

Civility in the Workplace and its Impact on Patient Care

PART THREE; Calling It Out With Compassion

Full Transcript

[0:14 - 0:48] So I started thinking about this a number of years ago, did some work with the Royal College of Physicians and Surgeons in Ireland, and we were looking at how people might hold discussions with each other around negative behaviours. And we'd been thinking about it, and this is really evolved a lot from where we were at when we first started. And it kind of came to the fore when a guy called me up, and he called me up, and it was Tuesday, he called

[0:48 - 1:25] me up, and he said, I've been asked to phone you, and I didn't know him. I never met the guy but I'd heard of him, and he was famous surgeon. So famous in our medical world...wouldn't be famous outside of it, but he was a famous surgeon. And he said, I've been told that I need to phone you and talk to you. And you know when you're speaking to somebody, and you think, oh you're not right, you're not okay, and I thought this guy's not okay. We spoke for a wee bit, 10, 15 minutes, and what I said to him was, listen,

[1:25 - 1:55] do you want to come to Birmingham and have a chat? He wasn't a million miles away. We arranged to meet, we met that Thursday, and this is what he told me. He came to see me and he said, well, he said, I've been, been sacked, and I said, what happened? Well, I've been sacked and I've been told I need to come and speak to you. And that's a bit weird, because that

[1:55 - 2:35] happens a bit in my life, but not very often, and that was probably the first time that it happened. And he told me a story. And basically it goes like this, the previous week, he had just had a normal week, and then on the Friday he got sent an email. He was working for a private provider, so the rules of how we employ in the NHS is different in the private employers. He got an email on the Friday saying, hey, it didn't say hey, it said, dear, and Monday,

[2:35 - 3:09] when you come in, can you come in and we've got a meeting with the managing director in HR and you can bring a representative? There's your weekend, gone right there, isn't it? But he didn't think there was anything going on. He had no idea what this was about, and he thought things were fine. So, he had an okay weekend, and it tells you a little bit about him that he had an okay weekend, because most of us would have had a pretty bloody awful weekend there, but he didn't, he had an okay weekend. He knew there was nothing

[3:09 - 3:40] to do about it, and he came in on the Monday, and he had his meeting and they sat him down and they said, hey, you know that we've been doing an investigation,

and he knew that there was an investigation going on. Well, we've finished it, and we have to tell you that we're really, really disappointed in you. You're not a good professional, and we're

[3:40 - 4:00] not sure we want you to work here anymore. This was out the blue. This is exactly the same as it would feel to anybody in this room if we got that email and then turned up. He had no clue, and he did what people do, and we call them unprofessional. What do you mean?

[4:00 - 4:26] Unprofessional, and he got into it with them, and then they pulled out the dossier. 20 plus pages, of why he was not a guy...from the people he worked with. And it would not be unreasonable to say that he, in a professional sense, loved these people. He thought they were amazing.

[4:26 - 4:59] He invited them to his house. They had barbecues. He thought they were great. They didn't think he was great. And they documented all sorts of things in there. I'll tell you one little bit of it. So he's describing this to me. And they talk about him being intransigent, and him coming to work and he insist that everything is done exactly the same way every time it has to be his way or the highway, and how we have to have him and have to have patients

[4:59 - 5:31] in the right order in the beds. And I'm talking to him. And he goes, but there's a reason why I see the patients in that order. He says, and I remember it because it's really, really powerful bit of the conversation. He said, because I go and see them and I open their file and I talk to the patient, and then when I go to theater and I'm operating on them, I open the file in my head again. And I think about it, and I see them in the order that I am going to operate on. And what he was doing was rehumanizing the bit of anatomy

[5:31 - 6:06] that he was operating on, and he was doing it through this act. And he developed this for himself over years. People around him didn't know that was what he was doing. The people around him, for the nurses on the ward, this was just a guy who insisted on doing something one way, never explained it, and it just felt awkward and difficult. There was lots of other stuff. This guy's reputation his theme tune...he wasn't a shouter, wasn't overtly aggressive, but he managed to scare people. They just didn't like working with him, and they

[6:06 - 6:36] felt intimidated by him. And they found lots and lots of stuff that fitted into that kind of category, and that's, they ended up sacking him. And I did something that weekend that I never, I phoned him twice at home, because I was so worried about him that I thought he might harm himself, and I wanted him to be aware that somebody cared about him. And

[6:36 - 7:08] you know, he has a family, and they would be caring about him, but I wanted him to know that somebody external understood that this was distressing for him, and I made contact a couple of times over that weekend. And things, things have worked out for him gradually over years, and he's now in a much, much, much better place, and we'll come back to him later on. What happens in the background in your place of work when you get somebody who behaves

[7:08 - 7:35] negatively, when you see somebody who's behavior, somebody who's incivility, it may be anything, but it's negative behaviors, because I'll tell you what happens in my place, when it happens to somebody, somebody goes and speaks to one of their colleagues, they go and have a conversation about it, and you could call this gossiping, but it's not, it's sense-making.

