SAGE & THYME® Evaluation January to June 2015

INTRODUCTION

The SAGE & THYME® workshop has been delivered in Tayside since January 2013 with 1,161 participants attending workshops up to June 2015. Participants are requested to complete an evaluation reflecting their thoughts and experiences of the workshop at the end of the workshop. This report provides collated evaluations from SAGE & THYME workshops from January to June 2015 with 165 participants attending over that timeframe.

Breakdown by staff role:

Although the initial focus was on NHS Tayside staff, the move towards multi-organisational opportunities has resulted in a broad range of disciplines attending as identified below:

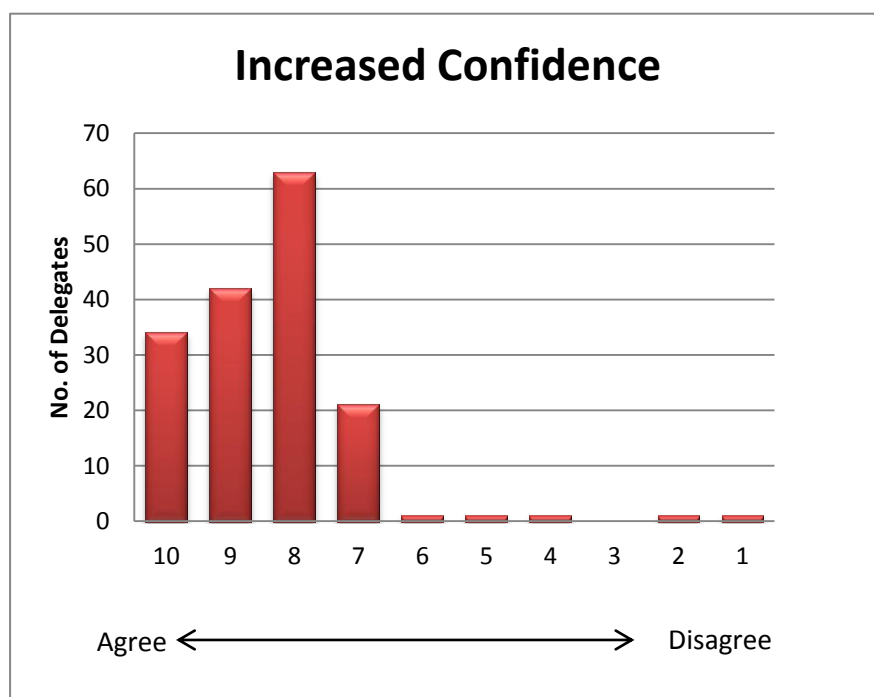|	
Trained Nurse (Hospital)	20
Trained Nurse (Other)	10
District Nurse	4
Health Care Assistant	20
Physiotherapist	7
Dietitian	7
OT	6
Radiographer	1
Social Worker	12
Care/Support Worker/ Social Care Officer	16
Complaints staff	2
Volunteer	5
Manager	4
Reception staff	1
Administration staff	14
Ancillary staff	6
AHP/Physio/OT Support Worker	4
School & Family Development Worker	5
Parent-to-Parent (Voluntary Sector)	5

Other attendees have been (all single attendance):

