Clinical Supervision: Spotlight on Conversations

A/Prof Brett Williams, Ms Tanya Edlington and Dr Christine King
Workshop Overview

Introductory Activity (15 mins)

PART I: Why are Conversations important? (15 mins)

- Story – Setting the Scene with 4Corners Episode
- Some interesting Stats

PART II: What makes Successful/Effective Conversations? (1 hr)

- Films – the Good, the Bad, and the ...
- Conversation Practice – Action Learning

PART III: How do I overcome Conversation Challenges? (45 mins)

- Tackling your own conversations

My Action Plan for Practice (30 mins)

Concluding Activity (10 mins)

Post-workshop Evaluation (10 mins)
Introductory Activity
Why are Conversations Important?

Story – 4 Corners

A joint Four Corners/Fairfax investigation

MONDAY 25TH AUGUST

He was a highly paid neurosurgeon, addicted to cocaine and obsessed with sex. Yet despite significant evidence he was running out of control, and the death of a call girl he'd hired, Susan Hair continued operating in a private hospital.

Although they didn’t know it at the time, his patients were playing a kind of medical Russian roulette. Several were left with ongoing major problems. In one case Susan Hair operated on the wrong vertebrae. The operation had left the patient with a crippling back problem.

This week in a joint Four Corners/Fairfax investigation, reporter Tracy Hewden deconstructs the sordid history of Susan Hair. In forensic detail she analyses what the NSW Medical Board, Nepean Public Hospital and the Nepean Private Hospital knew about the rogue doctor.

She investigates how a system with so many apparent checks and balances could allow a doctor to be barred from a public hospital but continue to operate at the private hospital right next door.

The program reveals an explosive paper trail between authorities that calls into question the regulatory system intended to make surgery safe for the public.

THE HAND THAT HOLDS THE SCALPEL, reported by Tracy Hewden and presented by Kerry O’Brien, goes to air on Monday 25th August at 8.30pm. It is replayed on Tuesday 26th August at 11.00am and 11.35pm. It can also be seen on ABC News 24 at 6.05pm on Saturday, ABC News or ABC.net.au/4corners.
PART I: Why are Conversations Important?
Why are Conversations Important?

Some Interesting Stats!
Why are Conversations important?

Silence Kills Study (US, VitalSmarts, 2005)

Focus groups, interviews, workplace observations and survey data from more than 1700 respondents

- 1143 nurses
- 106 physicians
- 266 clinical staff
- 175 administrators

13 urban, suburban and rural hospitals across the US

Teaching, General and Pediatric Hospitals
Identified the categories of conversations that are especially difficult AND especially essential for people in healthcare ->

These conversations correlated strongly with medical errors, patient safety, quality of care, staff commitment, employee satisfaction, discretionary effort, and turnover.

Seven Most Crucial Concerns

1. Broken Rules
2. Mistakes
3. Lack of Support
4. Incompetence
5. Poor Teamwork
6. Disrespect
7. Micromanagement
# Silence Kills Study (US, 2005)

## Nurses and Other Clinical Care Providers’ Concerns about Incompetence

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Details</th>
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</table>
| **53%** are concerned about a peer’s competence | This peer does something dangerous at least once a month *(27%)*  
The problem with this peer has gone on for a year or more *(48%)*  
A patient has been harmed by this person’s actions during the last year *(7%)* |
| **12%** have spoken with this peer and shared their full concerns |                                                                                     |
| **34%** are concerned about a physician’s competence | This physician does something dangerous at least once a month *(19%)*  
The problem with this physician has gone on for a year or more *(54%)*  
A patient has been harmed by this physician’s actions during the last year *(8%)* |
<p>| <strong>Less than 1%</strong> have spoken with this physician and shared their full concern |                                                                                     |</p>
<table>
<thead>
<tr>
<th>Concerns</th>
<th>Frequency</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Nurse’s or other clinical-care provider’s competence</td>
<td>81%</td>
<td>This peer does something dangerous at least once a month (15%)&lt;br&gt;The problem with this peer has gone on for a year or more (46%)&lt;br&gt;A patient has been harmed by this person’s actions during the last year (9%)</td>
</tr>
<tr>
<td>Have spoken with this peer and shared their full concerns</td>
<td>8%</td>
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<tr>
<td>Physician’s competence</td>
<td>68%</td>
<td>This physician does something dangerous at least once a month (21%)&lt;br&gt;The problem with this physician has gone on for a year or more (66%)&lt;br&gt;A patient has been harmed by this physician’s actions during the last year (19%)</td>
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<td>Have spoken with this physician and shared their full concern</td>
<td>Less than 1%</td>
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### Silence Kills Study (US, 2005)

