

# Handling Difficult Situations: caring for yourself and others with compassion

## Training Evaluation

May 2024



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## Executive Summary

The "*Compassionate Conversations*" programme was a collaborative effort, co-designed with NHS staff and training providers. It was tailored for primary and secondary care staff in patient-facing roles, focusing on practical skills, theoretical knowledge, and confidence-building. The programme also emphasised the importance of self-care and understanding of available support resources, fostering a sense of community and shared responsibility.

Following a successful pilot and second phase, the programme was rolled out for a third time, extended due to high demand, and a supporting Train-the-Trainer programme being developed. Positive feedback highlighted its value in supporting staff well-being and resilience. For instance, the pilot phase showed a 24.7% increase in confidence in handling difficult situations safely and with compassion. Additionally, 95.1% of pilot programme respondents reported high satisfaction with their training experience, with 93.1% expressing a likelihood to recommend the programme to others.

The subsequent phases yielded positive results, significantly increasing participants' confidence, competence, and understanding of workplace well-being. For example, Phase 2 saw a 26.6% increase in confidence in handling difficult situations with compassion and a 24.8% increase in competence in enacting associated skills and techniques. Moreover, 95.4% of participants expressed satisfaction with the overall training experience, with a reported likelihood to recommend the programme to colleagues of 90.2%.

Feedback from Phase 3 further reinforced the programme's overall effectiveness, with 93.6% of participants rating their training experience as good, very good, or excellent. Moreover, 91.9% expressed a likelihood to recommend the workshop to others. These high satisfaction rates were consistent across all programme phases, indicating its continued impact and value. They were bolstered with many examples of workplace implementation of the skills and techniques discussed in the weeks and months following a participant's learning experience.

The Train-the-Trainer initiative, integrated into Phase 3 of the "*Compassionate Conversations*" programme, aimed to enable NHS staff to become programme trainers themselves. This addition followed the programme's initial successes and was intended to embed the ability to deliver this training locally. The Train-the-Trainer sessions, conducted over two interactive, three-hour modules, provided a deep dive into program-specific content and equipped participants with effective communication techniques and facilitation skills necessary for delivering engaging sessions.

Evaluation metrics underscored the program's success, with an overwhelming majority of participants (91.2%) rating their overall training experience positively. A substantial portion, more than 96% of participants, expressed readiness to recommend the programme to colleagues. Very high satisfaction with workshop content, delivery pace, and the conducive learning environment was evident in the feedback. Despite the advanced skills of Train-the-Trainer participants, the programme significantly boosted their confidence and competence in delivering course content, particularly in handling difficult situations with compassion. Feedback indicated that participants found the training sessions highly beneficial for future training endeavours, indicating preparedness to train others and apply newfound skills in their professional roles.

Overall, the "*Compassionate Conversations*" training programme has proven effective in equipping NHS staff with the necessary skills and support to navigate challenging situations with compassion while prioritising their own well-being. Its consistent positive feedback and high likelihood of recommendation underscore its value as a critical resource in supporting NHS personnel. The Train-the-Trainer programme emerged as a pivotal addition to the "*Compassionate Conversations*" initiative, empowering NHS staff to become effective trainers and disseminate essential skills and knowledge throughout the organisation.

## Introduction

### Background and aims of the ‘Compassionate Conversations’ training programme

The NHS People Plan 2020-21 has established several key ambitions to support NHS England's drive to ensure that NHS colleagues have the practical and emotional support they need to do and remain in their jobs. Health and wellbeing, and subsequently the retention of staff who feel supported at work, is a priority within the NHS People Plan. Alongside this, the “We are safe and healthy” commitment in the NHS People Promise asks employers to continue taking all necessary measures and redouble their efforts to keep people safe or risk leaving. Furthermore, the most recent [2023/24 Priorities and Operational Planning Guidance](#) asks that, with support from NHS England, systems invest in our workforce and develop whole system workforce plans that build on the progress made in delivering local people plans.

Despite the pandemic bringing a compassionate and positive focus on the NHS, with campaigns such as the “Clap for Carers” and “Supporting our NHS heroes”, there followed a noted increase in the number of incidents of uncivil behaviour towards NHS staff, particularly those in patient-facing roles. A survey completed by the BMA in 2021 of more than 2,400 doctors in England, Wales and Northern Ireland found 37 per cent had been verbally abused by patients, or those accompanying them to appointments, in the past month. This rose to 51 per cent of GPs. One in five GPs reported being threatened, and some 34 doctors reported that they had been physically assaulted in the last month. More than two in five (43 per cent) said that they thought instances of threatening behaviour, violence or verbal abuse from patients had increased over the last year, and this extended to nursing staff, receptionists and healthcare assistants also being targeted. The 2022 NHS Staff Survey showed that 14.7% of staff experienced at least one incident of physical violence in the last 12 months from patients/service users, their relatives or other members of the public, and this increased by 14.4% in 2021.

This concerning data indicates a continued need for initiatives to help ensure that staff feel safe at work by preventing and controlling violence in the workplace. Some of these staff have shared the impact of challenging or negative behaviour on them, often describing how this has negatively impacted their health and wellbeing. The importance, therefore, of providing NHS colleagues with the practical skills and social support to deal with these difficulties at work cannot be understated.

Following further engagement with NHS staff and the completion of an exercise with a number of Integrated Care Systems (ICS) and regional colleagues in

2021/22, there was a clear requirement for a suitable training programme that would equip staff with the necessary skills and techniques to handle difficult and challenging conversations with compassion and also to enable those members of staff to look after their own wellbeing. The training initiative would make a positive contribution to the creation and maintenance of a compassionate and inclusive culture between colleagues and with patients.

The training, entitled "*Handling difficult situations with compassion – Caring for yourself and others*" (known as "*Compassionate Conversations*" for short), was co-designed with staff from across the NHS, along with the training provider and the national Health and Wellbeing Team at NHS England and was specifically aimed at Primary and Secondary Care staff in patient-facing roles, who are often the first point of contact for patients, their families, and other caregivers. The training sessions were designed to equip participants with the practical skills, theoretical know-how and confidence to handle difficult situations and challenging conversations with compassion. There was also a significant emphasis placed on supporting participants in looking after their own wellbeing and their colleagues' wellbeing and developing a broader understanding of the support available to them.

The training was piloted in 2021/22 and rolled out nationally after a successful pilot evaluation. In 2022/23, the programme was extended for a further year. The success of the programme continued throughout the second phase, with overall satisfaction scores and likelihood to recommend the course to colleagues remaining at very high levels (8.90 and 9.02 out of 10, respectively). Positive feedback and demand for the program led to its extension into a third phase, which included additional components such as a targeted Train-the-Trainer program and expanded eLearning options. The continued success and popularity of the program underscore its value as a critical resource for supporting the wellbeing and resilience of NHS personnel in the face of the myriad challenges encountered in their daily work. This was launched in December 2023, and different strands ran until March 2024.

### *Pilot Phase – January to March 2022*

Following the design of the training materials, a Train the Trainer programme was delivered to approximately 60 trainers and facilitators before going live in January 2022. The programme was initially designed to have the capability and capacity to train 21,000 NHS primary and secondary care staff throughout England by 31 March 2022. 482 training workshops were delivered to 2417 staff members within the pilot timeframe.

Sessions were held daily (Monday to Friday), and participants had the choice of attending morning or afternoon sessions to correspond with different shift

patterns. Each '*Compassionate Conversations*' training session ran for three hours, using a range of tools and techniques to make the sessions engaging, interactive, and highly relevant to their workplace.

Upon completing a training session, delegates were asked to complete a feedback survey. The results for this pilot evaluation demonstrated a 24.7% increase in confidence in handling difficult situations safely and with compassion. 95.1% of pilot programme respondents reported a high or very high overall satisfaction with their training experience. They also reported a likelihood to recommend the programme to others of 93.1%.

## *Phase 2 – September 2022 to March 2023*

Following some amendments to materials to consider pilot feedback and evaluative review, Phase 2, with 8,000 budgeted places, launched in September 2023. The programme received a high level of interest with over 8,199 bookings of which 4,961 attended the training.

A more detailed evaluation of the programme was undertaken in the second phase, with a three-part survey protocol being used. This included collecting quantitative, data to assess participant satisfaction, ratings of confidence and some changes in confidence and competence. In addition, qualitative, free-text data was collected, allowing respondents to explain more about their learning in detail, describe the impact of the training on their working practice, and clarify the key learning that they have taken from the training. This was collected 1) immediately after training completion, 2) six to eight weeks following the training, and 3) twelve months following the training.

The overall results for this second evaluation demonstrated a 26.6% increase to their confidence in handling difficult situations with compassion, a 24.8% increase to their competence in enacting the associated skills and techniques, and a 20.1% increase in participants' understanding of their own wellbeing. Evaluative results demonstrated a 95.4% satisfaction rating with the overall training experience, as well as a reported likelihood to recommend the programme to colleagues of 90.2%.

## *Phase 3 – December 2023 to March 2024*

The focus of this report is Phase 3, running from December 2023 and March 2024. Similar to the continuous improvement mindset adopted between Phase 1 and Phase 2, some minor amendments were made to materials in light of the large quantity and quality of feedback provided by Phase 2 participants.

From the 2640 places made available, 1665 participated in Phase 3 (63.1%). From this, 1196 participants kindly provided their feedback in the form of a feedback survey, the data and comments from which this report is built (71.8% response

rate). This feedback survey was replicated from the Phase 2 evaluation protocol, allowing for meaningful comparison to be made between these phases. Some of these comparisons are included within this report to ensure a holistic perspective on the breadth and effectiveness of the overall programme.

A single, in-person session was also delivered in February, 2024. This closed event for Northamptonshire Healthcare NHS Foundation Trust had 27 attendees from a variety of different job roles.

A follow-up survey was also used in Phase 3, as in Phase 2, allowing for feedback to be gathered in the medium-term effectiveness and usefulness of the course content. Findings and key learning points provided from 125 respondents to this follow-up survey are also integrated within this report.



## Phase 3 Overview

### Overall Programme Evaluation

Feedback from participants on Compassionate Conversations training was collected to evaluate learner experience, confidence, and competence in key areas across various metrics.

The overall evaluation indicates overwhelmingly positive perceptions among participants. A large majority (93.6%, n = 1120) rated their overall training experience as good, very good, or excellent, with a mean score of 8.71 out of 10. Evaluation scores for this phase were comparative with the Pilot and Phase 2, demonstrating a consistent, effective delivery for the duration of the programme (consistent with the pilot study (95.4%, n = 3534 and 95.1%, n = 1980, respectively). Similarly, 91.9% (n = 1099) expressed a likelihood to recommend the workshop, with a mean score of 8.80 out of 10.

*“This was by far one of the best (if not the best) training that I have attended. I enjoyed every part of it and all facilitators were really approachable and made it all really clear. Thank you and well done.”*

*Recovery Co-Ordinator, South West Primary Care*

*“The speakers were just brilliant ! So knowledgeable and hitting things right on the head like they were in my head listening in to my thoughts ! I am going to recommend this course to all my staff and will be sharing some quotes on social media. The world would be in a much better place if more of us interact with each other using the skills learnt on this course. They will also definitely help me interact my teens too. Thank you so much.”*

***Senior Physiotherapist Deputy Team Lead Trauma & Orthopaedics, East England Secondary Care***

Specifically, 86.8% of participants agreed or strongly agreed that they felt more supported at work (n = 1038), and 92.6% of participants also agreed or strongly agreed that the course content was useful in their everyday activities at work (n = 1107). The mean scores for these measures were 4.16 and 4.40 out of 5.00, respectively, with this high score being mirrored in free text examples. An indicative example of this is included below:

*“It was useful to devote the time and space set aside to think about the topics in the course. I had really really considered how looking after myself was important in being able to delivery the best possible care to clients before.”*

***Dietitian, East England Primary Care***

A table summarising the mean scores of these evaluation questions, both overall and by month, is presented in Appendices 2 and 3.