- Care Coordinator,
- Andrologist,
- Substance Use Caseworker,
- Education Resource Worker,
- OT Technician,
- Patient Coordinator,
- Dental Hygienist,
- Dentist,
- Service Involvement Coordinator,
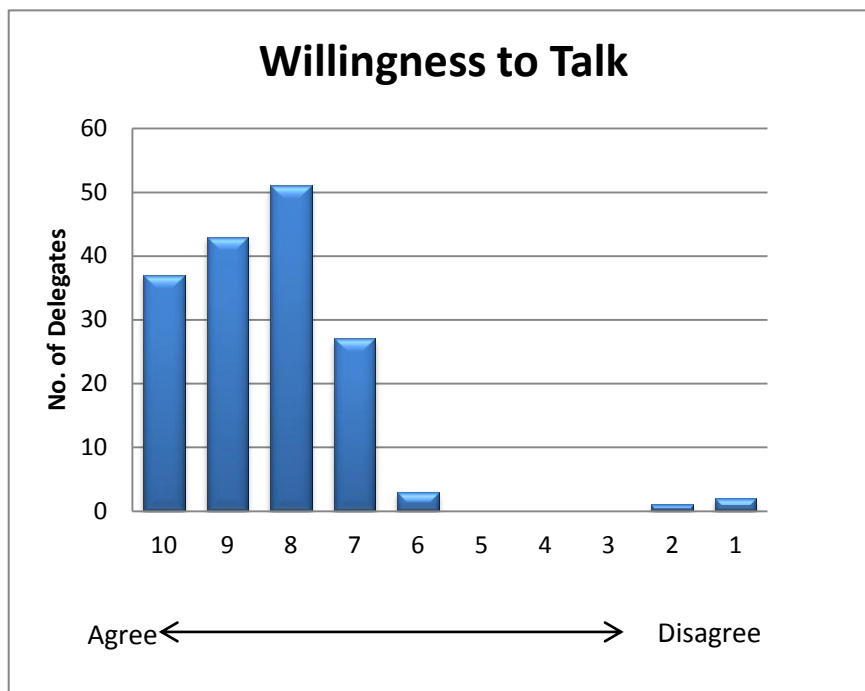- Student Social Worker,
- Cashier,
- Advocacy Worker.

EVALUATION FEEDBACK

Of the 165 participants who attended, 99.4% submitted evaluation forms following training. Participants were asked to evaluate their learning experience by rating their response to different statements with 10 being highly agree to 1 being disagree.

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

Increased Confidence

No. of Delegates

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

Willingness to Talk

No. of Delegates

60
50
40
30
20
10
0

10 9 8 7 6 5 4 3 2 1

Agree ← → Disagree

Qualitative responses:

As well as capturing the views of participants of their confidence and willingness to engage people who are distressed, participants are asked to provide their thoughts of as a result of the learning from the workshop what are they more likely to do. The main themes that emerged are:

Provide time to listen to all concerns:

"Listen and take the time to speak with a patient who may have some issues…"

"Take time and listen empathically."

"…listen to all the concerns, not just the first one…"

Recognise distress and be more confident to raise the issue using the structure of SAGE & THYME:

"Follow the model and be more confident in approaching people who appear distressed."

"Look for clues and ask if they have concerns"

"To feel I could cope with handling a situation using the SAGE & THYME."

Empower the person to take control of their distress, rather than providing solutions:

"Encourage people to think about how they can fix the issue/give them ownership."

"Not to go into fix it mode when supporting other people, give them time to think and identify their own resources and support."

"Be less quick to offer advice and more inclined to seek what the patient wants as opposed to what I think the patient might want."

Providing feedback to colleagues and encouraging other staff to attend:

"Put it into practice and share with colleagues."

"Encourage others to come on this course…"

Use effective communication skills to support people to manage their distress:

"Ask open questions, listen attentively and ensure I have appropriate body language."

"Try out new techniques and be more empathetic and reflect with the patient…"

"Ask questions, summarise and repeat back."

A minority of participants indicated that the training may not meet every individuals needs:

"Question the training I am being asked to attend."

Participants are also asked to reflect on what they are less likely to do as a result of their learning. The main themes that emerged largely complemented the previous themes with participants being less likely to:

Not engage people who are distressed:

> *"Run away from these situations/not acknowledge these issues."*

> *"Avoid holding conversation with emotional patients due to lack of confidence in abilities to hold structured conversation."*

Try to fix things or provide solutions for people:

