Circle of Care: Embedding an Arts Based Professional Development Programme at Guy's and St Thomas' Trust

PROGRAMME FINAL REPORT 2018-19

circle of care

PERFORMING MEDICINE

Guy's and St Thomas'
NHS Foundation Trust **NHS**

GUY'S & ST THOMAS' CHARITY
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Circle of Care: Embedding an Arts Based Professional Development Programme at Guy's and St Thomas' Trust

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INTRODUCTION

The Circle of Care *(CC)* framework and programme of courses aim to help health professionals to think about and demonstrate compassionate care for themselves, colleagues, patients and carers.

The Circle of Care framework was created by Clod Ensemble and and Guy's and St Thomas' Trust (GSTT), directed by Professor Suzy Willson and Dr Peter Jaye (GSTT). The programme is delivered by Clod Ensemble's Performing Medicine (PM) team[1] led by Professor Suzy Willson (PM). Dr Peter Jaye (GSTT)is the Clinical Lead for the programme. The framework and a programme of courses evolved from a three-year R&D project at the SaIL Centre at GSTT called *Pioneering Arts Based Learning at GSTT,* funded by Guy's and St Thomas' Charity (2014 – 2017). An evaluation report of this work was completed earlier this year and is referred to below as the *Arts Based Learning Report*.[2]

The 2018 phase of work Circle of Care*: Embedding an Arts Based Professional Development Programme at GSTT* (Feb 2018 – December 2018 *[see Appendix A]*) aims to understand how CC can be embedded at GSTT and help to deliver the strategic objectives of the organisation; as well as to ascertain what infrastructure, communications and capacity needs are required.

Several different approaches were taken to explore the most impactful and sustainable ways of positioning, promoting and signing up staff to CC courses:

1. 'elective' courses where staff could sign up to an open programme on Eventbrite
2. 'tailored' courses such as for staff away days and team building
3. contributions to existing programmes for consultants and service leads
4. a 'pop up' engagement programme of events for all staff
5. development of a course within a specific clinical area – surgical theatres

This report draws and expands upon an interim report presented in early 2019, which focussed on the participants' experience of nine courses provided in the first two categories above ('elective' and 'tailored' courses) between July and December 2018 and the extent to which their views supported those reported in the earlier *Arts Based Learning Report*[3] evaluation. Since the contributions to existing programmes (third category above) are relatively brief and difficult to disentangle from the remainder of the programmes, they have been excluded from this evaluation. Similarly, the

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1   See https://performingmedicine.com/
2   Clod Ensemble (2018), Pioneering an Arts Based Learning Programme Evaluation Report 2014-2017.
3   Clod Ensemble (2018), as above.

engagement programmes have been left out because they are primarily intended as a way of introducing people to the Circle of Care framework. A separate evaluation report of the surgical theatres engagement (category five) will be conducted later this year.

The events covered in this evaluation comprised four full day *Managing Stress* courses (three of which were tailored as team building days; including one for nurses and nurse managers); a full day *Team Building* course, a full day *Taking Care* course, a full day *Effective Conversations* course, a half-day course on *Presentation Skills* and a two-day Circle of Care *for Clinical Educators* course.

The report also includes a summary of the results of applying the Theory of Change (ToC) (see next section) developed as part of this work, including the assumptions made in producing this programme, its mechanisms, necessary conditions of success and the problems/issues that were identified in the ToC for this phase of the work. These results are based on the participant interviews, supplemented by a series of interviews with people strategically involved with CC at GSTT and Clod Ensemble, as well as with facilitators involved in delivering the programme.

The final report also considers how well the programme has worked so far and makes recommendations about further development of CC and its future sustainability, as well as about future programme evaluation options.

The Circle of Care (CC) framework and programme of courses aim to help health professionals to think about and demonstrate compassionate care for themselves, colleagues, patients and carers

2 THEORY OF CHANGE

Since this evaluation is intended to inform future strategy for Circle of Care and the partnership between Performing Medicine and GSTT, it was seen as important to construct a Theory of Change (ToC – please see *Appendix B*) to ensure that this and later evaluations of this programme take the key issues and dimensions in trying to achieve change into account. In this context, a ToC is a description (usually accompanied by a summary diagram – *Appendix B.1*) of how and why a desired change is expected to happen. It focuses, in particular, on mapping out or 'filling in' what has been described as the 'missing middle,' between what a programme or change initiative does (its activities, mechanisms or interventions) and how these lead to desired goals being achieved. The process involves first formulating the desired long-term goals and then working back from these to identify the conditions (outcomes) that must be in place (and how these inter-depend on each other) for the goals to occur. These are all mapped out in an Outcomes Framework.[4]

This approach is being increasingly seen as a key element of development programme management, where the focus is on achieving change in communities, organisations or individuals. Once the ToC is in place it should enable evaluators to focus on whether it is being enacted as envisaged.

Interviews were conducted with five people who have a strategic perspective on Performing Medicine and its contribution to GSTT – Dr Peter Jaye, Geoff Koffman, Dr Kate Langford, Sarah Morgan (all GSTT) and Professor Suzy Willson (Performing Medicine) - and their comments were used to construct a provisional ToC. This provisional ToC was used to shape the evaluation interview questions for course participants and the content of this report. In other words, this evaluation and the final report are the first test of the ToC in action.

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4   For further information about Theories of Change see:
         https://www.theoryofchange.org/what-is-theory-of-change/

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3.1 Methods used

This evaluation programme aims to present evidence of the contribution made by Performing Medicine to the personal and professional development of GSTT staff. It would be inappropriate to attempt an attribution-based evaluation because of the wide range of other factors that influence the personal and professional growth and change in staff, from their state of mind at the relevant times to other self-development activities undertaken, and from the influence of managers and colleagues to external events and pressures. However, it should be (and was) possible to collect participant perceptions of the contribution, importance, usefulness and likely applicability of ideas and methods encountered during the courses attended. A note on the concepts of contribution and attribution in evaluation is attached as Appendix C.

Participants were asked to complete a short pre-event questionnaire immediately before each event started (see section 4.1 below) and a fuller post-event questionnaire afterwards (see sections 4.2 - 4.4 below).

131 people replied to the pre-event instrument and 133 responded afterwards, although 5 respondents did not reply to all the post-event questions.

16 semi-structured telephone interviews were conducted with volunteer participants (who had agreed to take part before their event started) usually two to four months later; one of these respondents attended two of the courses. The aim was to find out more about their expectations, what stood out for them from the day(s), what surprised them most, whether they were using any of the techniques introduced on the day, as well as their views on having a non-medical team of facilitators, on offering the courses more widely in the NHS/Trust, and on the concept of CC.

Participants' own words from questionnaire comments and interviews are used wherever possible in this report. Since they often refer to specific activities, a glossary of activity descriptions is provided as Appendix D.

3.2 The evaluation participants

Five of the courses were elective, although a few participants were asked to attend by their managers; the other four were compulsory for particular teams (as team building days). The four *Managing Stress* courses attracted most participants (and 73 post-event questionnaire responses). The other five courses attracted slightly fewer participants (with 18 responses for *Team Building*, 16 for *Effective Conversations*, 15 for *Taking Care*, and two smaller events, 9 for *Presentation skills* and 4 for Circle of Care *for Clinical Educators*).

Only 16 of the 131 pre-event respondents reported that they had heard of CC before seeing any publicity for this programme of events (9 of these respondents were at the *Effective Conversations* course, 3 at *Presentation Skills* and 2 each at the *Clinical Educators* and at one of the *Managing Stress* events). The participants were drawn from a range of health service occupations, listed on the opposite page:

Health Visitors (various grades) ~ 32	Dental Sisters ~ 2
Nurses (various specialisms and grades) ~ 30	Child Development Adviser ~ 1
Administrative Staff (various grades) ~ 15	Psychotherapist ~ 1
Managerial posts (various) ~ 13	Dietician ~ 1
Child Development Workers ~ 5	Speech and Drama Therapy Assistant ~ 1
Nursing Assistants (various specialisms and grades) ~ 4	Management Trainee ~ 1
Clinical Psychologists ~ 2	Anatomical Pathology Technologist ~ 1
Doctors ~ 2	Medical Student ~ 1
Early Start Practitioners ~ 2	*Several people did not provide this information.*

4   FEEDBACK FROM PARTICIPANTS

4.1   What people were expecting

Before each event started, participants were asked why they had decided to come to the event and what they hoped to find out or learn. Apart from the *Clinical Educators* event, where the focus was on learning from the CC approach how to better support and teach staff and for 'new perspectives in working with clinical teams', most of the respondents were, predictably, looking for tips, tools, techniques and ideas that they could apply at work (e.g. 'how to deal with a team of stressed staff') or in their personal lives. Others had very general expectations, such as learning about managing stress.

