

Compassionate Conversations workshop



Annie Raven-Vause
Education Manager
Practitioner Performance Advice

Welcome



Setting the scene

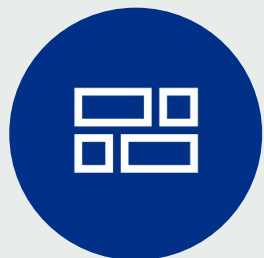
Compassionate Conversations Programme and Workshop



What programme is and why it has been created



Where the workshop fits in the overall programme



Approach and format of the workshop



Values and principles of how we work together today

Introductions -

Who We Are and How We Are: Introductions



Please choose one of the following and briefly explained how you feel it has shaped you as a person. Please don't think about it too long – there is no 'right' way, and it can be fascinating to see what emerges for you:

- Gender
 - Socio-economic status
 - Race and/or ethnicity
 - Nationality and/or culture
 - Sexual orientation
 - Religion
 - Profession
 - Role
 - Politics
 - Deep personal characteristics
-and the connotations and associations of each.

NB: the shaping can be conscious or unconscious.

Compassionate Conversations: What?



- Compassion is defined in different ways depending on the source, including:
 - “co-suffering” (etymology)
 - “fellow feeling” (OED)
 - “compassion is defined as the emotional response when perceiving suffering and involves an authentic desire to help” (Emma Seppälä)
 - “a feeling of understanding for someone who is suffering” (Collins)
- Some have focused on what compassion is not e.g.
 - “Compassion is not pity, Compassion is not attachment, Compassion is not the same as empathetic feeling, Compassion is not simply wishful thinking, Compassion is not self-regard” (Thupten Jinpa)

Compassionate Conversations: What?



- We will use the term compassion to mean working “with feeling” and focus more practice than debating definitions.
- A compassionate conversation, for the purposes of this programme, acknowledges the emotional dimensions of performance work and proposes that specific conditions and skills allow us to demonstrate and embed compassion in our interactions

Compassionate Conversations: What?



- Working with compassion in performance contexts matters because:
 - Performance is inherently about people; humans respond differently and more effectively when we show and receive compassion
 - It demonstrates respect, dignity and value which are especially important when someone is in difficulty
 - Anxiety and stress in a high-stakes situation are acknowledged and reduced
 - It builds trust
 - People are more likely to be open, to provide more information, to respond to questions more fully

Compassionate Conversations: What?



- It facilitates the interaction between policies, processes and people in a way that recognises complexity and uncertainty
- It enhances self-efficacy and facilitates participation in performance discussions
- People are more likely to continue to engage with the process and next steps if they are met with compassion
- It acknowledges both the task and sentient (Miller and Rice) elements of performance work
- It models something inherently important in health care and can be especially important where people are feeling compassion fatigue and/or burnout
- What else would you add?

Introductions

Compassionate Conversations: When?



Paired Exercise: Who and How We Are



- In pairs, please take ten minutes to discuss:
 - 1. A time when you had a conversation where compassion was difficult. What, on reflection, do you think made it so?
 - 2. An interaction that you experienced as a compassionate conversation. What, on reflection, made it so?
 - 3. What influences your personal capacity for compassionate conversations in practice?
- Please identify three learning points (one from each question) to share with the main group when we return.
- To help us use our time effectively, please also decide who will feed back or whether you will share it.

Compassionate Conversations: Influences?



- Who we and the other person are e.g. professional identification, perceived 'status', hierarchy etc.
- How we are e.g.

- Confidence
- Stress
- Anxiety
- Frustration
- Support
- Capability – we can learn to have compassionate conversations and it is always a work in progress
- The ability to separate our own emotions from those of the other person

- Reflection and learning
- Time
- Sensitivity to difference
- Values
- Self-compassion
- Ability to 'be' as well as to 'do' in an interaction
- Choices and intention
- Our own views and perspectives on compassionate conversations

Creating the Conditions for Compassionate Conversations

Preparing



- A compassionate conversation begins long before we meet another person
- As you receive information and begin to think about preparing, there are different ways to structure your approach that will facilitate a compassionate conversation e.g:
 - Ethos, logos, pathos (after Aristotle)
 - Task, sentience and the intersection of both (after Miller and Rice)
 - Giving voice to values (after Gentile)
 - A combination
 - Your own approach
- What matters is that you prepare

Creating the Conditions for Compassionate Conversations

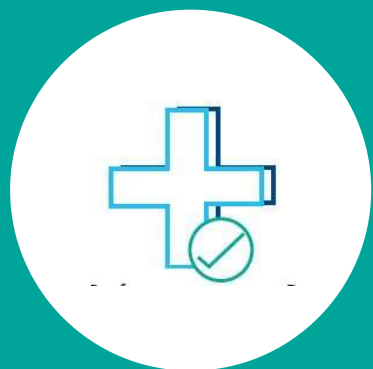
Preparing for a Compassionate Conversation