> *"Jump in and try to fix things."*

> *"Offer solutions that haven't been asked for."*

> *"Focus on finding solutions- feel like I have to help there and then with all issues."*
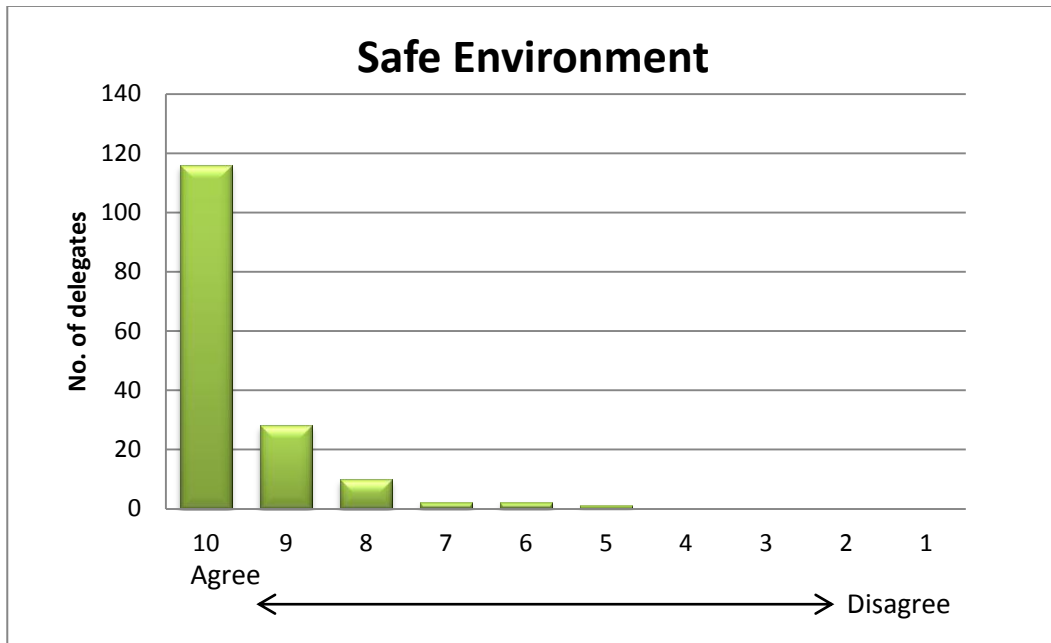
Not get an understanding of all of the person's concerns:

> *"Make assumptions that they have finished discussing their issues- I will ask if there is anything else they want to discuss."*
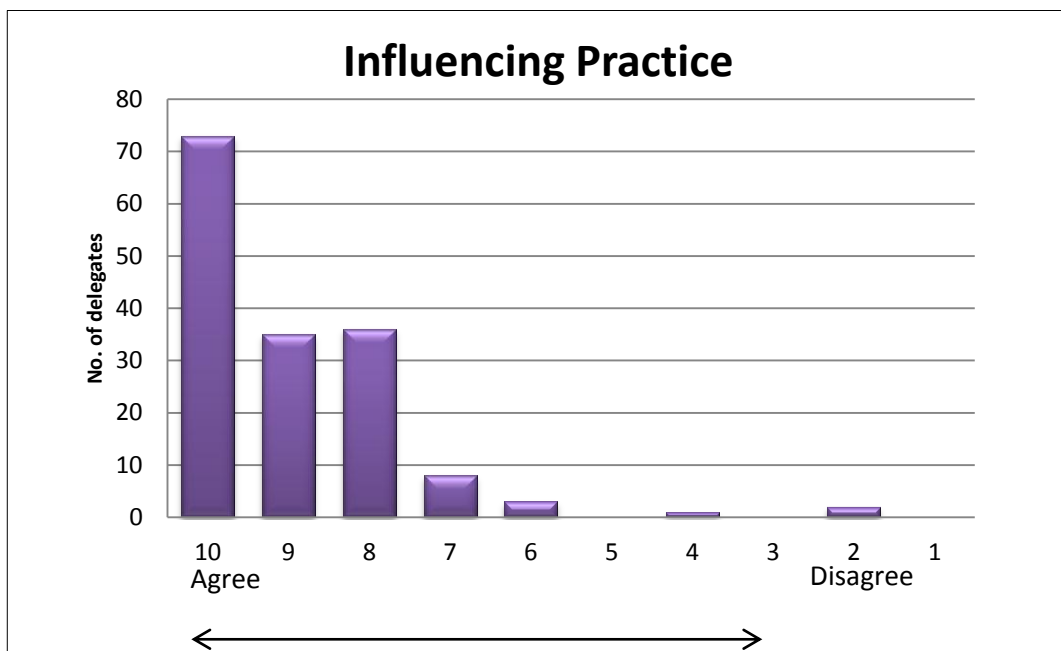
> *"Take the first concern without exploring other concerns."*