#### Nurses and Other Clinical Care Providers’ Concerns about Poor Teamwork

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<tr>
<td>75% are concerned about a peer’s poor teamwork</td>
<td>This peer does something that undercuts the team at least once a month (61%)&lt;br&gt;The problem with this peer has gone on for a year or more (69%)</td>
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<tr>
<td>16% have spoken with this peer and shared their full concerns</td>
<td>Because of this teamwork issue, the respondent can’t trust that patients in their area are receiving the right level of care (22%)&lt;br&gt;Because of this teamwork issue, the respondent is seriously considering leaving the unit or the hospital (23%)</td>
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## Silence Kills Study (US, 2005)

### Nurses and Other Clinical Care Providers’ Concerns about Disrespect and Abuse

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<th>Concern</th>
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<tr>
<td>77% are concerned about disrespect they experience</td>
<td>This person is disrespectful or abusive toward them in at least a quarter of their interactions (28%)</td>
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<td>The behaviour has gone on for a year or more (44%)</td>
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<td>7% have spoken with this peer and shared their full concerns</td>
<td>Correlation between the frequency of mistreatment and intent to quit their job ( r = 0.424, p &lt; 0.001 )</td>
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<td></td>
<td>Correlation between the duration of abuse and intent to quit their job ( r = 0.190, p &lt; 0.001 )</td>
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VitalSmarts conducted a further study in 2010 ‘The Silent Treatment’ and showed that Organizational silence leads to communication breakdowns that harm patients.

- More than four out of five nurses have concerns about dangerous shortcuts, incompetence, or disrespect.
- More than half say shortcuts have led to near misses or harm.
- More than a third say incompetence has led to near misses or harm.
- More than half say disrespect has prevented them from getting others to listen to or respect their professional opinion.
- Fewer than half have spoken to their managers about the person who concerns them the most.
- And fewer than a third have spoken up and shared their full concerns with the person who concerns them the most.
Why are Conversations important?

The Impact of Errors in UK

In national health service of England and Wales, mistakes or ‘adverse events’ occur in 10% of inpatient admissions

Human cost of these mistakes – 40,000 lives and financial cost to service of over 2 billion pounds in additional care

(Waring, 2005)
The Impact of Errors in US

1.5 million preventable adverse events (AEs) occur each year and claims that AEs occur in one third of hospital admissions.

44,000 to 98,000 deaths occur each year due to medical errors.

More Americans die each year from medical errors than from motor vehicle accidents, breast cancer, or HIV/AIDS.

(Kalra et al., 2013)
Why are Conversations important?

The Impact of Errors in US

45 cents of every dollar spent in US related to medical mistakes

One source claims the cost of errors in 2008 was over 17 billion

3.5 billion dollars per year are spent due to in hospital adverse drug events (ADE), which comprise roughly 26% of all preventable AEs according

(Kalra et al., 2013)
Why are Conversations important?

The Impact of Errors in Australia

‘Quality in Australian Health Care’ (QAHC) study (1995) - medical records for 14,000 admissions to 28 hospitals in NSW and SA

470,000 admissions/year associated with an adverse event (AE) -> approx. 18,000 deaths and 50,000 cases of permanent disability

50% of the AEs in the QAHC study had a high preventability score and 60% of deaths could have been avoided

(Research Paper (19), CHE, Monash Uni, 2007)
The Impact of Errors in Australia

The direct hospital costs of AEs, both fatal and non-fatal, was estimated in the QAHC study at $900 million per/year.

Another study estimated the cost of treating 12 conditions, representing just 22% of the AE categories, was $483 million/year.

7% of routine admissions were associated with an adverse event (AE) in Victoria. (cw. estimates of 10-15% in QAHC study)

(Research Paper (19), CHE, Monash Uni, 2007)
PART II: What makes Successful/Effective Conversations?
What makes Successful/Effective Conversations?

What kinds of Challenging Conversations do Clinical Supervisors have?

(Flipchart)
What makes Successful/Effective Conversations?

What makes these Challenging Conversations Successful/Effective?

(Flipchart)
What makes Successful/Effective Conversations?

Skills for Patient Conversations

Skills for Supervisory Conversations
What makes Successful/Effective Conversations?

Trio (Supervisor, Junior, Observer) – swap roles for each cycle
What makes Successful/Effective Conversations?