- You have been asked to speak to a clinical lead about a performance problem. You are told that the practitioner seems sound clinically but that her behavioural problems have been a challenge for several years. She is described as quick to anger, harsh in her criticisms of others, inconsistent with her team members and insensitive in how she interacts.
 - There has been a recent group complaint to NHS England (formerly HEE) about how the practitioner behaves with trainees. The clinical lead says in his email that “*everyone is at a loss*” and that “*he thinks the organisation has reached the end of the line*” with the practitioner.
-
- How would you prepare for a compassionate conversation with the clinical lead?
 - How would you prepare the clinical lead to have a compassionate conversation with the practitioner?

Creating the Conditions for Compassionate Conversations

Creating Psychological Safety



- The concept of psychological safety is fundamental to compassionate conversations
- It describes being able to show yourself, discuss the difficult and take what may feel risky at work without fear of shaming or other defences
- As the workbook sets out Amy Edmondson suggests three practical steps in creating psychological safety in practice, namely:
 - Framing the work
 - Modelling fallibility
 - Embracing messengers

Creating the Conditions for Compassionate Conversations

Psychological Safety: Paired Exercise



- This exercise asks you to talk about a difficult experience. It will be completely confidential to you and your partner.
- In pairs, please:
 - Identify an experience that did not go well and in which you had a key role.
 - Decide who will be A and who will be B
 - A should talk about their experience for 5 minutes
 - B should concentrate on creating psychological safety for A to talk about their experience
 - After 5 minutes, stop and discuss how it felt for you both for 2 minutes
 - Swap roles and repeat the exercise

Compassionate Conversations in Practice

Listening



- What inhibits our capacity to “listen with fascination” (Nancy Kline) and thereby create a “thinking environment”?
 - Rehearsing our responses in our heads
 - Assuming we know
 - Making premature judgements
 - Over-identification causing us to think of ourselves
 - Countering or questioning what someone is saying
 - Needing to be right
 - Day-dreaming
 - Distractions (internal and external)
 - Sifting content so we emphasise some parts and disregard others
 - Unconscious bias
 - Our own emotions e.g. anxiety, frustration, disappointment, anger, hurt etc.
- What inhibits you from listening with fascination?

Compassionate Conversations in Practice

Listening skills



- Compassionate listening is intentional and draws on the following skills:
 - Attentiveness e.g. demonstrated via non-verbal or minimally verbal cues such as nodding and ‘mmm’
 - Creating space e.g. not interrupting and leaving time for the speaker when they appear to pause
 - Judicious use of different types of questions (open, exploratory, clarifying)
 - Acknowledging uncertainty
 - Sensitivity to emotion as well as content
 - Seeking to understand, both information and the other’s feelings
 - Being open throughout the conversation
 - Observation e.g. of non-verbal communication (yours and the other party’s)
 - Reflecting
 - Summarising

Compassionate Conversations in Practice

Being clear



- It is not compassionate to obfuscate, mislead, diminish concerns or otherwise be unclear when talking to someone about performance
- The notion of compassionate candour means speaking truthfully about difficult or discomfoting situations but doing so with respect, empathy and kindness
- To ask direct questions, share information openly, to seek clarification and, where appropriate, challenge constructively are important tools in a compassionate conversation
- In a performance context, being compassionately clear includes acknowledging the difficulty, recognising the emotion, describing what is certain and uncertain, hearing different perspectives, answering questions directly and indicating what is happening, why and what might follow.

Compassionate Conversations in Practice

Learning, Reflecting and Checking



- A spirit of purposeful curiosity and constructive exploration facilitate learning in a performance conversation
- Summarising, reflecting back (both content and the emotion) and checking are the practical skills that enable us to develop this element of a compassionate conversation e.g. phrases such as:
 - “it sounds like...”
 - “my understanding is that....”
 - “have I understood that....?”
 - “is there anything else you think I should know?”
 - “can we return to X....?”
 - “could you say a bit more about.....”
 - “how do you see those as connected....?”
- Conveying your wish to learn and demonstrating the skills of reflecting and checking will be ongoing throughout the conversation rather than something you do only at the end

Compassionate Conversations in Practice

Signposting



- Signposting has a containing and equalising function as well as facilitating participation in a compassionate conversation
- Remember, the two parties in a performance conversation are not coming to this in equal states or positions
- There are different types of signposting e.g.
 - Format and process
 - Anticipating specific content
 - Explaining reasoning
 - Providing sources of support and guidance
 - Looking ahead and conveying information

Compassionate Conversations in Practice

Adapting



- The capacity to adapt and respond with openness and flexibility is essential to a compassionate conversation
- There are several types of adaptation to consider, including:
 - Anticipatory adaptations such as reasonable adjustments, planning the timing and place of the conversation etc.
 - Individual communication style adaptations which recognise people do not always speak, especially when stressed, in a linear and logical way
 - Emotional adaptations such as taking a pause, providing water and tissues and allowing silence
 - Practical adaptations such a technological breakdown or poor internet connection if working virtually or a fire alarm going off if meeting in person

Practising Compassionate Conversations

Practising Trios

A large green number '3' is centered within a white circle, which is set against a dark blue background.