## Attendance

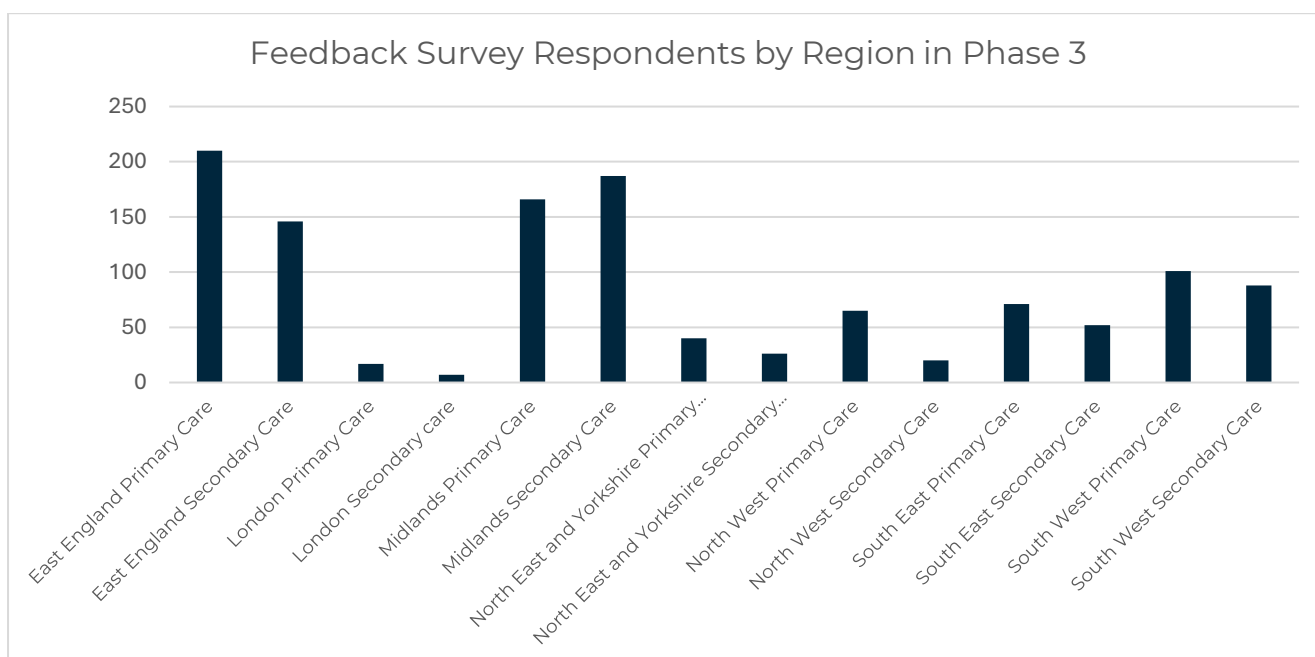
An overall attendance split can be viewed below. Phase 3 had an overall response rate of 63.1%, (1665 attendees from 2640 bookings) which was largely comparative with Phase 2 (62.4%, 7378 attendees from 11832 bookings).

Phase 3 Attendance Statistics			
	<b>Attended (n)</b>	<b>Places Available</b>	<b>%</b>
December	227	360	63.1
January	327	540	60.6
February	594	900	66.0
March	517	840	61.5
<b>Phase 3 Total</b>	<b>1665</b>	<b>2640</b>	<b>63.1</b>

From this, the response rate to the Feedback Survey was 71.8% (1196 responses from 1665 attendees). Due to this high response rate, the feedback from the 'Compassionate Conversations' course is considered to be largely representative of those who attended the session.

## Regional Overview

Feedback survey respondents were asked, alongside evaluation metrics, to tell us the region in which they work. The highest proportion of respondents came from East of England, with 356 respondents from both Primary and Secondary Care roles (n = 210 and 146, respectively).



<b>Phase Overview of Feedback Survey Respondents by Region</b>	
<b><i>Region</i></b>	<b><i>Respondents</i></b>
East England Primary Care	210
East England Secondary Care	146
London Primary Care	17
London Secondary care	7
Midlands Primary Care	166
Midlands Secondary Care	187
North East and Yorkshire Primary Care	40
North East and Yorkshire Secondary Care	26
North West Primary Care	65
North West Secondary Care	20
South East Primary Care	71
South East Secondary Care	52
South West Primary Care	101
South West Secondary Care	88
<b><i>Phase 3 Respondents by Region Total</i></b>	<b><i>1196</i></b>

# Methodology – Training Assessment and Evaluation Approaches

The collection of participant feedback was an important aspect of this training course. Following the widely used Kirkpatrick model<sup>1</sup>, the following four steps are used as a way of evaluating the success of the training:

1. Reaction - *an evaluation of the learner's reaction to the training*, assessed by measures of satisfaction and positive feedback on the participant experience found in free-text data
2. Learning – *an evaluation of the extent to which learning has taken place*, evaluated by numeric data from participants as to whether the learning aims and objectives have been met and triangulated with relevant free-text data
3. Behaviour - *changes in participant behaviour*, evaluated by measures of workplace applicability from participants and triangulated with examples of behaviour change reported in the follow-up feedback survey
4. Results - *the results of the training*. Due to the diverse group of course participants and many differences in job roles, there are limitations to the extent to which the training results can be evaluated. However, responses to the follow-up feedback survey, completed four to six weeks after the training session, provide evidence of impact with examples of real-life application of course content, outlined in free text examples provided below.

Quantitative, numeric data and qualitative, free-text feedback data were collected to measure participant satisfaction and the perceived impact of the course on confidence, competence, and wellbeing. Measured of likelihood to recommend to training to others was also incorporated into the survey protocol as a further evaluative measure of the programme overall.

Participants were invited to complete an initial feedback survey at the end of their training session. This primary feedback survey included quantitative questions with numeric responses and qualitative questions responded with free-text, written answers. In total, 1196 responses are available for inclusion in this report. In addition, a group of participants were also willing to take part in a follow-up survey.

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<sup>1</sup> Rouse, D. N. (2011). Employing Kirkpatrick's evaluation framework to determine the effectiveness of health information management courses and programs. *Perspectives in health information management*, 8 (Spring).

The follow-up survey, completed between four and six weeks after participants' training session, resulted in the more detailed opinions of 125 staff being incorporated into this supplementary analysis.

This report follows a concurrent, mixed-methods approach to analysing and interpreting responses to the participant feedback survey relevant to the 'Compassionate Conversations' programme. First, both quantitative and qualitative questioning techniques were used to gather feedback from participants in each of the three surveys. After this data collection, a response triangulation approach was applied to interpret, evaluate, and analyse responses. This approach is employed to provide a representative depiction of participants' experiences of the 'Compassionate Conversations' sessions and forms the basis of this report. To provide an additional evaluative perspective, some narrative comments are made where appropriate in reference to the pilot programme.

Numeric feedback data was analysed using appropriate statistical methods. The reader is politely directed to Appendix 1 for a more detailed explanation of this methodological approach, data collection and related analytical procedures followed to create this report.

Findings from quantitative results are then triangulated with written, qualitative responses from course participants. Following an inductive thematic approach to the evaluation, comparison, and synthesis of more than 2800 written responses across four questions, key themes arising from these perspectives are presented. Key themes are explored and contextualised with data extracts from both the initial feedback survey and both follow-up feedback surveys provided by participants in the form of direct, unedited quotations.

<b>Phase 3 Respondent Feedback Overview</b>	
<b><i>Type of feedback</i></b>	<b><i>Respondents (n)</i></b>
Phase 3 Feedback Survey	1196
Phase 3 Follow-Up Survey	125
Train-the-trainer Feedback Form	159

# *'Compassionate Conversations' Course*

## Evaluation

### Workshop Content

The content of the *'Compassionate Conversations'* course aimed to empower participants, leaving them feeling supported and confident in their own skills to deal with their daily responsibilities, which may include difficult situations. The sessions were crafted to provide practical skills, theoretical knowledge, and confidence in navigating tough conversations with compassion. Emphasis was placed on the skills and techniques that would help participants to handle difficult situations with empathy and compassion, underpinned with theoretical knowledge and an understanding of available supporting resources. This included tailored content for caregiving professions, real-life case studies from various NHS contexts, and customised learning materials to ensure participants left the sessions feeling as though this content was genuinely of use to them.

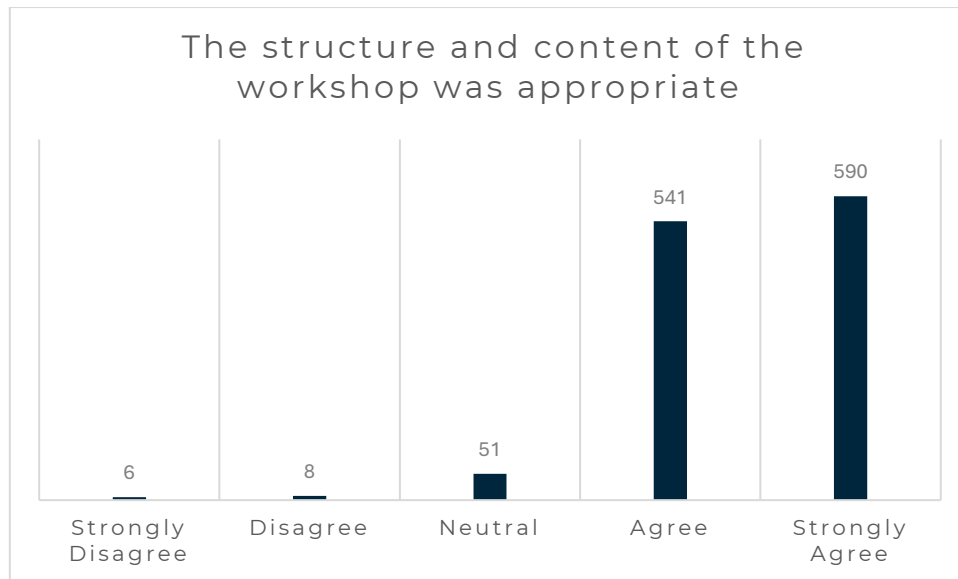
*"The Circle of Control seems a useful tool that I will be sharing with my team, combined with taking a moment to stop and reflect"*

*Clinical practice development nurse, South East Secondary Care*

*"It was useful to be in a room of different NHS professionals and to get their views on this subject."*

***GP, Midlands Primary Care***

When asked about their workshop experience, a large majority of participants, 94.6% of respondents agreed or strongly agreed that the workshop's structure and content was appropriate (n = 541 and n = 590, respectively.). Further, 92.6% of respondents (n = 1107) told us that the workshop content would be useful to them in their everyday role.



Free text comments also reiterated the relevance of workshop content to participants' everyday roles, with indicative examples provided below:

*"All of the content was helpful but definitely, using the empathetic language and open ended questions when dealing with a difficult situation"*

*Midwife, East England Secondary Care*

*"Empathetic language ,circle of control sessions were helpful to my clinical practice"*

*Senior Transfusion Practitioner, East England Secondary Care*

## Key Learning Outcomes & Workshop Materials

Trainers discussed the session purpose with participants in the introductory section of the course. Clear and explicit connections were drawn to the NHS People Plan, with trainers explaining the session objectives as 1) to provide participants with the skills and techniques needed to handle difficult situations and challenging conversations with compassion and 2) to highlight the importance of looking after their own health and wellbeing.

