



circle of care

Independent Evaluation of the Circle of Care: Theatres Forum

Conducted by Information
Management Associates

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1 Background

The Circle of Care (CC) framework and the programme of courses delivered by Performing Medicine at Guy's and St Thomas' NHS Foundation Trust (GSTT), support compassionate, safe patient care through building resilient healthcare professionals equipped with the tools to communicate effectively in chaotic, busy environments, and to better look after themselves and each other.

Over the last 6 months, Performing Medicine have been working with the leadership team in surgery at GSTT, focusing on respectful behaviours, speaking up and teamwork. This culminated in a Circle of Care interactive forum delivered as part of the GSTT July 2019 Audit Day for staff working in theatres. The interactive forum was created through a series of interviews with staff as well as observation / shadowing on site, and aimed to bring to the surface some of the concerns that staff in this department had highlighted, demonstrating behaviours that are easy to change, and ultimately aimed to improve safety and communication in surgical teams, using Circle of Care skills.

The Circle of Care forum consisted of actor-facilitators (referred to as 'actors' below, since this was the term most used by respondents), performing a set of scenarios showing to highlight some areas of difficulty identified in pre-event interviews with operating theatre staff. The facilitators then interacted with audience members to agree on modifications to the behaviour exhibited and re-enacted the scenario to demonstrate how these changes played out. In doing so, the Performing Medicine team highlighted helpful behaviours, including the importance of positive verbal and non-verbal communication.

Two inhibiting factors referred to below were that the Audit Day was staged in a tent on a particularly hot July day and that by the time the Circle of Care forum began their session a substantial part of the audience had already left.

2 The evaluation

A light touch independent evaluation of the pilot forum was conducted by Information Management Associates in September and October 2019 as part of an ongoing strategic impact evaluation of Performing Medicine work at GSTT.

Although around 200 people were reported to have participated in some or all of the Audit Day, this evaluation report is based on participant responses captured in 77 post-event questionnaires focused on the Circle of Care forum (rather than on the day as a whole), supplemented by five interviews with senior theatre staff who attended the July 2019 forum (the Director of Performing Medicine was also interviewed).

The 77 questionnaire respondents cannot be assumed to be fully representative of all those who attended the Circle of Care forum, because the number of people who stayed for the whole event is not known. As already noted, a substantial number of people left before the session started; a small number is known to have left during the session; and some others may not have completed the questionnaire. However, it is clear that all of the people who responded to the post-event questionnaire were positive about the forum, as reported below.

3 Evaluation findings

[Various comments made by the five key informants who were interviewed are reported below at the end of the appropriate sections. Their responses have not been counted below when the number of respondents to a question have been reported (since some of them may also have completed the post-event questionnaire).]

3.1 USEFULNESS OF THE FORUM

When asked how useful they found the session in highlighting aspects of operating theatre-related behaviour of teams or individuals, 73 people (95%) saw the session as either very useful (67 people or 87%) or useful (6 people). The remainder did not reply to the question in terms of usefulness but still made positive comments, such as; "the role play made it easier to visualize or grasp the issues happening in theatres"; "good, realistic, well-acted"; or "it has helped us open our minds to being assertive for patient safety."

Some respondents took the opportunity to elaborate their response to this question. Since these comments overlapped heavily with the answers to the next question about the main strengths of the session, they have been incorporated into those for that question below. Care has been taken not to over-report by counting the overlapping comments twice.

All five interview respondents made positive remarks about the event; some describing it as:

“Thought provoking; people could relate to it; interesting scenarios;”

“a good first event loads of layers to uncover;” and

“I thought it was good; the first real attempt in the Trust to open up these issues.”

3.2 THE MAIN STRENGTHS OF THE SESSION

Questionnaire respondents and the people interviewed were asked an open question about the main strengths of the forum. Their replies covered a range of themes; the most frequently mentioned topics are reported in descending order under broad (and sometimes overlapping) headings below:

- **REALISM OF THE SCENARIOS**

Well over half of the respondents (46) commented on the realism of the scenarios presented. The comments included:

“Real reflection of everyday interaction.”

“I can very much relate to the role-playing.”

“Typical of behaviour in theatres.”

“Highlighted the real issues that happen during a list.”

“Very relevant to theatre situations and insightful.”

“This happens in the theatre all the time.”

“This performance shows what, unfortunately, happens with some surgeons.”

“Addressing real issues with a positive outlook.”

“Everyone has met the Band 7, the Scrub Nurse and the Surgeon characters in the theatre.”

“I have been through similar situations and to bring it out through the task and to see something is being done to tackle this long-standing issue is very comforting and encouraging.”

