingham CCG	York
North East Birmingham	South Staffs
South Birmingham CCG?	Salford
South Birmingham CCG	East Lancashire
Central Lancashire	Bolton
Nursing Home Service	Birmingham South Central CCG
South	Birmingham CCCG
Bury	South & Central
From Northern Ireland	South & Central
Northern Ireland	S.Birmingham
South Manchester	Cross City
Stockport	BXC
Central Lancashire	Birmingham Cross City
South Manchester	Birmingham Cross City
South Manchester	Birmingham Cross City
South Manchester	BEN PCT
South Manchester	Birmingham + Sandwell
South Manchester	ICOF
South Manchester	Heathworks
Stockport	SW Sandwell CCG
South Manchester	Sandwell & SW BHAM
Trafford/ Manchester	Sandwell & West Birmingham
South Manchester	ICOF
South Manchester	Sandwell and West Birmingham
South Manchester	Sandwell and West Birmingham
South CCG	Multiple - West Midlands Wide
South CCG	Birmingham South Central
South Manchester	(HGH network) BCCG
South Manchester	Birmingham Cross City CCG
North Derbyshire	CBCCG
Southern	BSC
South Manchester	? Solihull
South CCG	Solihull
South Manchester	Birmingham X city
South Manchester	BSA
Southern sector	HOB
South CCG	Not sure! Work for Sandwell & West B/ham Trust
South Manchester	SWBH CCG +South + Central
Manchester	Sandwell & West Birmingham & Central & South

Manchester	BSC CCG
South	? South
South Manchester	NHS
South	BHAM CENTRE, SWB CCG, SOUTH
South Manchester	BC CCG
Manchester	SWB CCG, Central and South
South Manchester and Trafford	BEN PCT
Trafford	South Birmingham
Newark and Sherwood	SWBCCG & CENTRAL & SOUTH B'HAM
MASH, N&S, NE, NW, Rushcliffe	South + Central B'ham
Mansfield and Ashfield	Birmingham, Solihull
Nottingham City	Sandwell and West Birmingham
Mansfield and Ashfield	Cross City
Mansfield and Ashfield	South B'han Health Auth
CNCS	Sandwell and West Birmingham
Private	BXCCG
Mansfield and Ashfield	Sandwell + West B'ham
Central Notts Clinical Services	? Old South PCT (kIngs Heath area)
Bassetlaw	BSC CCG
NHC	Birmingham North
Mansfield and Ashfield	Sandwell/W.B'ham
Mansfield and Ashfield	BIRMINGHAM CROSS CITY
Heywood Middleton and Rochdale	BSC
Windsor/Ascot/Maidenhead/Slough	BCCCG
Trafford	HOB PCT (HEART OF BIRM PCT)
Leeds	B CROSS CITY
Newbury and District CCG	Birmingham Cross City
South Staffordshire	Solihull
Sheffield Teaching Hospitals	Birm Cross City
CMH	Birmingham
Leeds	BCCCCG
ABHB	South Birmingham
North Manchester CCG	CROSS CITY
Heywood Middleton and Rochdale	Birmingham S Solihull (BSMHFT)
Reading, Wokingham, Berkshire West	Cross City
Ashton, Leigh and Wigan	HOB
Trafford	BSC
Palliative Care	BSC
Heywood Middleton and Rochdale	

Appendix 5: What people said about the SAGE & THYME workshop

Unique no	Quote about the workshop	Name provided?
6	Brilliant - very practical - patient focussed	y
7	This has given me more confidence in my new role as a nurse specialist.	y
8	Provides order to what can sometimes be chaos.	y
14	I feel relieved that I now have more confidence to embark on end of life conversations.	y
17	Rather laboured - no need for 2 role plays.	y
20	Very enjoyable workshop. SAGE & THYME and ACP very important for future palliative care service delivery to provide quality service.	y
29	Insightful into managing effective dialogue to enrich communication experience.	n
32	"You talked about your thoughts and preference shall we document this for you/others".	y
34	"A chance to prepare yourself for the most difficult of conversations."	y
39	Interactive - group work, all positive activities.	y
52	Good 3 hours that will make an impact for the future.	n
53	Conversations difficult to hear at front. Elaine was little too soft/quiet.	n
60	Very worthwhile, great to network with colleagues from all over the Province- doesn't happen that often normally.	y
62	Very useful information and knowledge in a structured knowledgeable format. Centred around what is best for your patient. Well presented with a good mixture of slides/group work etc.	n
63	"It's not about the HCP [healthcare professional] - it's about the patient.	y
64	Probably the most useful and beneficial study day I have been on to allow me to help my patients, with my support have their needs met. Very enjoyable and worthwhile cause. Thank you.	n
65	It should be a mandatory part of health care training - ingrained from the start. It would save time and money also - the patient gets what they envisage as their needs and makes our practice more efficient and effective.	y
66	SAGE & THYME is an excellent structure that can be applied to many aspects of patient care in addition to end of life.	y
67	None	n