*"I found every part interesting and useful, especially the use of empathetic language, listening steps, empathy example, System 1&2, Circle of Control"*

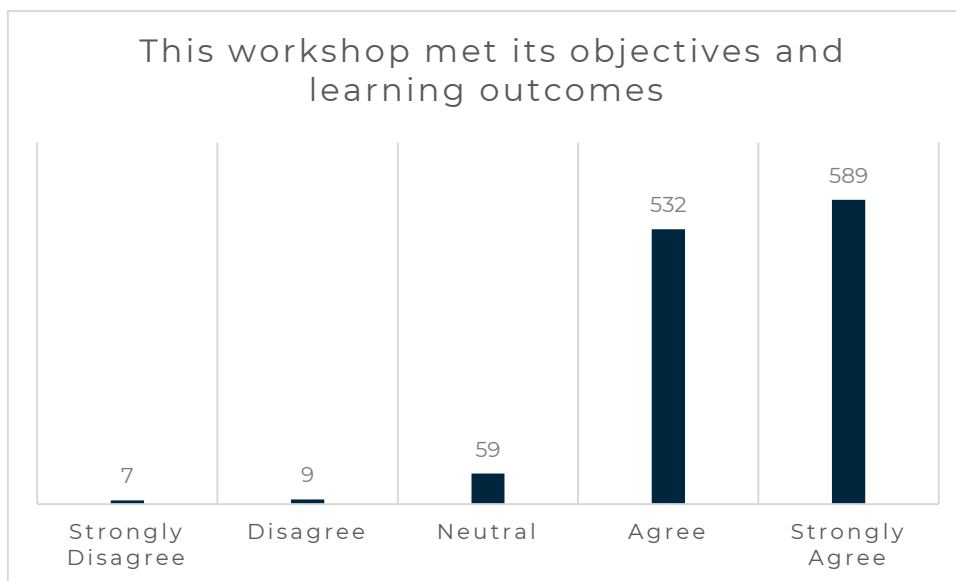
*Patient Safety & Quality Lead/Nurse Practitioner, South West Primary Care*

*"I found the session and tools helpful for my everyday role. To help me in difficult situations within my team or when dealing a patients. The videos were useful to watch and learn from. Understanding the difference of empathy and sympathy. Also how to navigate difficult situations and to remain compassionate."*

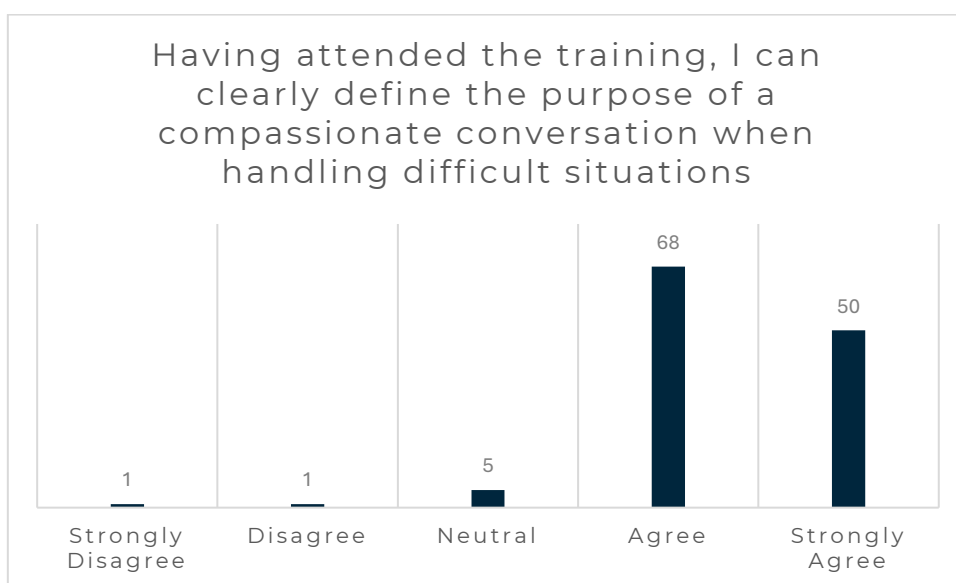
*PHB Administrator, Midlands Primary Care*



An aim of this training was for participants to leave the sessions feeling competent and well-equipped with the skills and techniques they need to handle difficult situations and challenging conversations with compassion. When asked to reflect upon their satisfaction that these aims were met, 93.7% 94.3% of respondents agreed (n= 532) or strongly agreed (n = 589). A mean score of 4.41 out of 5.00 was reported for this measure, presented graphically below. This was closely comparative to the Phase 2 evaluation of the same question, which had a mean score of 4.44 out of 5.00:



For respondents to the Follow-Up Survey (n = 125), this knowledge was still present weeks or months after attending their 'Compassionate Conversations' session. When asked if they felt confident in defining the purpose of a compassionate conversation when handling difficult situations, 94.4% of respondents agreed (n = 68) or strongly agreed (n = 50), with a mean score of 4.32 out of 5.00.



“I feel I am more aware of how I speak to people and the terminology that I use. Previously when I felt I was being compassionate it might not have been interpreted in that way. I now try to be more conscious of the language I use as well as non-verbal communication.”

**Anonymous Respondent, Follow-Up Survey**

With these objectives in mind, 97.7% of participants agreed (n = 484 and n = 684) that the session materials were clear and easy to understand. This was also closely representative of the Pilot Phase and Phase 2 evaluation feedback (95.3% and 96.4%, respectively). The high mean score on this question (4.42 out of 5.00) was also evident in free-text comments, indicative examples of which are included below:

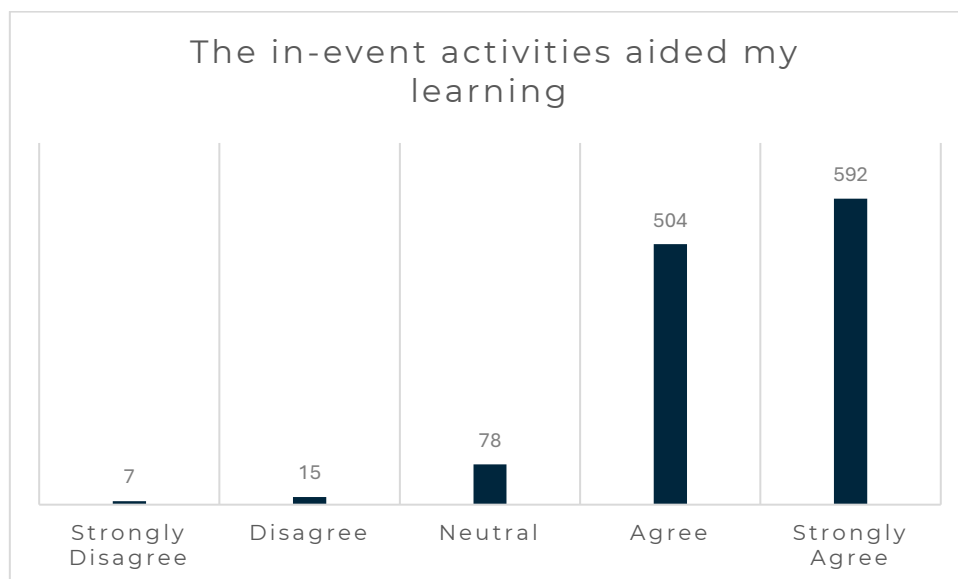
“I learnt the importance of circle of control, preventing compassion fatigue, and having positive body language/tone/words while communicating”

*Occupational Therapist, Midlands Primary Care*

“I found the videos and break out room activities useful and the slides had a good level of content that was easy to follow with good explanation. ”

**OD Practitioner, South West Primary Care**

Based on evidence from the Pilot Phase and Phase 2, the in-event activities were expected to be a significant contributing factor to positive feedback from participants. In Phase 2, there was an extremely positive perception of these activities, with 93.1% of respondents agreeing (n = 1443) or strongly agreeing (n = 2006) that these aided their learning during the session. This was also mirrored in Phase 3, with 91.6% of participants agreeing (n = 504) and strongly agreeing (n = 592) about the important role of these activities in their overall learning experience.



The areas in which these in-event activities aided learning was explained in some free text comments, often relating to deepening discussion of content in breakout rooms, as well as commenting on the opportunity to listen to colleagues' experiences. Indicative examples are included below:

"I liked the small group sessions, such as with the videos and discussion to remember more at the time.

I look forward to reading through the workbook to recall what was mentioned in the session.

Thank you for the session, much appreciated :)"

*Specialist Podiatrist, Midlands Primary Care*

"Just the understanding that we are not alone and this is a issue throughout the NHS"

*Practice Receptionist, North East and Yorkshire Primary Care*

"Its a lovely supportive session. The break out rooms are great especially having a facilitator as i think you got better engagement as some people do not like speaking in a big group so it was really great. Stuck to time and the pace is good"

***Corporate Matron, Midlands Primary Care***

Although this was reported a high mean score, 4.39 out of 5.00, a small proportion of free-text responses suggested that the content was not always appropriate to the individual attendee. This feedback, indicative examples of which are included below, often related to the wealth experience of the participant or longer tenure in an NHS role, and were also evident in Phase 2 feedback comments:

"I feel the level was slightly basic for my current role and level of understanding."

***Senior Nurse Therapist, South West Secondary Care***

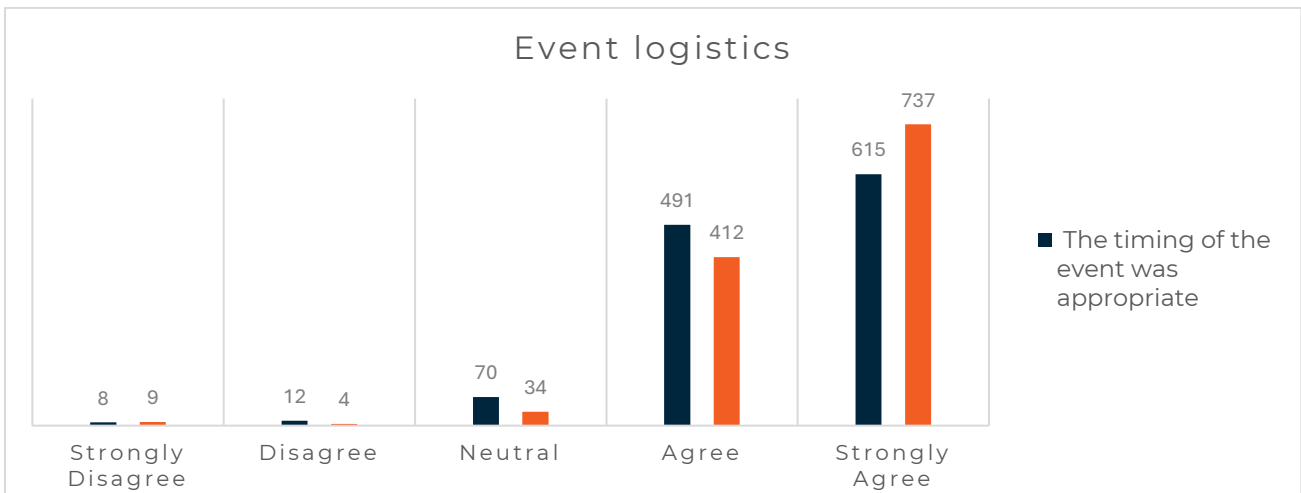
"I have just completed a year long course of Positive Intelligence covering self awareness, empathy, being aware of self judgements and how to shift your automatic responses. My work role is therapist/counsellor. ... The trainers were skilled and the course very well run just not what I had expected, I would recommend this course for more junior/less experienced members of staff or those showing difficulty with empathy."

***Specialist Occupational Therapist East England Secondary Care***

Overall, participants were also reported a positive perception of the video message used in the session introduction, with 70.3% of respondents agreeing (n = 388) or strongly agreeing (n = 453) that this contributed to their learning. This was reported with a mean score of 3.98 out of 5.00 across 1196 respondents.

## Event Logistics

At the point of booking, participants chose to attend either a morning or an afternoon event on a weekday, with each session lasting for three hours. When asked about event logistics, 92.5% of respondents agreed (n = 491) or strongly agreed (n = 615) that the timing of the event was appropriate. 96.1% of respondents told us that they agreed (n = 412) or strongly agreed (n = 737) that the joining instructions were clear.



## Learning Environment

Considering that the topics covered in the 'Compassionate Conversations' training related to staff experiences of challenging or negative behaviour at work, participants' psychological safety and comfort were a priority in the design, planning, and facilitation of each session.

