



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)



Clinical Supervision Conversations

Introductory Activity



Why are Conversations Important?

Story – 4 Corners



FOUR CORNERS Investigative journalism at its best

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Print Email Share Transcript Background Information

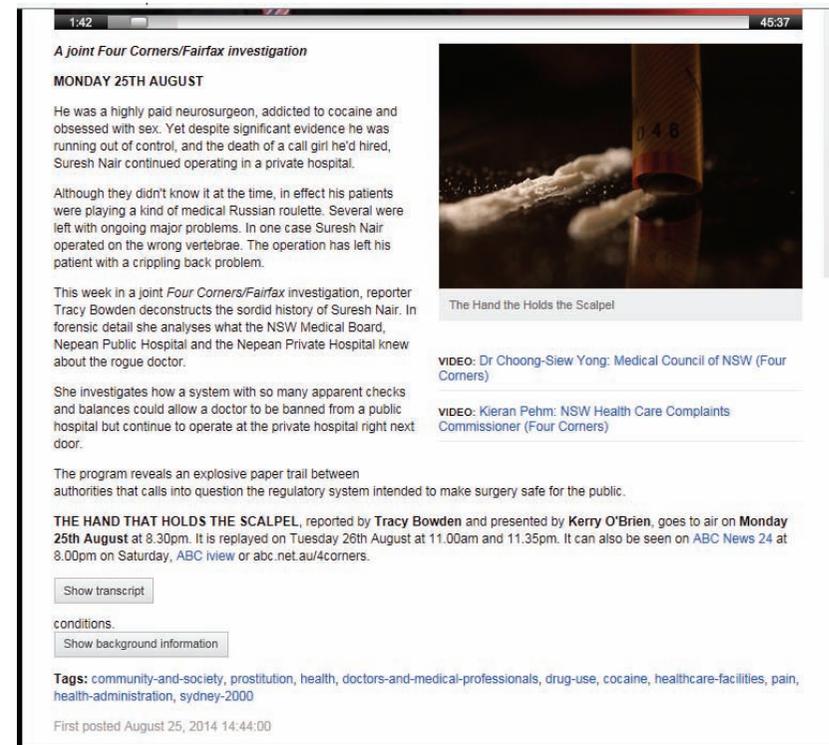
The Hand that Holds the Scalpel

By Tracy Bowden and Clay Hichens

Updated August 26, 2014 14:30:00



A joint *Four Corners*/Fairfax investigation



1:42 45:37

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, Suresh Nair continued operating in a private hospital.

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

This week in a joint *Four Corners*/Fairfax investigation, reporter Tracy Bowden deconstructs the sordid history of Suresh Nair. 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 banned 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 Bowden 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 8.00pm on Saturday, [ABC iview](#) or [abc.net.au/4corners](#).

Show transcript

conditions

Show background information

Tags: community-and-society, prostitution, health, doctors-and-medical-professionals, drug-use, cocaine, healthcare-facilities, pain, health-administration, sydney-2000

First posted August 25, 2014 14:44:00



The Hand the Holds the Scalpel

VIDEO: Dr Choong-Siew Yong: Medical Council of NSW (Four Corners)

VIDEO: Kieran Pehm: NSW Health Care Complaints Commissioner (Four Corners)



Clinical Supervision Conversations

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



Silence Kills Study (US, 2005)

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

53% are concerned about a peer's competence

12% have spoken with this peer and shared their full concerns

34% are concerned about a physician's competence

Less than 1% have spoken with this physician and shared their full concern

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%**)

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%**)



Silence Kills Study (US, 2005)

Physicians' Concerns about Incompetence

81% are concerned about a nurse's or other clinical-care provider's competence

8% have spoken with this peer and shared their full concerns

68% are concerned about a physician's competence

Less than 1% have spoken with this physician and shared their full concern

This peer does something dangerous at least once a month (**15%**)

The problem with this peer has gone on for a year or more (**46%**)

A patient has been harmed by this person's actions during the last year (**9%**)

This physician does something dangerous at least once a month (**21%**)

The problem with this physician has gone on for a year or more (**66%**)

A patient has been harmed by this physician's actions during the last year (**19%**)



Silence Kills Study (US, 2005)