Unique no	Quote about the workshop	Name provided?
68	I feel the workshop will benefit me and my patients. The practical structure it makes those end of life conversations less daunting.	y
69	It has reminded me what "patient led" means.	n
70	A very informative and worthwhile workshop giving HCP insight into importance of structured model to help with ACP.	y
74	Cold Thursday evenings in February were never this good!	y
76	Very professionally presented evening.	y
77	SAGE & THYME is a very useful structure for ACP. It is easy to assimilate and can facilitate a potentially difficult consultation.	y
78	I feel more confident in initiating ACP conversation with patients.	y
79	I feel much more comfortable to initiate Acp discussions as a result of this workshop.	n
80	Great acronym - works on several levels.	n
81	Difficult subject made easy.	y
83	An excellent, informative and constructive workshop that will definitely help me with those tricky conversations - 3 hours well spent!	y
87	Making difficult consultations easy	y
91	Excellent. Should be mandatory.	y
92	Very impressed.	y
96	Remember it's what the patient wants is most important.	y
98	Really helpful information on how to start talking about the patient's concerns and how to assist them in planning their agenda.	n
101	Listen to what is being said.	y
102	This workshop gives a clear structure to help make difficult conversations much easier.	y
103	None	n
104	Excellent.	y
105	None	n
106	3 hours went very quickly and it was interesting all the way through.	y
107	Talk to others [about] the excellent morning/workshop, references, e-mail.	n
108	Thought provoking.	y
109	Being in control.	y
110	I now have a strategy for initiating difficult conversations and dealings with questions and concerns from patients that I may not have immediate solutions for.	y
111	A great course to optimise our interactions with all individuals.	n
112	Brilliant.	y

Unique no	Quote about the workshop	Name provided?
117	I feel empowered to allow and assist people [to] acknowledge their needs and ways I can help.	y
118	An excellent opportunity to gain skills on communication and end of life care planning.	y
119	Like all communication skills - should be a mandatory element.	n
123	Really makes you consider yourself and your manner in order to help others.	n
125	Informative, excellent way of approaching patient care for the difficult conversations.	n
128	To plan and think ahead makes perfect sense!	n
131	Is there something else on your mind?	n
134	Improves confidence understanding.	y
136	Every health care professional would benefit from the SAGE & THYME workshop!	y
139	You want to make a difference in your patient's care ensure you maintain the SAGE & THYME mode.	y
140	An alternative way to solve our patients' problems.	y
142	SAGE & THYME: yours and mine.	n
152	Great workshop! Learnt so much!	y
156	Listen and learn.	y
157	Great listening. Thanks.	y
161	Listen! Listen! Listen! Pick up cues and address concerns in an empathic manner.	y
162	A tool that allows the anxious chaos of a difficult situation to be led by a patient but initiated by a clinician along an organised planned route to a comfortable place end.	y
164	Very good and patient centred. Evidence based. Up to the point for end of life.	y
167	"Summarise."	n
170	Best quality workshop I have attended. Very relaxed and well supported by experienced lecturers.	y
171	Fab	y
176	Essential for all caregivers at end of life I have been doing it wrong for years!!	y
180	informative, educational and extremely useful tool	n
183	Enriching and rewarding experience	n
184	This course makes me braver about entering into difficult but necessary ACP conversations with my patients	y
186	Structured/Patient led can be adapted to any situation	y
188	It has made ACP less overwhelming for me and given me the confidence to enter into a conversation with a patient if this is what they wish to do	y

