

Compassionate Conversations Train the Trainer

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About the workshop



Learning Objectives

By the end of today, you will be able to:

- Discuss why *Compassionate Conversations* matter in the performance space
- Explain the context for the *Compassionate Conversations* workshop
- Describe the delivery model you will use to deliver the material
- Explore the workshop content confidently within groups you lead.

Your workshop manual

Should contain:

1. Welcome letter
2. Contents sheet
3. A new copy of the pre-workshop workbook
4. A sample delegate 3 hr workshop timetable
5. A full copy of delegate slides
6. A copy of the Train the Trainer slides
7. A copy of the initial evaluation survey
8. A copy of the facilitator self-reflection sheet
9. A sample delegate certificate with learning objectives
10. Notes pages

Exercise 1: Reflections

Working in small groups please review the delegate workbook and answer the following question:

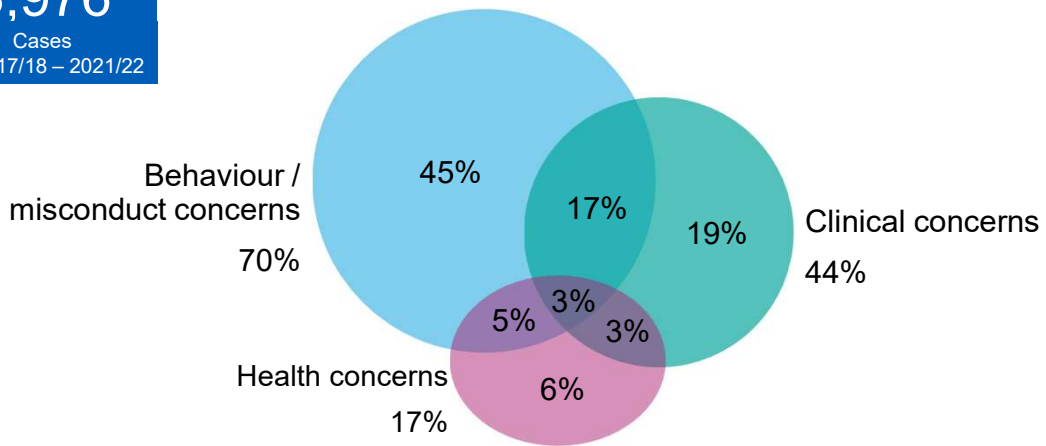
What discoveries have you made about the:

- Content of the workbook
- Yourself
- Others?