The exception here was the *Team Building*, where the questionnaire responses suggested that this community-based team was less harmonious and resilient than the other teams involved in the courses (see *Appendix E*, Section 4).

The underlying focus on managing stress was evident, not only at the start of the events on that theme, but at the *Taking Care* course, where the stressful nature of the daily workplace was described by one respondent:

> I work with children and families who have complex needs and I experience a lot of emotive stories and emotions – sadness, anger, frustration, guilt, etc. So do the rest of my team.

Another participant at this event was looking for:

> Tips on how to improve working together, especially after lots of staff changes in the team.

A third person wanted help on:

> How to look after my emotional well-being and those of my staff. How to reflect constructively and not become used to the emotional baggage that comes with the job.

At one of the away-days, when asked why they had come, most said that it was a teambuilding event, (one adding that "the team leader organised it for the team and I'm looking forward to it") and a few people offered personal motives about looking for help with handling stress. However, four health visitors presented themselves as powerless: "I did not choose to come but management did," "I was told to come," or "Told to!", and when asked what they hoped to learn from the day replied with "Whatever is planned" or "No idea". Interestingly, by the end of the day it was not possible to distinguish three of these people from the other enthusiastic respondents.

A manager commented on this behaviour change:

> Health visitors and community nurses have seen so many changes. They become very protective of their time. They have huge caseloads; they've got to do follow ups; health checks; documentation. They are very protective of their time. They moan if they have to attend meetings. You initially see some type of resistance. As humans we don't like change. When the change comes, at first, we are resistant but after a while it is 'not that bad – we're cool!'

4.2 What people learnt, had reinforced and found useful

When the respondent comments about the three main things that they had learnt or had reinforced and about the elements of the programme that they had found most useful are compared with what they had expected (see section 4.1), the range and complexity of their replies at the end of their courses is striking. In particular, the comments at the end of the two *Managing Stress* courses for community-based health workers, encompass personal growth and change, as well as recognition of their team cohesion and gratefulness about being acknowledged in their professional roles by the Trust and their team leaders and for being encouraged to focus on their own well-being.

To summarize the key points:

Most frequently mentioned as having been learnt at the four *Managing Stress* events were:

- De-stressing/relaxing/yoga (51 responses)
- Taking time out to relax, reflect and re-focus (33)
- Self-care (24)
- Learning to say 'no'
- Body scan/recognising your own stress
- Importance of body language
- Stages of walking
  (see Appendix D for descriptions of activities)

There was substantial overlap with these responses in the *Taking Care* replies but the responses tended to be more specific; the most frequent 'things learnt or reinforced' were: 'self-care' and 'pausing before approaching difficult situations', body scan (self-checking), and the Rainbow of Desire ('understanding emotions better and how they interact and get embodied'). Participants identified many elements of the programme that they found most useful.

The Circle of Care *for Clinical Educators* course was a small event with only 4 respondents. Even so, they highlighted both specific activities, such as 'appreciating the person' and the effects of these activities on themselves. Participants also enjoyed learning about CC within a clinical context.

Unsurprisingly, most people on the *Team Building* course reported that they had learnt about aspects of team working and support, as well as assertiveness, self-care and awareness, compromising, appreciating and collaborating. The responses to the *Effective Conversations* and *Presentation Skills* courses both highlighted 'voice pitch and tone' and 'use of body language', but participants in the former also picked out the '5Ps of effective communication' and in the latter selected "body scan and other tips to relax before and during presentations" and the discovery that "everyone else has similar fears."

The responses to the nine courses are presented in more detail in *Appendix E*, with the four *Managing Stress* events grouped together.

4.3   What people thought about their course

All of the courses received ringing endorsements from the participants when they were asked to rate their event overall on a five point scale, from 'not at all useful' to 'very useful.' A total of 95% of respondents rated their event fairly useful to very useful: 103 of the 133 respondents (77%) rated their event 'very useful' and a further 24 (18%) rated them 'useful'.[5] Six people gave a mid-point rating ('fairly useful') and one of these made additional comments which are reported in *Appendix E*. The views of the other questionnaire respondents about aspects of their courses, as well as the reflections of the interview respondents are reported in the relevant parts of *Appendix E*.

We have already outlined what people had learnt and found most useful (section 4.2). We also asked which elements of the programmes should be changed and how. Most respondents (118, or 86 %) suggested no changes and several added positive comments (reported in *Appendix E*). Someone at a *Managing Stress* team building day summarised a number of views by writing:

> **All of the elements of the course intertwined to make it a wonderful training away day.**

Several of the people who suggested changes were asking for more sessions or activities; however, there were were a few specific critical comments and these are reported in *Appendix E*.

Nearly all the participants saw all four *Managing Stress* events as successful, although the feedback from the event for nurses suggested that they are a less cohesive group than the two community-based teams. The post-event feedback at all four events included comments like "Excellent, informative and all very useful" or "extremely interactive and a fun forum." The participants gave lots of praise to the facilitators who "seemed like part of us by the end of the day."

Nine of the interview respondents had attended one of the *Managing Stress* courses and several of their comments are reported in *Appendix E*.

The response to the facilitators was uniformly positive across all of the courses. An interview respondent spoke for many in saying:

> **The people running it (*Effective Conversations*) were absolutely brilliant. With their theatre background, they were external people with fresh eyes. They know about presenting the body and assuming roles. They made a big difference.**

Comments elsewhere emphasised how the facilitators empathised with the participants to the extent that they seemed like part of the team (see *Appendix E* Section 2).

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5   The limitation of Likert scales when used to record people's perceptions was perfectly illustrated by one respondent who wrote about the Team Building workshop that "It's very useful. Brilliant! Keep doing what you do," before rating the event as only 'useful'.

A total of 95% of respondents rated their event fairly useful to very useful

The post-event feedback at all four events included comments like 'Excellent, informative and all very useful' or 'extremely interactive and a fun forum'

The participants gave lots of praise to the facilitators who 'seemed like part of us by the end of the day'

Overall, it is clear from the more detailed comments in Appendix D, that only minor tweaks to the structure and content of courses need to be considered and that they should continue to run well even if unchanged. This is at least partly due to the experience and flexibility of the facilitators, who are able to adapt their courses to their audiences and to the particular needs of participants (as participants acknowledge in a variety of comments recorded in *Appendix E*).

4.4 What people plan to use (and are using)

128 of the post-event questionnaire respondents to this question (96%) said that they expected to make use of specific ideas or techniques that they encountered at 'their' event in their clinical or medical work (although one added that 'self-care is hard work!'), and 35 (26%) went further in adding that they hoped to use them in their non-work life. All of the 16 people interviewed around five weeks to four months later were still using things that they learnt or had reinforced at their event. The replies are outlined more fully in Appendix D.

Taking the *Managing Stress* events together, 63 respondents (86%) planned to use self-focused techniques or ideas, with others or individually, in their quest to reduce their own levels of stress. They made a total of 90 mentions between them of 'yoga/relaxation techniques' (32 mentions), 'taking time out' during their working day to relax and refocus (18) and other techniques or ideas (listed in *Appendix E* section 1.4).

Similarly, with *Taking Care*, 14 (out of 15) respondents intended to use 29 ideas or techniques at work, at work and at home. Two of the four Circle of Care *for Clinical Educators* participants intended to use what they had learnt in their teaching,[6] and 33 participants in the other three courses planned to use a total of 62 tools or techniques going forward.

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6   This event focused on learning about the CC approach rather than changing the behaviour of participants.

Overall, it is clear from the more detailed comments in Appendix D, that only minor tweaks to the structure and content of courses need to be considered and that they should continue to run well even if unchanged.

96% said that they expected to make use of specific ideas or techniques that they encountered at their event in their clinical or medical work

The work of the Circle of Care delivery team has contributed substantially to meeting the aims, objectives and expected changes identified in the programme Theory of Change (see *Appendix B*), using the mechanisms specified there. Most of the assumption made when setting up the programme have also been borne out and there is ample evidence that the necessary conditions identified were fully in place. These areas are reviewed more fully below: we suggest that this section be read in conjunction with *Appendix B*.

5.1   Aims

Interviews with the members of the Performing Medicine delivery team make it clear that they have learnt a good deal about how their approach can be embedded at GSTT and they are continuing to explore this in discussions with leaders of the GSTT Organisational Development team. However, this process continues to be challenging for the reasons identified in section below. All their work over the past year has been specifically aligned with the strategic objectives of the Trust as prioritised by GSTT leaders. A gradual expansion of this work could be achieved by recruiting and training more Performing Medicine arts-based facilitators as required and the necessary training resources are being developed and modified as additional professional development requirements are identified by the Trust, again with guidance from appropriate members of the GSTT leadership team.