Unique no	Quote about the workshop	Name provided?
190	Very informative	y
192	Teaches health care staff to use the patient's own agenda including pace, direction and goals	y
195	So helpful - will change my practice. Very patient centred. Evidence based.	n
196	ACP is not such a scary thing to do with a structured model to keep to	
197	If you want to facilitate ACP this is a fantastic course. A real help in patient centred care and hopefully improving the palliative care of our patient	y
198	None	n
199	Excellent opportunity to work with other HCP to improve communication skills	y
200	Friendly team. Value for time	n
203	This will give me the confidence to have these difficult conversations with patients and not shy away	y
204	I feel that it has empowered me to be more effective in communications	n
207	Well presented and informative, a must for all involved with patient and carers	y
211	Gave me the confidence/Reaffirmed my practice	y
216	This course stopped me shying away from ACP and trying to fix everything	n
217	Brilliant workshop, learnt so much about effective advanced care planning at the patients level	y
218	Interesting	y
220	Thank you	n
221	Teaches us back to it being all about the patient	n
228	Provides you with evidence based confidence in dealing with potentially difficult situations	n
230	The workshop gives you direction and confidence	y
232	Great workshop, interactive and enjoyable	y
233	It provides a structured framework to assist health care staff to allow patients to be in control of their end of life care planning	y
234	Very helpful and useful in practice	y
249	Not always a very clear objective. Vague presentation few details. Not as good as i thought it would be. Pitched at v. Low level. Feel disappointed I put myself under pressure from work to come - a waste of my time really	n
255	Gives you confidence to engage in difficult conversations	y
256	Very informative and well delivered	y
258	It has helped to empower me about starting the subject, of advance care plans, I have learned a lot	y

Unique no	Quote about the workshop	Name provided?
263	Stop and think. Put yourself in their shoes	y
275	Informative, eye opener to a difficult topic	y
280	Model provides structure and guidance when discussing very difficult topics at a very emotive time	y
284	How to introduce ACP documentation to patients in a more timely way	n
285	Can give you the skills to be brave enough to explore the hard stuff	y
289	Essential course if you are involved with looking after palliative care patients	y
291	Important to explore ACP using a structured model	y
292	Equip yourself to have that difficult discussion about advance care planning	y
295	As a district nurse I am used to trying to fix things. This course has reassured me that I can't fix everything or have a solution and to acknowledge this when caring for a patient coming to the end of their life	n
297	Even if you feel experienced in ACP this course is absolutely invaluable. It certainly helped me to re think and improve personal practice and support others within our organisation. Thank you	y
303	SAGE & THYME ACP supports you to initiate ACP discussions and helps you to feel safe	n
305	Gives me the tools and confidence to initiate very difficult situations	y
306	Helped to gain confidence	y
307	A very well developed interesting workshop which offers a great model for having end of life conversations	y
308	I thought I knew what to do prior to course but didn't! So should have marked 2-3!	n
309	Very powerful training - many thanks.	n
311	Well structured workshop	y
314	Stimulating and very informative. A potentially valuable tool in an important area.	n
317	Very useful workshop	n
324	Good structure and guidance for end of life conversations	y
325	SAGE & THYME is an excellent structured programme in dealing with end of life con. I was better educated after attending this workshop.	y
326	"Quality to your life" with SAGE & THYME ACP	y
328	It is definitely a very good workshop to know about patient & relatives (carers) concern & deal with them. I wish well for future.	y
330	A great learning experience for end of life decision making	n

Unique no	Quote about the workshop	Name provided?
333	"Really helped me to get over some hurdles of getting to the "point" with end of life care planning"	y
335	Simple, directive and well structured workshop	y
340	BMJ, CCG wide, etc.	y
342	A course that supports detailed reflective practice, + focus on good communication skills in this emotive area.	y
343	It makes it about the patients agenda not just the professionals	n
345	This workshop reminds you who should be at the "centre" - the "patient"	y
348	It has given me the courage to tackle cases which need the end of life care planning	y
349	(Sorry I'm useless)	n
351	Gives Practical Advice/Guidance	n
353	Very informative in giving practical skills to tackle a very difficult issue.	y
354	good overall	y
358	10/10	y
360	Very supportive environment to try out using a new model for difficult conversations.	y
362	Helpful to give you points on how to start conversing around ACP and look at how we speak + how much	n
365	This workshop has given me more confidence to deal with a sensitive area of clinical practice	n
371	Very useful blueprint for a thorough, patient-centred discussion. Everybody leaving happy with a plan in place.	n
373	Very structured and workable plan	n
376	Informal/Informative & SP Friendly	y
377	What a revelation to discover that challenging end of life conversations can be structured!	y
380	Very in depth and positive outcome	n
381	TRY IT! YOU WILL BE REWARDED	n
384	SAGE & THYME a patient centred approach for advance care planning	y
385	Fantastic - confidence building workshop	n
388	Will help to make consultations "shorter? More to the point	n