Understanding 'compassionate excellence' in practice:
Key themes from the Obstetrics and Gynaecology workshop series

Through knowledge exchange workshops with an Oxford researcher, the OUH Obstetrics and Gynaecology departments identified service development initiatives to sustain and improve their compassionate ethos.

Why

What does 'delivering compassionate excellence' mean in practice? To find out what this means for multi-disciplinary team members from the Obstetrics and Gynaecology departments, the Oxford Healthcare Values Partnership (OHVP)[1] conducted a series of knowledge exchange workshops.

Co-designed with the departments and building on OHVP's previous work with Vascular Services and Haematology, the workshops created a space that enabled participants to explore what compassion meant to them and how they would like to translate it into their practice.

> *"Some of my convictions have been reinforced. Others have been changed or added to. These are really useful topics to talk about."*
> **Consultant obstetrician**

Our aims

- **Investigate** the team members' personal and professional understanding of compassion using examples of traditional thought
- **Facilitate** discussion around what blocks or enables the departments' development of a sustainable compassionate environment
- **Discover** how the departments' specific pressures interact with Trust and societal values towards patient care
- **Generate** service development ideas from the discussions to incorporate into existing practice
- **Share** the insights from the workshops with other colleagues in the departments and advance OHVP's understanding of compassion in healthcare

Our approach

Recent research shows that when staff experience compassion, they are more able to show compassion to those around them. Being at the frontline of emotionally charged issues around women's health, fertility, pregnancy, birth, and the quality of reproductive health – work in both departments can feel fraught. The workshops' exploration of 'compassionate excellence', 'compassion for colleagues and patents' and 'responsibility, candour and compassion' were tailored to discover what compassion meant for those practicing in this environment. Feedback was embedded throughout to record participants' reactions to key ideas.

> *"I wanted to learn more (about compassion) as I have seen how variations in how it is practiced affects patients and staff."*
> **Medical student**

The workshops

A cross-section of colleagues from both departments were invited to attend one of two groups for the parallel series of workshops. To help unpick what compassion means for these two interlinked but sometimes separate departments, fictionalised case studies and anonymised complaint reports were sourced to help stimulate debate and recommendations. These were considered using examples from traditions of thought around narrative, responsibility, judgement and fault in compassion from Aristotle, Greek Tragedy, Buddhism and Christianity to help participants examine their own notions of compassion in the context of their work.

BEFORE

At the beginning of the workshop series, participants were asked what compassion meant to them

[1] Led by Professor Joshua Hordern. For further information, see www.healthcarevalues.ox.ac.uk

What we found

Offset against the awareness of impediments to the compassionate practice of Obstetrics and Gynaecology was grateful acknowledgement of what works well and the support structures that allow core staff to get on with their jobs. Such recognition included:

- Permanent staff's success in creating supportive settings such as the Maternity Assessment Unit (MAU) across the departments
- Colleagues in clinical governance providing vital legal assistance to staff undergoing complaints
- Consultants shouldering the burden of responsibility on behalf of their teams at meetings to discuss complaints and incidents
- Medical secretaries and administrative staff being a core component in the compassionate care of patients.Running through both sets of workshops were three central challenges to the department's compassionate ethos

> *"Some aspects of compassion such as responsibility and truth have been clarified."*
> **Nurse**

Running through both sets of workshops were three central challenges to the compassionate ethos of the departments

1. Compassion in the Trust's handling of complaints – how both compassion and candour are being jeopardised in an effort to respond in ways which would satisfy complainants.

2. Compassionate communication with patients, especially around risk – how to combat tendencies to 'dump' risk information on patients and to contextualise communication to patients' values and the reality of treatment options available to them.

3. Compassion in collegial inclusion and career support – how to sustain and develop core departmental morale over the long-term, amidst significant pressures around staffing levels.

These challenges were seen to increase the likelihood of 'defensive medicine', negatively affect patient care, and create difficulties with staff morale, recruitment and retention. Key perspectives and service developments clustered around these themes.

1. Candour and compassion in complaints

Through assessing anonymous complaint records, it became evident that, where complaints had been partially upheld, the staff 'push back' against a patient's complaint had been edited out. It was felt that this 'acquiescence' to patient perspectives often misrepresents staff as apologising for things for which they are not responsible. This 'forced apology' closes down conversations that might have got to the heart of a complex issue and generated valuable learning opportunities about both staff behaviour/ practices and patient autonomy/responsibilities.

The 'disconnect' between potential learning opportunities and how complaints are handled is embodied by the complaints triage traffic light system. This seems to be based not on the severity of the incident but on the potential risk to the organisation, assessed by the vigour with which the complaint is made. Relatively minor matters can therefore be prioritised over more quietly expressed but life-changing experiences. In short, the complaints process routinely constitutes a failure to be truthful rather than a fulfilment of the duty of candour.

As well as promoting the practice of defensive medicine – recommending a course of action that is not necessarily the best option for the patient but that mainly serves to protect the clinician and institution against the patient as a potential complainant – the complaints process can demoralise staff. Combined with the national, cultural shift away from general learning points and towards the burden of individual fault, the 'ownership' of mistakes was felt to have reached the point where healthcare workers have to prove they have learnt from an incident. Without this proof, there is a constant perception that the individual is at fault, which is potentially damaging to staff retention.

