**AN OVERVIEW OF REALTALK AND RESULTS OF OUR EVALUATIONS OF ITS USE IN PRACTICE**

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*"It is a beautifully brave resource and I am grateful to the doctors and patients for their courage in being filmed for the benefit of others"[1]*

RealTalk ([www.realtalktraining.co.uk](www.realtalktraining.co.uk)), is a novel approach to translating conversation analytic evidence from academia into healthcare communication training. It features streamable video-clips of real-life healthcare episodes alongside downloadable materials. The latter include learning points which present technical scientific research in accessible language. The resources are fully licensed by Loughborough University to Treetops Hospice UK and its Education Department. Some of the resources are open access, but access to streaming videos and detailed teaching materials is restricted to professionals who train health and social care staff and students: Apply here.

RealTalk is designed for people whose roles include providing formal and informal communication training. The materials are designed to complement and add to existing practice, rather than replace what trainers are already doing. RealTalk trainers do not need to be knowledgeable about the background scientific approach – "conversation analysis", although we provide some introductory slides about the approach within both our introductory workshops and the online resources.

The original research underpinning RealTalk focuses on sensitive conversations, based on recorded palliative care interactions between patients, family members and specialist palliative care physicians, occupational therapists, and physiotherapists. **Whilst the video clips are all from palliative and end of life settings, they can be used in teaching on topics which are more broadly relevant, such as showing empathy, active listening skills, and dealing with anger/complaints. RealTalk supports 'open skills training' – emphasizing practices and principles adaptable to real-world contexts, this contrasts with 'closed skills training' which trains people to mimic specific scripts.**

We find that trainers and trainees especially appreciate that RealTalk gives access to real, rather than acted, video-clips of healthcare. Trainers have told us: *"I think its streets ahead, to be honest… The reason being is that it is, as the title says, it's so real."*, and that: *"Evidence of the learning is through the depth and insight that emerges from the conversations each clip generates"*.

## RealTalk includes features that maximise transfer of training into practice

RealTalk materials and our guidance for trainers incorporate valuable lessons from learning sciences research about how to increase transfer of training into practice. Ways to increase transfer into practice include creating opportunities for learners to bring their knowledge and experiences (personal and cultural as well as professional) to bear on what they are learning. Another important

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[1] Quote from one of the trainers participating in an internal survey: "Building knowledge and capabilities: Grounding new developments of RealTalk on user evaluation (Draft 120624)" by Esme Worthington, Marco Pino & Sharan Harris-Christensen

feature of effective training is that trainers need to be able to deconstruct complex skills into smaller components – we call these components micro-skills. RealTalk can enable trainers to articulate and teach these micro-skills, and to give trainees very specific feedback (this kind of feedback is important in helping people change their practice). Training is more likely to be effective when it is based on a strong and detailed evidence base – this is just what conversation analytic studies do – they provide detailed, direct, and practice-relevant insights into how people interact with one another – not just their words, but their nonverbal communication too.

## *What is included in RealTalk?*

RealTalk currently comprises of six modules: *Broaching dying, How long have I got, Asking questions about pain, Using pain scales, Conveying empathy, Bereavement support.* The Bereavement support module involves a support group rather than a hospice context, and contains audio rather than video clips.

The modules each contain video /audio clip(s) with subtitles, basic transcripts, learning points relevant to the clip(s), case synopses with information including the patient's condition and the overall content of the consultation from which the clips have been edited.

There are written safeguards for both trainers and trainees, these aim to protect the highly confidential and sensitive data contained in the clips.

Instructions for trainers in how to use RealTalk support them in focusing the training on what can be seen and heard in the clips.  Trainers ask trainees to focus on: "What did you see?" and "What did you hear?". This helps steer towards close observation and articulation of what is evident in the clips, and away from speculative or judgemental discussions.

## *Evaluations of RealTalk*

We have completed three qualitative evaluations of RealTalk amongst trainers and trainees. Overall, all parties welcomed the materials, and reported that they added depth and value to learning.  Some find the video interface can be 'clunky' and would like to see video clips on different topics. We are, however, limited by the recordings we were able to make during our funded research projects, and the tight budget upon which RealTalk runs (we do not charge trainers to use the materials, as the team and our funders want them to be used as widely as possible). Our evaluations found that trainers have used RealTalk in diverse training contexts, with trainees ranging from first year nursing students to highly experienced specialists. We also found that trainers who attended workshops on how to use RealTalk made better use of the materials and were better able to articulate the micro-skills involved in skilled interactions.

We continue to work on obtaining funding to further improve and extend RealTalk. We are currently rolling out an international version of RealTalk so trainers outside the UK can apply to use this. We have also produced acted versions of some of the clips. These can be useful for trainers working with very large groups, for instance large university lectures, where the safeguards protecting the data can be more difficult to uphold (contact RealTalk for more on the acted versions).

The full chapter on which this Nutshell version is based is under the publisher's embargo, however, for a version of it, please email r.parry@lboro.ac.uk or Sharan.harris-christensen@treetops.org.uk