

Compassionate Conversations:

Exercise 7- Planning for a compassionate conversation about performance

Planning for a compassionate conversation about practitioner performance

All learning activities are grounded in fictitious case stories that have been created for training purposes only.

Purpose of the exercise: To explore how you might plan and prepare to undertake a compassionate conversation about performance

Instructions to participants:

This is a facilitated role play exercise that is presented in two parts.

Please read the following case study, then begin part one of your exercise in planning for a performance conversation using the framework that follows the case study set out below.

Part one:

You will have been assigned to either group A or group B by your facilitator.

Delegates in group A will be invited to undertake this exercise in the character of Dr Nantwich.

Delegate in group B will be invited to undertake this exercise as Dr Winnington.

Part two:

Your facilitator will invite one member each from group A and B to enact the conversational part they have planned in character. If anyone has a very strong objection to engaging in this exercise please let the facilitator know.

The remaining delegates will assume the role of observers

Your facilitator may stop the role play at any point and invite comment from ANY party.

Case study:

Dr Nantwich is a Consultant in Geriatric Medicine. He's 63 years old and married with a grown up family. He had a stroke 6 months ago and returned to work (on a phased return in-line with the Academy of Medical Royal College's Guidelines) one month ago. Occupational Health have declared him fit with appropriate medication.

Dr Nantwich has been in post for ten years and during that time has built a bit of a reputation for his curmudgeonly behaviour towards certain members of the multi-disciplinary team including an occupational therapist, ward nurses, the ward clerk and a radiographer.

He has been back at work on full time hours for the last month. Since his return he has been overheard talking in a raised voice on more than one occasion. He has been openly critical of some changes in process that have been implemented during his period of sick leave, saying that the changes are “*nothing more than change for changes sake*” and “*do not add value to his patient’s care*” and that he “*is not being told what to do by others and intends to continue working as before*”.

Now a nurse has made new allegations of bullying about Dr Nantwich. She also says she is aware that concerns have been expressed about his increasingly vague and sometimes slurred instructions to junior medical staff on his team.

Dr Winnington is 45 years old and is the Clinical Director of a multi-site Trust. She is based at a different site to the one that Dr Nantwich usually works in and has not met him before. She has been in post for the last six months.

Recognising that she needs to meet with him to discuss these issues she has asked her secretary to set up an appointment with Dr Nantwich.

Part one: Planning for a conversation or interview about practitioner performance

By now you'll have appreciated that there are differences between an everyday conversation that you might have with someone at work and a focused, purposeful conversation about performance. There are three parts to every communication, beginning, middle and end and you will need to think about how you are going to navigate each stage.

Use the table below to start planning each part of a compassionate conversation about performance in a just and learning culture.

You have ten minutes to complete your plan.

Beginning	
What is the purpose of this conversation? Think <i>'heart at war'</i> or <i>'heart at peace'</i>	
What is my role in this conversation? (<i>Remember seek first to understand before seeking to be understood</i>)	
Do I need to put any boundaries or agreements in place as I start this conversation e.g. timeframe, what I can/cannot disclose?	
How will I open the conversation?	
How can I make it safe for the practitioner to discuss any contentious issues?	

Middle	
What do I want to have happen as a result of this conversation?	

What are the risks associated with this conversation?	
What behaviours do I want to see moving forwards and how can we get there?	
What can I do to avoid what I don't want?	
How will I keep energy in the discussion and reach agreement?	
End	
How will I bring the conversation to a mutually satisfactory and respectful ending?	
How will I know I have hosted a purposeful, 'blame free' and compassionate conversation about the practitioner's performance?	