Nurses and Other Clinical Care Providers' Concerns about Poor Teamwork

75% are concerned about a peer's poor teamwork

This peer does something that undercuts the team at least once a month **(61%)**

The problem with this peer has gone on for a year or more **(69%)**

16% have spoken with this peer and shared their full concerns

Because of this teamwork issue, the respondent can't trust that patients in their area are receiving the right level of care **(22%)**

Because of this teamwork issue, the respondent is seriously considering leaving the unit or the hospital **(23%)**



Silence Kills Study (US, 2005)

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

77% are concerned about disrespect they experience

This person is disrespectful or abusive toward them in at least a quarter of their interactions (**28%**)

The behaviour has gone on for a year or more (**44%**)

7% have spoken with this peer and shared their full concerns

Correlation between the frequency of mistreatment and intent to quit their job (**$r=.424$, $p<.001$**)

Correlation between the duration of abuse and intent to quit their job (**$r=.190$, $p<.001$**)



Silence Kills Study (US, 2005)

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)



Why are Conversations important?

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)



Why are Conversations important?

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)



Clinical Supervision Conversations

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?

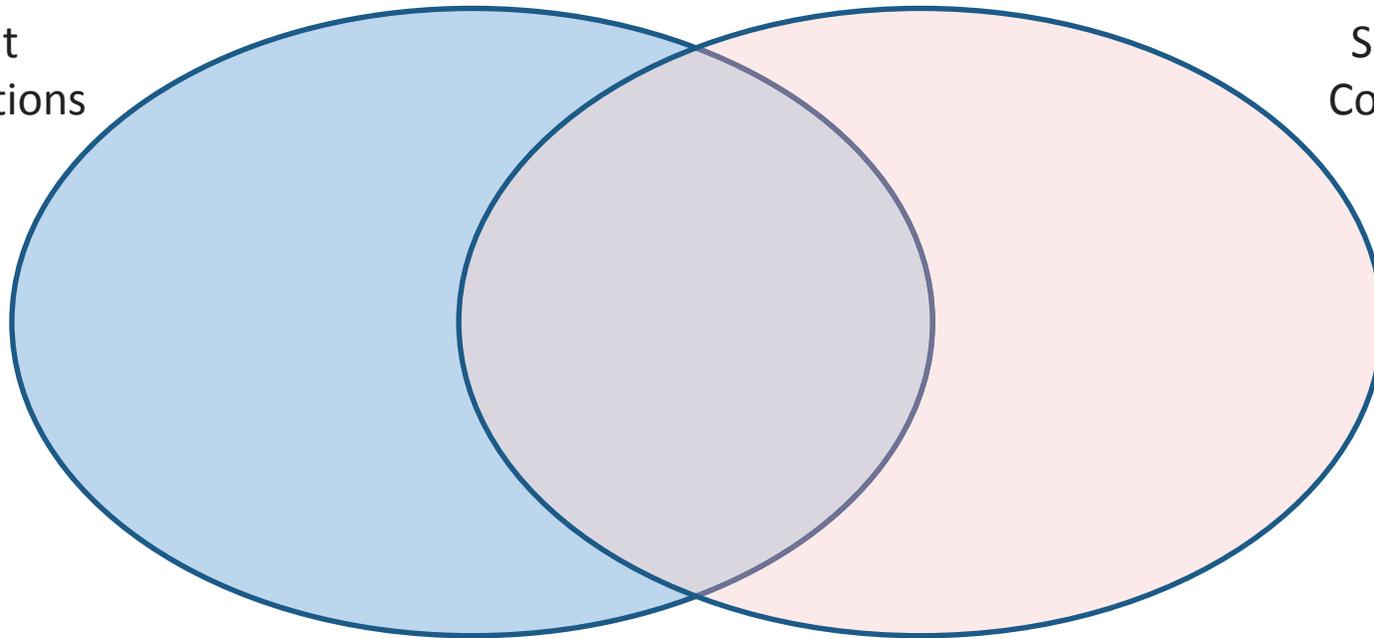
What makes these Challenging Conversations Successful/Effective?

(Flipchart)



What makes Successful/Effective Conversations?