Exploring the context: What we know

Reported concerns - overall

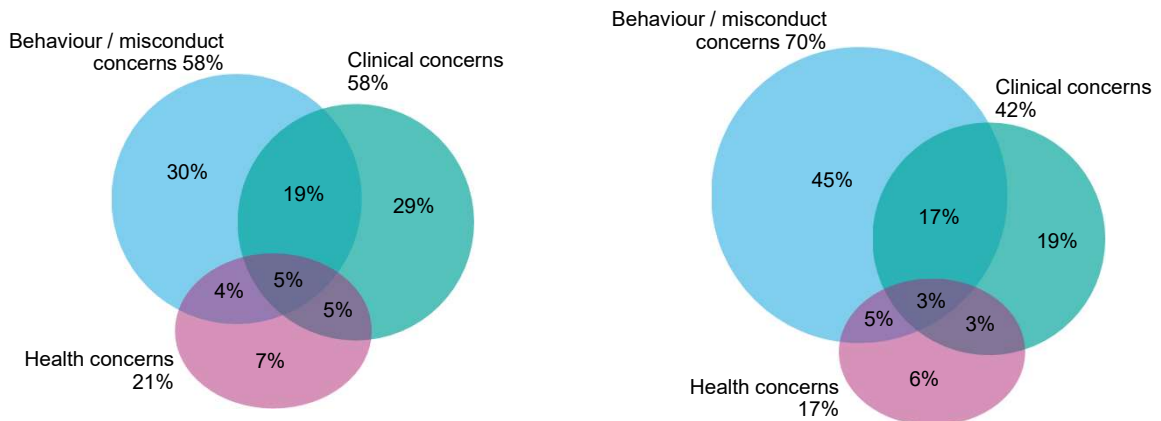
3,976
Cases
FY 2017/18 – 2021/22



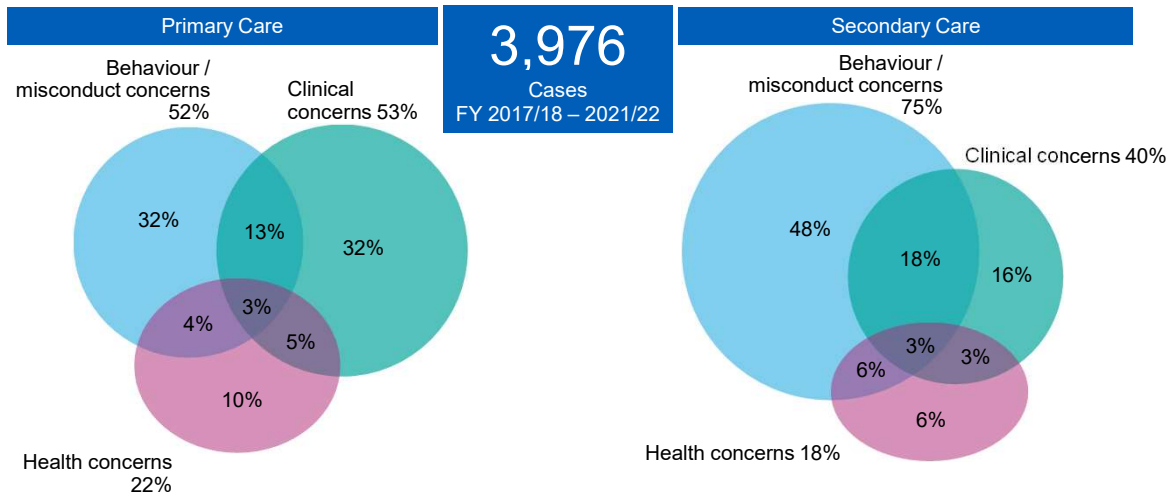
Reported concerns 2007- 2013 compared with 2017-2022

