



Quality Conversations Module 2

Welcome Back



Our Learning Objectives



By the end of this programme, you will be able to:

- Identify your listening blocks and agree actions to reduce these
- Describe the science and impact of bias and plan how to minimise this in your conversations
- Complete a personal SWOT and agree actions for improvement
- Identify at least three techniques to help deal with challenges during Quality Conversations
- Confidently use a range of Quality Conversation techniques to improve your clinical practice



Session Overview

- Review of Learning and Challenges
- Listening Blocks
- Assumptions and Bias
- Remote Consultations
- Coaching Practice on Personal SWOT
- Action Planning





What is a Quality Conversation?

A Quality Conversation is a considered, person-centred approach to an interaction which takes into account...

a) an understanding of the factors contributing to and underpinning a patient's health and wellbeing

and...

b) the goals for each person involved in the interaction



Questioning and Listening Levels

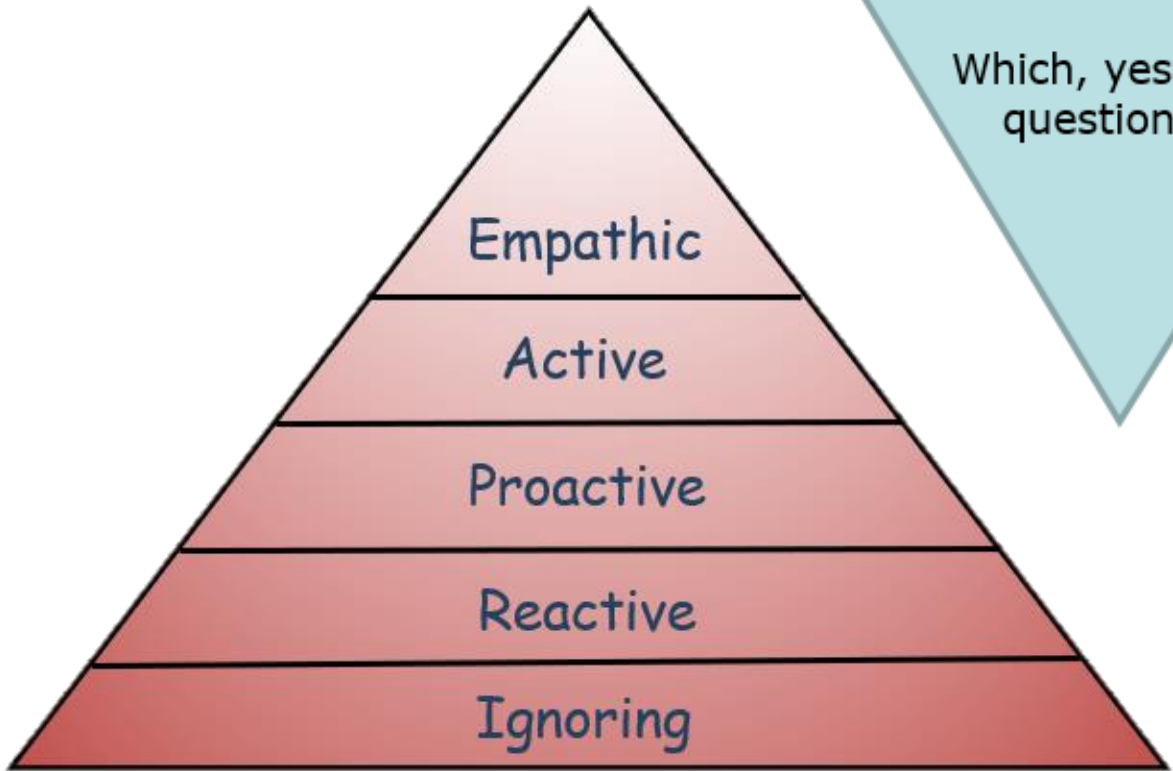
Start with open questions
for exploration

Why? How? What?

Who, when, where?

Which, yes / no
questions?