> *"Not to listen or only listen to the first problem, encouraging them to give all their problems."*

Did the facilitator create a safe environment for you to learn?

Safe Environment

No. of delegates

140	
120	
100	
80	
60	
40	
20	
0	

10 Agree 9 8 7 6 5 4 3 2 1

Disagree

How likely is this training to influence your practice?

Influencing Practice

No. of delegates

80	
70	
60	
50	
40	
30	
20	
10	
0	

10 Agree 9 8 7 6 5 4 3 2 1

Disagree

Would you recommend the training to a colleague?

YES: 154

NO: 3

The response to this question reflects the overwhelmingly positive impact and desire for the SAGE&THYME training to be made available to colleagues.

<u>**SAGE AND THYME EVALUATION REPORT**</u>
<u>**October 2015**</u>

PURPOSE

The purpose of this report is to evaluate the SAGE & THYME workshop training at Level 2 of Kirkpatrick's evaluation framework [1] i.e. to what extent did the training develop the skills practitioners needed to provide adequate support to people in distress? A further aim was to evaluate the extent to which participant's learning had been applied to their practice through participant self reporting.
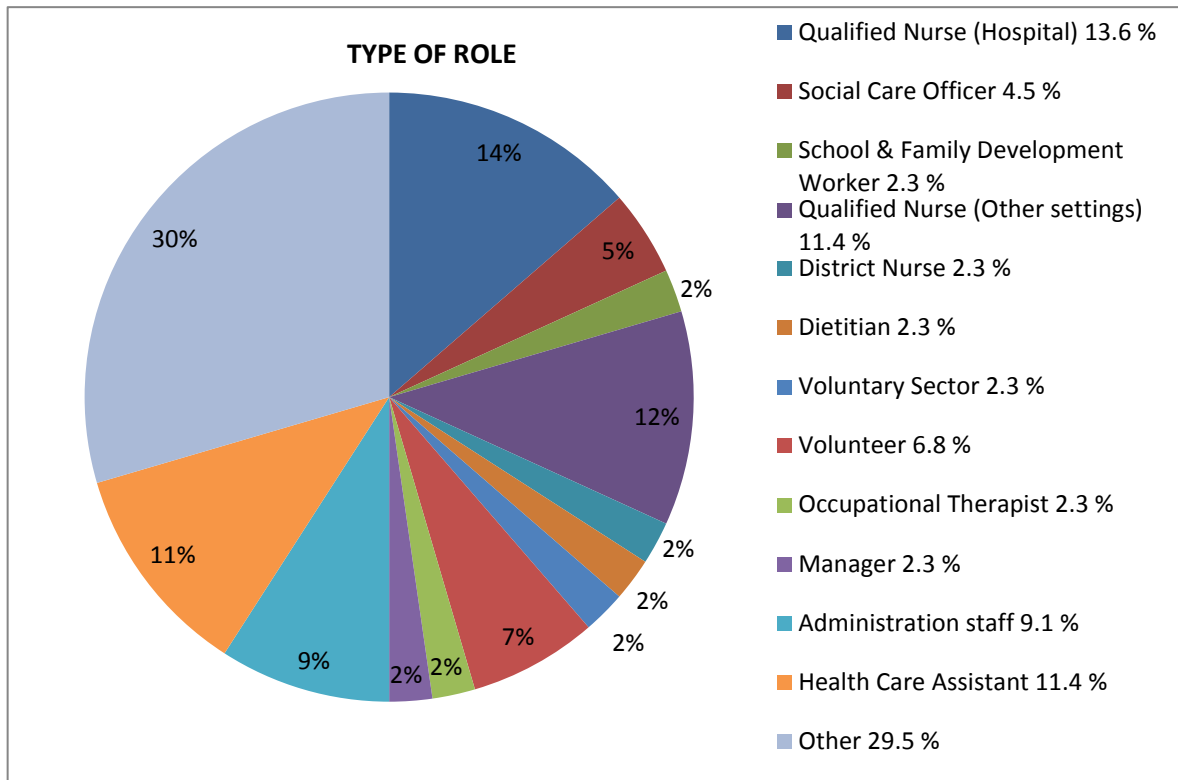
METHODS