## Psychological Safety

A sense of safety and comfort in the learning environment was evident in the initial feedback survey, with 95.0% of respondents agreeing (n = 481) or strongly agreeing (n = 655) that they felt safe when interacting with other participants. This was representative of the same question when asked in Phase 2 (95.4%, n = 3534). This high mean score of 4.48 out of 5.00 also featured as a significant positive in the free text comments.

"Really interesting session, with good support throughout to create a safe setting for people to feel comfortable sharing personal experiences. Thank you."

**Health Team Manager, East England Secondary Care**

The training team were also considered an important contributing factor to this experience of training in psychological safety, with 95.7% of participants agreed or strongly agreed that the level of explanation and support provided by the team was helpful (n = 1144, mean score 4.51 out of 5.00).

“Colleagues leading the session today were brilliant - they created a great safe space to allow for open discussion which is so so important!”

**Senior Communications Officer, Midlands Secondary Care**

“I have really enjoyed the session, the course trainers were passionate which has empowered me. They had great knowledge and understanding, I felt safe during the training. I am inspired to do some further reading/studying on the topics.”

**Midwife, South East Primary Care**

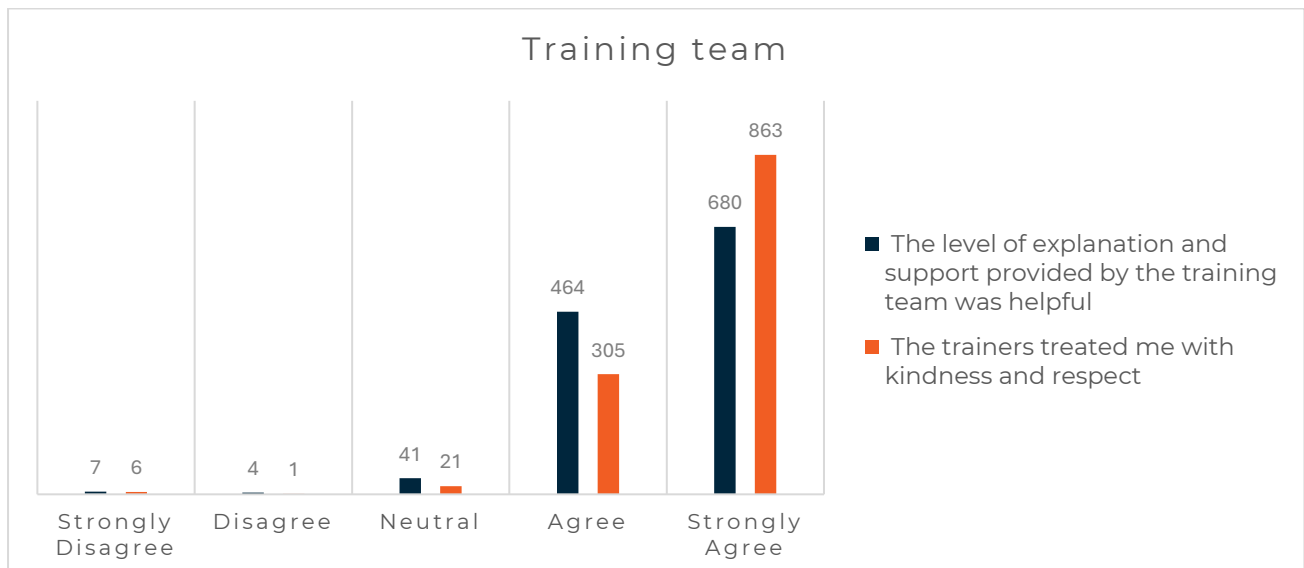
Further, reporting a very high mean score of 4.69 out of 5.00, 97.7% of participants agreed (n = 305) or strongly agreed (n = 863) that trainers treated them with kindness and respect. Comments from the free-text responses outlining these positive interactions are included below:

“Trainers made course very interesting with their knowledge and enthusiasm for subject, very interesting to have references to authors/books/links so we can go away and read/watch more - thank you”

**Physiotherapist, Midlands Secondary Care**

“I appreciated the way that all trainers modelled the behaviours during the training in all interactions with the delegates. It was interesting to see this working in three very different personalities and how they all had their own approach but based on a solid and consistent core principle.”

**LIAISE Team Manager, South West Secondary Care**



## Pace of Delivery

Due to the diverse nature of those attending the training, both in job role and in experience, the extent to which the pace of delivery was considered appropriate

was closely monitored on a month-to-month basis. Overall, 91.6% of respondents agreed (n = 521) or strongly agreed (n = 574) that the pace was appropriate. Across the four months, the mean score for this metric remained consistent, with a small range of 4.4.35 to 4.40 out of 5.00, depicted graphically below

“Really useful session, I felt that it was delivered at a good pace and with the right level of information”

*Dementia Matron, South West Primary Care*

“Enjoyed the pace and content of todays session, a reminder and refresh of support and techniques available”

***Administration Manager, Midlands Secondary Care***

A small proportion of respondents, about 3%, disagreed (n = 8) or strongly disagreed (n = 27) that the pace of delivery and level of discussion was appropriate. The remaining 5.5% were neutral in response to this question (n = 66). Upon further investigation into the free text respondents for these groups, those with higher levels of experience reported that the course was too slow for them, with others reporting the pace was too fast or the course was not long enough for them to fully appreciate the content. Indicative responses are included below:

“I would recommend this course for those new to healthcare. It would be great if there was a more in-depth course.”

***Advanced Clinical Practice, Midlands Secondary Care***

“maybe this wasn't the course for me- due to professional background and levels of leadership development but i will recommend to others. well facilitated thank you”

***Speech and Language therapist/AHP Lead, Midlands Secondary Care***

“I would like it to be longer or even have a level 2 session to explore more as it was so good”

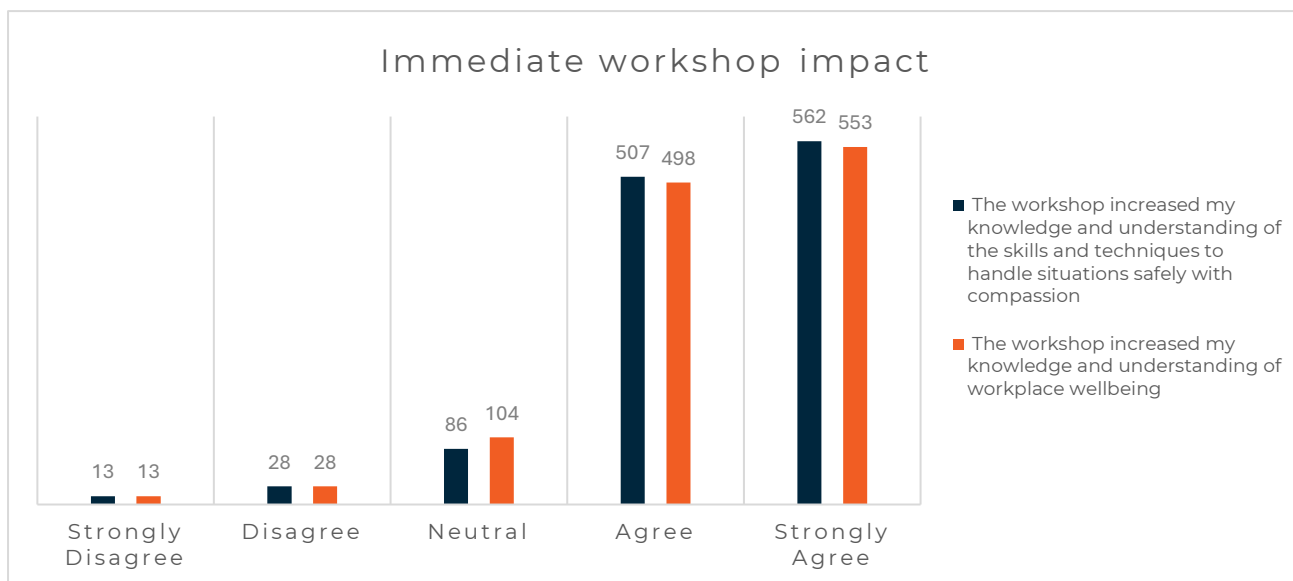
***Children's Emergency Department Sister, South West Primary Care***

Similar to considerations at the design phase and following the evaluation of the pilot, a full-day course was considered as an alternative to half-day sessions. Based on operational constraints and demand that impacted upon staff capacity to attend sessions, a half-day session was the most appropriate option for optimal training delivery.

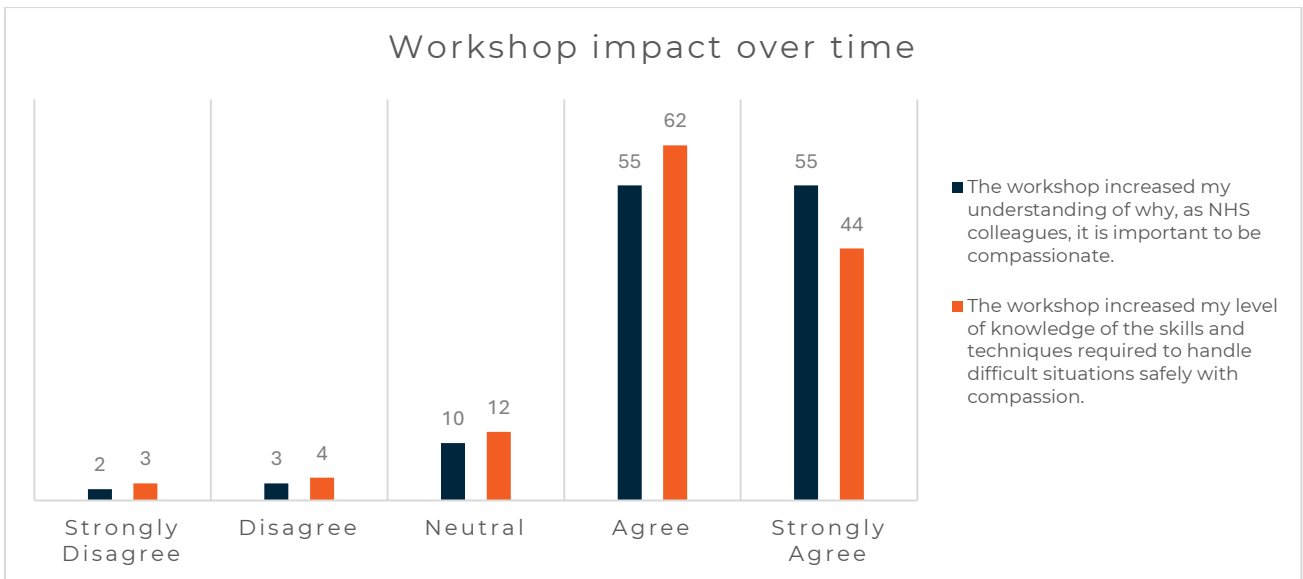
## Workshop Impact & Workplace Application

Specific areas of learning were highlighted in the feedback survey to examine training effectiveness across the key learning outcomes. Firstly, 89.4% of

participants agreed (n = 507) or strongly agreed (n = 562) that the training increased their knowledge and understanding of the skills and techniques to handle difficult situations safely and with compassion. Secondly, 87.9% of participants agreed (n = 498) or strongly agreed (n = 553) that they had increased their knowledge and understanding of workplace wellbeing. With mean scores of 4.32 out of 5.00 and 4.30 out of 5.00 respectively, this suggests a high degree of learning having taken place across the key learning outcomes for training participants in the Feedback Survey.



Comments from the Follow-Up Survey (n = 125) also suggest that the impact of the workshop was lasting in terms of increases in knowledge, with data being collected several weeks or months after the original training session. Respondents to this secondary survey told us reported mean scores for an increased knowledge of the importance of compassion as a NHS colleague of 4.26 out of 5.00 and an increase in knowledge and skills needed to handle difficult situations safely and with compassion mean score of 4.12 out of 5.00.