However, not everyone shared these perceptions or experiences. Three respondents felt that the scenarios were too stereotypical, one adding:

“Can’t always be a big, male [specialism named] surgeon. Others can bully as well. Quite full on; lacks subtlety”

73 people (95%) saw the session as either very useful (67 people or 87%) or useful (6 people).

“Thought provoking; people could relate to it; interesting scenarios;”

“Very relevant to theatre situations and insightful.”

“Discussing difficult, but very common, occurrences in a protected environment with no fear of retaliation.”

Asked directly whether the event was likely to lead people to reflect on their own behaviour, one key informant thought that “people tend to identify with the underdog when they recognised scenarios and situations”

Another interviewee felt that participants had good opportunities to reflect on other people’s behaviour but not necessarily to consider whether their own behaviour was appropriate.

Asked what could be done to encourage individual reflection, an interviewee suggested that the event planners should:

“reflect on how to achieve real change in behaviour in people who are watching the performance; moving on the scenario to encourage people to relate it to themselves – but carefully.”

“There has been some impact already” according to an interview respondent. One of her team (who had attended the session) reported that “almost the same scenario was played out in the theatre” soon after the event and he felt more confident about challenging this behaviour.

- **THE QUALITY OF THE ACTORS/PERFORMANCE**

10 people commented on the high quality of the acting and performance; six of these described the actors as great (two), good or “believable.” Others “enjoyed the performance aspect” or thought that “the session was well planned.”

Those interviewed all praised the performers; one pointed out that “the A/V failed, but they did very well” and another said “the actors were brilliant ... [the session was] definitely well received by my team; they were very enthusiastic about the performers.”

- **THE STRENGTH/NOVELTY OF THE PERFORMING MEDICINE APPROACH**

10 people commented on the novelty or strength of the Performing Medicine approach as exemplified in the forum. One of these described the replaying of scenes as interesting and four found it “amazing what can be achieved in a short time,” felt that “seeing things acted made them ‘real’, liked how the session “focused on how to change or help the situation”, or described the approach as “quick, practical, easy to follow and change.” More specifically, five people praised the quality of the feedback provided by the actors and the audience, and three described the session as ‘fun’ or ‘entertaining’. Two people mentioned the relevance of the Circle of Care.

Again, all those interviewed noted the originality of the event, adding:

“I enjoyed it very much. People clearly enjoyed watching it – [the performers] achieved a level of enjoyment without trivializing it. They hit the tone really well.”

“It showed a different way of taking inappropriate behaviour seriously.”

The approach offers “a safe space for reflection, a glimpse into different perspectives; everyone has something to learn.”

“Mind opening in terms of realising the issues that we experience in theatres.”

“The actors were brilliant ... [The session was] definitely well received by my team; they were very enthusiastic about the performers.”

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- **OTHER COMMENTS**

The session attracted a number of other comments, including:

“Highlighted the importance of Trust values, such as respecting others” – also mentioned by three other respondents

“The session was useful for the team”

3.3 SUGGESTIONS FOR CHANGES TO THE FORUM

When asked in the post-event questionnaire what changes should be made to the session, if any, 24 people said ‘none’ or ‘no change’ and ten offered no comments. We have already noted that the event was held in a tent on a particularly hot day and, unsurprisingly, 15 people complained about this and about the lack of fans or air conditioning (“It would have been more engaging in the right temperature.”). Another problem for the actors was that the audio system did not work properly so that actors had to share microphones. Interestingly, only two people commented on this as inhibiting.

Apart from the three complaints about stereotypes already reported there were no negative comments about the performance content. Nine respondents would have welcomed a longer session with more time to address the scenarios and five people called for “more interactive sessions like this.” Three people suggested that the forum session should open the day, so that there is more of an audience, one adding “I could see some surgeons had already left by the time the session started and they are the ones who need it.” Three other people felt that more surgeons should be persuaded to attend; one added that “it will help them recognise that this is a circular process” [presumably a reference to the Circle of Care].

Four of those interviewed suggested repositioning the event earlier in the day because “people were tired. Could it be fitted in earlier to ensure more interaction? The feedback was rushed at the time.”

One of these picked up on the theme of the ‘missing surgeons’ mentioned above by observing that “The people I was concerned about were not there.”

Further specific suggestions were that:

Other specialities should be offered the session (“anaesthetics, SAL, recovery”) or included in scenarios (“junior nurse, junior surgeons, trainees”)

“I enjoyed it very much. People clearly enjoyed watching it – [the performers] hit the tone really well.”

“The rawness of what is happening on the ground filtered through performance to create space for reflection.”

“Highlighted the importance of Trust values, such as respecting others”

“I thought it was a very powerful session and a useful way of exploring behaviours and engaging the audience. The actors were good.”