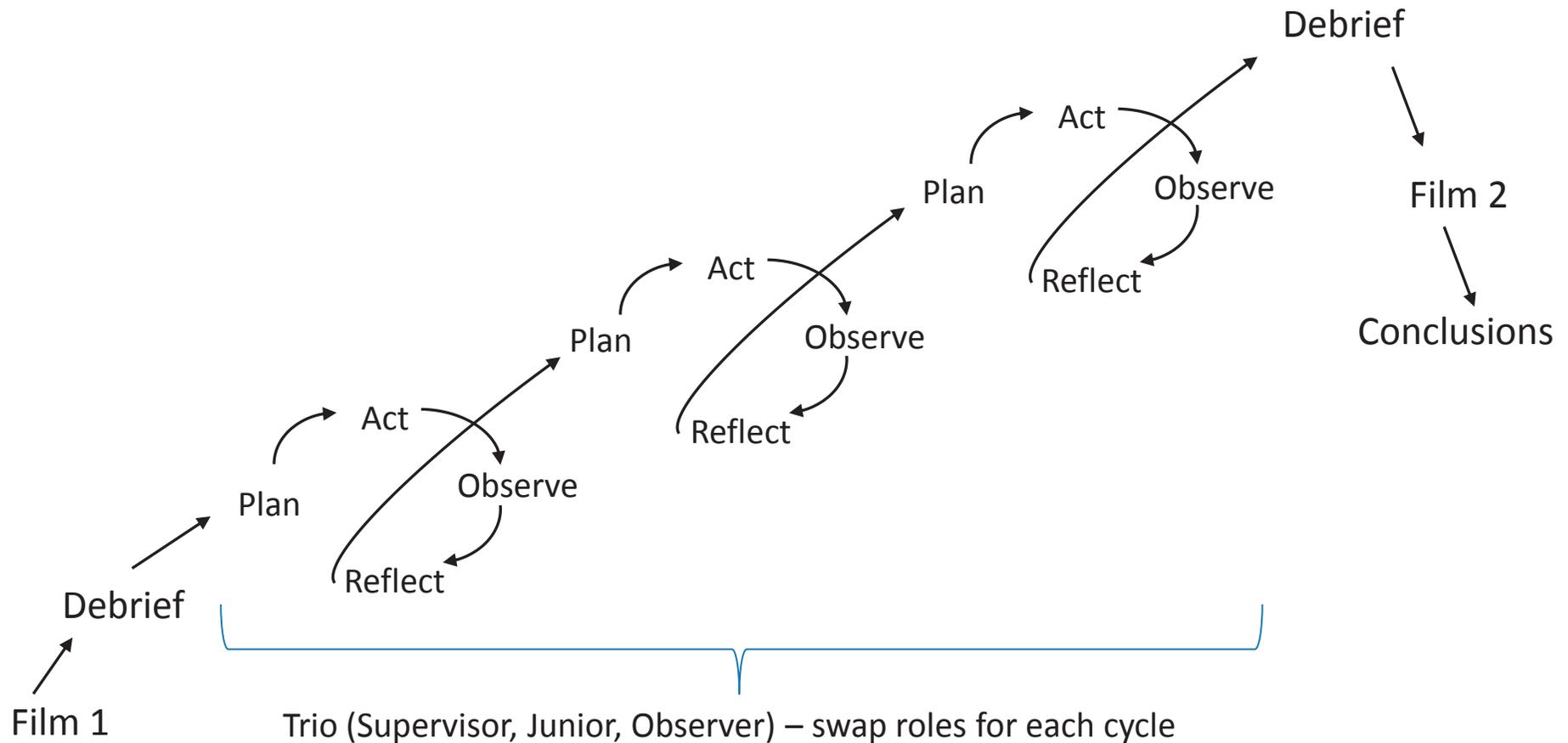
Skills for
Patient
Conversations



Skills for
Supervisory
Conversations



What makes Successful/Effective Conversations?