Two additional measures were included to better interpret and explore participant understanding of workplace wellbeing as discussed in their training session. Participants were asked about their personal workplace wellbeing. 93.0% of respondents agreed (n = 535) or strongly agreed (n = 577) that they knew where to go to seek further support and guidance for their own mental health and wellbeing following their training session:

“I will definitely take away the importance of my own wellbeing in addition to taking a step back before reacting to any situation”

**Peer Support Worker, South West Secondary Care**

“It was good to have a reminder about the learning and felt like a bit of a refresher to be able to bring forward into my own practice and to ensure i continue to think about my own wellbeing while also being compassionate.”

**Clinical Nurse Educator, Midlands Secondary Care**

Further, participants were asked about their confidence to support colleagues with their mental health and wellbeing following their participation. 88.9% of participants agreed (n = 752) or strongly agreed (n = 311) that they felt this confidence. Although lower than for their confidence in understanding their personal wellbeing, both measures demonstrated high mean scores following the training session (4.40 out of 5.00 for personal, and 4.14 out of 5.00 for colleagues). These were also very similar to the same evaluation response mean scores from Phase 2 (4.44 out of 5.00, and 4.18 out of 5.00, respectively).

Utilising this within supervision to support others in dealing with difficult conversations and own wellbeing

**Quality Matron, South West Primary Care**



“Working as the reception team lead I can use most of what I learned in everyday running of the reception team. I can also implement and pass on to staff.”

***Reception Team Leader, North East and Yorkshire Primary Care***

When completing the Follow-Up Survey, the intention of which was to gather examples of workplace application of the topics discussed in training sessions, respondents were asked if they had put learning from the ‘Compassionate Conversations’ into practice. From the 125 respondents, 89 told us that they had been using the knowledge, skills, and techniques into practice (71.2%). One of the recurring themes in this feedback were skills being used with patients and their loved ones, with examples being provided in different clinical contexts:

“Delivering a Dementia diagnosis to a younger patient who has recently been diagnosed with Parkinson's Disease. The training helped me identify what the most important thing was for him in that moment. This meant I was able to provide appropriate information to him & his wife.”

***Anonymous Respondent, Follow-Up Survey***

“I am a community worker & go into service users homes on a daily basis - I go in with the knowledge that I am in their home but that it is my work setting - I have had situations where the service user/family members have lots of questions & this training has given me tools to assist with answering them in a compassionate manner.”

***Anonymous Respondent, Follow-Up Survey***

A further recurring theme is the impact of the training content on interactions between colleagues, with active and empathetic listening and other compassion-oriented communication skills being included in multiple examples:

“I had a catch up with a difficult member of my team who is renowned for being negative and complaining about me regularly. I listened empathetically, reflected back and confirmed what I thought he was asking of me. I offered choices for the way forward. He fed back that he felt much better at the end which is not usually the case and he had been very low for a few weeks”

***Anonymous Respondent, Follow-Up Survey***

“I had to talk with a colleague regarding complaints from other members of the team. I sat next to him rather than opposite. I spoke with him in a calm manner explaining the reason I had asked to talk with him. I gave him plenty of time to reply. Ensuring that he had time to express his understanding of what had happened. I summarised our conversation ensuring he was happy with all discussed. We then prepared a plan going forward, ensuring that he knew I was available to discuss any concerns he had going forward.”

***Anonymous Respondent, Follow-Up Survey***

“I used it when meeting with a staff member who was distressed due to a work issue. I was more aware of listening with fascination and asked the question are you ok really? The staff member just needed to talk and i was careful not to come in with a solution to early.”

**Anonymous Respondent, Follow-Up Survey**

Some respondents also include aspects of the training in their consideration of workplace practices, continuous improvement, and supporting teams in high performance:

“I am much more aware of the conversations and interactions I am having. I always thought I was compassionate as I trained as a nurse and empathy is deeply rooted in my practice. This training has helped me move towards having difficult conversations rather than avoid them and to also take time with them, reflect and consider what went well and what could be done better next time. Making sure I pay attend and be present and if I model this behaviour it is like a virus and others will too(fingers crossed)”

**Anonymous Respondent, Follow-Up Survey**

## Changes in Confidence and Competence

Changes in confidence of well-being were clearly demonstrated. This is evidenced with significant percentage increases across all three measures for 1196 respondents to the Feedback Survey. These are presented in a tabular form, including a comparison to Phase 2 percentage changes, to depict this important metric.

Overview of changes in confidence and competence				
	Pre-workshop mean score	Post-workshop mean score	Phase 3 Percentage change	Phase 2 Percentage change
Confidence in handling difficult situations with compassion	3.39	4.30	<b>+26.8%</b>	+ 26.6%
Competence in handling difficult situations with compassion	3.46	4.31	<b>+24.6%</b>	+ 24.8%
Understanding your own wellbeing	3.61	4.32	<b>+19.7%</b>	+ 20.1%

Changes in respondent confidence in handling difficult situations with compassion was the largest increase with a mean increase of 26.8%. Changes in respondent self-rated competence in handling difficult situations with compassion also demonstrated a significant improvement of 24.6%. The percentage increase of 19.7% for respondents' self-rated understanding of personal well-being was also seen as a positive outcome of the training programme.

These percentage increases for Phase 3 participants are largely representative of the percentage changes seen in Phase Two, which is continued support of the consistency of delivery of the programme and the impact of the training for those who attended.

This sense of confidence is also indicated in the Follow-Up Survey, with many respondents explaining changes they have noticed at work after attending the course. To provide some indicative examples, of responses when asked "What, if anything, has changed since attending the course", they told us:

"feel more confident in my role/expectation of me, what i can and cannot say with regard to my professional position"

***Anonymous Respondent, Follow-Up Survey***

"I am much calmer dealing with situations, so far there's only been the 1 but its help me to deal with them better and with more understanding."

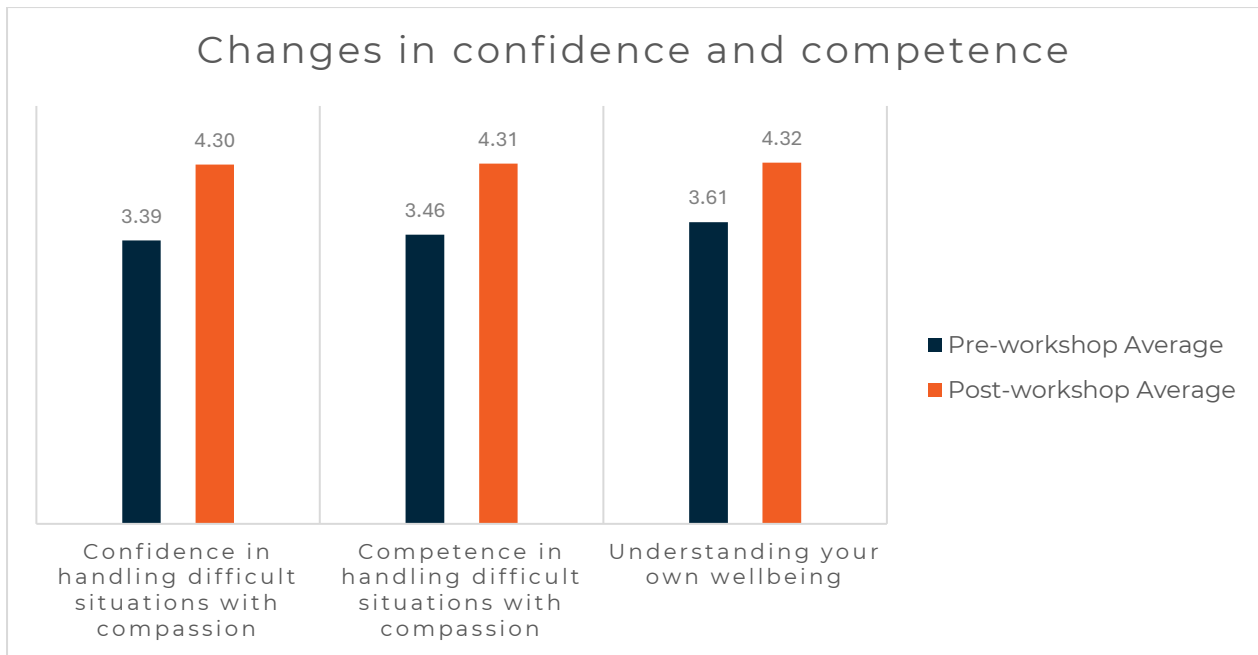
***Anonymous Respondent, Follow-Up Survey***

"Confidence in knowing a better way to handle things"

***Anonymous Respondent, Follow-Up Survey***

"Confidence in my own communication and choice of words. Been able to use this personally and professionally."

***Anonymous Respondent, Follow-Up Survey***



## Word-of-Mouth Recommendations

An adaptation of The Net Promoter Score<sup>2</sup> was used as a metric to assess the overall learning experience for training participants. Respondents to the initial feedback survey were asked the question “*How likely is it that you would recommend this workshop to a colleague?*” and answered on a scale of 1 (*Not at all likely to recommend*) to 10 (*Extremely likely to recommend*). The mean score of this likelihood was 8.80 out of 10.00. To explore this in more depth, participants are grouped into three categories:

1. **Detractors** – unhappy or neutral participants that are unlikely to reengage with the programme in the future.
2. **Passives** – satisfied participants, but unlikely to display enthusiasm for the programme in the future.
3. **Promoters** – very satisfied participants who left the training with a positive emotional experience, likely to reengage and to encourage others to engage with the programme in the future.

The overall training programme demonstrated an especially positive profile, with 67.1% of participants (n = 802) being considered as promoters, and 24.8% (n = 297) as satisfied passives. This large proportion of respondents left the training with a

<sup>2</sup> See the following article for an application of the NPS measure to online learning evaluation: Gamarra-Moreno, A., Gamarra-Moreno, D., Gamarra-Moreno, A., & Gamarra-Moreno, J. (2021, March). Assessing Problem-Based Learning satisfaction using Net Promoter Score in a virtual learning environment. In *2021 IEEE World Conference on Engineering Education (EDUNINE)* (pp. 1-5). IEEE.

positive or very positive experience and demonstrated a high level of engagement with training content.

How likely is it that you would recommend this workshop to a colleague?											
	Not at all likely									Extremely Likely	
Rating	1	2	3	4	5	6	7	8	9	10	
n	7	4	9	10	28	39	82	215	243	559	
	0.6%	0.3%	0.8%	0.8%	2.3%	3.3%	6.9%	18.0%	20.3%	46.7%	
%	8.1%						24.8%		67.1%		
Category	Detractors						Passives		Enthusiasts		

A positive was that, unprompted, many respondents also reported the willingness to recommend the ‘Compassionate Conversations’ training to colleagues, both peers and individuals they supervise, in their free text responses. They report that this would be an important training experience and opportunity for personal and staff development. Indicative examples of these comments are included below:

“Thank you, this is such a great course - a feel good training session that gives fab tips & is inclusive. Will be telling everyone about it.”

**Neuro Rehab Assistant Practitioner, South East Secondary Care**

The idea of recommending the ‘Compassionate Conversations’ training to other colleagues also featured as a major theme in the Follow-Up Survey, with many respondents explaining its usefulness and encouragement for others to participate. Some indicative examples are included overleaf.

“I would just like to thank you - I found this training really interesting/helpful & I am really pleased I have had the opportunity to do it & I would encourage everyone to do it if they have the chance.”

**Anonymous Respondent, Follow-Up Survey**

“I think if this course can be added to mandatory hospital DOT learning calendar, that would be really really helpful for everyone.”

**Anonymous Respondent, Follow-Up Survey**

“I wish this was available years ago when i started on my nursing journey in the early 90's. It hasn't been easy as people expect it to be a caring organisation but I have often found that it hasn't been. I think that it should be readily available and made mandatory as everyone needs a course like this.”

***Anonymous Respondent, Follow-Up Survey***

Only a small proportion of respondents were programme detractors (8.1%, n = 212), and free text comments were investigated to better understand dissatisfaction or neutral responses. Of note, some of these lower scoring respondents indicated that, although the programme did not meet their specific learning needs, the training session may still have been of use to other colleagues:

“I think the workshop contained a lot of really valuable information and was well run, but it didn't cover anything I hadn't already learned in previous training/on the job. That may be because I work in psychology - I can imagine it would be much more useful to individuals with less training/existing knowledge.”