Film 1

Observe what’s being done well? Does it work?

- Body language
- Questions
- Evidence of listening
- Impact on junior – response
- Intention
- Consequences
What makes Successful/Effective Conversations?

Debrief

What do you think is going on for the junior nurse/doctor?
What tells you this?
What do you think is going on for the supervisor?
What do you think the supervisor’s intention is?
What do you think happens next?
What’s at stake? – i.e. consequences of having/not talking about what’s happened?

Debrief in Trio → Debrief in Large Group
What makes Successful/Effective Conversations?

**PLAN** the conversation you would have if you were the supervisor in this situation. Start with **INTENTION/PURPOSE** – what do you want to happen as a result of this conversation? Record Intention (3mins).

**OBSERVE** the Interaction:
- **Supervisor**: notice what happens physically when you have the conversation. Share your purpose/intention with the observer before you begin.
- **Junior**: respond how you would respond if you’re in the conversation for real. Observe what you’re reacting to.
- **Observer**: watch body language from both parties and notice what’s going well/not so well. Talk about observations (3 mins).

**PRACTISE** in trios – one person plays takes on the supervisor role, one person takes on the junior role, the third person observes. (5mins)

**Act**

**Plan**

**Observe**

**Reflect** on Intention: share intention and check to see if this was fulfilled (2mins).
What makes Successful/Effective Conversations?

Debrief

What worked?
What did not work?
What are the consequences?

Debrief in Large Group
What makes Successful/Effective Conversations?

Film 2

Observe what’s being done well? Why does it work?

- Body language
- Questions
- Evidence of listening
- Impact on junior – response
- Intention
- Consequences
What makes Successful/Effective Conversations?

Draw Conclusions in Large Group

(Flipchart)
PART III: How do I overcome Conversation Challenges?
How do I overcome Conversation Challenges?

What makes Challenging Conversations hard?
How do I overcome Conversation Challenges?

Consequences of having challenging Conversations

<table>
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<tr>
<th>What if I do?</th>
<th>What if I don’t?</th>
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Discuss in Trio ———— Discuss in Large Group
How do I overcome Conversation Challenges?

Some more Interesting Stats!
### Silence Kills Study (US, 2004)

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<th>Percentage Saying It Is Difficult to Impossible to Confront the Person</th>
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<td>Incompetence</td>
<td>56% of Physicians&lt;br&gt;72% of Nurses and other Clinical-Care Providers</td>
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<td>Poor Teamwork</td>
<td>78% of Nurses and other Clinical-Care Providers</td>
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<td>Disrespect or Abuse</td>
<td>59% of Nurses and other Clinical-Care Providers</td>
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### Silence Kills Study (US, 2004)

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<th>When the Concern is ...</th>
<th>Percentage of Non-Supervisory Employees Who Confront the Person</th>
<th>Percentage of Supervisors Who Confront the Person</th>
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<td>Competence of a Nurse or other Clinical-Care Provider</td>
<td>3%</td>
<td>16%</td>
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<tr>
<td>Competence of Physician</td>
<td><strong>Less than 1%</strong></td>
<td><strong>Less than 1%</strong></td>
</tr>
<tr>
<td>Poor Teamwork</td>
<td>5%</td>
<td>9%</td>
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<td>Disrespect or Abuse</td>
<td>2%</td>
<td>5%</td>
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How do I overcome Conversation Challenges?

Consequences of having challenging Conversations

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Discuss in Trio  

Discuss in Large Group
How do I overcome Conversation Challenges?

THINK ABOUT A CONVERSATION YOU’RE AVOIDING HAVING

What’s stopping you?

What would happen if you could have this conversation (for the other person, for you, for patients, the rest of the team?)

What will happen if you don’t have the conversation? (for the other person, for you, for patients, the rest of the team?)

Imagine you are committed to having the conversation - what is your intention/purpose in having this conversation?
How do I overcome Conversation Challenges?

FISH BOWL

Supervisor

Junior (played by facilitator)

Debrief → Swap Roles → Debrief
Clinical Supervision Conversations

VOX POP

1. Listen to what students have to say about the experience of clinical supervision

2. Listen to the perspectives of the actors
Clinical Supervision Conversations

Post Card:
My Action Plan for Practice

What’s one thing you will commit to that will make a lasting difference?
Concluding Activity

(cw: Intro Activity)
Clinical Supervision Conversations

Post-workshop Evaluation
Clinical Supervision: Spotlight on Conversations

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