5.2   Objectives

(See also Section 7 of this report)
The core question in this evaluation report is to what extent has the CC programme met its four objectives identified in the ToC? Our conclusions and recommendations in answering this core question are presented as Section 7 below. We chose to present the results at the end of the report rather than stick rigidly to the stages of the ToC because we feel that this positioning is likely to be more familiar to readers. Suggestions about how the embedding process could be taken a step further are also given under recommendations in that section.

5.3   Expected changes

Turning to the expected changes, it is clear that:

- Nearly all Trust staff gained appropriate personal and professional development support in areas covered by their courses/events, which 95% of them found useful or very useful; 96% had learnt and planned to apply (or have since applied) particular methods and techniques in their work (see the next section for more details; see also *Appendix E* Sections 1.1; 2,1; 3.1; 4.1; 5.1; 6.1).

- Again, all 73 people who attended courses that focused on mitigating stress, recognized the importance of managing their own stress at work (and sometimes in other settings) and saw the relationship to better care for others (see *Appendix E* Section 1.1).

- A striking aspect of the feedback from all course participants was how much they had taken on board the ideas for reducing their own stress levels, probably because of the high stress levels associated with healthcare practice (105 people or 79% picked up on this point). There was also some early evidence from follow up interviews that Circle of Care participants were

continuing to use these methods and techniques several months after their 'event' (see *Appendix E* section 1.4)

- More generally, all participants were readily able to identify useful elements of their courses and (as noted above) 96% reported changes that they expected to make or had made and were still applying after their event (see *Appendix E* sections 2.4; 3.4; 4.4; 5.4; 6.4)

- 43% of participants in courses with a teambuilding focus (32 in total) welcomed (without prompting) the emphasis on the importance of teamwork and on mutual support with their colleagues (see *Appendix E* sections 1.2; 1.4; 4.1).

5.4   Impact indicators

Evidence from the post-event questionnaires and follow-up interviews (reported in *Appendix E*) showed that:

- of the 133 questionnaire respondents, nearly all (95%) found the sessions very useful (103 or 77%) or useful (24 or 18%) for their work (4 respondents found the sessions fairly useful and 2 did not reply to this question);

- although respondents were encouraged to suggest changes to their programme, 118 (89%) wanted no changes and 10 of the others (8%) asked for more sessions on their favourite parts of the programme;

- 106 people (80%) reported that they became more aware of the need to manage their own stress when caring for others, and;

- 105 informants (79%) found (or were reminded of) ways of managing their own stress which they planned to apply in their work;

- 10 of the 16 interview respondents made comments that suggested that they were more positive about aspects of their work following their event;

- most participants (119 or 89%) were planning to apply or were applying what they had learnt in their work (and 29 added that they expected to apply their learning in other aspects of their lives);

- the interviews showed that all 16 respondents had applied some changes arising from the courses and that these were being sustained; eight people mentioned that colleagues were also continuing with changes;

- 33% of participants at the stress management and team building events (a total of 29 participants) made unsolicited positive comments about team working at the end of their event;

- in interviews after these team building sessions, six people suggested (without prompting) that there is more peer support within teams following these events.

5.5 Mechanisms

All the mechanisms identified in the ToC were amply provided by the Performing Medicine team. The programme was facilitated by experienced Performing Medicine Associate Artists, who brought a range of performing arts perspectives and ways of working which are different from the usual clinical teaching and learning approaches.

Most of the participants participated in courses as members of GSTT teams; others were attracted to events by the internal Trust advertising although a few were advised to attend by their managers.

The events were tailored to the perceived needs of the Trust and drew on the extensive Performing Medicine experience of offering these types of courses for health care staff and medical students. Several respondents welcomed the legitimizing of self-care offered by the courses, as well as the help with doing difficult parts of the job (notably holding difficult conversations and doing presentations) better.

As anticipated, some events were advertised within (and beyond) the Trust and others were offered as part of existing GSTT professional development activities, including team building events.

5.6 Assumptions underpinning this initiative

(See *Appendix B* for the list of assumptions)

Most of the core assumptions identified by key informants have stood up well in this evaluation. However, they have so far been tested in a relatively small number of courses which have only engaged a small part of the workforce. There is still a need to test the CC approach over a longer period of time and, ideally, in a variety of different settings, in order to ensure that the work is based on a truly robust and flexible ToC. The provisional findings are that:

- the concept of CC does help participants to recognise the importance of self-care and its relationship to care for colleagues and to care for patients;

- the skills and experience of the Performing Medicine team appears to be important in helping to extend the professional development repertoire of the Trust;

- the skills and experience of the Performing Medicine team do appear to complement the other GSTT staff development offerings to meet staff training and development needs of the Trust workforce;

- nearly all participants have responded positively to the levels of interaction and engagement provided by the Performing Medicine team;

- nearly all participants felt that they had benefited from the PM approach;

- respondent comments strongly suggest that Trust staff who participate in team-based courses/ events do derive more benefit from their engagement with CC and the PM approach than the participants in elective sessions;

- although greater awareness of self-care and care of colleagues were frequently reported by participants when recalling highlights from their courses, the importance of self-care when caring for patients has only occasionally been discussed by respondents so far. This form of questioning may have led people to focus on what they saw as different or even liberating in

the programme (the permission to focus on themselves, their needs and those of colleagues) rather than their usual preoccupation with patients and their needs. This assumption should be explored further.

5.7 Necessary conditions for success

All the necessary conditions for success appear to have been met in this series of courses/events. Nearly everyone felt that the courses/events offered were of good quality (and some participants were even more enthusiastic than this). With one exception, the take up levels for courses/events were adequate to good and high levels of engagement were reported by participants and facilitators. It was evident that there was sufficient participant engagement to achieve some change and provide a context and empowerment for ongoing personal development. It was also clear that nearly all participants valued the sessions; engaged in activities and practiced the skills; post-event interviews also suggested that participants had taken up some of the ideas and techniques with enthusiasm.

5.8 Issues identified

This phase of the engagement with GSTT has been an exploration and, not unnaturally, the ToC key informants tended to identify its core aims again as issues (as noted in *Appendix B:* Barriers and issues). The progress made by the project team in dealing with these issues has already been summarised in section 5.1 above.

6   THE DIRECTION OF TRAVEL

Although the picture of participant engagement in the current phase of this work cannot be directly compared with the results of the *Arts Based Learning Report* which looked at the previous phase of this work (because the current evaluation relies more on open questions), the participants' comments show that they are continuing to benefit from the courses in a consistent way.

The main findings of the *Arts Based Learning Report* participants' survey were that, from the survey data overall, participants overwhelmingly agreed/strongly agreed/totally agreed that their course:

- Helped them understand the meaning of self-care

- Helped them understand the meaning of self-care in their professional lives

- Helped them understand the meaning of self-awareness on communication

- Added to their set of communication techniques

- Provided greater understanding of the way their actions affect patients

- Gave them greater understanding of the way their actions affect colleagues

- Added to their set of practical techniques to make interactions with colleagues more positive

- Added to their set of practical techniques to make interactions with patients more positive

(Our use of blue text is explained below.)

In the follow up interviews 2-5 months after the course, participants reported that they were still thinking about the course, still trying to implement what they had learnt and that they experienced more positive communication with colleagues and patients and a better sense of well-being.

In contrast to the *Arts Based Learning Report* surveys, both the post-event questionnaire and interview schedule for this evaluation used open-ended questions, so that respondents reported on what was important to them. Even so, there are strong similarities in some of the findings.

Respondents in the current round again reported that the courses:

- Helped them understand the meaning of self-care

- Helped them understand the meaning of self-care in their professional lives

- Gave them greater understanding of the way their actions affect colleagues

- Added to their set of practical techniques to make interactions with colleagues more positive

In relation to the other key findings from the *Arts Based Learning Report* *[highlighted in blue above]*, there was only sporadic mention of communication in the feedback, apart from the course on *Effective Conversations* which focused on communication (as shown in the feedback in *Appendix E* section 6), but concentrated on strengthening existing techniques rather than adding new ones. However, the references to self-presentation, body posture and non-verbal communication show that some participants had become more aware of the connection between self-awareness and communication. Again, the understanding of CC or of elements of CC exhibited by some participants was encouraging (see issue 10.3 below).

In the follow up interviews 2-5 months after the course, participants reported that they were still thinking about the course, still trying to implement what they had learnt and that they experienced more positive communication with colleagues and patients and a better sense of well-being

Respondents also felt that the nine courses:

- Gave them insights into using mindfulness as a way of preparing for challenging situations
- Equipped them with a range of relaxation techniques
- Offered ways of self-checking stress levels and handling their own stress
- Through the CC, legitimized self-care as an important foundation in caring for others.