***Assistant Psychologist, East England Secondary Care***

Often used in industry to monitor the consistency of experience, the extent to which participants were detractors, passives, or enthusiasts was closely monitored on a month-to-month basis. Across the four months of Phase 3, the likelihood to recommend the training to colleagues remained consistent, with a range of mean scores between 8.60 and 8.89 /10.00.

## Summary

Participants' feedback on the Compassionate Conversations training program revealed overwhelmingly positive perceptions, mirroring previous phases and the pilot study. The majority of participants rated their experience highly, with 93.6% expressing satisfaction and 91.9% likely to recommend the workshop to colleagues.

Notably, participants felt more supported at work (86.8%) and found the course content useful in their daily activities (92.6%). The sessions aimed to empower participants with practical skills and theoretical knowledge to handle difficult situations with compassion. Feedback highlighted the appropriateness of workshop content (94.6%) and the clarity of session materials (97.7%).

Participants reported feeling safe and respected during interactions (95.7%) and found the pace of delivery appropriate (91.6%). Confidence and competence in handling difficult situations saw significant increases, with participants applying learned skills in patient care and colleague interactions. A large proportion of participants were promoters of the program (67.1%), indicating a positive emotional experience and high engagement with the content. While a small number expressed dissatisfaction, overall satisfaction remained consistent across

the programme's duration. The likelihood of recommending the training to colleagues remained high throughout Phase 3, indicating consistent positive perceptions among participants.

## Train the Trainer

Following the success of the programme and very high participant satisfaction scores and evaluation metrics, from 2021 to early 2023, the additional component of a Train-the-Trainer programme was added to Phase 3. This programme was designed to cover programme-specific content and targeted trainer skills in two interactive, three-hour sessions. The learning objectives for the Train-the-Trainer were as follows:

1. **‘Compassionate Conversations’ Mastery** - understanding the principles of compassion in action and its application to NHS-specific primary and secondary care examples for future delivery.
2. **Wellbeing and Emotional Intelligence Proficiency** - understanding the connection between wellbeing and a range of cognitive processes and the ability to convey this relationship to a varied audience.
3. **Effective Facilitation Skills** - developing new or refining existing facilitation skills to guide learners through fostering compassionate conversations, strengthening communication skills in online sessions, and promoting empowerment to support an understanding of personal wellbeing.

Train-the-Trainer sessions began in January 2024, and NHS colleagues underwent an application process to attend Train-the-Trainer sessions. They required previous delivery experience, a role working in HR or organisational development-type roles, and line manager approval that they would have capacity to deliver sessions locally after March, 2024.

These Train-the-Trainer sessions were intended to support future trainers to gain the following:

- An understanding of programme-specific content knowledge, such as what we mean by compassion, empathetic language, and key wellbeing topics.
- Communication skills and techniques to support colleagues in handling difficult situations safely and with compassion.
- Input from experienced facilitators on training and facilitation skills to support their confidence and competence in delivering engaging sessions on core programme content.
- Dedicated time to practice the skills and techniques discussed in a safe space, with the support of a facilitator and other group members.
- Engagement with other colleagues across the NHS and the opportunity to learn from shared experiences in training and facilitation.



## 'Train-the-Trainer' Course Evaluation

Adopting the same methodological and analytic approach as outlined in Appendix 1, participants were invited to complete a feedback survey after each of the two training sessions. In total, 154 participants took part in the Train-the-Trainer programme. For the Part 1 session, 77 participants provided us with a completed programme evaluation, and 82 participants provided us with a completed programme evaluation for Part 2. Unless otherwise noted, the reported scores in the section come from both parts of the programme being considered together, due to the highly interrelated content and nature of delivery of each session (n = 159). An overview of the mean scores of these feedback form responses is presented in Appendix 4.

## Overall Train-the-Trainer Evaluation

The overall evaluation indicates overwhelmingly positive perceptions from participants, with a large majority (91.2%, n = 145) rating their overall training experience as good, very good, or excellent, with a mean score of 8.94 out of 10.00. Similarly, respondents also reported a very high likelihood to recommend the programme to colleagues (96.2%, n = 153, mean score 9.07 / 10.00).



Free text comments also included positive evaluations of the session as a whole, some indicative examples of which are included below:

“clear structure to the training session was really helpful, level of detail running through each slide and reiterating the challenges / considerations for me as a trainer in how to best facilitate / manage sessions to maximise candidate learning and engagement”

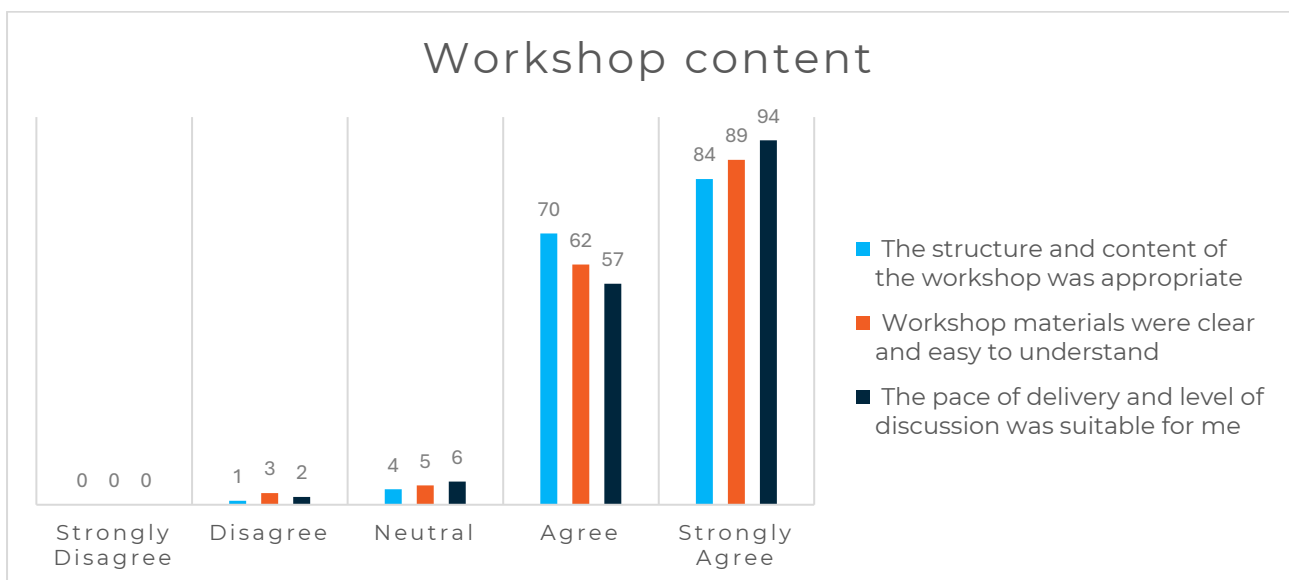
**Occupational Therapy Team Leader, Midlands Primary Care**

“[Trainer] created a safe and open learning environment during the training. I found the trainer top tips particularly useful and will take these into sessions in the future. I enjoyed the sessions and the discussion that occurred between participants.”

**Organisational Development Advisor, North West Primary Care**

## Workshop Content

From the evaluation metrics on workshop content, high levels of satisfaction were evident throughout. The mean score from respondents as to whether the content and structure was appropriate was 4.49 out of 5.00, and an equally high mean score of 4.49 out of 5.00 when asked if the workshop materials were clear and easy to understand. The pace of delivery also reported a high mean score (4.53 out of 5.00), suggesting that the sessions met the needs of learners throughout.



A positive was that zero respondents ‘Strongly Disagreed’ with the appropriateness of the workshop content. Upon review of those respondents who scored ‘Disagree’ or ‘Neutral’, this appeared to originate in colleagues with a high level of experience finding it to be a refresher rather than something new.

“It was a nice refresher on something I am already confident in delivering”

**Health and Wellbeing Practitioner, North East and Yorkshire Secondary Care**

Further, several Train-the-Trainer participants stated that they were unfamiliar with the ‘Compassionate Conversations’ course, making it difficult for them to engage deeply with the content during their sessions.

“I was not aware that there was a 'handling difficult conversations' session that was already rolled out. Had I known and had attending the course be a requisite to attending the ttt course, it probably would have helped me envisage the session whilst thinking about the methods of delivery”

***Training and Development Management, London Primary Care***

Respondents were also asked about mental health and wellbeing support and guidance following their Train-the-Trainer sessions. 93.7% of respondents told us that they agreed (n = 60) or strongly agreed (n = 89) with the statement that they knew where to go to get support and guidance for themselves. Similarly, for support and guidance for their colleagues, a large majority of respondents (95.6%) told us that they agreed (n = 65) or strongly agreed (n = 87) that they had this knowledge following their attendance. With two very high mean scores (4.45 and 4.50 out of 5.00, respectively), this was an aim of the programme overall that was clearly met.

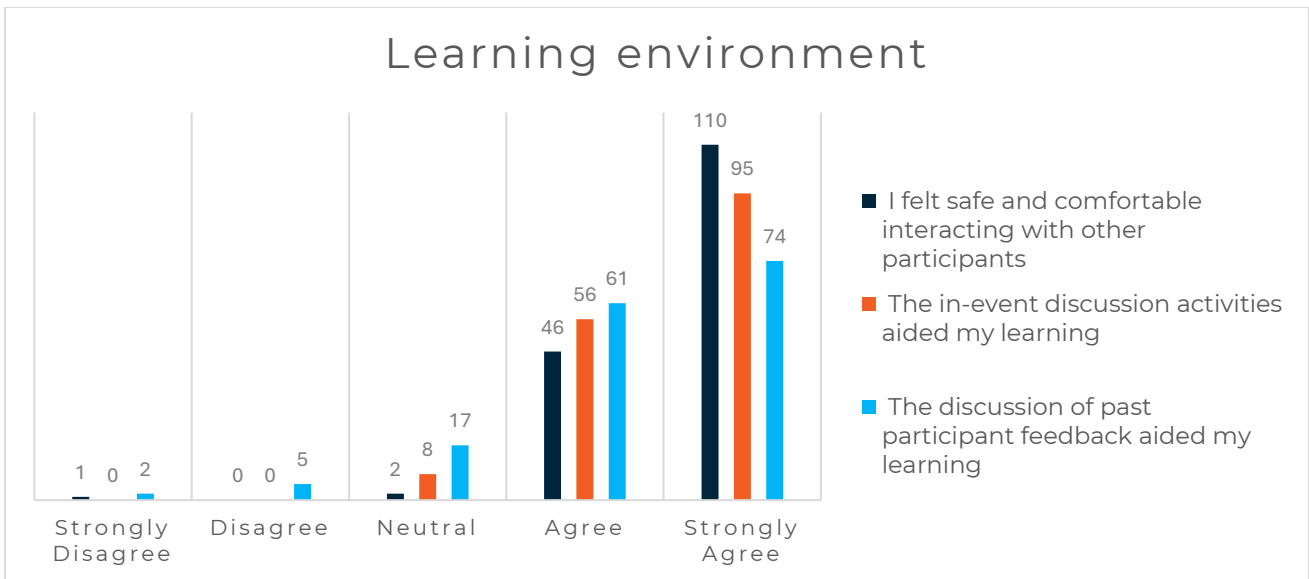
## Learning Environment

Feedback survey respondents showed high overall levels of satisfaction with the learning environment of the Train-the-Trainer sessions. 98.1% of participants agreed (n = 46) or strongly agreed (n = 110) that they felt safe and comfortable interacting with other participants. Echoed in the feedback comment included below, participant-to-participant learning was a key positive of these small group sessions:

Useful to add and hear examples from other delegates in the group – [Trainer] set the training up so it felt comfortable to speak

***Lead PMA, North East and Yorkshire Primary Care***

They also demonstrated a positive perception of in-event activities (mean score 4.55 out of 5.00) and of the pace of delivery (mean score 4.53 out of 5.00) in their sessions.