[7:35 - 8:12] We know that we make better sense of this messy stuff when we talk to other people, so we go to somebody and we talk to somebody we trust. We have a conversation in what's really interesting, is if this guy had a stellar reputation and a fantastic theme tune, when somebody spoke to somebody else about him, the other person would have said, nah, that's not him, he wouldn't have meant that. Do you know what if his reputation was good enough, do you know what that other person would have then done? They would find him and checked on him, and checked that he was okay, but you chip away at this stuff, chip away at it and

[8:12 - 8:23] you develop your legend, the theme tune, and what happened to him over the course of many years was that his reputation went down and down and down with the people that work with.

[8:23 - 8:56] He still did good work, but people didn't like working with him. And in my place, what would then happen is, if you got hacked off enough, you would end up going to somebody in the line management structure, somebody above him. You go and speak to them and they say, yeah, it's really interesting. What I need you to do now is put it down in writing. Do we put it down in writing? We don't put it down in writing because we know what happens once you put it down in writing. that end up with frequently with HR, frequently with the whole formal grievance thing and formal grievances are a disaster. 85% of people who take out of formal grievances are unhappy with the outcome of formal grievances, and it doesn't matter which side of it they're on. Supposed victims or supported perpetrators, and it goes on for months, sometimes years, and they are damaging to people.

[9:30 - 10:03] So people know they don't want to get into that kind of zone, so people don't do anything about it. But then what happens is more and more people talk about it, and eventually you get into this place where enough people are talking about it that perhaps a whole bunch of people will go to HR, one person goes to HR, and HR's

response in my place is this. Two options. You could take out formal grievance, or we can teach you how to speak truth to power. We can teach you how to have

[10:03 - 10:37] difficult conversations, crucial conversations, essential conversations. We can teach you how to do that, and we grab it because we want that personal mastery. We want to be able to go and tell this person who's not treating us well, that we don't like the way that we're being treated. We get the training, and then everybody thinks that we've gone and done it, but we haven't. People don't go and have these conversations, and the reason that they don't go and have the conversation relates to the previous lecture. So when somebody treats us badly, we believe by 90% certainty that they

[10:37 - 11:03] intended to treat us badly, that's what they were trying to do. So if in our conversation, we go and talk to somebody and we say, by the way, the other day, you know, when you spoke to me, that really hurt me. What you're effectively saying is, by the way, the other day, when you tried to hurt me, it worked. That's empowering your aggressor. Only masochists empower their aggressor.

[11:03 - 11:40] So people don't do it, but we think they've done it. And now this guy goes and he does the same thing again to somebody else, and everyone's gone, oh my god, he's already been told and he's still doing it. And you know those people in your workplace who, the people with really terrible reputation that everyone goes, well, they must know what they're doing. Everyone thinks they've been told. My experience of this is that many of them have never had the conversation. It's gone on for years, and people just assume it's a deliberate act on their part. So we don't tell them, and the

[11:40 - 12:15] behavior gets a bit worse, and a bit worse, and a bit worse. And just as an aside, what do people want from the process of calling this stuff out? I've got 10 years of governance of dealing with people who are complaining, and a bit less than that in terms of this stuff of people talking about staff and staff behaviors, and there's a remarkable similarity here. If you ask patients and

[12:15 - 12:27] relatives who are complaining, or staff members who are complaining about another member of staff, if you ask them what they want at the beginning of the conversation, they are pretty consistent.