Probe for
specifics / clarity





Influencing Behaviours

Expressing Views	Exploring
Making offers & requests	Committed Listening
Declaring commitment via feelings	Disclosure
Spelling out consequences	Building relatedness & shared context
Push	Pull


Moving Away





Review of Practice / Learning

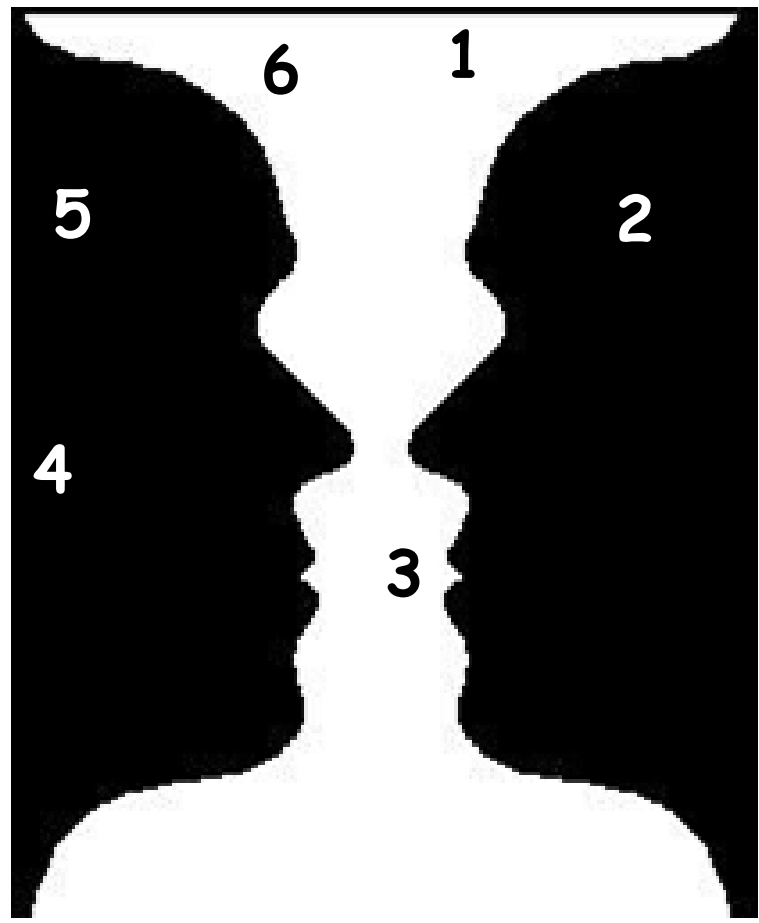
In your groups, please share:

- What went well / not so well as you practiced the Quality Conversations techniques?
- Challenges you experienced or anticipate (with yourself and / or patients / clients)
- What would be a good outcome for this session?

You have 10 minutes



The Communication Process





3 components of Quality Conversations

Understanding ourselves

- Preconceptions
- Distractions
- Prior experience
- Context
- Bias



Understanding the other person

- Preconceptions
- Distractions
- Prior experience
- Context
- Bias



Improving our skills

- Communication
- Listening
- Questioning
- Influencing
- Coaching



*“Let us make a special effort
to stop communicating with
each other,*

*... so we can have some
conversation”*

Mark Twain



Listening Blocks



- I'm looking for an entrance into the conversation
- I don't have time to listen to you
- I have (mis) assumptions about you / the topic
- I already know what you have to say
- I know what you should do
- I must defend my position / I am right and you're wrong
- You don't seem interested / want my help
- I am distracted by other thoughts / things
- I can't see you, so I don't know what you are really feeling



Listening Blocks Breakout Discussion

For your listening blocks, please discuss:

- The cause and impact of each block
- Suggestions on how you can overcome each block

You have 6 minutes and then please feed back



Dealing with Distractions

- Minimise distractions (face wall, close off applications, wear headset)
- Reduce avoidable interruptions and don't multi-task
- Prepare physically and mentally for call – take a mindful moment and adopt positive body language
- Try rapid listening or focussing on mindful breathing if you get distracted

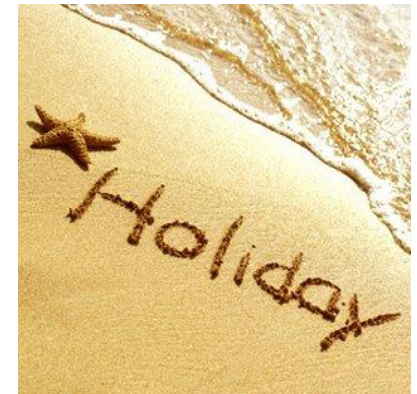


You are talking to a patient about health risks and....