The session should be targeted at smaller groups/teams (to make it easier for “people to speak their ideas and thoughts”)

“The play should be recorded and shown to people on training; could be made into a Trust video resource” – suggested by three people.

“You could give the audience some pointers to help focus the discussion to key points.”

In hindsight some interviewees thought that the specialism of the fictitious surgeon should not have been specified and also that more surgeons should have been directly involved in planning the scenario (one suggested that several surgeons should be interviewed). In fact, surgeons had been invited to be involved in planning but were not able to contribute on this occasion.

3.4 OTHER ISSUES; OTHER APPROACHES; AND ANY OTHER COMMENTS

The post-event questionnaire respondents were asked if they would like to see the sorts of issues explored in the session addressed in other ways. However, most of the replies focused in other areas. Two people identified further target groups as senior staff (through management role play), or behaviour among other teams in the theatre; some other replies reiterating their positive views of the event; but the majority of 34 people who offered comments tended to reply in terms of other themes to be addressed.

The themes offered were:

“Different problematic aspects of the theatre environment”

“Health and well-being of staff/health care team. Should be about how we can avoid stress, ways to take care of ourselves and how the Trust can help. The Trust should talk about staff retention.”

“The bullying that sometimes occurs between students and mentors. Most students are unable to speak up due to fear of retaliation/failure of placement.”

“Hierarchy, behaviour, assertiveness, intimidation, speaking up”

“Accepting responsibility for [challenging] negative behaviour”

“Speaking up – [addressed through] debriefing sessions and audit sessions like this.”

[The last three of these comments may have been attempts to summarise key points from the session rather than to address the question asked.]

A few people did offer other ways of addressing the sorts of issues covered in the session:

“Perhaps the audience could speak about situations that they were involved in and the actors could react.”

“With small teams – through courses”

“Role playing within the Unit.”

The interview respondents commented on two additional topics, the strength of emotions surrounding the issues addressed in the forum and the preferred size for this type of event.

Two respondents reflected on the emotional dimension:

“I do a bit of simulation: even asking a direction like ‘Think of an occasion when you felt in a similar way’ – you don’t know what that will open up – it can evoke strong emotions – but these are the groups that you need to tackle.”

“It can be really upsetting when you give this sort of feedback, for all concerned.”

Three respondents felt that sessions for smaller groups and targeting particular teams were desirable to “get everyone included,” but two of these pointed out that “we don’t have the capacity” [because of pressure on surgery time]. Instead, one of these suggested that they “could do a couple of smaller sessions” adding “but how should these be selected?” Meanwhile, “Larger sessions show what you could do differently”.

An interview respondent, who admitted to not coping well with performance especially in small groups, found the large scale of the event ‘very useful’, partly because “people who are sceptical see other people engage.” This person suggested that if small groups were used, the facilitators could “get groups to suggest their own scenario (their own challenges) and then do it.”

34 people took the opportunity offered to make any other comments. Most of these reiterated positive views about the sessions (‘brilliant performance’; ‘really enjoyed it’;) but a few respondents amplified their earlier comments:

“Great to have actors playing the roles to show how language and body language can improve team working.”

“Maybe in the future address how management involvement can improve any problems.”

“Please explore more of this. A session as a mixed team (multidisciplinary) will benefit all the team.”

“More sessions on bullying and harassment should be considered.”

“I thought it was a very powerful session and a useful way of exploring behaviours and engaging the audience. The actors were good.”

4 Conclusions

It is evident both from the post-event questionnaires and from the interviews that this pilot forum was very successful in raising issues about theatre-related behaviour and did so in ways that actively engaged the participants. Opportunities were provided to reflect on the scenarios, make suggestions and identify various ways of dealing with inappropriate behaviours and all this was done in a non-threatening environment that many participants found empowering.

Clearly, the forum worked well, and the only significant changes suggested were about the positioning of the event in the audit programme and the need to ensure that the main scenario is not interpreted as negatively reflecting on any particular theatre role.

There is evidently scope for more work of this kind. Even if future work of this sort is confined to surgical theatre-related behaviour (and several people suggested that other areas of clinical practice could benefit equally), one of the key informants estimated that around a thousand surgical, nursing and other theatre staff could benefit from similar events. Related suggestions were that this work should be embedded in the continuing training for teams in theatres and that it could be financially worthwhile to invest in such forums as part of the Trust strategy in this area.

Footnote

This report does not attempt to link the findings directly to the Performing Medicine Theory of Change (ToC) because, although important as a likely precursor of further work of this kind, the pilot was a relatively short intervention in a long day and could only illuminate a few elements of the ToC. However, both the post-event questionnaire and the interview schedule questions were guided by the ToC and the findings should help indicate areas for consideration in any future evaluation of Future Theatres work.

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