[12:28 - 12:59] They want the other person to be punished. They want if they're patients from relatives, they want somebody struck off, I want that person struck off. If they're members of staff, they want the other person to be hurt, like they have been hurt. Like they have felt, they want them to feel like they felt, but there's something we can do when people come and talk to us about

[12:59 - 13:32] these negative things that changes it. It's listening. It's giving people the time and space to tell their story, and if people come into the room and they start to tell us their story, and we effectively shut up, and listen to them, and we let them talk, and we let them talk, and we let them talk, and we say, tell me more, that sounds horrible, tell me more, and they get to the end of it. They get the end of telling their story. There is a complete consistency about what people say at the far end of it, once they've told their story. If I say, what do you want from this? They say, I don't want anybody else to go through what I went through. That's what they say. And I can totally work with that. I can work with, I don't want other people to go through this. I can't work with, I want them struck off, or I want somebody to punch them in the face. It's about moving from an expectation of a retributive response to something that is restorative,

[14:08 - 14:38] and in governance, in healthcare around the world, there's a movement from a retributive governance perspective to something called restorative just culture. A restorative just culture is a way of respecting people within the process, all people within the process, and trying to understand it a bit better, and it has much better outcomes. I'll just tell you a little trick that I do when I'm still meet people for complaints, sometimes. I don't do this if it's a member of staff,

[14:38 - 15:10] complaining about staff, but if I go in for a meeting with family about a complaint, I check that they've got a smartphone on them, of course they have, everybody has one, and they always record. Can we find the recording feature? You put on the table and you can record this meeting, and record what we say so that you can listen back afterwards, because I know that right now you're pretty distressed with what's going on, you might even forget bits or whatever, but you record this, and it serves two functions. Firstly, it gives them the information of what we talked about.

[15:10 - 15:42] The second thing is it is a real reminder to me to shut up and listen. Sometimes you're tempted, you hear somebody say something, you want to come on, that's nonsense, there's no way we did that, but as soon as you say that's nonsense, there's no way we did that. You're into a fight about people's truth, and actually what people want is to be heard, and so we talked today about

[15:42 - 16:17] why we should call out, because it's having an impact on people's ability to perform, and that's important, but there's more than that, because there's other evidence around this, and I'd just like to talk for a minute or two about a piece of work done by Dan Katz. Dan Katz is an anesthesiologist in New York State, and it's from about five years ago, and this is a bit of work about surgeons and anaesthetists. Only it's not about surgeons and anaesthetists. You just get money to study surgeons and anaesthetists. I don't for a second think this is that they're unique, this relationship is unique, and it's really important that we don't think that this is about surgeons and anaesthetists. I actually feel incredibly, sorry is probably the right word for surgeons

around this stuff, because surgeons are measurable. They are measurable in a way that most of the rest of us are not measurable, and I'm nearly impossible to measure. You can measure how many patients come

[16:48 - 17:25] through the department, but the quality of my decision making is actually really hard to measure, but the quality of surgical outcomes is relatively easy to measure, so people measure it, and it can end up looking like we think surgeons are bad guys, and they look all this terrible surgical stuff, and it's a function of being measurable. So what Dan Katz did was he got money, because you get lots of money to study relationships, between surgeons and anaesthetists and safety and stuff like that, and he looked at what happened in simulations of major hemorrhage,

[17:25 - 17:58] massive hemorrhage in theatre, and what happened was the anesthesiologists, so these guys were at the end of their training, they were just finished training, they were about to fly solo, so they made them all the same level, and they went into the operation, and then in every one of these simulated operations, massive hemorrhage happened, surgeons tried to stop the bleeding, and the anesthesiologist is resuscitating the patient, and they videoed them, and then they got three people to watch the videos,

[17:58 - 18:32] three anesthesiologists, so senior ones, to look at the videos and say, did these guys perform at the level we expected them to, and the anesthesiologists went into two groups, one group had a completely polite surgeon, just straight down the middle, old-school polite, the other group got a slightly rude surgeon, and I'm not talking about a scalpel chucker here, I'm not talking about some

[18:32 - 19:07] screaming shouting, and certainly not the stabber, no, not that stuff, what I'm talking about here is just the surgeon, come on, come on, can you not just hurry up, get it, go and get it, go and get it, go and get it, go and come on, that sort of stuff, this is not high level really aggressive offensive stuff, and what they found, they looked at the percentage of the anesthesiologists who were performing at the expected level, and what they found was that when they had a polite surgeon, it was just over 91% of people were performing at the level expected, and when they had the slightly rude surgeon,

[19:07 - 19:44] it was just under 64%, and the p-factor in this, p-value is 0.007 if you're into p-values and I do quite like a p-value. So a wee bit about me, I used to teach diagnostic statistics, and I did it for years, and I've moved so far away from that stuff now, I think we make impact in QI, not in research these days, but still quite like the numbers, and that's fine, that's