- The patient yawns and looks away
- The patient talks over you and tells you that they are “off on holiday tomorrow”
- The patient looks down at their phone
- The patient says “don’t bother with another leaflet - it’ll go straight in recycling”
- The patient says “thanks for the tip, I will go home and quit smoking tonight”

What would your ‘first’ thought be?...

What ‘else’ could be going on for the patient?...



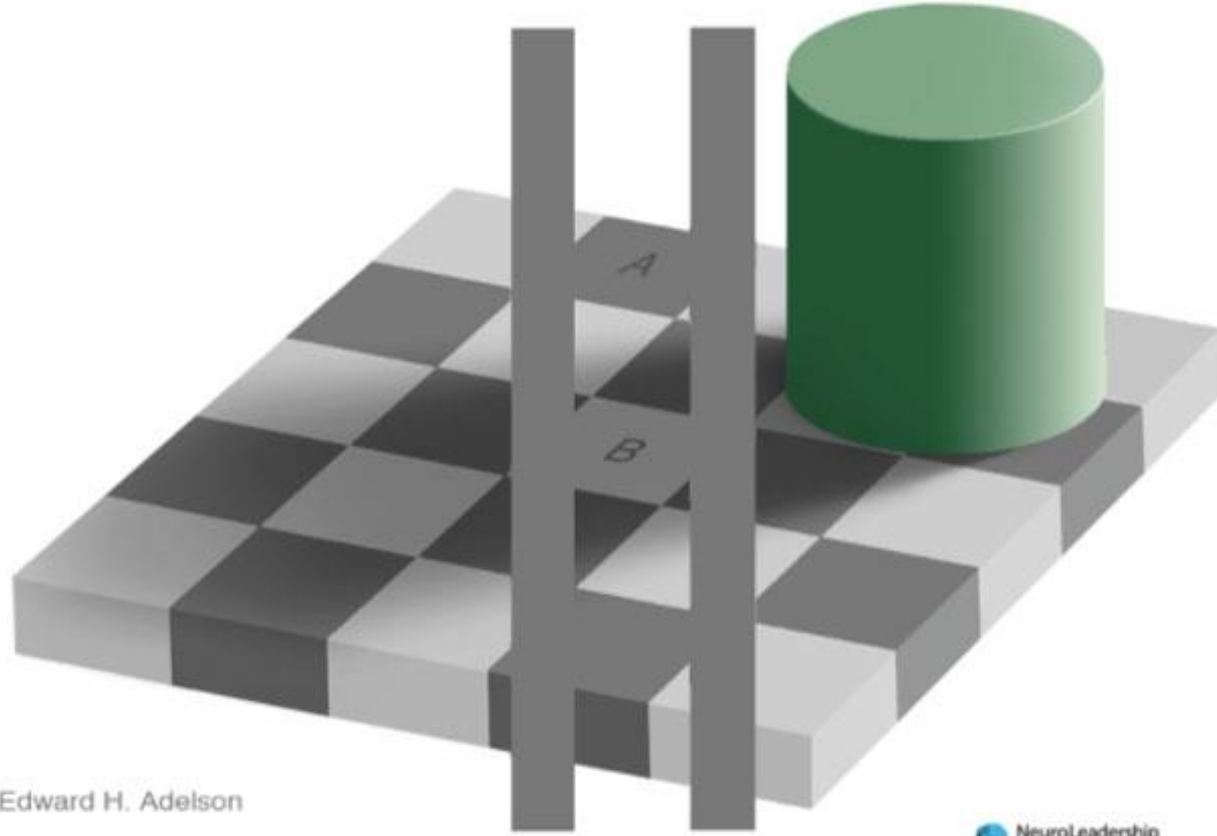


Say hello to...