Each participant was sent a survey via email using Survey Monkey up to 6 months following their completion of a SAGE & THYME workshop. All were given a month to complete and a reminder was sent to all after 3 weeks. All were assured that their responses would be kept anonymous.

The survey questions were designed to complement the post-course evaluation questionnaire focusing on how useful the model had been, the extent to which people had used the model in practice, their experience of using the model and the factors that had helped or hindered them to use the model in practice.
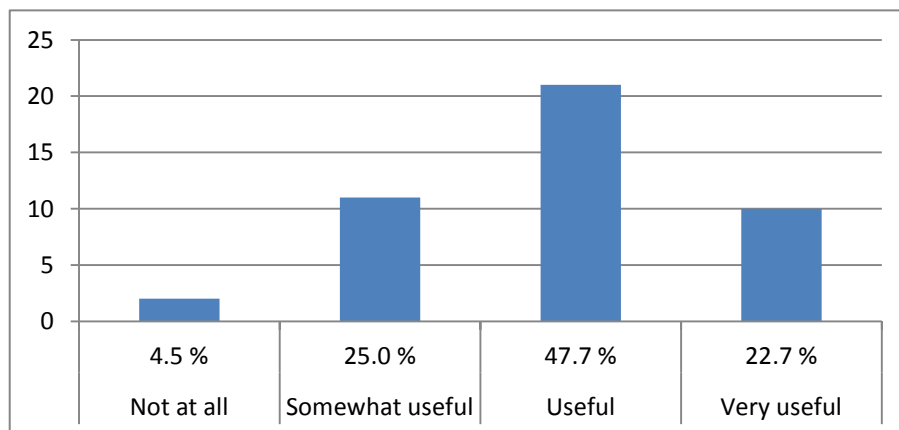
RESULTS

The survey was sent to 160 participants. 44 people responded, a response rate of 28% with the roles of those who responded below:

Chart 1 – Roles responding to the survey:

TYPE OF ROLE

- Qualified Nurse (Hospital) 13.6 %
- Social Care Officer 4.5 %
- School & Family Development Worker 2.3 %
- Qualified Nurse (Other settings) 11.4 %
- District Nurse 2.3 %
- Dietitian 2.3 %
- Voluntary Sector 2.3 %
- Volunteer 6.8 %
- Occupational Therapist 2.3 %
- Manager 2.3 %
- Administration staff 9.1 %
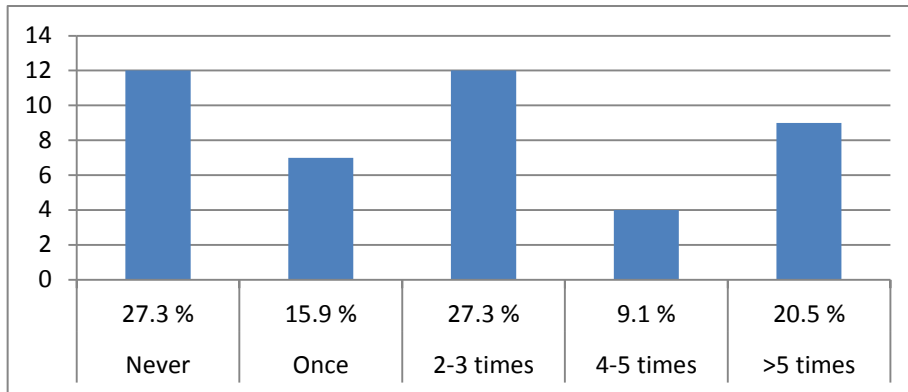- Health Care Assistant 11.4 %
- Other 29.5 %

How useful has SAGE & THYME been in supporting you to talk to people about their emotions?