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



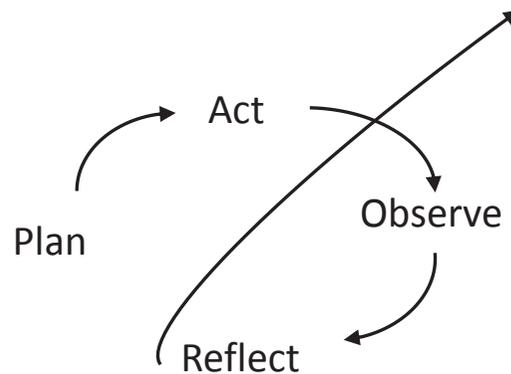
Debrief in Large Group



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)

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



Reflect on Intention: share intention and check to see if this was fulfilled (2mins)

OBSERVE the Interaction:
Supervisor: notice what happens physically when you have the conversation. Share you 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)



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?

What makes Successful/Effective Conversations?

Draw Conclusions in Large Group

(Flipchart)



Clinical Supervision Conversations

PART III: How do I overcome Conversation Challenges?



How do I overcome Conversation Challenges?

What makes Challenging Conversations hard?

(Flipchart)



How do I overcome Conversation Challenges?

Consequences of having challenging Conversations

What if I do?	What if I don't?
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Discuss in Trio



Discuss in Large Group



How do I overcome Conversation Challenges?

Some more Interesting Stats!



Silence Kills Study (US, 2004)

When the Concern is ...	Percentage Saying It Is Difficult to Impossible to Confront the Person
Incompetence	56% of Physicians 72% of Nurses and other Clinical-Care Providers
Poor Teamwork	78% of Nurses and other Clinical-Care Providers
Disrespect or Abuse	59% of Nurses and other Clinical-Care Providers



Silence Kills Study (US, 2004)

When the Concern is ...	Percentage of Non-Supervisory Employees Who Confront the Person	Percentage of Supervisors Who Confront the Person
Competence of a Nurse or other Clinical-Care Provider	3%	16%
Competence of Physician	Less than 1%	Less than 1%
Poor Teamwork	5%	9%
Disrespect or Abuse	2%	5%



How do I overcome Conversation Challenges?

Consequences of having challenging Conversations

What if I do?	What if I don't?
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

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?)

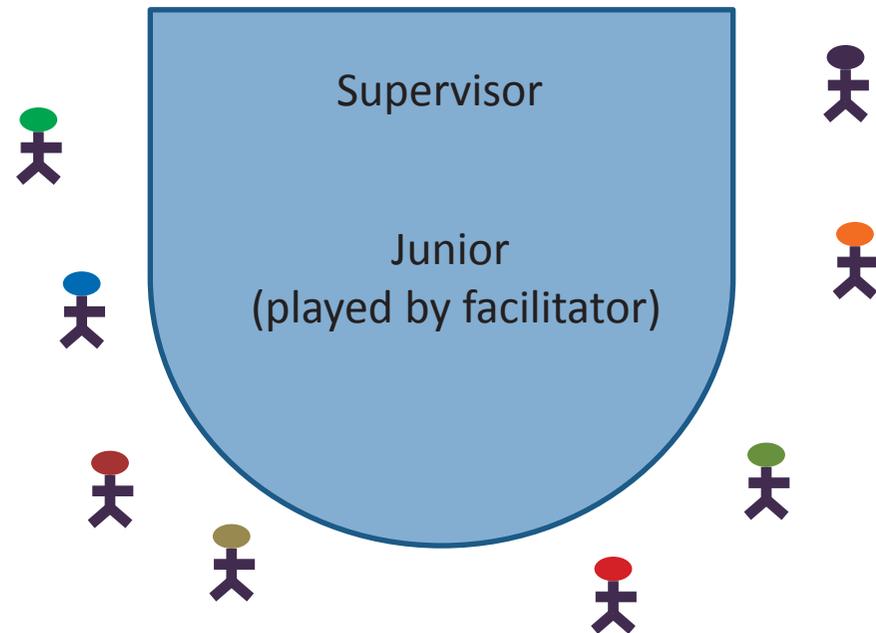
What will happen if you don't have the conversation? (for the other person, for you, for patients, the rest of the team?)

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



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 ?



Clinical Supervision Conversations

Concluding Activity

(cw: Intro Activity)



Clinical Supervision Conversations

Post-workshop Evaluation



Clinical Supervision: Spotlight on Conversations



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