

Developing a study day to increase health & care staff confidence in tender conversations at end of life

Graeme Bell, Healthcare Chaplain¹

Peter McMillan, Practice Development Practitioner²



Aim

Conversations about death and dying are a fundamental part of care, yet many staff feel underprepared and lack confidence in approaching them¹. In response to this recognised and repeated learning need, **Solas** was developed to support staff across health and care to communicate with greater confidence, clarity and compassion at the end of life.

What we cover

- Understanding the language of death and dying
- Considering dying in a Lanarkshire context
- Demystifying the moments around death
- Religious and spiritual dimensions
- Core concepts in loss, grief and bereavement
- Practicing how to communicate with compassion, clarity and confidence.

Methods

The Learning is in the Room - Solas is grounded in Transformative² and Situated Learning theories³ as well as the principles of Andragogy⁴
It is a safe space - It also underpinned by the principles of trauma informed practice⁵

Solas uses, video clips, small group/large group discussion, forum theatre and role play. Evaluation has shifted to focus on attendee reflection⁶ and learning rather than purely quantitative data

It is accessible - Solas is delivered locally wherever possible, rotating across Lanarkshire to improve access for staff.

It is adaptable – Solas has been delivered to specific groups and services.

Results

There have been over 211 attendees from a range of backgrounds, including Clerical staff, Care Assistants, Healthcare Support Workers, Registered Nurses, Spiritual Care volunteers, Clinical Nurse Specialists.

Requests in process to deliver more bespoke sessions.

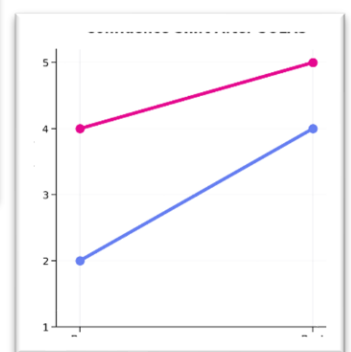
I won't avoid this subject now!"

100% of Attendees would recommend

"Highly relevant to practice."

"Everyone should attend!"

Confidence Rating Pre/Post session



Conclusions

Solas demonstrates that creating a safe, reflective and practice-focused learning environment can meaningfully enhance staff confidence in communicating about death and dying. Future development will focus on expanding delivery beyond the current faculty, alongside strengthening evaluation processes to better capture impact, ensuring the programme continues to evolve in a way that is responsive and grounded in practice.

References

1. The Scottish Government (2025) *Palliative Care Matters for All: Palliative care strategy (2025-30)*. Available at: <https://www.gov.scot/publications/palliative-care-matters-palliative-care-strategy-202530/>.
2. Mezirow, J. and Taylor, E.W. (2009) *Transformative learning in practice: insights from community, workplace, and higher education*. Jossey-Bass.
3. O'Brien, B.C. and Battista, A. (2019) 'Situated Learning Theory in Health Professions Education research: a Scoping Review', *Advances in Health Sciences Education*, 25(2).
4. Knowles, M. and E Holton (2005) *The adult learner*. Butterworth Heinemann.
5. NHS Education for Scotland (2024) *Trauma – National Trauma Transformation Programme*. Available at: <https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-transformation-programme/>.
6. Critical Incident Questionnaire (no date) Stephen D. Brookfield. Available at: <https://www.stephenbrookfield.com/critical-incident-questionnaire>.