Over 95% of respondents reported that SAGE & THYME had been of some use and 70.4% indicated that SAGE & THYME was useful or very useful to support people to talk about their emotions.

| | 4.5 %
Not at all | 25.0 %
Somewhat useful | 47.7 %
Useful | 22.7 %
Very useful |

Use of model in practice

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

| 27.3 % | 15.9 % | 27.3 % | 9.1 % | 20.5 % |
| Never | Once | 2-3 times | 4-5 times | >5 times |

Use of the model in practice was varied. Just over a quarter had never used the model, whilst more than 55% had used the model multiple times.

Key themes emerging from factors that supported people to implement the model included:

A significant proportion of respondents perceived that the model enhanced their practice through empowering people, providing a structure, through effective listening and from refraining from problem solving on behalf of people:

"Allowing people to speak and not being worried about fixing their problems for them!"

"I use the SAGE and THYME model to ensure that I do not try and jump in and 'fix things' and to allow the individual to voice all of their concerns, to support the person to explore all of their support mechanisms and to gain a comprehensive understanding of the support they have in place."

"I take more time to listen and let the person respond re-qualify what they have shared and confirm the outcome of our discussion."

"I feel it has really helped me to gather information in what felt like a safe way. I liked the process and found that because I knew I did not have to have all the answers I felt more confident."

SAGE & THYME was felt to be useful in working across a variety of situations including patients/clients, carers and staff:

"Very distressed patient on phone managed to calm patient down which then made me more in control of the situation."

"Sat and listened to the domestic with the problem worked through some of the issues we have managed to get through the problems the domestic is feeling much better in herself she is going to a keep fit class/diet we are making lots of progress she has also reduced her hours which had made things easier."

As a newly qualified, it can be quite intimidating at times when family members are anxious and stressed in the hospital environment, however SAGE and THYME allowed me to be in control of the conversation, giving all parties a voice to express their concerns."

"I feel this model can be used in a wide range of situations. I have used with staff who are distressed, carers, and in personal situations with members of my own family. I think it provides a framework for me as a practitioner and the outcomes are generally positive when I have used it. I think the person who has been distressed is empowered and is more likely to be feeling more positive about what needs to happen when working through this model."

"I felt prepared to deal with the intense emotions that often present in weight management. The structure of the model helped me to cover everything relevant for the individuals."

"When I was supporting a young person in a group setting I followed the steps of Sage & Thyme. It seemed to be effective and the young person was comfortable with the tool I used."

Some respondents felt that this was not new knowledge or supplemented existing skills:

"I felt that I used the model in my workplace already. I have developed this over 30 years in nursing children and young people."

"I thought the course was fairly helpful for reinforcing how to talk to distressed people but it also made me realise that I do quite a lot of this automatically."

"As a qualified nurse with some experience I feel I have worked within the ethos of the model for many years and the training was confirmation I was still up to date."

Of the 27.3% of participants who reported not using the model, most reported that this was due to a lack of opportunities or due to requiring more complex communication skills to support the person in distress:

"I find that in the area I work the model does not always work as the vast majority of patients are day cases."

"Have not had any patients with emotional concerns since course."