Some of the courses offered other benefits, notably:

- Gave greater understanding of team strengths and mutual support (through the four *Managing stress* and *Teambuilding* courses)
- Communicating the message that the Trust and its management value and are seeking to support their staff as individuals.

Together, these two sets of evidence show that the work covered by the *Arts Based Learning Report* and this report are continuing to contribute positively and consistently in encouraging positive self-care within the Trust.

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7   CONCLUSIONS AND RECOMMENDATIONS

The conclusions for this phase of the programme are linked specifically below to the four key objectives as specified in the ToC (see *Appendix B*). They are followed by recommendations about further development of the CC programme, as well as about future programme evaluation options.

It is important to remember that, except where indicated, the views are those of individuals and may not represent a majority view of all respondents.

7.1   Should these courses (or similar events) be offered across the Trust?

All 16 interview respondents (and several post-event questionnaire respondents) felt strongly that these types of courses should be offered more widely across the Trust. Some of their comments are:

Everyone should do it, because, in the NHS right now, there are so many changes and so many issues and each government, the first thing they attack is the NHS; and because the organisation is so visible and beneficial it gets hit and hit. This is one of the most niche areas of the NHS and it was great to just step away from that. There is so much pressure because we are dealing with people's lives here and the responsibility and the stress that comes with that; you can't quantify that stress. So, things like this, it's a way for the NHS to show that "we care about you" and it's a way of saying "in order for you to help people, this is a way of helping you to help people." *[Health Visitor]*

Definitely – especially for managers – high stress jobs – de-stress and a day away and in a position to encourage further team away days. *[Administrator]*

Nice to roll out to all community workers, A & E and other pressured environments. *[Nurse]*

This works really well with *teams.* If you had been an individual going into [a *Managing Stress* session] without [colleagues], some people might feel out of their comfort zone. It should be offered to all teams at all levels. *[Manager]*

I absolutely think it (the *Effective Conversations* course) is appropriate within the NHS, especially for people with a bit of experience within the NHS – the skills are applicable to patients, parents and colleagues. *[Clinical Lead Physiotherapist]*

"Everyone should do it, because, in the NHS right now, there are so many changes and so many issues... There is so much pressure because we are dealing with people's lives here and the responsibility and the stress that comes with that; you can't quantify that stress. So, things like this, it's a way for the NHS to show that 'we care about you' and it's a way of saying 'in order for you to help people, this is a way of helping you to help people'"
Health Visitor

7.2   Is a one-day workshop sufficient?[7]

Nearly all the interviewees would welcome further reinforcement of the benefits that they identified in the courses:

I'd like to have more, because we are human beings and after a few months we go back into our habits and forget things. *[Made an analogy with dieting, where removing the stimulus may lead to falling away.]* It would be nice to have more than one day, like more reinforcement spread out over time. Maybe a follow up after two months 'How have you been since that day?' – then delve into that and explore that more. But I understand if that can't happen; we've all got lives and we've all got things to do. One day is fine: you know, the whole tension thing in your body and that we can all care for ourselves. *[Health visitor]*

A follow-up event would be great, but the issue is around release and having time to go.

It would be really great nice to have a follow up six months later. [there were] lots of good ideas, but retaining them is another story. *[Health Visitor]*

Nice to have follow-up sessions to review what we are doing – regular sessions twice a year.

If there was a 'skills into practice' follow up (to the *Effective conversations* course) I would attend. *[Clinical Lead Physiotherapist]*

7.3   Do participants understand the Circle of Care after the courses?

It was evident, especially from the interviews, that the concept of CC has been grasped by several participants. Two examples are:

It never occurs to us. It's a well-known fact that the people who work in the medical professions make the worst patients. They don't look after themselves! They go round the clock and don't take time out. You can't do it if you are not well yourself. That's why I think the Circle of Care is so important, because it tells you that you are allowed to look after yourself. Everyone benefits. It's not just a one access thing where some people give and give and give and the others take and take and take. Every person in the Circle is important in the process. I think the whole thing is great.

This workshop is unique because its focuses on 'This is how I am feeling and what is going on – how we can cope with stresses'. Not, 'what you do'. More about the person.

Additionally, in the post-event questionnaires, 15 people made totally unprompted references to learning about CC or planning to use it.

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7   The Circle of Care for Clinical Educators was a two-day event

7.4   Other benefits of CC

There is ample evidence from the questionnaires and interviews that people feel empowered by what they have learnt and particularly by what they expect to use and what they are doing differently (see section 4.4).

Importantly, the act of providing courses focused on self-care appears to be a powerful way of enhancing staff morale. 6 of the interview respondents made this point and it is implicit in some other comments.

> **It makes you feel that you have value – giving us something very much for us. Having more events like this will improve morale. Knowing that management is open to this makes you feel more valued. It should be mandatory.** *[Nurse]*

> **I felt like I've grown.** *[Presentation skills participant]*

> **I feel a bit taller and have more confidence.** *[Administrator]*

> **If we all did this** *[Managing Stress]* **it would work better across the board and there would not be so many people leaving. People will feel that the Trust actually cares, because you know that 'the Trust put this on for me; maybe they do value me as a worker, care about me as an employee.** *[Health Visitor]*

Importantly, the act of providing courses focused on self-care appears to be a powerful way of enhancing staff morale

Various ideas for developing CC engagement with the Trust have been offered by key informants, CC programme shapers and facilitators and event participants. In putting these ideas forward we are aware that the project team is continuing to work on development of their relationship with GSTT workforce leaders:

Recommendation 1: that further attention should be given to how best to secure a sustainable future for CC in relation to the Trust. Suggestions included:

- Continuing to work on building a strong partnership with workforce development leaders at GSTT

- Developing a clear model of delivery that is partly based on commissioning courses in advance and partly reactive to needs as they emerge ('a resource that we can draw upon when policy issues come to the fore')

- Make sure that the project team listens to what the trust leaders want them to deliver

- Ensuring that the approach to delivery includes a clear development framework that clarifies such issues as who owns and controls the process

- Being ready to respond very rapidly to emerging needs (an example was given of a trust-wide initiative in response to a staff survey that highlighted the need for a leadership development response)

- Systematically seeking to present the concept of the Circle of Care (which was described as 'different and refreshing') to leaders at all levels within the Trust, especially the most influential people such as consultants

- Applying lessons learned about embedding this work from Performing Medicine work at Barts and The London School of Medicine and Dentistry

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Recommendation 2: that CC offerings should target particular parts of the GSTT workforce. Examples covered;

- Stress management courses for the most pressurised staff groups (such as those in A&E)

- Giving more thought to how to present CC to older Trust staff such as more established consultants who 'don't think they need self-care'

- Further targeting junior consultants (who are likely to think about how to look after themselves in their new work environment and to welcome help in having difficult conversations).

- Targeting various GSTT 'new starters' programmes' to introduce the CC approach

- Offering introductory and follow on courses for workforce teams on stress management and team building.

Recommendation 3: that Clod Ensemble should look at the possibilities of offering licensed training in Performing Medicine methods and practices to trainers employed by the Trust or by the NHS. This proposal is based on recognition that the unique set of skills and experience offered by the arts-based Performing Medicine facilitators cannot readily be replicated by people without an arts background but that a cohort of trainers with greater understanding of the Performing Medicine approach could be invaluable as advocates for CC as well as for joint training development

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Recommendation 4: that Clod Ensemble/Performing Medicine and GSTT should consider ways of disseminating the learning from Circle of Care more widely across the NHS by ensuring that their development activities are more rapidly communicated to workforce managers within the NHS

Recommendation 5: that the programme theory approach to evaluation, including evolution of the ToC, should continue to be an element of programme development to ensure that a strong evidence base is developed to support CC advocacy work. It might be interesting to review other relevant approaches to theory-based evaluation, such as the Aesop planning and evaluation model of arts with a social purpose, as part of the ongoing evaluation work.

Recommendation 6: that the CC delivery team should consider the specific suggestions about programme changes listed in *Appendix E* sections 1.3; 2.3; 3.3; 4.3; 5.3; 6.3; and 7.