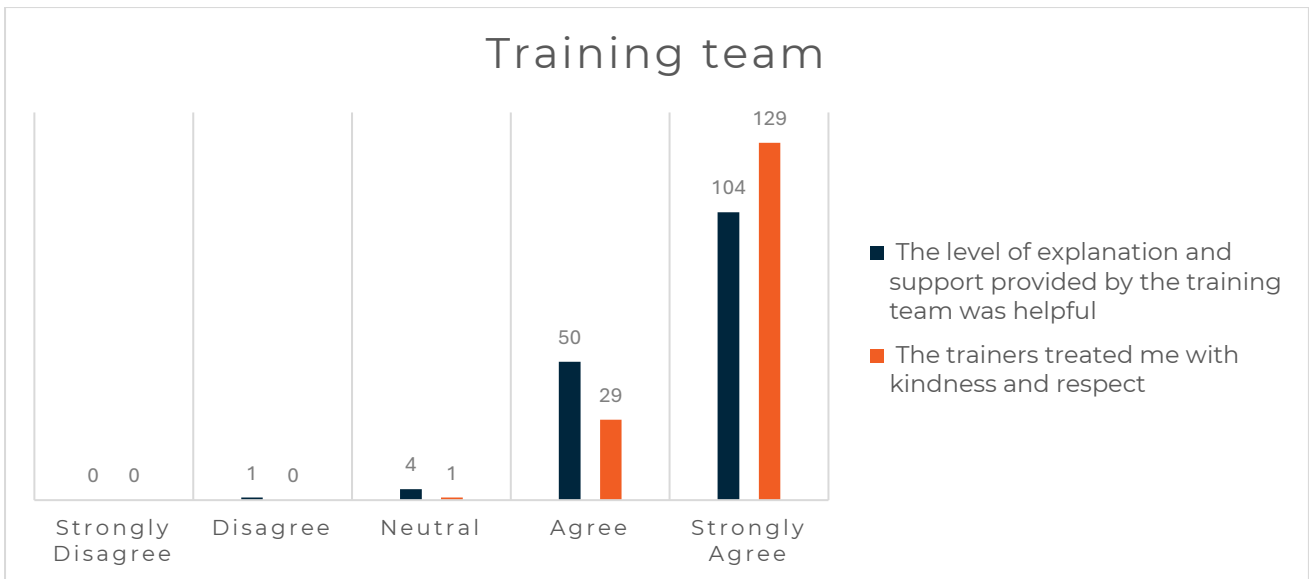
Similar to comments received across other versions of the ‘*Compassionate Conversations*’ programme, the training team were also considered to play an important role in the positive, constructive, and interesting learning environment of the Train-the-Trainer sessions. Echoed in free text feedback, trainers were found to be supportive and helpful (mean score 4.62 out of 5.00), with 96.9% of participants agreeing (n = 50) or strongly agreeing (n = 104) that they fulfilled this role. 99.4% of participants (n = 158) also reported that their trainer treated them with kindness and respect (agree n = 29, strongly agree n = 129).

“I thought [Trainer]’s use of storytelling to highlight certain aspects of the programme and to help with connection to the material was great. I believe he also very quickly established a safe space for sharing experiences and thoughts.”

**Leadership Development Lead, Midlands Secondary Care**

“excellent engaging trainer who was clearly very knowledgeable and her academic background was very reassuring and gave me confidence in her training”

**GP, South East Primary Care**



## Confidence and Competence

In spite of the skilled nature of Train-the-Trainer participants, respondents told us that changes in confidence and competence in delivery of course content, as well as in delivering training content on wellbeing. Changes in respondents self-perceived competence in delivering training on handling difficult situations with compassion was the largest increase, with a mean increase of 20.3%. Changes in respondents self-reported confidence to deliver the training also showed a positive mean increase of 19.8%, with confidence in delivering training on wellbeing also showing an increase (16.3%).

*“I found the training to fantastic really engaging i will be able to take the training back with confidence to deliver the training”*

***Deputy Sister, South West Secondary Care***

The lower increase for confidence relating to wellbeing is thought to be connected to the nature of the participants, many of whom are already actively engaged in delivering different content on wellbeing, mental health, and personal resilience, as well as supporting colleagues in champion-type roles.

Overview of changes in confidence and competence			
	Pre-programme mean score	Post-programme mean score	Percentage change
Confidence in delivering training on handling difficult situations with compassion	3.73	4.47	<b>+19.8%</b>

Competence in delivering training on handling difficult situations with compassion	3.74	4.50	<b>+20.3%</b>
Delivering training content on wellbeing	3.87	4.50	<b>+16.3%</b>

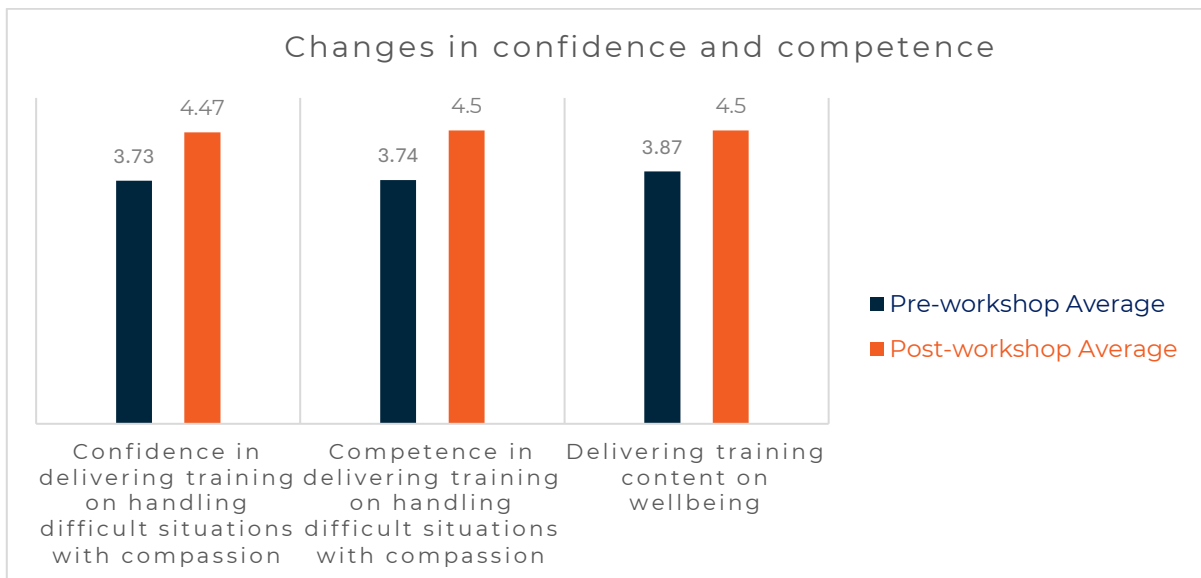
Free text responses also provide additional detail, with respondents explaining the usefulness of this training to support them in future delivery of the 'Compassionate Conversations' programme.

"It was a fantastic session and would definitely help bridge the gap there is in how people within healthcare settings handle difficult situations because sometimes people want to help but don't just know how to. Some do not have the right information on how to handle situations, hence end up aggravating them. This training however, will help bridge that gap and equip them with the relevant skills needed in approaching difficult patients, relatives or even colleagues at work."

**Clinical Nurse Educator, North East and Yorkshire Secondary Care**

"The resources discussed in the training session will be very useful tools to support ongoing delivery of support, what was particularly useful during the session was the opportunity to discuss scenarios, get feedback from the trainer and other participants, particularly real life examples and suggestions and comments that brought it to life and are an additional take-away"

**Health and Wellbeing Programme Manager, North West Primary Care**



## Preparedness to train

In order to evaluate the effectiveness of the Train-the-Trainer sessions in terms of participants' perceptions of their own perceptions of effectiveness to train, a series

of questions were asked of the Feedback Survey respondents, these are also presented graphically overleaf.

94.3% of respondents told us their workshop met its aims and objectives with regards to core content (agree n = 58, strongly agree n = 92), and 96.2% with regards to training and facilitation skills (agree n = 60, strongly agree n = 93). Further, 96.9% of respondents told us that the workshop content would be useful to them in their future delivery (agree n = 62, strongly agree n = 92), and 95.0% told us that the skills sessions would also be useful to them when training (agree n = 63, strongly agree n = 88).

Comments made within the free text data collected also supports the overall perspective that the Train-the-Trainer sessions would be useful in participants' future training activities:

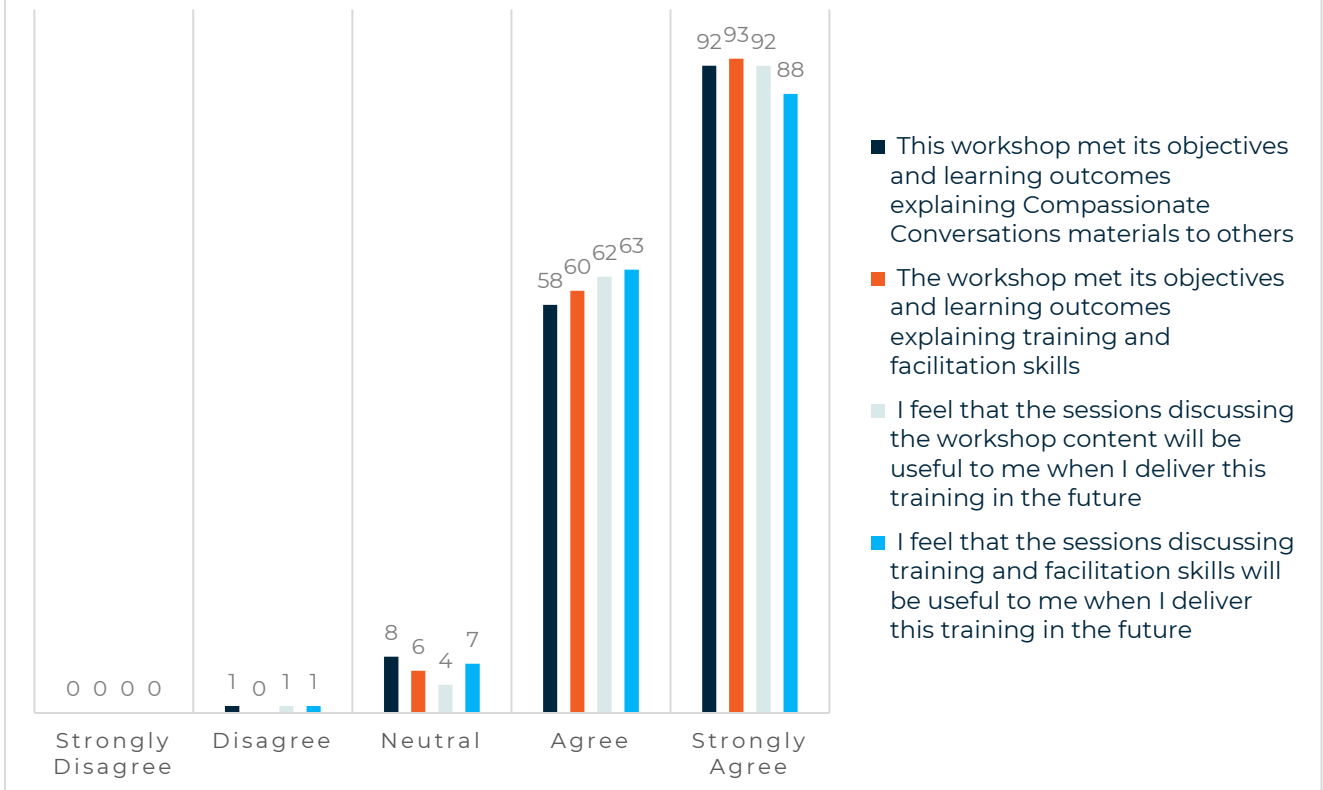
“Not only did I learn from the content of the course, but I also learned from how the facilitator dealt with some of the behaviours from other participants, which were dealt with brilliantly. Thank you”

***Learning and Development Facilitator, North West Primary Care***

“It was a excellent session and I loved the trainer of the content and helped me gain more confidence in delivering this programme”

***Health and Wellbeing Coordinator, South West Secondary Care***

## Preparedness to train overview



## Summary

The Train-the-Trainer program, introduced as an extension of the successful Compassionate Conversations initiative, aimed to equip NHS colleagues with the skills to become effective trainers. Through two interactive sessions, participants discussed Compassionate Conversations Mastery, Emotional Intelligence Proficiency, and Facilitation Skills with an escalla trainer.