5,634 cases from 2007 - 2013

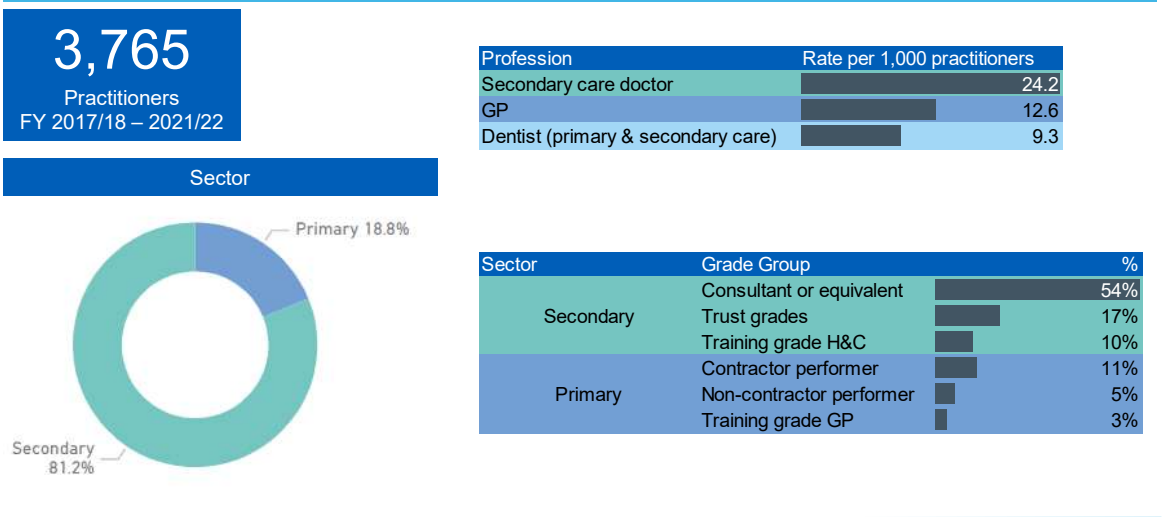
3,976 cases from FY 2017/18 – 2021/22



Reported concerns by sector



Sector and grade group

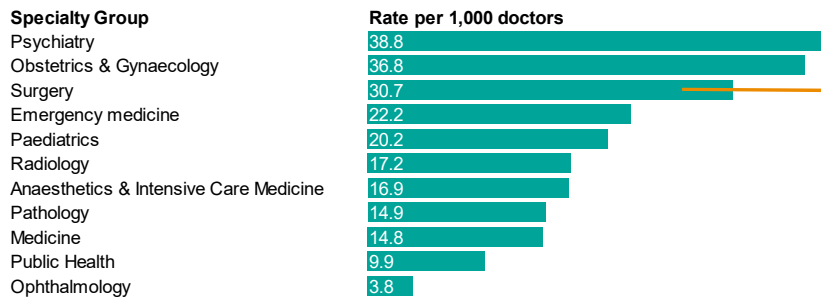


Secondary care specialties

2,716

Secondary care doctors
FY 2017/18 – 2021/22

For every **1,000 secondary care doctors**, we see:

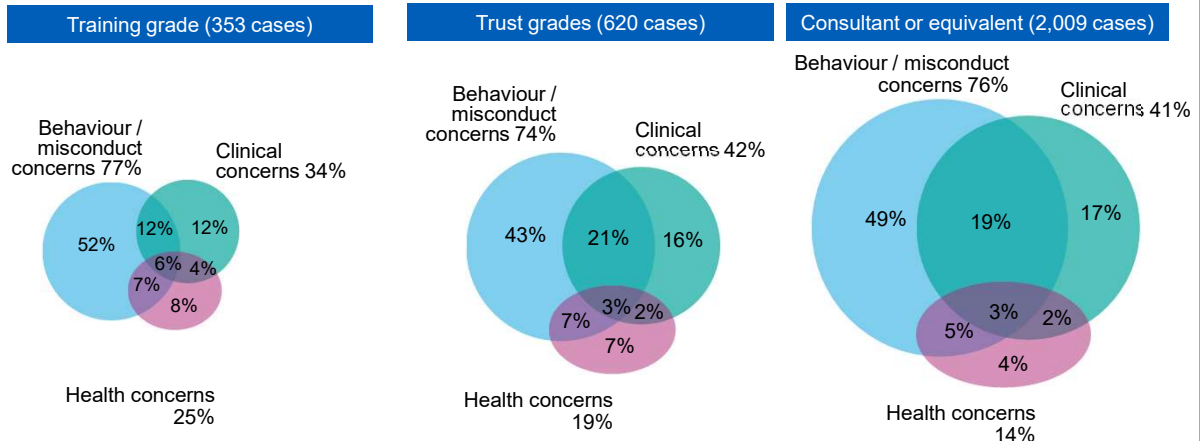


The surgery group is the largest in terms of the total number of practitioners with an Advice case (713). The most common surgery subgroups were:

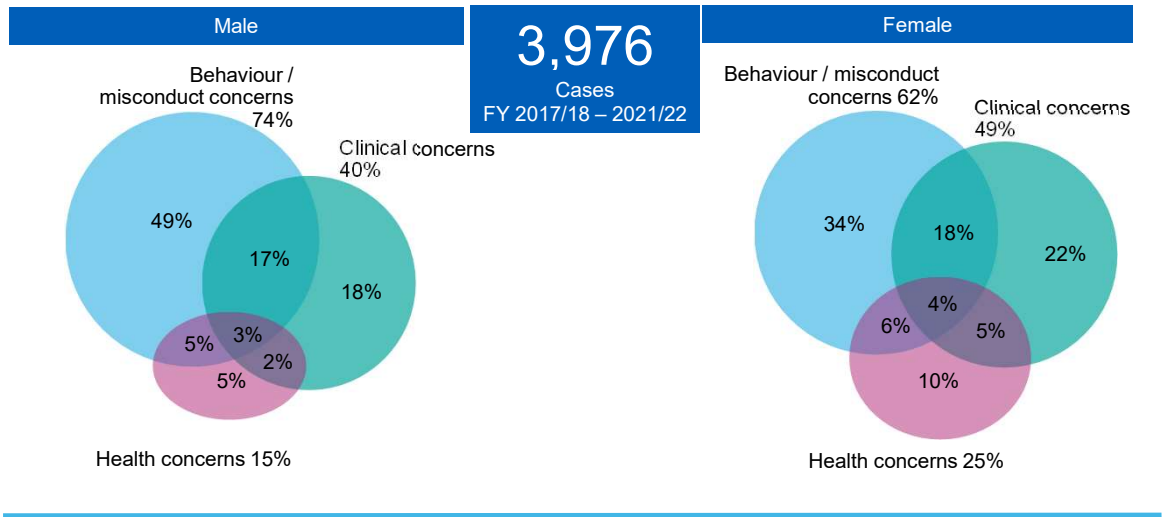
- General surgery
- Trauma and orthopaedic surgery
- Ophthalmology
- Cardiothoracic surgery
- Urology