David Streatfield
Information Management Associates
 April 2019

Appendices

Date	Courses
15-Jun-18	New Consultants Short Session
22-Jun-18	Established Consultants Short Session
25-Jul-18	Circle of Care for Clinical Educators (Day 1)
26-Jul-18	Circle of Care for Clinical Educators (Day 2)
27-Jul-18	Service Leads Forum Short Session
27-Jul-18	Taking Care
08-Aug-18	Managing Stress
01-Oct-18	Managing Stress in-house
05-Nov-18	Managing Stress in-house
09-Nov-18	Established Consultants: 'Circle of Care: Effective Conversations' Short Session
20-Nov-18	New Consultants Programme Short Session
23-Nov-18	Audit Day - Overview of Circle of Care Short Session
28-Nov-18	Circle of Care for Clinical Educators (Day 1)
29-Nov-18	Circle of Care for Clinical Educators (Day 2)
30-Nov-18	Service Leads Forum 'Building Bridges' Short Session
30-Nov-18	Presentation Skills
05-Dec-18	Team Building
10-Dec-18	Taking Care
20-Dec-18	Effective Conversations
	Engagement activities
02-Oct-18	Make Yourself Heard Workshop
10-Oct-18	Marquee: Yoga, Voice Coaching, Massage and Mindfulness Sessions
11-Oct-18	Marquee: Yoga and Massage Sessions
17-Oct-18	Marquee: Yoga and Massage Sessions
01-Nov-18	Stress Management Short Session
06-Nov-18	Make Yourself Heard Workshop
19-Nov-18	The Recovery Room: Yoga for Stress Management
15-Feb-19	1:2:1 Massage Session
22-Feb-19	1:2:1 Massage Session
01-Mar-19	1:2:1 Massage Session
08-Mar-19	1:2:1 Massage Session
15-Mar-19	1:2:1 Massage Session
22-Mar-19	1:2:1 Massage Session

Courses covered in this evaluation are highlighted in purple.

APPENDIX B: CIRCLE OF CARE THEORY OF CHANGE

Aims

This Circle of Care project aims to understand how the work can be embedded at GSTT and help to deliver the strategic objectives of the organisation; as well as to ascertain what infrastructure, communications and capacity needs are required.

Objectives (see section 7 of the main report)

The objectives suggested for this phase of the work could be summarised as to:

- test whether the Circle of Care courses (or similar events) could be offered effectively across the Trust and embedded within the GSTT staff development offer;

- assess if one-day (or other short courses) are adequate to begin to generate change in the Trust workforce;

- gauge whether a series of courses/events is an effective way to propagate the concept of the Circle of Care;

- learn about other benefits of CC.

Expected changes

Various changes to the course/event participants (and potentially to the wider workforce) were identified by the key informants, notably that:

- Trust staff will find appropriate personal and professional development support in areas covered by each course/event;

- the courses/events will contribute to the Trust workforce becoming more aware of the need to manage stress, particularly at work;

- the courses/events will contribute to the Trust workforce becoming less stressed and more positive about their work in the short-term and that some of this change will be sustained in the longer term;

- the courses/events can lead to some changes in Trust workforce practices and behaviour in the short-term and that some of these changes will be sustained in the longer term;

- Trust staff will more fully recognise the importance of teamwork and will derive more support from their colleagues.

Impact indicators

How can we tell whether the expected changes are occurring? These impact indicators are derived directly from the expected changes above.

- Do the course participants find the sessions useful for their work?
- Are they more aware of the need to manage their own stress when caring for others?
- Have they found (or been reminded of) ways of managing their own stress?
- Do they feel more positive about aspects of their work?
- Are they applying what they have learnt in their work (and in other aspects of their lives)?
- Are any changes arising from the courses/events sustained over time?
- (Where appropriate) Are participants more positive about team working as a result of their course/event?
- Is there evidence of more peer support within teams?

Mechanisms

This programme will be facilitated by Performing Medicine Associate Artists, chosen because of their experience with other Performing Medicine initiatives. They bring a range of performing arts perspectives and ways of working which are different from the usual clinical teaching and learning approaches.

The programme participants will usually elect to take part in (or be sent to) advertised courses/events unless they are members of GSTT teams where the team leaders have arranged for team events to be facilitated by Performing Medicine.

The events will be tailored to the perceived needs of the Trust, drawing on Performing Medicine's extensive experience of offering these types of courses for health care staff and medical students. Two types of added value provided by Performing Medicine were identified: making it legitimate to look after yourself and navigating difficult parts of the job better.

Some courses/events will be advertised within (and beyond) the Trust; others will be offered as part of existing GSTT professional development activities. Sessions will be held in rooms deliberately positioned away from the clinical environment.

Assumptions underpinning this initiative

A core assumption identified in different ways by various key informants is that that taking arts/performance expertise into health care settings can make a real difference to how Trust staff do their work. More specifically, respondents assumed that:

- the concept of CC will help course/event participants to fully recognise the importance of self-care and its relationship to care between colleagues and to care for patients;

- the skills and experience of the Performing Medicine team will make a notable addition to the personal and professional development repertoire for the staff of the Trust;

- the skills and experience of the Performing Medicine team are compatible with the staff training and development needs of the Trust workforce;

- most event participants will respond positively to the levels of interaction and engagement provided by the Performing Medicine team;

- the concept of the Circle of Care will help course/event participants to better understand the importance of self-care when caring for others;

- all Trust staff who elect to participate in courses/events will benefit from the PM approach;

- Trust staff who participate in team-based courses/events will derive more benefit from their engagement with CC and the PM approach (because of the chance provided to focus on team concerns and because team members are likely to support each other, both when engaging with the techniques and methods introduced at the events and when applying what they have learnt afterwards).

Necessary conditions for success

The main success factors identified were the quality of the courses/events offered and, more specifically the combination of CC, the experience and skills of the facilitators and the embodied, practical nature of the courses and workshops. Also mentioned were achieving acceptable numbers of participants at courses/events and having sufficient engagement to achieve some change and provide a context and empowerment for ongoing personal development. As with all the Performing Medicine events, participants need to value the sessions; attend; engage in activities; practice the skills; and to take responsibility for their own learning.

The social and political environment for this work appears to be positive. The Trust 'wants to be seen as caring about its workforce' and there is reported to be a growing interest in arts and health (including at government level) as well as renewed concern about the well-being of health professionals from the GMC.

Barriers and issues identified

This phase of the engagement with GSTT has been an exploration and, not unnaturally, the key informants tended to identify its core aims again as issues:

1. **Finding a sustainable model:**

How the work can be embedded at GSTT; or, put in other terms, how to achieve a financially-sustainable model for continuation of this work in an environment where embedded costs such as staff salaries are less visible than 'bought in' services. A threat identified here is that sponsorship by champions amongst the GSTT leadership will be needed to achieve embedding of CC within the Trust, but the benefits of an arts approach are not easy to convey without some level of immersion in the programme.

CC will flounder if it is always a bought in model which is competing against a variety of other service providers. One key informant commented:

> **We haven't got really strong evidence that says 'this is absolutely the way that you handle dysfunctional teams' or 'it creates a new kind of environment for people to feel able to speak up or have effective conversations' … more than for all the other things we offer in that space – it is quite difficult at the moment to make that judgement.**

The same respondent pointed out that:

> **If the charity wants to pay for it, we will support its integration, but it is still a risk because, if the charity funding goes, we can't pay for it, so it is not really integral.**

2. **How can CC help to deliver the strategic objectives of the Trust?**

3. **What infrastructure, communications and capacity are needed to deliver the CC approach?**

Appendix B.1: Circle of Care Theory of Change Diagram

Two **overarching aims** of the CC project were identified:

- understand how the work can be embedded at GSTT and help to deliver the strategic ob-jectives of the organisationassess if short courses can begin to generate change in the Trust workforce

- *a*scertain what infrastructure, communications and capacity needs are required

These led to **four objectives** for this phase of the work:

- test if CC courses can be offered effectively and embedded within GSTT staff development

- assess if short courses can begin to generate change in the Trust workforce

- gauge if a series of courses is effective to propagate the concept of the Circle of Care

- learn whether these courses can contribute to helping the Trust workforce to feel better

These are then translated into:

- 5 **expected changes** in trust staff involved with CC

- 8 **impact indicators** to show whether expected changes are achieved

The key mechanisms that are expected to produce the identified changes are:

- facilitation by non-clinical artists with substantial Performing Medicine (PM) experience

- participants elect/are advised to attend,

- or are part of a team event

- events are tailored to perceived needs of the Trust workforce

- events are advertised within the Trust or are offered as part of GSTT professional development activities. They are conducted in non-clinical settings

Assumptions that underpin the initiative;

9 were identified, notably:

- CC helps participants see importance of self-care and its link to care for others

- Skills +experience of PM team will be relevant and will add to the Trust PPD offer

- Various assumptions are made about the effects of CC on participants

- CC can be used to persuade the Trust that the programme is worth supporting

Necessary conditions for success identified were:
Quality of the courses offered through the combination of CC, experience and skills of facilitators and embodied practice; acceptable level of course take-up; sufficient engagement to achieve some change and empower development. Participants need to value the sessions; attend; engage in activities; practice the skills; and take responsibility for their own learning

Issues identified:
these were to meet the four objectives above (since this phase of the CC work is exploratory)

APPENDIX C: CONTRIBUTION AND ATTRIBUTION

There has been growing disenchantment with attribution studies as the 'golden bullet' for impact evaluation in complex environments such as education, or in relation to complex interventions such as those required when dealing with long-term health conditions.