- In groups of three, please take it in turns to have a compassionate conversation.
- One of you will play the person raising concerns, one of you will be the practitioner and one of you will observe
- You will all have a chance to play each role
- There are three scenarios for you to work with and each time you swap roles, you should move to the next scenario
- It is an opportunity to experiment and to explore what works for you in practice
- Please remember the principles of compassionate conversations in your feedback to each other
- You have 45 minutes for this exercise in total and 15 minutes for each scenario.
- You should end the conversation/role play after 10 minutes leaving 5 minutes for feedback and discussion before swapping role and moving onto the next scenario

Practising Compassionate Conversations

Practising Compassionate Conversations: Scenario 1



- Janice is meeting a GP, Dr Kenick.
- Dr Kenick, sixties, was outspoken on C-19 with a public response. He's critical of leadership - believing patients are "*let down*". He only see's people face-to-face during C-19 and rejected virtual working. Several patients complained feeling "*pressured*" to see him in person during C-19 so decided to change rather than attend his surgery. He is "*a loner*" and "*maverick*" in Janice's view. Dr Kenick had several partners in practice, but have all left after a short time. Janice suspects the current partner of Dr Kenick is "*intimidated*" by him.
- Janice got reports that Dr Kenick has been angry with colleagues in PCN/ CCG meetings and "*stormed out*" slamming doors; swearing audibly. Trainees complained to the GP education leads that they "*learn nothing from him apart from criticising colleagues*". The local University withdrew its students from Dr Kenick's practice three years ago citing "*poor feedback and suggested incompatibility with learning*".

Practising Compassionate Conversations

Practising Compassionate Conversations: Scenario 2



- Malik is the medical director of an acute NHS Trust. He is meeting a staff grade paediatrician, Dr Franklin.
- Dr Franklin worked at the NHS Trust for 2 years. She had C-19 and is changed by the experience. She's focused on safety and "*failures*" of the NHS Trust/ its executive team. She's posted critical messages on Twitter and Instagram which Malik believes do not reflect the realities of what happened at the NHS Trust and how they are approaching staff safety. Dr Franklin has described members of staff as "*liars*" in some postings. She comments on the use of PPE and infection control in settings other than those in which she works. She has also invoked the whistleblowing policy and raised concerns via the Freedom to Speak Up Guardian. Colleagues describe Dr Franklin as "*brittle*" in meetings and unable to focus on much beyond "*staff safety*".
- A parent of a child recently wrote to the hospital after an appointment with Dr Franklin to express concern she spent "*more time talking about her own health and what's wrong with the hospital than she did talking about our child*".

Practising Compassionate Conversations

Practising Compassionate Conversations: Scenario 3



- Javick, an HR Director is meeting a senior pharmacist, Christopher Haynes. Christopher Haynes has been an employee for 5 years with history of mental illness with some episodes of alcohol dependence. He has been open about his illness and worked with the Occupational Health service, always making a successful return to work when he has had to take time off.
- Javick has received reports that Christopher Haynes is "*slow and more prone to mistakes*" over the last six months. He seems to have difficulty getting through his tasks at a pace that is expected and that he has made errors, including one serious "*near miss*".
- Last week, Freya came to see the HR Director and told him that she found Christopher "*crying in the storeroom*" and "*didn't know what to do*". Freya has also heard that someone else on the team is "*pretty sure she saw a hip flask*" in Christopher's rucksack when he opened it in the staff room.

Reflections on the Trios Exercise

Closing Thoughts on Compassionate Conversations



- Compassionate Conversations are not a 'competency' that is signed off and complete;
- Rather, committing to compassionate conversations is to commit to a practice requiring practicing throughout a life;
- There will be times, people and situations that make it more difficult to practice compassionate conversations;
- We often learn most when we fall short in some way – compassion to others begins with self-compassion;
- Find people you trust to continue to reflect on your development in compassionate conversations; and
- Compassionate conversations can be difficult, tiring, exposing and risky, but also potentially transformative to how we work together to support and advise others about practitioner performance.
- Maintaining your reflective journal and joining a discussion group may be helpful as you develop your practice in compassionate conversations.



Wrapping Up and Final Reflections