‘Assumptions and Bias’

Understandable, often helpful, and predictable mental short-cuts that we make to help us process all the information that there is in our everyday lives, and to function in the world (so we are not processing from scratch each time...)

However, they can impact on interactions with patients unless we recognise them and choose to suspend them...



Edward H. Adelson



A father and son had a car accident in which the father was killed and the son sustained serious head injuries.

The son was taken by ambulance to a nearby hospital and immediately wheeled into an emergency operating room.

The hospital's top neuro-surgeon was called. Upon arrival, and seeing the patient, the surgeon exclaimed "Oh my God, it's my son!"

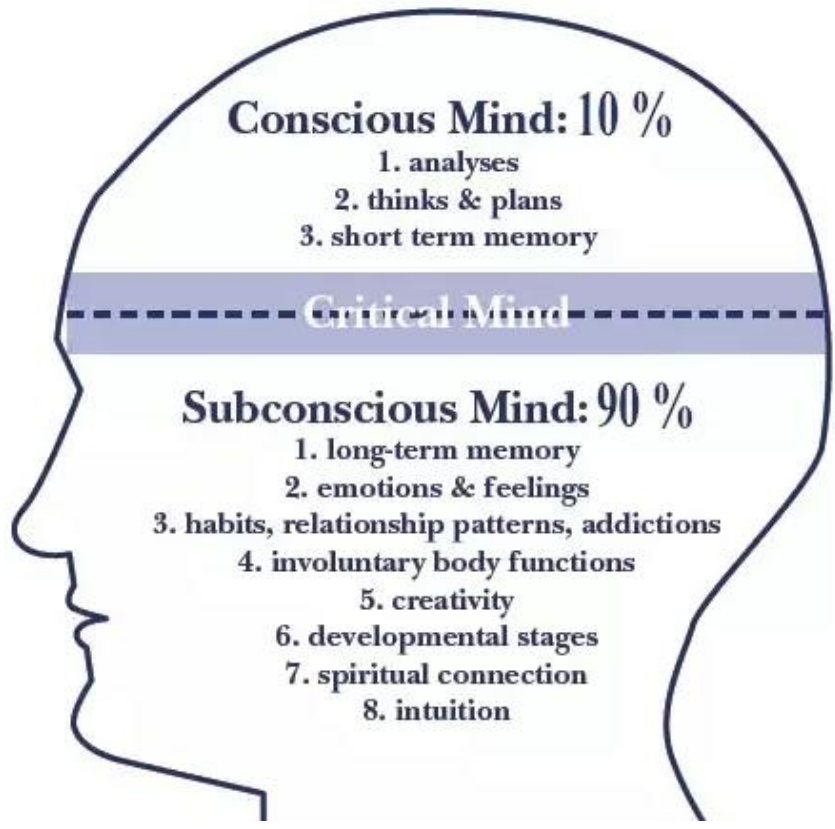
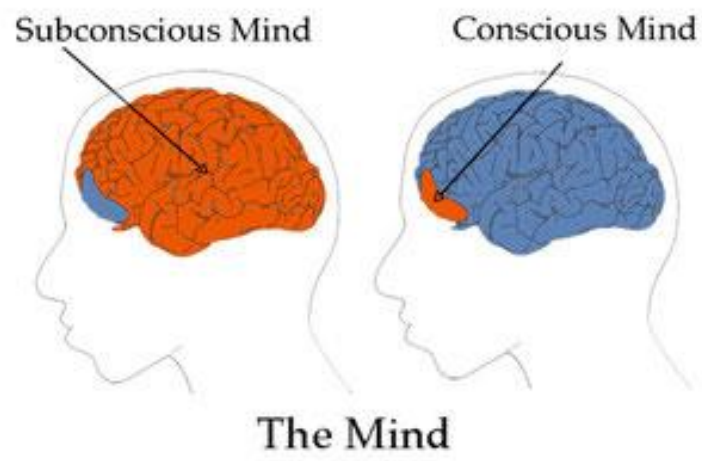
Can you explain this?



