Challenging Conversations for Clinicians

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Abstract

With funding support from the Rural Health Continuing Education (RHCE) Stream 2 Program, the iSim Centre, Mid North Coast Local Health District based in Coffs Harbour NSW, has developed Challenging Conversations for Clinicians, a one-day interdisciplinary course focusing on communication skills relevant to coaching, counselling and performance managing colleagues.

Challenging Conversations for Clinicians is an interdisciplinary course focusing on communication skills relevant to challenging conversations faced by clinicians. The course aims to develop conversation techniques relevant to the range of clinician responsibilities:

- establishing a patient relationship and setting realistic patient expectations

- the open disclosure conversation

- when a mistake is witnessed

- when someone is not a team player.

When someone witnesses unsafe actions or poor behaviour and doesn't speak up then that behaviour is being endorsed.

Research evidence demonstrates that 53% of nurses are concerned about a peer's competence yet only 12% have voiced their concern and 81% of doctors surveyed were concerned about a nurse's competence yet only 8% have spoken up.

The Challenging Conversations for Clinicians workshop uses simulation-based learning where the participants are given a framework (PLEASE®) to formulate their challenging conversation. They are then given the opportunity to practice delivering the conversation through simulation.

Video based scenarios are used to contextualise the conversation. The facilitator then debriefs the simulation using reflective practice and offering feedback. Each participant delivers 4 different challenging conversations throughout the day and is provided with individualised feedback.

The Challenging Conversations for Clinicians Course is about empowering individuals to speak up, so patient safety is improved.

Introduction

Challenging Conversations for Clinicians is an interdisciplinary course delivered over one day, which focuses on communication skills relevant to challenging conversations faced by clinicians. The course is for health professionals who work in the clinical setting.

For the sake of simplicity, the term "interview' refers to a range of professionally focused conversations between clinicians, including formal interviews and informal conversations. In this course staff member-centeredness is parallel with patient-centeredness.

The course aims to develop conversation techniques relevant to a range of clinician responsibilities:

- establishing a patient relationship and realistic patient expectations

- conversation involving open disclosure

- when a mistake is witnessed

- conversation about poor teamwork.

The course will help the participant develop practical interviewing skills and that as clinicians they become a more effective team member. This improved interaction with staff may translate into a number of benefits for several other groups, as follow:

- staff will understand their goals and roles; work confidently and safely within the ward; feel safe to approach peers and report their relationship to managers as productive and supportive

- staff will feel their needs are supported whilst carrying out their patient-care service duties

- increased staff satisfaction will reflect on better quality patient care and superior patient outcomes.

Method

Challenging Conversations for Clinicians uses simulation-based learning. The course goals are embedded in specific situations presented in trigger videos and contextualized scenarios, revealing themselves as the main purpose of an interview between clinicians. Each interview then warrants a conversation technique that includes both universal and situation-specific strategies. The course uses two formats or types of activity: group discussion and individual scenario practice.

- **Group discussion:** Commencing each session you will join the whole group in a facilitated discussion that aims to develop your knowledgebase of the supervision task. Here the PLEASE© Conversation Framework and principles of good interview technique will be applied to the situation at hand. Videos will be used to depict the situation and also demonstrate different interview techniques. The discussion explores the situation from the perspective of both clinicians.

- **Scenario practice x 4:** You will then work in small groups of three participants and a facilitator and complete three rounds of scenarios. You and your colleagues will take turns conducting a short five-minute interview with your staff member (acted by the facilitator). During the interviews the two participants observing will be asked to assist with timekeeping and take notes, recording examples of effective management behaviour. Exact quotations from the conversation work well as they are specific examples of observed practice (an important aspect of interviewing). The facilitator will ask the observer(s) to share some of these observations during the debrief period that follows each interview. After each interview your small group will review and reflect on its practice by debriefing with the aid of video recording, playback and review.