Attribution studies attempt to answer the question: 'Did the programme cause the observed outcomes?' By contrast, contribution studies recognise the complexity of the world of health professionals and the range of contributory factors in any change. The core question becomes: 'Did the programme contribute to or help to bring about the observed outcomes? Attribution implies causation and involves drawing direct causal links between observed changes and specific interventions.

Some questions addressing attribution might be:

• Are the outcomes of interest attributable to the programme?

• Are the outcomes of interest changing as a result of the programme?

• Did the program cause the outcome of interest?

For comparison, some questions related to contribution are:

• Is the program contributing to the outcomes of interest?

• Are the outcomes of interest changing?

• Is there evidence that the programme helped to achieve or was part of what caused the outcomes of interest?   (Almquist, 2011)

Arguments for moving away from a simple logic model (which assumes a straightforward linear progression from intervention to impact, as in most attribution studies) have been put forward increasingly cogently by parts of the international evaluation community in recent years (see, for example Rogers, 2008).

This disenchantment with attribution studies, combined with recognition of the limitations of only claiming limited contribution, has led evaluators to engage in extensive debate, both in print (e.g. Rogers & Weiss, 2007; Mayne, 2012; Befani *et al*., 2014) and in recent conferences (e.g. the 12th European Evaluation Society Conference, *Evaluation Futures in Europe and beyond. Connectivity, Innovation and Use,* held in Maastricht in 2016) about adoption of programme theory-driven approaches to evaluation, including contribution studies. Contribution studies recognise the complexity of the worlds of healthcare professionals and the range of contributory factors in any change.

By complexity we mean a system in which relationships are non-linear; there are multiple perspectives to encompass, the system is dynamic and produces unpredictable change. This is 'messy

space': everything is connected because incidents or changes in one part of the system affect all other parts (Preskill & Gopal, 2014).

In responding to this complexity, evaluators give central importance to rigorous and systematic early articulation of the ways in which the programme expects to bring about clearly identified changes in individuals and communities. The usual approach is to build a Theory of Change to encompass these elements.

One effect of creating a ToC is to bring into question our traditional methods of data collection for evaluating training or education programmes and to encourage evaluators to use mixed methods (Greene, 2008). This is important when the evaluation norm is usually to collect lots of data but without being able to show whether and how the work contributes to the change being sought.

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APPENDIX D: GLOSSARY OF TERMS

Body scan
A relaxation and awareness technique, focusing on the body and areas of physical tension.

Bucket of compassion
An image that came out of interviews with staff across Guy's and St Thomas' in 2014, in which staff described compassion as a limited resource which they carried with them as they worked, which would run out as if in a leaky bucket.

Cameras Out
A voice coaching technique to help with speaking in front of people, in which participants are asked to visualise that instead of imagining that they are being watched – with "cameras pointing in", they themselves hold the cameras and are looking out.

Mindfulness
Simple breath-based awareness techniques for relaxation.

My values
A discussion-based exercise to explore personal values and motivations for working in healthcare.

Rainbow of Desire
An interactive theatre technique in which participants explore and map the emotional landscape of particular experiences or events.

Role play exercise / scenario
A range of interactive exercises in which participants are able to watch scenarios and coach actors to improve the scenario / or take part in the scenario themselves and receive feedback.

Seven states of tension
A physical theatre exercise in which participants physically embody seven different states of tension in the body, from very relaxed to very tense, used to explore non-verbal communication.

Stick activity (also referred to as 'stress exercise')
A game using bamboo canes that explores team-working and how tasks are shared and handed over as a team.

Yoga
Simple seated movements and stretches, with breath-based relaxation techniques.

Body scan

Bucket of compassion

Cameras Out

Mindfulness

My values

Rainbow of Desire

Role play exercise

Seven states of tension

Stick activity

Yoga

APPENDIX E: DETAILED COURSE COMMENTS

The comments below are drawn from nine Circle of Care courses delivered in 2018.
These consisted of:

Three *Managing Stress* events delivered as the core of team building events; including one for nurses and nurse managers

An elective *Managing Stress* day

One *Team Building* workshop for a community health team

An elective *Taking Care* course

One elective course focused on *Effective Conversations*

A half-day course on *Presentation Skills*

A two-day Circle of Care *for Clinical Educators* course

1 MANAGING STRESS

1.1 What people learnt, had reinforced and found useful

The main things learnt or reinforced by the 73 questionnaire respondents were fairly consistent across the four courses, although the event for nurses and nurse managers covered slightly different ground, such as emphasising different types of walking as a metaphor for dealing with stress. These learnings are summarised below in descending order of frequency of mention, using the participants' most common descriptive terms. The responses are grouped in two parts below to indicate the concepts that focus on individual self-care those that focus on helping the respondents' teams or workgroups:

Self-focus
De-stressing/relaxing/yoga (51 responses)
Taking time out to relax, reflect and re-focus (33)
Self-care (24)
Body scan/recognising your own stress (12)
Learning to say 'no' (10) (apparently not covered in the event tailored for nurses)
Stages of walking (nurses course only) (8)

Team/group focus
Importance of body language (11) (7 responses at the nurses' course)
Recognising stress/the effects of stress in others (10)
Handing on/passing on (6)
Communicating needs within the team (5)
Respecting other people's space (5)
Defusing confrontation (4)

The last two of these topics were only mentioned by participants at the three away-days, along with 10 other topics, from 'stop, breathe, function', 'nutrition and hydration' and 'exercise' to 'appreciating my colleagues and management.'

When asked what had stood out for her from the day, one of the interview respondents highlighted:

> **Mindfulness and the yoga and the importance of it. You are not feeling that anyone is going to judge you if you say, 'I'm going to take time out to do that.' Until then, if you had mentioned yoga, we would have said that 'we are all so busy, we don't have time for that kind of thing', but when we started it, we felt that you can bring this into your day. It made me realise that I should do this more readily (I already have the Headspace app and have done yoga sessions). There was a really positive response from the whole team** *[to the yoga]***, but that was also because of the facilitation of those who were leading it, lovely open people, and because we are a good team – we know each other well and have a good time... we were talking about it for days afterwards... I've shared it with other people in other teams... It was good that management participated as well.**

I was feeling really relaxed at the end – if it had carried on it would have been lovely. I felt really good – calm. All the space on the floor was covered with people, but it didn't matter: some people even fell asleep.

On the day as a whole, she added:

There was more focus on us as people, rather than on the jobs that we do.

This wide range of responses reflects the highly interactive and mutually supportive nature of the event; one respondent suggesting that once a safe environment had been established by the facilitators, the team (which is well established) were able to communicate readily about their concerns and stresses.

Participants identified a total of 25 elements of the programme that they found most useful, some of which were mentioned many or several times. Around a third of these nominations were again for 'de-stressing, relaxation and yoga' (31 responses) and (rather unhelpfully for this evaluation report) there were also several for 'all of it' (17 responses). 24 of the other replies repeated topics from the earlier self-focus list, with most of the others picking out specific activities (e.g. 'role play exercise' or 'stick activity'), techniques (e.g. 'stretching exercises' and 'the breathing exercises') or ideas (e.g. CC or 'Seven states of tension').

One manager chose another aspect of the programme as most useful:

The discussion of what is demanding, from members of staff. *[It gave me an]* **interesting insight into how staff feel around certain areas of work.**

1.2 How the participants responded to their event

(see main report section 4.2)

Nearly all the participants saw all three events as successful and the post-event feedback included comments like 'Excellent, informative and all very useful' or 'extremely interactive and a fun forum.' One participant urged the organisers to 'keep it all as it is, because it is so powerful and an excellent tool in managing stress/care.' The participants gave lots of praise to the facilitators, such as 'Great passion and enthusiasm – and safe hands' and 'They had a sense of who we were and could reflect that back in the session.' A health visitor said later 'They were fabulous: the way they talked to us and ran the session – it just flowed nicely... they were so calm, they let everything flow – even though we are a rowdy bunch we just followed them – they reined us back in without making a meal of it. They seemed like part of us by the end of the day.'

9 of the 16 people who took part in the follow-up interviews had attended one of the *Managing Stress* courses. We asked them what stood out for them from their day. Two replies were:

Hearing that other people are feeling similar to me – hearing from all the team. *[The facilitators created]* a safe space and a positive, supportive way of sharing.

It was so rewarding: we were asked about ourselves, how *we* were feeling, what *we* did, did *we* look after ourselves? (Usually, the expectations are that we turn up for work, don't call in sick and don't take time off.) It was really, really good.