Feedback was overwhelmingly positive, with 91.2% rating their experience highly and 96.2% likely to recommend the programme to others.

Satisfaction with workshop content and learning environment was high, with participants feeling supported and engaged. Confidence and competence in delivering training saw significant improvements, particularly in handling difficult situations with compassion. Over 94% agreed the workshop met its aims, with free text responses emphasizing the usefulness of the sessions in enhancing future training activities.

Overall, the Train-the-Trainer initiative emerged as a highly effective program, empowering NHS colleagues to effectively foster compassion and wellbeing in their respective settings.





## Concluding Comments

The feedback received from participants regarding the '*Compassionate Conversations*' training has provided valuable insights into learner experience, confidence, and competence across various key learning outcomes and the learning environment. Overall, the evaluation indicates overwhelmingly positive perceptions among participants, with a large majority rating their experience highly and expressing a strong likelihood to recommend the workshop to others. Specifically, participants reported feeling more supported at work and found the course content to be useful in their everyday activities, both for patient-facing interactions and for behaving empathetically towards their teams and colleagues.

Workshop content was carefully designed to empower participants, equipping them with practical skills, theoretical knowledge, and confidence to navigate difficult situations with compassion. Tailored content for NHS colleagues, real-life and authentic case studies, and customised learning materials ensured relevance and applicability to participants' roles. The impact of this design was strengthened by follow-up feedback, indicating that course content learning, skills, and techniques were still being used in the weeks and months following participant attendance.

The Train-the-Trainer component added to Phase 3 further enhanced the program's effectiveness by equipping NHS colleagues with the necessary skills and knowledge to deliver '*Compassionate Conversations*' training locally. Participants in the Train-the-Trainer sessions reported high levels of satisfaction, indicating increased confidence and competence in delivering course content. They told us that, at the end of the two-part programme, they felt confident and prepared to begin their local delivery.

Feedback from both the initial training sessions and the Train-the-Trainer programme combined highlighted the positive impact on workplace application, with many participants incorporating learned skills and techniques into their daily interactions with patients, colleagues, and teams. This not only signifies the practical utility of the training but also underscores its potential to foster a more compassionate and supportive work environment within the NHS.

Additionally, the high proportion of promoters among participants underscores the program's success in delivering a positive and engaging learning experience. Word-of-mouth recommendations further validate the program's value and potential for widespread adoption and impact within the NHS community.

The consistent positive feedback across various metrics, coupled with the tangible changes in participant confidence and competence, reaffirms the effectiveness and relevance of the '*Compassionate Conversations*' training in addressing the needs of healthcare professionals. As the program continues to evolve and

expand, it holds promise for further enhancing workplace wellbeing, communication, and empathy across the NHS workforce.

# Appendices

## Appendix 1 Methodological and Analytic Approach

A mixed-methods survey approach was employed to allow for a comprehensive understanding of the '*Compassionate Conversations*' training. This included collecting quantitative, numeric data to assess participant satisfaction, ratings of confidence and some changes in confidence and competence. In addition, qualitative, free-text data was collected, allowing respondents to explain more about their learning in detail, describe the impact of the training on their working practice, and clarify the key learning that they have taken from the training.

This report contains data collected at three independent time points:

1. Initial survey upon completion of the training (link shared during the online session)
2. A follow-up survey between six and eight weeks after the training (linked shared by email with consenting participants)
3. A secondary follow-up survey approximately twelve months after the training (linked shared by email with consenting participants)

The same analytic approach was adopted for each of the three surveys.

### ***Quantitative Data Collection and Analysis***

The collection of quantitative data relied predominantly on the use of Likert scales (typically 1 = strongly disagree, to 5 = strongly agree) to measure participant satisfaction with aspects of the course. In addition, longer response options were provided for some of the survey questions, for example, the measure of confidence, competence, and wellbeing.

Due to the large sample size available for analysis, percentages of responses in Likert categories are presented to two decimal places, often incorporating the 'agree' and 'strongly agree' response options for ease of interpretation. Change over time in confidence and competence relating to attending the training was calculated using percentage change, represented to one decimal place. Bar graphs were also created from the response data to provide a visual representation of this data.

### ***Qualitative Data Collection and Analysis***

To ensure participants' experiences were adequately represented, free-text response options were provided. Participants were asked broad, open questions and permitted to type freely in response. For this report, direct quotations from participants are included for narrative purposes. To preserve the nature of the feedback, direct quotations are provided without editing. As a result, these may include inconsistencies or inaccuracies in spelling, punctuation, and grammar. When possible, these are unedited and provided with available information about the respondent, their job role,

and region. A conventional thematic approach to qualitative analysis<sup>3</sup> was followed to generate the themes of this report. In addition, a response triangulation approach was used to interpret, evaluate, and analyse responses.

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<sup>3</sup> Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

## Appendix 2 - Phase 3 Feedback Form Responses

Question	December	January	February	March	Overall	Phase 2
The timing of the event was appropriate	4.46	4.42	4.42	4.40	<b>4.42</b>	4.40
The joining instructions were clear	4.62	4.57	4.56	4.52	<b>4.56</b>	4.57
The structure and content of the workshop was appropriate	4.43	4.41	4.41	4.44	<b>4.42</b>	4.47
Workshop materials were clear and easy to understand	4.57	4.54	4.53	4.55	<b>4.54</b>	4.55
The video message from the senior leader added to my learning	3.98	3.94	4.00	3.99	<b>3.98</b>	4.09
The pace of delivery and level of discussion was suitable for me	4.35	4.30	4.40	4.35	<b>4.36</b>	4.43
I felt safe and comfortable interacting with other participants	4.47	4.48	4.47	4.51	<b>4.48</b>	4.52
The in-event activities aided my learning	4.39	4.40	4.35	4.42	<b>4.39</b>	4.44
The level of explanation and support provided by the training team was helpful	4.52	4.51	4.49	4.54	<b>4.51</b>	4.53
The trainers treated me with kindness and respect	4.72	4.67	4.68	4.69	<b>4.69</b>	4.68
This workshop met its objectives and learning outcomes	4.45	4.43	4.40	4.40	<b>4.41</b>	4.44
The workshop increased my knowledge and understanding of the skills and techniques to handle situations safely with compassion	4.31	4.31	4.34	4.30	<b>4.32</b>	4.39
The workshop increased my knowledge and understanding of workplace wellbeing	4.27	4.28	4.33	4.27	<b>4.30</b>	4.35
I feel that the workshop content will be useful to me in my everyday role	4.39	4.40	4.42	4.37	<b>4.40</b>	4.43
I know where to go to seek further support and guidance for my own mental health and wellbeing	4.41	4.42	4.38	4.40	<b>4.40</b>	4.44
How confident do you feel now in supporting colleagues with their mental health and wellbeing?	4.20	4.14	4.09	4.17	<b>4.14</b>	4.18
Prior to this event, how confident did you feel in handling difficult situations with compassion?	3.39	3.43	3.42	3.32	<b>3.39</b>	3.46
How confident do you feel NOW in handling difficult situations with compassion?	4.31	4.33	4.27	4.30	<b>4.30</b>	4.38
Prior to this event, how capable did you feel in handling difficult situations with compassion?	3.47	3.51	3.47	3.39	<b>3.46</b>	3.51
How capable do you feel NOW in handling difficult situations with compassion?	4.34	4.32	4.28	4.32	<b>4.31</b>	4.38
Prior to this event, how confident did you feel now in understanding your own mental health and wellbeing?	3.56	3.64	3.62	3.60	<b>3.61</b>	3.64
How confident do you feel NOW in understanding your own mental health and wellbeing?	4.34	4.34	4.32	4.31	<b>4.32</b>	4.37

I feel more supported to do my best at work as a result of this workshop	4.14	4.14	4.16	4.17	<b>4.16</b>	4.22
Overall, how would you rate your training experience?	8.76	8.55	8.74	8.76	<b>8.71</b>	8.90
How likely is it that you would recommend this workshop to a colleague?	8.85	8.60	8.83	8.89	<b>8.80</b>	9.02

## Appendix 3 - Phase 3 Follow-Up Survey Responses

<b>Question</b>	<b>Mean Score</b>
Having attended the training, I can clearly define the purpose of a compassionate conversation when handling difficult situations	<b>4.32</b>
The workshop increased my understanding of why, as NHS colleagues, it is important to be compassionate.	<b>4.26</b>
The workshop increased my level of knowledge of the skills and techniques required to handle difficult situations safely with compassion.	<b>4.12</b>
Attending the handling difficult situations with compassion training has contributed to my own wellbeing?	<b>3.90</b>



## Appendix 4 - Train-the-Trainer Feedback Form Responses

Questions	Train the Trainer Part 1	Train the Trainer Part 2	Overall
The timing of the event was appropriate	4.64	4.60	<b>4.62</b>
The joining instructions were clear	4.70	4.73	<b>4.72</b>
The structure and content of the workshop was appropriate	4.49	4.49	<b>4.49</b>
Workshop materials were clear and easy to understand	4.45	4.52	<b>4.49</b>
The pace of delivery and level of discussion was suitable for me	4.56	4.50	<b>4.53</b>
I felt safe and comfortable interacting with other participants	4.62	4.70	<b>4.66</b>
The in-event discussion activities aided my learning	4.56	4.54	<b>4.55</b>
The discussion of past participant feedback aided my learning	4.23	4.28	<b>4.26</b>
The level of explanation and support provided by the training team was helpful	4.61	4.62	<b>4.62</b>
The trainers treated me with kindness and respect	4.83	4.78	<b>4.81</b>
The workshop increased my knowledge and understanding of the skills and techniques to handle situations safely with compassion	4.25	4.23	<b>4.24</b>
The workshop increased my knowledge and understanding of workplace wellbeing	4.08	4.15	<b>4.11</b>
This workshop met its objectives and learning outcomes explaining Compassionate Conversations materials to others	4.55	4.49	<b>4.52</b>
The workshop met its objectives and learning outcomes explaining training and facilitation skills	4.62	4.48	<b>4.55</b>
I feel that the sessions discussing the workshop content will be useful to me when I deliver this training in the future	4.51	4.57	<b>4.54</b>
I feel that the sessions discussing training and facilitation skills will be useful to me when I deliver this training in the future	4.48	4.51	<b>4.50</b>
I know where to go to seek further support and guidance for my own mental health and wellbeing	4.47	4.51	<b>4.49</b>
I know how to signpost colleagues where to go to seek further support and guidance for my own mental health and wellbeing	4.48	4.51	<b>4.50</b>
Prior to this event, how confident did you feel in delivering skills training on topics such as communication and empathy?	3.70	3.76	<b>3.73</b>
How confident do you feel NOW in your ability to deliver skills training on topics such as communication and empathy?	4.42	4.51	<b>4.47</b>
Prior to this event, how capable did you feel in delivering skills training on topics such as communication and empathy?	3.71	3.76	<b>3.74</b>
How capable do you feel NOW in delivering skills training on topics such as communication and empathy?	4.47	4.52	<b>4.50</b>

Prior to this event, how confident did you feel in delivering training that included content on wellbeing?	3.83	3.91	<b>3.87</b>
How confident do you feel NOW in in delivering training that included content on wellbeing?	4.43	4.56	<b>4.50</b>
I feel more supported to do my best as a trainer/facilitator as a result of this workshop	4.49	4.40	<b>4.45</b>
Overall, how would you rate your training experience?	9.03	8.87	<b>8.94</b>
How likely is it that you would recommend this workshop to a colleague?	9.10	9.04	<b>9.07</b>

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