The PLEASE© Conversation Framework (see Diagram 1) is a foundation from which a conversation is built on. It enables the interviewer to prepare for the conversation, understand interviewees' behaviours, empower reflection on feedback and coach to take responsibility. Our obligation is to be open, fair and respectful, to provide effective feedback and to observe our responsibilities.

The pilot courses have been conducted within the Mid North Coast, NSW region. Each course had an interprofessional attendance which assisted with the appreciation of the variety of clinical situations experienced. The course has also been conducted with final year students who undertook the program to enhance their skills prior to joining the workforce.

Diagram 1   PLEASE© Conversation Framework

Phase	Sub-phase	Specific steps
P **Plan**	Prepare and plan	Consider the structure of the conversation and plan its direction prior to commencement. Structure conversation: Engage- Analyse- Summarise • What led to this conversation? • What will be covered? • What are your preferred outcomes? • Gather and prepare evidence
L **Listen**	Listen actively	A conversation is a 2-way process. Active listening demonstrates : • empathy and your presence in the conversation
E **Engage**	Open, empathise and preview	Validate clinician's emotional or cognitive state. • Demonstrate respect, reassure, emphasise safety, fairness & confidentiality • Use language and non-verbal skills effectively Preview: • the issues/performance gaps and their impacts, using openness and declaring the issue transparently
A **Analyse**	Acknowledge, analyse and reflect	Enable: • using 'Observation/Feedback' to guide the person to reflect on their underlying knowledge, perceptions and assumptions to a higher level of understanding Empower: • through reflective questioning to change behaviour, perform well and/or to be resilient Motivate: • to enable change
S **Summarise**	Summarise outcomes and close	Address: • any outstanding issues Summarise: • decisions and plans • state key take home messages Plan: • for the next meeting or follow-up
E **Evaluate**	Self-evaluation	Self-reflection and evaluation: • How do I feel? • How did the conversation go? • What went well? • What can I improve for next time?

EAS (Engage - Analyse - Summarise)

Using the PLEASE© Conversation Framework as a foundation, we implement a structure to guide the interview's progress called **EAS** – Engage – Analyse – Summarise (**See Diagram 2**). This demonstrates the relationship between three core elements and their place in the flow of an interview. This is a simplistic representation, as staff-centeredness requires all elements of the PLEASE© CONVERSATION FRAMEWORK to be expressed throughout all phases of an interview.

Diagram 2   EAS (Engage - Analyse - Summarise)

E Engage	Open, empathise and preview	Validate clinician's emotional or cognitive state. • Demonstrate respect, reassure, emphasise safety, fairness & confidentiality • Use language and non-verbal skills effectively Preview: • the issues/performance gaps and their impacts, using openness and declaring the issue transparently
A Analyse	Acknowledge, analyse and reflect	Enable: • using 'Observation/Feedback' to guide the person to reflect on their underlying knowledge, perceptions and assumptions to a higher level of understanding Empower: • through reflective questioning to change behaviour, perform well and/or to be resilient Motivate: • to enable change
S Summarise	Summarise outcomes and close	Address: • any outstanding issues Summarise: • decisions and plans • state key take home messages Plan: • for the next meeting or follow-up

Results

Of the 7 courses run, there were 87 participants, 28 of which were students.

The post course questionnaire was based on mostly course development, design and meeting the course objectives. From the feedback received, changes were made to the course to improve its design and relevance for the participant.

Relevant results from the questionnaire:

Q. I now feel confident to conduct a challenging conversation with a colleague about:

1.   Setting realistic patient expectations: 33 people agreed; 18 strongly agreed

2.   Open disclosure: 41 people agreed; 35 strongly agreed

3.   Witnessing a mistake: 37 people agreed; 34 strongly agreed

4.   Not a team player: 35 people agreed; 36 strongly agreed.

0 participants nominated Disagree or Neutral.

To be noted is the missing data from participants who failed to complete their post-course surveys.