"Do not use it much in the situation as a Volunteer but would use it if needed good to have the knowledge."
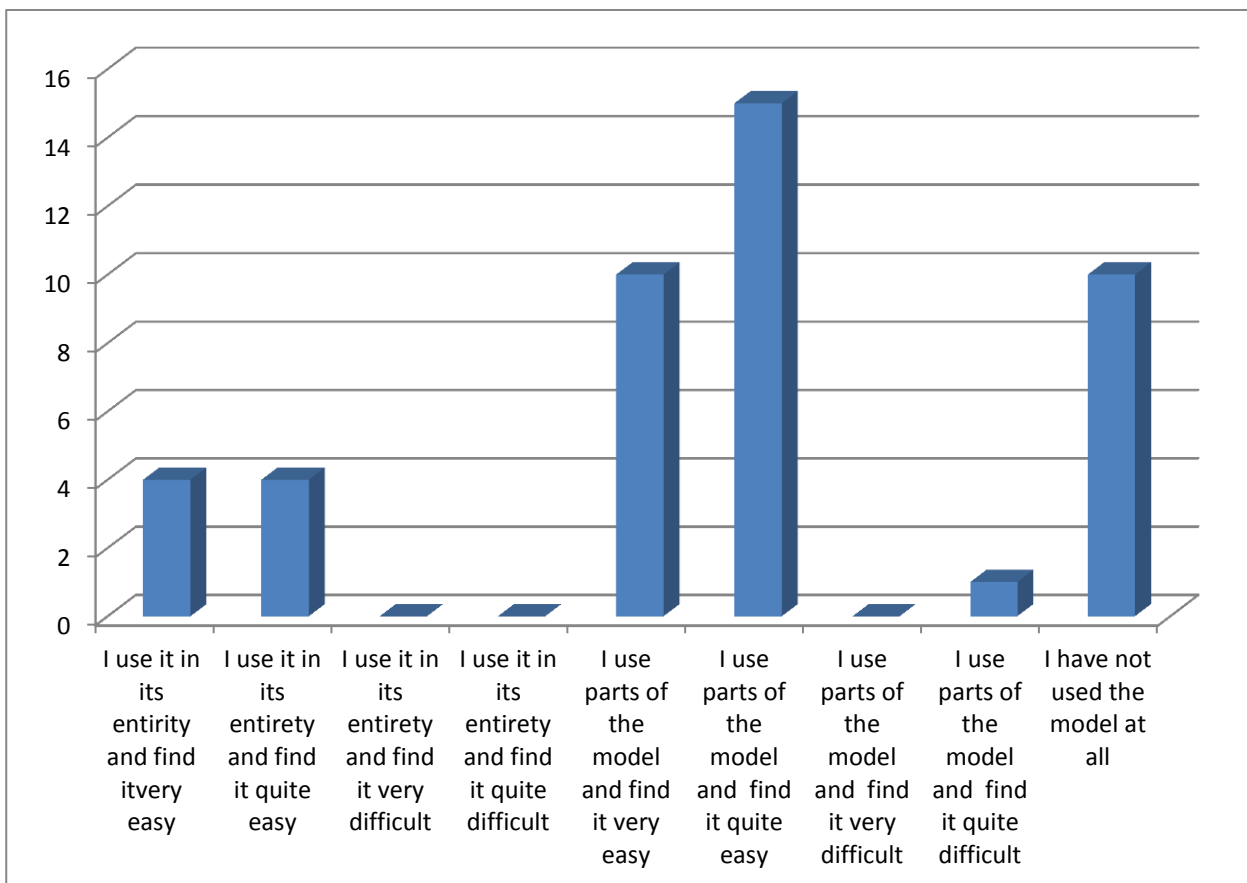
"Levels of arousal in clients was too great."

"It was too basic in relation to the work I already do."

Use of model

We asked participants - Please tell us about your experience of using the model?