Reported concerns in secondary care by grade group

2,982 cases, FY 2017/18 – 2021/22

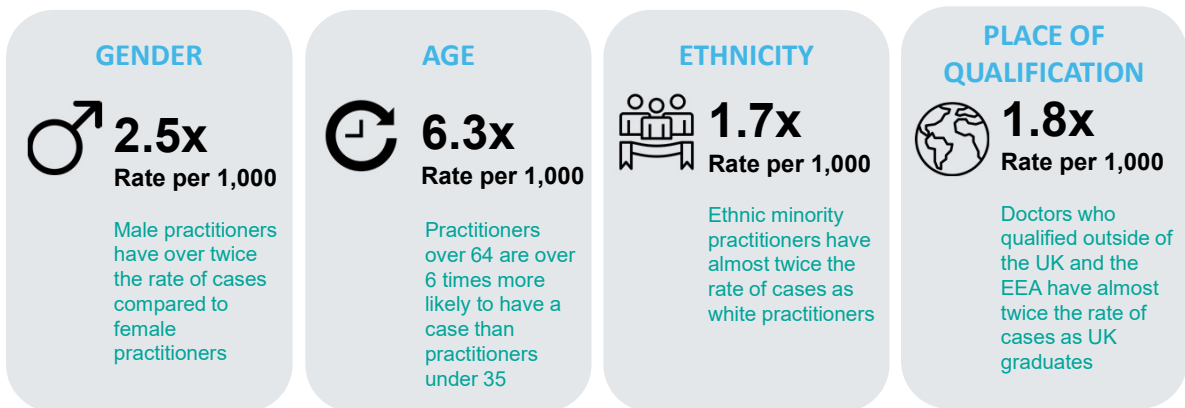


Reported concerns by gender



Rates of cases by personal characteristics

The groups of practitioners* below are statistically more likely to have a case with Practitioner Performance Advice:



*Data covers doctors and dentists except for place of qualification which is for doctors alone.

Compassion, diversity & inclusion

Why we need to be inclusive

- Positively inclusive teams and organisations are associated with higher levels of innovation, productivity and effectiveness
- Improved decision making
- Utilises all available skills, knowledge, experience and motivation
- Promotes greater health and wellbeing of people living and working with communities

Compassionate leadership

- [Michael West: Compassionate and inclusive leadership - YouTube](#)

What others say...

- 'Data sets such as the NHS Workforce Race Equality Standard (WRES) data and NHS Workforce Disability Equality Standard (WDES) data reveal the differences in workplace experience between NHS staff who represent minority groups and those who do not.'
- 'Recent reports, such as Messenger (1) and the Health and Social Care Committee (2), cite workforce issues of incivility, bullying and harassment as being endemic, pervasive behaviours within health care. They report the huge negative impact such behaviours have on staff recruitment, retention and overall wellbeing. These issues are seen within our work. Ockenden (3) and Kirkup (4) both identify poor organisational culture as a key factor affecting maternity safety. So positively supporting recruitment and retention, ensuring fair processes are in place and improving patient safety must be everyone's priority.'