[19:44 - 20:16] cool, this just reinforces the stuff we've talked about before, it's not the interesting bit of the study for me, interesting bit of the study is what Dan Katz did next,

and he asked the anaesthetist, I'm going to the anaesthetist, he asked the anaesthetist, he said, did you have the rude surgeon or did you have the polite surgeon, and they got it right, they knew if they had the rude surgeon or not, and then he asked the kicker question, did it have an impact on your performance, and they said,

[20:17 - 20:54] no of course not, I'm a professional, but it did, it did have an impact on their performance, the important thing about this for me is that we think we compensate for people's behavior, and actually we don't, we don't do it that well, so we can't really just go well, we're going to manage it, we're going to manage it in the moment, it's something that we need to think about before it happens, we need to think about stopping it being normalized in our environments. We have kind of

[20:54 - 21:26] mentioned this, why don't we call it out when it happens to us, when it happens to us, the reason we don't call it out is in the moment we're diminished, in the moment we're actually sense-making, we're going what the hell is going on here, and we're doing it with our 61% of our bandwidth crushed down, so it's like a less good version of us trying to understand what's going on, and we don't call it out, and we don't call it out when other people are doing it for similar reasons, we're trying to understand what's going on, some things are so obvious that they're easy to step in

[21:26 - 21:57] on, but most things in life are actually a bit hard on that, there's a big movement towards bystander interventions, and bystander interventions are really interesting, because most of the work that was done on bystander interventions, that shows that it works, is done on American college campuses for sexual assault, if you witness sexual assault intervening, the thing about sexual assaults is pretty obvious, most of the time it's pretty obvious, it's something really bad that's happening,

[21:57 - 22:34] the stuff that we're talking about now, we're not quite sure what's going on a lot of the time, we're trying to work out if this is okay or not okay, why are they treating each other like this, what's going on, there's an awful lot more processing going on, and people find it very difficult to intervene in a challenging way, there are some things we can do, the bystander stuff of diverting people, and the bystander stuff of taking somebody else out of it, that's stuff we can do, but actually challenging it and the moment really phenomenally difficult, and just a word,

[22:34 - 23:08] a word or two on triangulation, we are seduced by triangulation, something bad happens and we try and find out all the different perspectives on this bad thing, but the thing that we're doing when we triangulate is we're trying to prove, we're trying to prove this was a good thing or bad thing, usually a bad thing, and that's because when we give somebody information, we want to be in a position where we can absolutely prove that that was the situation, because we want to be right,

[23:11 - 23:41] thing is this stuff is totally interpretable, a lot of this stuff is, so you'll be right from one perspective but not from another, and triangulation is the situation that ends up with my guy, that was telling you about, him coming in and people saying you're a bad person and you're unprofessional, so triangulation is not really our friend here, but it does make us feel held a lot more comfortable if we are having to go into a meeting with somebody and we want to

[23:41 - 24:14] tell them that they're not good, we want to be able to prove that they're not good, it doesn't help our cause particularly. Alright so far so negative, but it turns out there's something that works, something that's proven to work, and you've had this picture already but there's a reason why it's back up here, this is a picture and there's no way you'd be able to tell this, but this is a picture of Shulie

[24:14 - 24:45] in Chicago, and we went to Chicago and Nashville on holiday, this was about six years ago, and we went to Chicago and Nashville on holiday, and at this point you might begin to understand why Shulie was so annoyed with me that particular night, because I'm probably not a brilliant person to be married to on some levels, but she wanted to go to Chicago and Nashville, that entire holiday was based around a one hour meeting, in Nashville at Vanderbilt, guy called Jerry Hickson,

[24:47 - 25:18] and I'd become aware of Jerry Hickson's work, he's a pediatrician, I'd become aware of his work a few years before, and Jerry Hickson had said, I think we're getting this wrong, I think we approach this the wrong way, I think we create fights, and I think that we can do a lot better in terms of letting people know that their behaviour has undermined a culture of safety, learning, or excellence. What Jerry

[25:18 - 25:48] Hickson said was what if we didn't get the victim to have the conversation, what if we assumed in the positive...back to Dr. Becky? What if we got somebody to go into a room and explain to somebody that their behavior had landed badly, but not necessarily have the victim to do it at all? I've just said