The majority of respondents found the model easy to use:

Factors that had helped/hindered the use of the model in practice

Demonstration of the model during the workshop was felt to be useful in supporting people to use the model in their practice:

> *"The practical use of the model at the workshop was helpful."*

> *"The factors that have helped me is it's similarity to solution focused training which I have undertaken at a more in depth level.   During the training the role model demonstrations catered to my learning style and have remained with me which supports my implementation."*

Another factor that supported the use of SAGE & THYME was the satisfaction that staff experienced once they had used the model in practice:

> *"Ensuring you end the conversation knowing that the person you have spoken to feels valued."*

> *"The ability to focus on current issues and find a way for the patient themself to either deal with it or find a way to deal with it."*

The SAGE & THYME mnemonic is useful for people to remember and bring to bear in a conversation as was repeated use of the model:

> *"The short acronym helps me utilise the model - embraces core communication skills."*

> *"When I came out of the work shop I was not sure about how I could manage as I hadn't practice however the SAGE &THYME acronym made it extremely easy."*

> *"The volume of distressed people I see."*

> *"Regular face to face contact with people I work with when supporting them with issues. I have also used it over the phone."*

The lack of time, impact of the environment and other people's perceptions were felt to hinder the development of practice:

> *"Not enough time, in some parts while at work."*

"No privacy."

"Not everyone wants input especially if they are very emotional and a private person."

"Have not had that depth of contact with patients, as I only see them for approx 2 minutes, and as they have all been male, they don't tend to show emotional concerns in that space of time."

"Sometimes others who are not aware of the model hinder the use of the model."

Lack of opportunity to practice and the challenge of implementing theory into practice also were factors hindering the use of SAGE & THYME in practice:

"I have been absent from work until now therefore have not had the opportunity to use it."

"Not been in a situation requiring this practice yet."

"I found to use the whole concept quite difficult therefore have adapted it to suit the patient or situation."

Changes in practice

We asked if practice had changed: What, if anything have you changed in how you support people in distress since attending the SAGE & THYME course?

Similar themes emerged as previously identified around active listening, empowering the person, picking up on cues and gathering all of the concerns:

"I listen more to what they are not saying."

"I have stopped problem solving and fixing - I promote more patient empowerment and the model helps you gather all the concerns not just listen to the first few."

Having confidence through the use of a structured approach and sharing knowledge with other members of the team provided a different perspective:

"Given me the tools to support people."

"I think it has given me structure when dealing with conversations that I may have felt uneasy with or may not have been able to answer before."

"To communicate more effectively to others and cascade the knowledge I have learned to my colleagues in the Team."

"I feel that I have the confidence to assist now rather than fumble my way through trying to support someone."

Other comments

We asked: is there anything else you would like to say about SAGE & THYME training or using the model in practice?

Comments focused on how useful participants had found the course in supporting them in their day to day work:

"I feel that it benefits the person who is delivering the model and the person receiving it."

"It has refreshed my practice and encouraged me to use this model on a regular basis, even when service users are not displaying distress. I find the model simple, supportive and easy to use."

"I would like to see SAGE & THYME being taught at university. This would have been beneficial whilst on placements, especially when you are developing many transferable skills."

"I found this training really worthwhile. It was relatively short, well delivered and something I have usefully been able to implement in practice."

"The more I use it the more confident I become and I feel I am now not so rigid in my approach. I have praised the workshop in my supervision."

Some participants reported challenges people face in implementing the approach as well as recognising that they have more advanced communication skills:

"When applying for the training I did not realise it was at a foundation level and although it is a model used to support people in distress, I assumed it was aimed at supporting people in severe distress and as I said I have used it to begin engagement with service users in severe distress but in these cases there will always be other steps needed."

"You need time with people to be able to work through the model."

"I feel it is of more benefit to unqualified or newly qualified staff"

CONCLUSIONS

The follow up questionnaire aimed to supplement the evaluation of the SAGE & THYME training routinely collected at the end of each course, to particularly ascertain the transfer of theory to practice and factors that both help and hinder the application of the model to practice.

The majority of feedback has been positive. The majority of participants had used the model multiple times to support a patient, relative or colleague since completing the workshop and found it easy to use.

Whilst some people commented on the more advanced skills they brought to bear in their workplace, the prevailing view is that SAGE & THYME supports staff to enter into conversations with distressed people with confidence and engage in active listening, picking up on cues, gathering all of the person's issues and empowering people to take control and manage their distress effectively.