Exercise 2: Compassion and inclusivity

In groups of 3 please consider and discuss:

- Barriers and enablers to compassion and inclusivity in your own organisation
- The ways you are currently nurturing compassion and inclusivity across different organisational levels
- The effect of compassion and inclusivity on the caregiver?

Workshop structure and materials

Content design

- Original materials developed by Prof Deborah Bowman with input from our own subject matter experts
- Running throughout the programme are three questions:
 - i) what are compassionate conversations?
 - ii) why do they matter?
 - iii) how do we have a compassionate conversation?Ensure contextual link to organisation/person

Content design

- Approximately 3 hours pre-work
- Interactive
- Multi-disciplinary or single discipline?
- Inclusive
- 3 hours taught sequence
- Post programme reflective diary
- Evaluations done on line after the course and again at 3 and 6 months

Exercise 3: Introductions

Please review slides 3 -11 in your delegate pack.

Working in small groups answer the following three questions:

1. What issues within groups can you foresee that you may need to address when you deliver this training?
2. What do you think will help get your / other organisations to 'buy in' to this training?
3. What do you think the key messages are for this section of content?

Creating psychological safety

- Defined as 'Psychological safety is a belief that one will not be punished or humiliated for speaking up, offering ideas, asking questions, expressing concerns or revealing mistakes'. Ref Edmundson
- Suspend judgement
- Establish an open and respectful communication culture
- Be transparent in order to build trust.
- Set clear expectations
- Reframe failure and mistakes as opportunities for learning and growth
- Take a supportive and consultative approach

Exercise 4: Creating conditions

Please review slides 12 -15 in your delegate pack.

Working in small groups answer the two questions:

1. How will you debrief the discussion on psychological safety that appears on slide 15?
2. What are all the ways you could help someone stay resourceful in group if they inadvertently access their 'stuff' as a result of doing the exercise on slide 15?

Practical tools and techniques

Exercise 5: Conversations in practice

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".

Sample scripts

- Suggestions for lowering defensiveness and improving dialogue:
- State your observation: *'This is what I just observed'*
- Active listening: *'Help me understand what happened'*, or *'Tell me your thoughts, I'd like to hear your perspective'* or *'Here's what I heard you say'*
- Seek feedback: *'Let's summarise the changes we've agreed so far and get confirmation of the changes in performance expected'* or *'Would you be prepared to say how you are feeling about x?'*

Recap, planning a compassionate conversation

- Performance conversations preserve patient safety
- Avoid thinking about them as 'difficult'
- Need careful planning and timing
- Beginning, middle and end
- Think intention – help or harm?
- Active listening
- Objectivity

Language and choice

- Language give clues to the way people 'operate', the choices they make, the values they hold dear, the beliefs they run about self and others, the options they believe are open to them
- 'Have to', 'need to', 'must' are indicators of necessity, choice is restricted, likewise, 'can't', 'impossible'
- 'Would, 'could' suggest possibility and imply choice
- 'Should' often implies guilt or shame
- Congruence

Tips for handling resistance in others

- The purpose is to keep the communication channels open
- Do not react in the face of resistance
- Avoid asking a question as an initial response
- Show you are listening
- Take time to consider what has been said before responding

Perceptual positions

There are five steps involved in this process:

- Step 1: Participant original position as First-person
- Step 2: Participant as The Other Person
- Step 3: Participant as a fly on the wall
- Step 4: Participant as an emotional state or another entity
- Step 5: Participant re-framed

Exercise 6: Perceptual positions

You have an important meeting to discuss a concern with a practitioner and you are busy preparing for it:

- Place yourself in 1st position. Think about what you want to say to them
- Now move to 2nd position, receive what you have been told as if you were the practitioner
- Now move to 3rd position, what would an invisible observer have to say about what has been said?

Exercise 7: Role play



Next steps

Self Reflection



Next Steps

- Discussion of training admin, the use of 'add ins'
- Framework agreement
- Contact arrangements – teams channel
- Evaluation and quality monitoring
- Confidentiality, publication etc
- Scaling up for national rollout if pilot successful

Contact Practitioner Performance Advice



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