[25:48 - 26:24] we're just sharing this information, and what Jerry Hickson was talking about was a second messenger system, and I went to see him, and he was grace itself, and I have to tell you I have no regrets, no regrets about that all day doing that, bloody brilliant, not one hour in Vanderbilt with this guy actually turned into two and a bit hours, because he was like people are, he was gracious with his time, and we had a wedding to go to in Nashville as well as it turned out, and I did learn something

[26:24 - 27:01] at that wedding in Nashville, I told you my family are all Muslim, and we had a Muslim wedding in the deep south of America, and I learned all sorts of things about myself in that wedding, firstly that I should have tried my bloody kilt on before I got on the plane, because there was 20 minutes of extreme struggle to get into it, and the second more important thing was that I only cope with large family gatherings

through music and alcohol, and if you remove music and alcohol from large family gatherings from me, they are torture, so anyway, so I went to see Jerry Hickson

[27:01 - 27:32] and spoke to him, and I'm going to tell you the numbers that he told me when I was with him, at that point they were running their system in 150 to 200 hospitals, and they had recorded 37,000 of these cup of coffee conversations, after a single cup of coffee conversation, only 2000 people repeated their negative behaviors, those 2000 people

[27:33 - 28:13] had another cup of coffee conversation, we're going to talk about that in just a minute, this time with a 360 about what it was like to work with them, so that they couldn't say it was just one person who was vindictive, and then they were down to 267, that 267, that was the first level at which there was an authority intervention..., 37,000, 2,000, 267... the other interventions were peer-to-peer, they were us talking to each other, it's not HR, it's us, and he talked me through

[28:14 - 28:51] how they do it, now there are bits of the ways they do it, that we couldn't replicate in the UK, they tried to do it, they tried to do it, and I think it was in Milton Keynes Hospital and it just didn't work, and there's a bunch of reasons why it didn't work, the big one is probably we don't really trust HR, we don't trust HR to be involved in this kind of conversation and to be recording the stuff in the background, but we, and there are some employment law issues as well, so we looked at this, and we subtly, and it's relatively subtle, subtly changed it so that it worked

[28:51 - 29:09] for the culture in the NHS where I work, and I think in many respects, from talking to people in the last few days, I think there's a lot more in common between the culture in Britain and Canada than perhaps there is between Canada and the USA about a lot of this stuff, so what did they do?

[29:10 - 29:43] Oops, wrong direction, Shulie again, so the first thing is a second messenger system is not the victim talking to the person, the second messenger is somebody else, an identified person who will go and have this conversation, and there are some meta principles, I'm going to talk them through and I'm going to build a slide in the next 10 minutes or so, the meta principles, firstly it's a second messenger having it, but here are the three meta principles, one,

[29:44 - 30:21] conversation is going to be had with compassion, when I go into a room and do this with somebody, I care about the person I am talking to, this is the supposed perpetrator, I care about them, if I don't care about them, I'm not the right person to go into the room, because we know that people who are distressing people are often highly distressed themselves, once you scrape at the surface, so I'm going to care about them second thing, is I am not going to judge them..... with compassion

[30:21 - 30:54] without judgment, I am not going to tell somebody that they're bad and I am not going to tell them that they are unprofessional, because the second you tell somebody that they are bad or that they are unprofessional, that's your conversation, it's all about perception, that's what they push back on, you don't get to move forward with lots of people, so with compassion without judgment, and the third bit, the third bit is probably the most recent part that we've got to, and we've spent a lot of time thinking about this, a lot of people, and it's the reframe of the conversation, we're not going

[30:54 - 31:29] to think about this as a difficult conversation, as a crucial conversation, even as an essential conversation, it is, of course, partly all of these things, but we're going to think about this conversation as something different, it's this, I am going to give somebody else a professional gift, I'm going to give them the professional gift of the knowledge of how they were encountered by somebody else, and I'm not talking about how they were trying to be encountered, how they were encountered, and if they understand that how somebody else feels after an interaction

[31:29 - 32:04] with them has an impact on their performance, they're very likely to listen to that, so that's the meta concepts for this conversation, with compassion without judgment, I'm going to give them a professional gift, and the way that we do it, and we teach people to do this really quickly, little framework to think about when we're having the conversation, and it goes like this, we're going to check in, we're going to raise a flag, we're going to land the information, and the check

[32:04 - 32:35] in goes like this, I'll go into somebody's room, and I'll check in with myself first, and I'll come back to that, I will make sure that I am not going in there with anything bad in my head about what I want to do to people, because sometimes we do, sometimes we're angry at somebody, and it just comes across and it destroys the interaction, so I check in on myself, but then I check in with them, say, how are you? They say okay, most people say okay, then say no really, how are you?

