Facilitation Guide (see also Administrator's guide)

You will need:

- A main teaching room
- Space for breakout session for the skills practice. Separate rooms are ideal but the corners of a large room can be used – screens to lessen crosstalk can help.
- Internet access and AV kit for PowerPoint presentation and video projection **with good sound.**

There are four video scenarios, choose one before the workshop.

Choose 4 or 5 scenarios for the skills practice session in the second half (there is a choice of eight), don't use the ones that replicate the video scenario you use in the video session.

Administrative support (or an extra facilitator) is essential to liaise with venue, prepare materials before the course and help on the day – particularly with the skills practice session.

You will need a minimum of two facilitators for a workshop of twelve (recommended maximum number of participants) and at least one and preferably more colleagues as co-facilitators, particularly for the second part of the workshop. It is good to be able to share the leadership throughout the workshop.

Process with sample timings for a three-hour workshop (we recommend this as the minimum time required):

	Part 1
0900	Introduction and welcome Brief ground-rules/agreements: • timekeeping • mobile phones off • value and respect everyone's contribution (especially important for multi-professional sessions). • criticism should be of behaviours or what is said – not the person • confidentiality about content of teaching and people's actions **NB:** This can be sensitive stuff and there might be difficult resonances from a participant's professional or personal life. Make it clear that you can always offer alternative scenarios in part 2 and that anyone can take time out if necessary. Be willing to offer support and signpost further sources as necessary.
0910	Run though slide set up to slide 22 (choose the relevant geographical 'causes of death slide'). Emphasise that this is revision of the skills people already have. At slide 23, 'Why don't we talk about dying and death' take ideas from the audience – this breaks up the PowerPoint and wakes up the sleepers. Then show second slide.

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0925	Show the initial ('not so good') video consultation. Introduce it by saying this is a role play to show the PCP missing opportunities to open up discussion and respond to the patient's concerns because he or she does not have the skills, strategies and confidence to have a courageous conversation. Acknowledge the artificiality. Emphasise strongly that it is important to focus on the communication aspects of the consultation NOT the clinical ones. Suggest people take notes as they are watching.
0935	Ask for feedback on the video – positive points first. There are some but you may need to prompt, e.g. highlighting greeting, courtesy, wish to help, etc. Then move on to missed opportunities. Any criticism should be specific, words used, body language etc and ALWAYS followed by suggestion of how it might have been done better at this point. *(See facilitator notes on Feedback)*
0955	**EITHER** As skills practice, a re-run of the same consultation with a fellow facilitator incorporating the suggestions from the feedback. **OR** Show second part of the video which we hope will demonstrate some aspects of improvement (but isn't perfect!). If time allows take brief feedback on improved consultation.
1015	Very brief 'How is this going – does it make sense so far?' Then stop for tea/coffee – discuss with fellow facilitators how it's going.
	Part 2 – Skills practice (we avoid the term 'role play' as so many people have had poor experiences with that).
1035	Ask people to move into their pre-allocated trios *(see administrator notes about pre-allocation, if possible mix professions, split up colleagues and try to include GP trainer/ tutor etc who will be familiar with this process in each group. Each group must have three people, use fellow co-facilitators or even yourself to make up numbers – best if they start in observer role)* Introduce skills practice process and show three final slides. Emphasise that this is about confirmation of existing skills and opportunity to explore new strategies in a safe place. Point out that there is valuable learning in all three roles – 'professional', 'patient' and observer. Explain that each trio will participate in three different scenarios. For each there will be a 'professional's' script and a 'patient' one. These should be read through before starting the consultation. The observer will have both and also a reminder of the process. Describe the process. It's probably useful to keep the final slide up.

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	Give each group 'Preferred priorities of care' or local equivalent as they may wish to use these in consultation. • Highlight again: Positives first, professional speaks first (and almost always tends to start with negatives so observer must be forceful!) then constructive criticism and feedback – again 'professional' speaks first about areas where he/she got stuck or felt did not go well. Self-criticism should be accepted but it's good to check with 'patient' and observer how they felt about that point. Constructive criticism is more valuable than blanket congratulation though it is good to recognise the overall feel of the consultation. • Remind observers that the consultation is a maximum of 10 minutes – it may be shorter and feedback also 10 minutes. Observer may want to take notes. Ask trios to move as far from each other as possible (to avoid crosstalk). Best arrangement is 'professional' and 'patient' close and observer a little back).
1045	Start skills practice. It is useful as facilitators to float around to get an idea of how things are going and, as necessary, remind people of the process and check on timekeeping – 20 minutes per round is not a problem. It's courteous to ask permission to sit in on a consultation.
1145	Discussion of scenarios and particularly challenging parts.
1155	Brief wrap up session, Thanks to all for active participation, say you've seen lots of examples of great consulting (if you have) respond to any particular points of difficulty. Mention 'useful words and phrases' document so participants know there are examples to support their learning. Ask for completion of fast feedback forms to help us develop and improve workshop. Mention if there is to be deferred evaluation to see whether any benefit to everyday practice.
1200	Final round – one thing each participant will take away. Thanks to co-facilitators, administrative helper, venue etc and goodbye and safe travel.
	Discuss how it went with fellow facilitators. Look at fast feedback forms. Please tell Admin Support about challenges, successes and ideas for improvement. **Congratulate yourselves!**

Useful resources:

- Atul Gawande 2014 Reith Lecture
- Advance care planning toolkit learnzone.org.uk/courses/course.php?id=238
- Primary care 10 top tips, Advance Care Planning
- Primary care 10 top tips, DNACPR
- Any useful local advanced care planning documentation

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