How we work as a team was brought out on the day. A colleague commented that we didn't work well together, but she was proven wrong throughout the day. We worked really well together; it was really nice to see. The whole team in the afternoon was doing yoga – it was absolutely amazing! We are still talking about it in the office weeks later. I brought a mat into the office – some of the girls are using it in the staff room – just relaxing and doing exercises. Discussing mindfulness – how we see ourselves – amazing!

The manager was amazing for doing this for us. The yoga and the mindfulness made me feel so well, so happy. It makes us feel valued – not just working, working!

The next comment is transcribed directly from an interview with one of the participants to try to convey some of the energy and commitment generated by the two team building days:

I didn't think it would be a whole day of great fun and would be really useful. I didn't think that deeply about it. They came and I loved *[the facilitators]* - they came, and I thought "Holy Crap, this is great" and everyone enjoyed it. We have been talking about it for weeks and weeks now, it's been nearly a month now and whenever we think about it, we all burst out laughing. It was a great day! … Even when we feel the stress rising, we say "Hey guys, remember what we learnt."

Q. Looking back on the day, what are the things that stand out for you?

For us it has to be the meditation; that was very interesting for us. A couple of people fell asleep! It was very interesting to know that tension builds up through your body and sometimes you don't even know about it. After we were called on to do that; afterwards we were mindful of that. We did all of the exercises – and felt really light afterwards. It was just weird. The body is an interesting thing. We learnt small exercises to do at our desks and stuff to relieve that stress and that tension – it was eye opening for me.

Q. Anything else about the day that leaps out at you?

The way it was all put together; it didn't feel like they were coming in; it felt like we knew them. They didn't feel like 'these experts', it felt like they were part of the team. It was also a great laugh, it was beneficial to us in terms of how to help ourselves, but it was also a great day away from all the things that actually cause the stress. It was also a blast.

[Commenting on the facilitators] They just gelled in and were very passionate about it, warm and … we have got huge characters in our team and they just gelled with us. It was amazing; really good. I want them to be my life coaches. [Laughter]

She has since recommended the programme to two other teams of health visitors and nurses.

Another manager who was interviewed later:

> **… expected the usual Powerpoints about what stress is and what to do, but I found it very useful getting people to reflect on what they can do before, during and after work and also the exercises. It was much more interactive than usual and the exercises – it stays with you longer and you do come away and take more action.**

1.3 Possible changes to the courses

A few people wanted even more to be packed into their course, one each asking for "more tips on how to manage stress," "longer session on breathing and yoga" and, "a short video presentation of feedback from other teams?"; whilst two others picked up on a passing reference made by a facilitator and "would be interested in understanding passive-aggressive behaviour".

Apart from the people who did not like the walking activity, only 4 people were critical about any aspect of these courses: one suggested that in future they should 'start at 9.30?' [finding it] "very stressful trying to get to the venue at 9.00"; and an administrator wanted to "shorten" [the event to] "half a day" (although still finding the event 'useful').

A health visitor, who judged the overall event 'very useful,' questioned the "stress exercise because it does not square with the reality of NHS staffing: if you already have 4 or 5 sticks, who do you give it to?"

Another health visitor, who was referred to earlier, and who only rated the team building event 'fairly useful,' complained that the "Trainers gave quite a few examples of hospital settings, whereas we are community"; and that "I sometimes found the trainers spoke too much"; and "would have liked more opportunity to share rather than [be] talked at."

1.4 What people plan to use (and are using)

Taking the events together, 32 people planned to use 'yoga/relaxation techniques' and 18 aimed to 'take time out' during their working day to relax and refocus. Other people chose more specific related or overlapping activities, notably 'body scan' (10), 'body posture' (5), focusing on walking (5), stretches (6), exercise (7) breathing techniques (4), mindfulness (5) and 'preserving my own space' (3). In all, the 63 respondents planned to use 90 self-focused techniques or ideas in their quest to reduce their own levels of stress.

Since the days were primarily focused on self-care and few of the participants were managers it is not surprising that only 12 of the planned activities focused on helping teams and colleagues but these did include dealing with conflict (4 responses) and team building. However, several of the people who chose self-help activities said that they planned to share these with colleagues beyond their team, for example "Talk about relaxation. Demonstrate what I learnt in the yoga session."

Although not specifically asked about this, 16 people expected to use the techniques and ideas both at work and at home, 17 others envisaged using them at work and 8 mainly at home. An example of the first set of replies is:

> Breathing – being aware of the stress in my body and taking time out to help myself relax. I will do this daily at work and at home.

A work-centred reply is:

> The yoga stretches: to aim to incorporate the yoga daily. Take time during the day for some 'me' time (use time more mindfully).

Five weeks after the event, one of the managers was still strongly recollecting the team building day and using several of the suggestions and techniques:

> We briefly spoke about diet; awareness of what we eat and taking time out, because sometimes it gets really hectic and you are eating at your desk, and there is no separation of 'me' time. We need to take care of ourselves first before we can help others – making more of a conscious effort for taking time out for me; not lose my way in the chaos of work.

> The Monday morning feeling – eraagh! – you come in and non-verbal communication is very important, because sometimes we pass on stress and don't realise. We did a lot of exercises – if one person comes in and is all jovial it sets the tone. Basically, that kind of awareness of our non-verbal communication - that was an eye opener for me because I'm quite expressive and I don't need to say anything; it's just written on my face. It was very beneficial for me to be mindful of what I put out into the world.

> We need to appreciate what other people are going through in the workplace; I've been using that a lot more when delegating stuff or asking for favours (which I normally do).

A health visitor picked out:

> Mindfulness – we are all dealing with this. We are taking this on board and checking ourselves every time. We all need to check. I'm finding myself stepping back before doing and saying anything.

Another manager interviewed had teamed up with a colleague to take regular breaks and yoga sessions and they set aside a half an hour when working from home. She added that "I'm less good at doing it than she is but we are keeping it up." She planned to collaborate in an activity for her whole team at the end of the following month.

2   TAKING CARE

2.1   What people learnt, had reinforced and found useful

When the 15 respondents replied to our question about the main things learnt or reinforced there was, not surprisingly, substantial overlap with the *Managing Stress* replies in relation to the self-care topics, but the responses tended to be more specific. The leading replies are again shown below, in descending order of frequency of mention, using the participants' most common descriptive terms:

Self-care (6 replies)
Pause before approaching difficult situations (6)
Body scan (self-checking) (5)
Rainbow of Desire (5) – "understanding emotions better and how they interact and get embodied"
Reflecting on own values (4)
CC (4)
Awareness of personal space (3)
Thinking before touching (3)
Taking time out during work (3) – "before facing a difficult situation – having a plan", to be used when "resolving conflicts amongst team members" and when "having difficult conversations with team members."

Participants identified a total of 21 elements of the programme that they found most useful, mostly echoing the previous list. The 'Rainbow of Desire' (4 responses), 'Body scan' (4), CC (2) and 'My values' (2) were mentioned more than once. One person nominated "role playing – although I usually hate it!"

2.2   How the participants responded to 'their' event

11 of the 15 respondents found the course 'very useful' and the other 4 saw it as 'useful.'

2.3   Possible changes to the courses

10 of the 15 participants wanted no change, because, as one person said, "I think this programme is excellent." A nurse who was interviewed later thought that the day was really good and added that:

I liked the fact that there were practical exercises and that there were people with a theatre background, who think of things a bit differently, rather than medical professionals... I would have liked a bit more on self-care because a lot of people struggle with that ... It was really good having different perceptions – I'm looking at things a different way in my day to day practice, thinking about things a lot more.

3 people looked for a little more, feeling that "it would be nice to have another role play scenario;" asking for "more visual presentations" (although not making clear whether the number should be increased or whether current presentations should be made more visual); suggesting that participants "work more in groups rather than pairs" and that "maybe some non-clinical scenarios [should be added] for admin staff to relate to" (although this respondent still found the overall event 'very useful'). One person complained that the room was very cold.

The nurse who was quoted earlier felt that having prior information about what the day would entail would have been useful because of the role play activity. She added that although she had no problem with it herself, a few people had opted out of that activity.

Finally, a specialist in the field urged the facilitators "to point out other resources for taking care at work: EAP, Occupational Health, NHS referral, etc." adding that "You are bound to have people with mental health problems sign up!"

2.4　　　What people plan to use (and are using)

(see main report section 4.4)

The 14 respondents intended to use 29 ideas or techniques at work (8), at work and at home (5) or presenting a session on the CC to her team. Most frequently cited were the 'Rainbow of Desire' (7), 'body scan' (6), 'Self-care/CC' (5) and 'Pause and prepare' (3). A participant who was interviewed later reported that she was using body scanning, breaking down situations and the emotions she felt at the time and taking a bit more time.