[32:37 - 33:11] I pause, the last time before when I did this, I said to the guy, how are you? And he said fine, no really, how are you? Eight and a half minutes later, he was still talking, he was not okay, really not okay, this is a guy who was massively overloaded at work, there's all sorts of stuff going on, he didn't really have a work buddy, and his mum was dying, he's just a guy who was at the end of his tether, and sometimes people when you talk to him at that

[33:11 - 33:44] point are so not okay that we end up stopping the conversation and direct him in another direction, because we're not their therapist, we're very clear about that, we send them to their GP, we send them to occupational health, maybe their line manager, and say I'm not sure you should be at work, it should be their decision, but

this guy was not far off that, but I was okay with keeping having the conversation, so that's the check in, and the next bit is landing the information,

[33:45 - 34:16] and when.. not landing the information... raising the flag, I'm so sorry, when I'm raising the flag with them, it's really important that I'm doing it without judgment, and making sure that I'm raising the issue, because what I'm doing is giving me a chance to think about it, and in this case it would be... So, Paul, what happened with you and Jane this morning on

[34:16 - 34:48] the ward rounds, something happened, it's pretty clear something happened, and sometimes people surface it and they go, oh yeah, you know, oh god, I made this joke, and I realised after that it could have sounded misogynist, but I don't think she heard, actually, Paul, she heard, and when people hear that somebody else heard it, a lot of folk, and nobody knows what the stats around this are, a lot of folk move into what is called service restoration mode, once it's become

[34:48 - 35:23] real, once you can't deny it, because you've heard it, you go...oh, okay, do you mind if I leave and go and speak to her, because we don't want to be that guy, we think people want to be that guy, that they really don't want to be that guy, and once they hear it, they go, oh crap, I need to do something about it, but most people say, no, it was fine, normal, and of course it was for them, it was a normal interaction on their part, so then we're going to land the information,

[35:24 - 35:59] and the landing of the information is really carefully constructed, and it's very short, because I can't remember what the name I gave to the person that Paul was talking to, but it goes like this, so Paul, after you spoke with Kate yesterday, she was really upset, and I know that you'd want to know, full stop, it's done, I have just taken a piece of

[35:59 - 36:35] information that Paul didn't know, and I've given it to him, and I've given it to him without judgment, and I've given it to him in his compassionate way as I can, and I have not called him bad, I've not called him unprofessional, I've given him piece of information that is unambiguous, this is also not saying he tried to do it, because I don't know if he tried to do that, I'm kind of assuming he didn't want to do it, and it's that information now, and his responsibility, his professional responsibility to do what people do with it, but he can't do it, say I didn't know,

[36:36 - 37:11] or I don't know, because it does now, one of the interesting things about this is we know that there are some people who do deliberately cause distress to others, but don't talk them, we don't tell them about it, because it's a really uncomfortable conversation, but when we do it this way, we can tell them, without judgment, with

compassion, but they can't deny it, they can't deny knowing it, because they've been given it as a professional gift, and that landing of the information, I think for me that's knowing that it can be short, and that there's no parenting, there's no

[37:11 - 37:46] and what are you going to do about it, there's no "and you're a bad person", it is trusting in our colleagues that when they hear this, they will take it on board, and they will choose what to do with it, it's really powerful, now we kind of want to tell them what to do, sometimes they'll ask us what to do, but as far as I'm concerned, see that full stop that bit you know after you spoke with Kate yesterday, she was really upset, and I know that you'd want to know. Full stop, my brain is powering down

[37:47 - 38:22] at that point a little bit, cause I've done the thing that I came to do, I've let somebody know, they're going to talk, but it's really powerful, and there's a couple of other bits to it, one of the bits, and I've mentioned this to you before, the personal check, and I've what am I trying to do here, because if there is any bit of me that wants to hurt somebody, I don't do it, I let somebody else do it or I give myself the time that I need to go back in and do it in a compassionate way, because people sense somebody trying to hurt, and the other bit, the other bit is

[38:23 - 38:58] if we have time asking the permission of the person for us to have the conversation, because if I knock on the door and I say to somebody, it's okay if we have a chat, and they say yes, they've had a degree of control over this, and we know that people listen better, if they feel like they've had a degree of control over whether or not this conversation is going to happen, if they say no, I do two things, the first thing is a check-in, are you okay, because if they can't hold the conversation just now, things might be really shit for them,