The Behaviour Iceberg



Conscious v Unconscious







Functions of Bias and Stereotypes



- **Patterns (good or bad)**

There is too much information out there

- **Social identity / detachment**

They are not like me; it's not my fault if they go through problems

- **Safety**

Bad is stronger than good

- **Self-esteem**

I belong to group X; you don't.
You are bad; you are different from me; that makes *me* good

**Who might drive
a vehicle like this?**





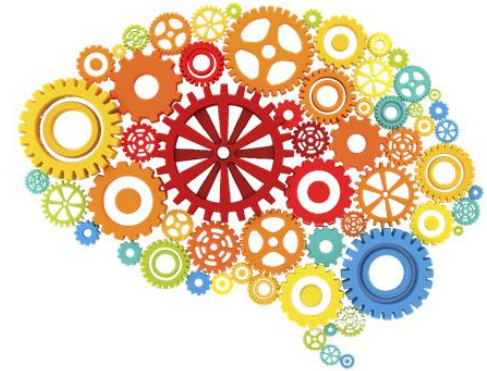
What does this tell us?

- Bias is natural and largely unavoidable
- People are disposed to be biased against people who are unlike them and show more favour people towards who are like them
- People will often not have insight to their own biases
- Situations where people are under emotional or cognitive load are more likely to invoke behaviour driven by bias
- Suppressing or demonising bias makes the problem worse not better, and this worsening is more likely in people who were least biased to start with
- Unconscious bias affects our behaviour in subtle and unintentional ways



Unconscious bias affects us in two key ways:

- It influences how we view and engage with other people and our relationships with other people
- It affects our perceptions of ourselves, our own actions and our decisions





Betari's Box





Breakout Discussion

In your groups:

- Work through Betari's Box with a real assumption or bias that your patient / client might have
- Consider how you can change your attitude / behaviour
- Consider how you might influence the attitude / behaviour of your patient (remember push v pull)