Diagram 3   Percentage of participants from various health professions
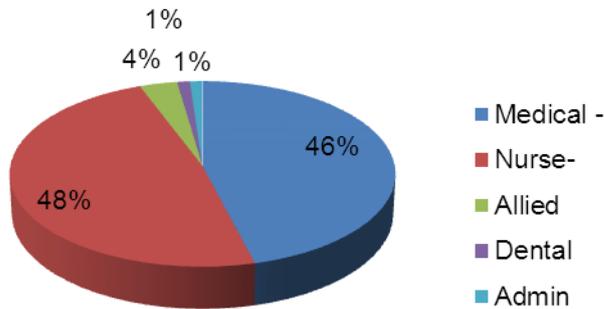
Quotes from participants:

"I have been introduced to strategies that will enable me to engage in conversations I have avoided"

"I found this course challenging and confidence boosting, worth the participation"

"Gave me new knowledge & insight on how to have a challenging conversation, excellent simulations."

"I learnt the importance of addressing things early, being open, confidence in having difficult conversations"

"20 years too late"

"Skills that are relevant to a student and future RN."

Discussion

Discuss the relevance of the results

What is the evidence for this framework? Every day many health care workers stand next to colleagues and see them cut corners, make mistakes, demonstrate unacceptable behaviour or serious incompetence, however only a very small percentage speak up and discuss what they have seen – even though they are standing only a few feet away.

'Silence Kills' (Maxfield et al. 2005) presents a study where survey data was collected from more than 1,700 healthcare workers including 1,143 nurses and 106 physicians. The data revealed that more than half of the healthcare workers surveyed in this study had witnessed broken rules, mistakes, lack of support, incompetence, poor teamwork and disrespect. Yet **less than 1 in 10** of these healthcare workers has fully discussed their concerns with their co-worker.

Nurses and Other Clinical Care Providers' Concerns about Incompetence

53% are concerned about a nurse's competence.
12% have spoken with this peer and shared their full concerns.
48% state the problem with this peer has gone on longer than a year.
34% are concerned about a physician's competence.
>1% have spoken with this physician and shared their full concerns.
54% state the problem with this physician has gone on for more than a year.

Physician's Concerns about Incompetence

81% are concerned about a nurse's or other clinical care provider's competence
8% have spoken with this person and shared their full concerns.
68% are concerned about a physician's competence.
>1% have spoken with this physician and shared their full concerns.

Nurses and Other Clinical Care Providers' Concerns about Poor Teamwork

75% are concerned about a peer's poor teamwork.
16% have spoken with this peer and shared their full concerns.
69% state the problem has gone on for longer than a year.

Nurses and Other Clinical Care Providers' Concerns about Disrespect and Abuse

77% are concerned about disrespect they experience
7% have spoken with this peer and shared their full concern

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Presenter

Rod Peadon is currently the Manager of the iSimCentre (interprofessional Simulation Centre) located at Coffs Harbour on the Mid North Coast of NSW. Rod has extensive experience as a health care educator and has been involved with simulation as a tool for education for most of his career. Rod is a registered nurse with acute care, emergency and critical care experience. He has 10 years' experience as a nursing officer in the Australia Regular Army and was deployed to the Rwandan Emergency in 1994. Rod has experience in nursing in variety of rural settings including nurse management, clinical nurse consultancy and as a whole of health learning and development consultant and service manager. His achievements include the development of the Emergency Nursing Guidelines for NSW with his fellow CNC for Critical Care, the introduction of eLearning as an education tool to NSW Health and now the development of the iSimCentre and championing of Simulation as a training methodology within the Mid North Coast NSW. Rod has completed The Institute of Medical Simulation (Harvard) Instructor Training: Simulation as a teaching tool as well as the Advanced Debriefing Course. In addition Rod has also completed the Winter Institute for Simulation Education and Research (WISER)—Pittsburgh iSIM (Improving Simulation Instruction Methods).