[38:58 - 39:30] and I just want to check in on them at that point, and the second thing as I said, I'll say, when's going to be a decent time, because the conversation is not going away, you don't get to not have it by saying no. You don't always manage to get permission sometimes, so last two times I've done this, one of them I had a chance to get permission, knock on the door and I said to my colleague, said hey, is it okay if we have a chat, and she looked up at me, we've worked together a long

[39:30 - 40:01] time, she said "Yeah Chris come in, sit down, I know that I'm not going to be happy about what you have to tell me, but I need to know...", and she's somebody who does really well if you tell her stuff, and she knows that she doesn't pick up on stuff a lot at the time, but the other time was with another colleague who had had a dreadful interaction with one of the members of staff on the shop floor, and that member staff was refusing to be on shift if my

[40:01 - 40:35] consultant colleague went out onto the shop floor, and I needed to speak to them so that they had that information so as they could do something about it, and

there's a lot more in the background about that particular story about people misinterpreting each other, and it was all about misinterpreting each other, but I didn't have the option of not letting this person...not having the conversation before they went out the shop floor, so I had to have it, and so I didn't ask for permission for that particular conversation, I said I have to let you know something before you go on the shop floor,

[40:35 - 41:10] and then we had the conversation very quickly, and she was upset, I totally get it, but she would have been as darn sight more upset if she'd gone on the shop floor and it all blown up like it was about to blow up and she had no control over it, because she was in a position where she could fix it, and she did, she was upset that there was that degree of discretion she went and she fixed it. So that bit about getting permission is powerful, permission is always good, when you ask people, if you give people permission to speak, it's much better than silence.

[41:13 - 41:46] In terms of who should hold the conversation generally, and it really depends on where you are, but this is meant to be a peer-to-peer messenger system, so people have about the same grade in the department where I work, the senior nurses will have it with senior doctors, senior doctors will have it with senior nurses, doctors will have it with doctors, nurses and nurses, we're very stable as a group, though, an awful lot of us have been there for the last 14 years, working together over that period of time, there's a lot of trust, it's probably not the boss that

[41:46 - 42:18] should have this conversation, bosses have so much, bosses basically have authority and they bring a little bit of fear with them, although in our medical hierarchy, I would have it with my trainees, because that's part of my job to have it, but to have it in as compassionate way as possible, but I wouldn't have it with a junior member of the nursing staff because there's too much authority gradient going on there and it's just too scary for people. The way we identified people

[42:18 - 42:53] to hold the conversation is... I think kind of smart..., and it's this, if we go into department, the departments big enough, if we ask them, we put in a blind ballot, we say, who would you like to come and talk to you if there's a problem, and they will write it down, they'll put all the names into box or something, and then we look at them, we look at the people whose names have come to the top, and what we've effectively done is identified the people who have the skillset to have these conversations, then we write to them, and we say, hey, you know how we asked all these people

[42:53 - 43:23] who they'd like to come and talk to them, well people talked about you, lots of people voted for you, and firstly I think you should just know this, people like how you talk to them, and you can have this email for your appraisal folder, it's a really cool thing, people like how you talk to them, the second thing is, and we think you'd be a

great person to have these cup of coffee conversations, and if you want to have them, if you want to hear more about it rather, come and have a meeting,

[43:23 - 44:02] well sit down, we'll have a chat about it, and what it entails, we pretty much everyone comes, and we buy them a cup of coffee, and we talk about it, and most people are prepared to do it, once we've talked it through, once they know that they're not being expected to be judge and jury, once they know that they're not expected to be an enforcer, once they know that their job is just to give somebody this professional gift of the knowledge of how they've landed, and then there's some tricky stuff, I mean the tricky stuff that sits around this, there's a

[44:02 - 44:36] lot more than this, but one bit is the guys who are the recipients, they want retribution, and if you come to me and you want me to go and give somebody a shoeing for this stuff, I have to explain that I'm not going to give them a shoeing, I'm going to go and have a conversation with them, I'm going to let them know but I'm committed to having that conversation, if people are really angry and want retribution, there are alternative pathways to go down around that, there are HR pathways that exist around this, and if you think it's egregious enough then