An administrator who was interviewed later reported that "I don't eat lunch at my desk anymore and I do stretching exercises."

3   CIRCLE OF CARE FOR CLINICAL EDUCATORS

3.1   What people learnt, had reinforced and found useful

(see main report section 4.2)

This was a small event with only 4 respondents. Even so, they highlighted both specific activities, such as 'appreciating the person' (described as "a lovely exercise"); and the effects of these activities on themselves, such as "the impact of non-verbal communication", and the usefulness of the CC concept:

> **Overall, the idea of relational aspects of health care provision and communication. The location of the value/activities/skills – and care at the centre of the circle. The inclusion of self-care as an integral part of the provision of compassionate care. Understanding better the concept and development behind the model.**

Participants also appreciated learning "how to frame CC within a clinical context" and the "use of the innovative coaching model within a clinical context." One person drew attention to "the potential for the model to be developed across a wide range of sectors."

3.2 How the participants responded to their event

(see main report section 4.3)

All 4 respondents found the overall event 'very useful', one adding "All good, thank you" and the only suggestion for change from one participant was "Possibly condensable into less time?" [This perception may have been triggered by the small number of participants?]

One participant was interviewed later and said

> **It worked well; there were interesting things on both days, particularly how to look after yourself as a provider – a key focus. I am still guilty of 'do as I say, not as I do – it was a valuable reminder,** later adding, **I'm curious how it would work with more participants. The dynamics would be different.**

This participant summarised the event as:

> **A gentle reminder of the importance of looking after ourselves: creative, very respectful, safe, nurturing – a lovely couple of days. There is congruence between what is in the model and doing it ourselves.**

3.3   Possible changes to the courses

One suggestion offered was to provide a little more information in advance, because for some people the suggestion of wearing comfortable clothes might make them apprehensive.

3.4   What people plan to use (and are using)

Two of the four participants did not reply to the question about using the ideas and techniques. Both the others intended to use what they had learnt in their teaching:

> **As much as possible: probably more within my role as a lecturer** *[in another university].* **Happy to integrate what I can of this into my role at GSTT as well.**

> **Soft communication skills e.g. non-verbal; idea of care being circular to return 'to me' as practitioner; an awareness of the model and teachability of it – in future practice.**

Interviewed later, the first person said

> **I am better at checking in. If time is available, I use it better for myself and recognising key patterns better. I'm not feeling guilty if I'm in late on the day after late working.**

4 TEAM BUILDING

Analysis of the pre- and post-event questionnaires suggests that this community-based team was less homogenous and resilient than the two community teams involved in the *Managing stress* courses. Most of the pre-and post-event comments were perfunctory, although some of the prior replies hint at issues ("I would like to see managers taking responsibility and suggesting resolutions"). One respondent wrote that "We have lots of avoidance"; but by the end of the course this view had been modified to "we have lots of avoidance within our team; and some lovely people; and some tricky people."

Even with these challenges, this course received a positive assessment (see 4.2).

4.1 What people learnt, had reinforced and found useful

(see main report section 4.2)

Unsurprisingly, given the course theme, most people reported that they had learnt about aspects of team working and support (11). Other themes mentioned were assertiveness (6), self-care and awareness, (4), compromising, appreciating and collaborating (4) and avoidance (3), with 13 other topics being noted.

Compared with the other courses, there was a widely disparate range of views about what was most useful, with the "team building exercise about trust" (2), "how to work as team" and "showing more respect to each other" (2) reflecting the main course theme, and other comments focusing on event activities' such as role play, "the blind game" or "play acting" (leading the evaluator to wonder whether people were unwilling to draw out implications for their own setting from these activities). Again, unlike other courses, most people only noted one 'most useful' element here.

4.2 How the participants responded to their event

(see main report section 4.3)

11 of the 18 participants pronounced the course 'very useful', 6 'useful' and only one, a health visitor, found it 'fairly useful' (one left the rating scale blank).

4.3 Possible changes to the courses

(see main report section 4.3)

Only two people suggested any changes to the course, one writing "Shorter: 9 to 1" and the other asking for "more detail about triggers and differences."

4.4   What people plan to use (and are using)

15 of the 19 participants reported that they expected to use specific ideas or techniques as a result of the course. Again, there was an unusually disparate range of replies here amongst the 19 responses. Three people anticipated using all the techniques and activities (!) and two mentioned the relaxation of body exercise; all the other responses were different (and usually very brief), ranging from being calm to 'neutral stance' and from "using the role play about trust with parenting groups" to "pause and reflect" and "breathing, smiling more, catching people when they fall."

5   EFFECTIVE CONVERSATIONS

This was clearly an effective course on effective conversations! 16 participants elected to take part in this course.

5.1   What people learnt, had reinforced and found useful

(see main report section 4.2)

The key things reported as learnt or reinforced were:

power of voice (pitch and tone)	9 responses
power of body language/posture	7
5 Ps of effective communication	7
self-care	4
non-verbal cues	3
avoid multi-tasking	3
pause - allow time to centre oneself	3
situational awareness	2
how to enter a meeting	2

The most useful elements of the course were identified as role play (3), "walking into a meeting," "looking at the voices we use" and "looking at our body language (2 each), CC, the 5Ps, breathing exercises and not "multiple tasking".

5.2   How the participants responded to their event

(see main report section 4.3)

All of the participants rated the event 'very useful' (12) or 'useful' (4).

One participant valued "the relaxed format, variety of presentations and activities – these made it interesting, easy to learn and fun," another "really appreciated switching partners throughout the day, with different exercises, so we were able to gain from everyone's individual experiences," and others noted "energizing – especially pm", "brilliant course" or "what a wonderful way to learn!"

An interview respondent said, "I've told all my team to go on the course; we are a very stressed team and we would benefit as a team." She added "I would like to go on another one. It's a shame they are not run every month."

Another interviewee felt that this type of course "allows people to get back a human perspective, rather than obsessing on their roles."

5.3　Possible changes to the courses

8 people specifically asked for no change to the course, but some wanted more:

"I wish we would have more time to run through multiple scenarios with 'how to diffuse or rethink your approach."

"More interactive activities towards the start of the day if this is possible."

"More forum theatre, scenarios and role play."

"Perhaps more depth in exercises."

5.4　What people plan to use (and are using)

Would the course lead to action? The respondents offered 30 specific things they would be using, notably:

Effective breathing	4	
Attention to body language	4	
Taking time to prepare for difficult conversations and meetings	3	
Pausing before going into meetings	2	
Walking into meetings	1	
Pace/the 5 Ps	3	
Active listening	3	
Not multi-tasking	2	
Self-care	1	and 7 others

6 PRESENTATION SKILLS

Although it was relatively small (9 participants), this was another well-received event. Several participants had found themselves in work roles that required frequent presentations and, in the pre-event questionnaires, 7 of them mentioned seeking more confidence and 6 wanted to address their nervousness and anxiety. One wrote, "I get really nervous in front of a crowd of more than ten people."

6.1 What people learnt, had reinforced and found useful

(see main report section 4.2)

The main things that people learnt about on the course were voice projection and tone, body language (4 each), summarised by one person as "presence and delivery are more important than content." Other topics mentioned were being engaging and confident, slowing down when talking (2 each), breathing, posture, pausing, body scanning and "looking outwards – the big camera lens."

What people valued most from the course were "the feedback from the instructors and group on presentations" (4), voice volume and projection (3), body scan and other "tips to relax before and during presentations" (3) and the discovery that "everyone else has similar fears" (2).

6.2 How the participants responded to 'their' event

(see main report section 4.3)

8 of the participants rated the course 'very useful' and the other one found it 'useful.' One person added that "I think that most people in the organisation would benefit from the programme as it is" and another wrote, "I loved it. I felt like I've grown."

6.3 Possible changes to the courses

(see main report section 4.3)

Three people were looking for more: "Maybe, a bit more talking in front of the group," "maybe, written feedback on the one minute presentation," and paired events, with "level one then level two, to gain confidence rather than forget and have to re-attend." Another participant commented that "there was not much mention of how elements of effective communication (e.g. eye contact, body movement) can be affected by some disabilities".

6.4   What people plan to use (and are using)

Three participants planned to use the concept of Cameras Out when presenting, to relax more and focus outwards; others mentioned breathing techniques (3), pausing and slowing down (2), standing still (2), using tongue twisters and "warming up mouth muscles."

7   SPECIFIC SUGGESTIONS

Some suggestions for changes have already been reported above, but two others may be worth further considering.

A lot of information was imparted – could this be consolidated into CD/DVD for people to revisit?

A little more pre-course information should be provided, including a form for participants to return with some background information on the likely participants.