Many complaints were felt to originate from organisational issues around cancellation of appointments and procedures and too few administrative staff. Workshop attendees felt strongly that (a) the complaints process felt faceless to them because they had not met the colleague who processes complaints and that (b) administrative staff's compassionate communication with patients on the telephone prevents more patients from issuing complaints.

Recommended service developments

- Report back to the Trust that acquiescing to the patient's' perspectives in responses to complaints undermines candour, staff morale and learning opportunities for all.
- Report back to the Trust that the likelihood of patient complaints rise when administrative roles are cut and there is less direct telephone contact with patients.
- Improve routine face-to-face communication between departments and colleagues who process complaints.

2. Compassionate communication with patients: risk and needs

Current guidelines, practice and training promote complete transparency in communicating risk associated with treatment options. However, not knowing what level of information patients want to receive, especially when their options are very limited, was seen as likely to cause emotional distress from 'information overload' and was akin to making a legal disclaimer of responsibility. How risk is currently communicated has moved in the direction of 'dumping' all possible information on patients rather than communication contextualised to the patient's values and the reality of available options.

When communicating risk, an experienced practitioner was seen as more likely to pitch the level of information to the patient's needs than a new recruit who was seen as more likely to refer to their training. Being mentored and having the opportunity to learn from those in other roles was therefore seen as an important development need.

Compassionate communication can also become difficult when patients are unaware of restrictions on services or resources, making it hard to manage patient expectations. Equally, patients do not have a way of ranking their needs against those of others to contextualise the order in which patients are being seen. Communication to patients about the priority of other patients should therefore be done without minimising their own reasons for being seen.

Recommended service developments:

- Establish ongoing training on communication of risk, taking account of patient values; use infographics to help patients understand the risks associated with certain treatment options.
- Provide information on likely clinic waiting times to help manage patient expectations.

3. Compassionate collegiality: inclusion, career support and inter-professionalism

Both sets of workshops acknowledged the varying needs of staff at different career points and the importance of taking a long view of what's needed across career trajectories.

Medical secretaries and administrative staff were seen as integral to compassionate care as the first line of contact with patients on the phone. Despite having no professional training, these staff are routinely dealing with and 'holding' highly emotional patients compassionately. However, these staff are not routinely included in team meetings, formally supported by the organisation in terms of adequate staffing, or acknowledged for the part they play in enabling a culture of 'compassionate excellence'.

Consultants' jobs have changed and now rarely involve long-term career planning. Those who have been part of the 'core' team who step back into a more strategic role can feel guilty that they are letting the side down and cut off from the collegiality and compassion from which they have previously drawn strength. They may also feel under pressure from Trust policy which has tended to reduce the value placed on culture-forming, training and supportive activities.

Tailored conversations with consultants, especially at key transition points, should be encouraged to support their journey through their career and life course. This may involve mentoring, managing expectations, and talking openly about the transition from a hands-on to strategic role.

Permanent staff Workshop groups both agreed that having a long-term core staff team in departments helped create a compassionate and inclusive working environment. The MAU deals with difficult cases, but having a stable core team has enabled it to create an emotionally supportive environment.

Inter-professional practice 'Unfixable' patients and the staff who work with them still experience a degree of stigma. At the heart of this was felt to be the intrinsic desire entrenched in medical training to 'fix' people's problems and the initial (often surgery-based) treatment options offered to patients. When these fail, the persistence of symptoms can lead to these patients being stigmatised.

> *"The workshop was helpful in giving me space to reflect and providing theoretical frameworks to support my reflection."*
> **Pathway coordinator**

Students
Enabling students to provide anonymous feedback was seen as integral to nurturing the next generation of compassionate doctors. Current feedback mechanisms do not allow students the chance to anonymously to identify areas for improvement.

Recommended service developments

- Report back to the Trust that having a stable core team is fundamental to compassionate excellence in practice, and therefore the Trust needs to offer better support to those in bands 5-7, including recognising the value of 'enhanced roles', to increase staff retention.
- Enable truly anonymous reporting methods for students.
- Develop reflection opportunities to support consultants taking a 'step back from the front line' or at key points in their careers.
- Establish inter-professional training around understanding of complex problems such as pain via workshops and opportunities to shadow colleagues in other areas, such as physiotherapists. Use educational case study examples around communication problems and priorities for those with complex problems (such as pain or life-limiting conditions in the unborn child) to rebalance awareness of the options available to manage complex conditions..

What next?

This document will be made available to other members of staff in the Obstetrics and Gynaecology departments to share insights from the workshop series. OHVP will liaise with the departments to discuss how to best start to implement the service developments in a way that fits with existing practices and creates a benefit rather than burden of work. Future plans include a plenary session with members of all four participating OUH departments – Vascular Services, Haematology Department, Obstetrics and Gynaecology – to pull together common themes and explore how to take these forward with the Trust at a strategic and policy level.

> *" The workshop helped me to feel that we can affect institutional values from the roots up."*
> **Multi-disciplinary team coordinator**

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> *"The workshops have really opened a box in my mind about compassion."*
> **Medical student**

AFTER

At the beginning of the workshop series, participants were asked what compassion meant to them

For further reading and to see how the initiative is being taken forward with other OUH departments, visit:
www.healthcarevalues.ox.ac.uk/compassion-workshops