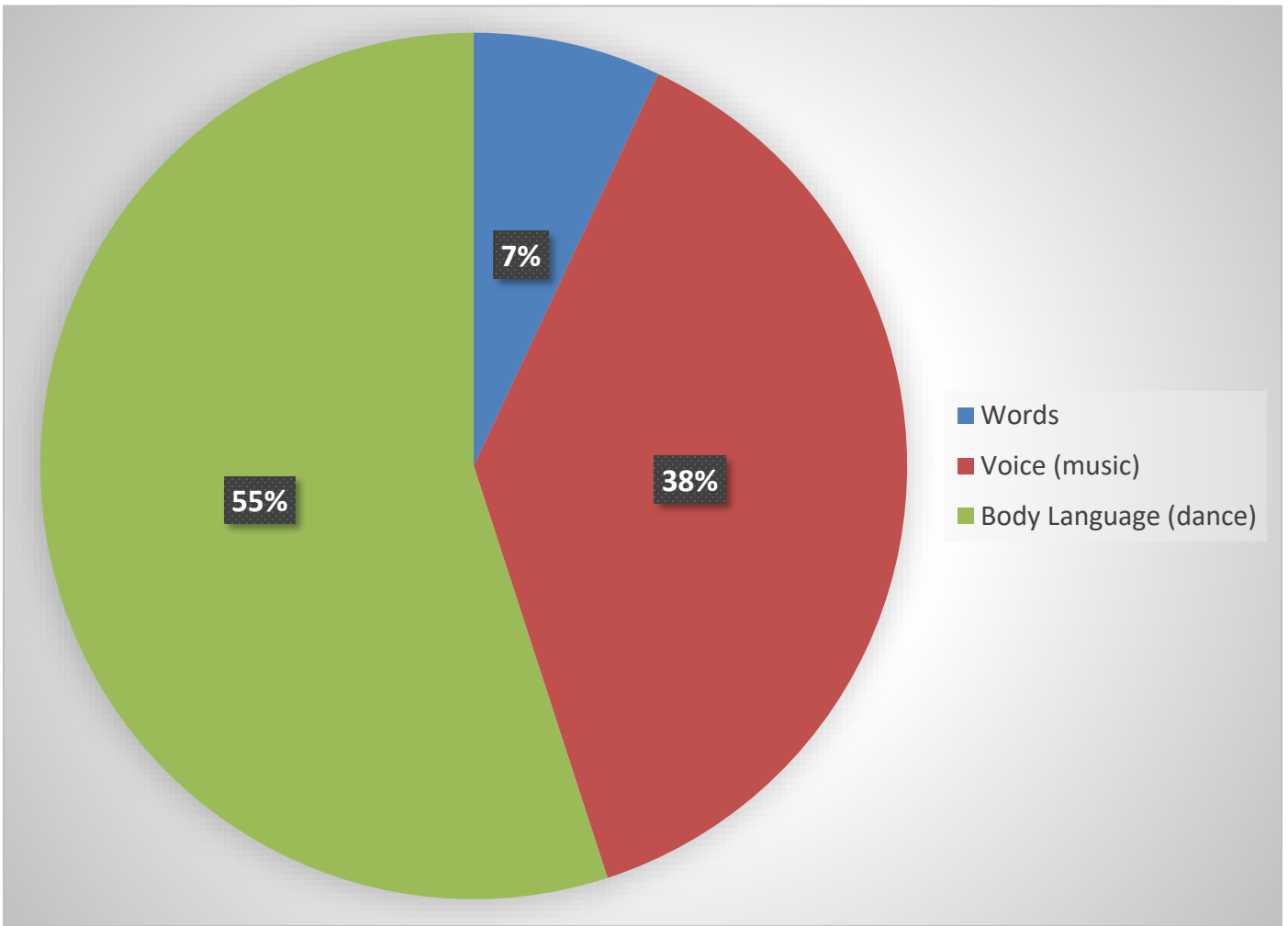
You have 10 minutes



So what is different
and / or harder
about remote
consultations?



Elements of Communication





Sensory Acuity

- The ability to notice the small unconscious changes that happen as our internal state changes
- The ability to follow these changes
- An essential part of the feedback loop allowing us to create rapport elegantly and unconsciously





**FINISHED FILES ARE THE
RESULT OF YEARS OF
SCIENTIFIC STUDY
COMBINED WITH THE
EXPERIENCE OF YEARS...**



A
BIRD
IN THE
THE BUSH



Vocal Qualities

Tone

Pitch

Pace

Power

Volume



Quality Conversations

Sensory Acuity and Calibration Exercise



Maximising Impact on the Phone

- Imagine you are speaking face to face
- Smile and add 20% energy to your voice
- Observe and match vocal qualities to build rapport
- Pick up on verbal cues / subtle changes – close your eyes if it helps
- Slow down – they may need more time to process over the phone
- Use listening noises, summarise and pause
- Be aware of / manage you listening blocks



SWOT Revamped

<p><u>S = Strengths to build on</u></p>	<p><u>W = Where I can improve</u></p>
<p><u>O = Options for development</u></p>	<p><u>T = Things I will do</u></p>



Coaching Practice and Review

To help you complete your personal SWOT:

- Identify one challenge you want to work on
- Coach each other on your challenge
- Make 2 – 3 personal commitments to action

You have 15 minutes (7 minutes coaching each)





Evaluation and Follow Up

- Complete the online evaluation for Module 2 including three situations (link in General / Posts or scan the QR code)
- Complete your SWOT and work on your 3 personal commitments
- Use all available resources to support you
- Keep practicing and consider if you would like to become a peer coach





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Information to support your conversations

- **Information available on central website**

<https://my.dchs.nhs.uk/Public/DCHS-Quality-Conversations>

(which will be moving to JUCD soon)

- More information about the programme
 - Access to the slides and support pack
 - Information about related issues (e.g. social determinants of health)
 - Where to signpost people
 - How to help people to begin to make lifestyle changes
- **Peer Coach Network**
 - Gain ongoing support and additional training
 - Support your colleagues and champion use of Quality Conversations



Quality Conversations

Thank you and good luck!