[44:36 - 45:08] there are the police, you can go to different routes around this stuff, but I'm very, very clear with people, I am not going to be retributive with somebody, I'm going to make the assumption that they've been misinterpreted, even if they've not, I am still going to make that assumption when I have the conversation, it can be difficult to persuade people of the value of this stuff unless you sit and talk through and go through the numbers and the Hickson work and all the

[45:08 - 45:40] rest of it, which is what I've done with you, because if I just told you, hey, you know what if we got a second messenger to tell Neil when he stepped over a line, it's really effective, and if they just said, hey, you know, Neil, you know how when you talk to Chris yesterday, Chris was really upset, that would change Neil's behaviour, probably wouldn't believe it, everyone is fearful of the hostile interaction of going into the room and somebody blowing up at them, there are numbers on this,

[45:40 - 46:12] the percentage of interactions that become overtly hostile, is 4%, but 4% is quite a lot, you know, one in 25, you're still really worried about it, I've only ever had it happen once and it happened when I got it all wrong, I tried to have the conversation with somebody at the wrong time, wrong place, we were both tired, it was the end of a week, I'd been trying to have the conversation for two weeks, and I forced it, and forcing it's a really bad idea, and it blew up,

[46:15 - 46:48] however, it blew up, but it did change his behaviour, and that's the other thing about the hostile interaction, is the evidence base from the Vanderbilt guys is that if somebody does respond in a hostile fashion, that's not a predictor of whether or not

they are going to take this stuff on board, it's just some people's first response. There is a lack of reward for people having these conversations, I mean I do one every two months, that's broadly speaking the sort of order,

[46:49 - 47:22] how often I have to go and do this, and that's not enough to have it really within a job planner stuff like that, and there isn't a massive reward from the person you're talking to, it is not like you finish the conversation and they invite you around for barbecue and a beer, so what places do is they do recognise these guys who are holding these conversations, the Vanderbilt way of doing it is to their chief exec holds a meal a couple of times a year, and their guys come and have a chat, they've got about 150 there, we've got a lot less than that in our

[47:22 - 47:53] organisation, but what we do is we support each other, timing can be a real problem, shift work, shift work and making sure that you speak to somebody, and then the bottom line to this is you want to have it as soon as possible, not in the moment, in the moment when someone's lost their lost of shit, it's a really bad time to have these interactions, because the way I always think about this is work of somebody called Kathy McDonald, who is a police negotiator, is when

[47:53 - 48:29] somebody's up there emotionally, logic and emotion just totally pass each other by, you have to meet people, and you then have to both be down in a logic zone before you can have a conversation, that's about logic, so in the moment if someone's losing it, you're not going to be able to get this stuff into them at that moment in time, it comes afterwards, in the moment though we do have a responsibility to the people who may be in the firing line of this, to get them out of the firing line and to be as supportive as possible, and there's one particular situation, it's really

[48:29 - 48:57] difficult to around this, and that's theatre, if you have somebody in theatre who's absolutely losing their shit, and if they are somebody that is utterly essential, and the only person that can do the things that would be the anesthesiologist or surgeon a lot of the time, that's how you deal with that in that situation, and we can come back to that, okay, so what happened with my guy?

[48:57 - 49:23] Well my guy, my guy stopped working in that place, but he still worked in other places, and a few months after all this stuff happened, a couple of people came to me, they came to me and they said, Chris, what did you say to him?

[49:25 - 50:00] And of course I didn't tell them what I said to them, because that's privileged, said, no I can't tell you that, they said okay, well we just want you to know, it's completely changed, it's a completely changed person, and he's a pleasure to work with, and I thought it was really powerful that taking him out of telling me is a bad person, taking him out of telling him he's unprofessional, begin to try and understand what's going on, and he was perfectly capable of changing

[50:00 - 50:31] his behaviour, and most of us are, not everybody, most of us are. So really to sort of pull this together, I said at the beginning, for me, that there's an issue here is I'm really attracted to emotional labour. I think if something's a hard way of doing it, then crack on, watch me out, I'll walk into the fire and I'll do it the hard way, turns out that doing it the hard way is not actually necessarily the right way at all, and that there are, there are gentler, kinder, more

[50:31 - 50:52] compassionate ways of dealing with each other, that cause less distress, not just for the person that we're speaking with, but for us, as the person holding those conversations, ways that respect each other as much as possible, that are highly effective, and that's calling it out with compassion.

[50:53 - 50:57] Thank you so much for listening to that, you had a lot of me today, guys.