



Improving Quality of Care and Staff Wellbeing Through Arts-Based Education

A year-long collaborative pilot
project, led by Performing Medicine
and Barts Health NHS Trust

July 2018 - July 2019



PERFORMING
MEDICINE

NHS

Barts Health

NHS Trust

Improving Quality of Care and Staff Wellbeing Through Arts-Based Education

A year-long collaborative pilot
project, led by Performing Medicine
and Barts Health NHS Trust

July 2018 - July 2019

1. Introduction	4
2. Project Description	7
3. Evaluation Methodology	10
4. Evaluation Findings	12
5. Discussion & Conclusions	26
6. Recommendations	30
7. Appendices	34

1. Introduction

Between July 2018 and July 2019, Performing Medicine [Appendix 1] collaborated with Barts Health NHS Trust to deliver a pilot project: Improving quality of care and staff wellbeing through arts-based education. The project delivered workshops to 131 staff at Newham hospital, which aimed to:

- Develop practical techniques to respond to the physical and emotional demands of working in healthcare, prioritising self-care
- Develop strategies to better manage stressful situations, through preparation before, during, and after work
- Learn simple techniques to prevent and manage conflicts, prevent issues from escalating, and to build a supportive culture within work environments
- Understand how awareness of posture and body language supports effective communication

This report summarises the project and describes the evaluation methodology, findings and recommendations.



The aims of the project were to explore how Performing Medicine's approach could support staff in their self-care and wellbeing, conflict resolution and the quality of communication between colleagues, patients and carers.

2. Project Description

Between July 2018 and July 2019 Barts Health NHS Trust (Barts) collaborated with Performing Medicine on a pilot project: Improving quality of care and staff wellbeing through arts-based education. The project was funded by Barts Charity, with the aim of supporting the Trust's strategic plan, which emphasises the importance of sensitivity to others, staff engagement and the value of collaboration.

PROJECT TEAM

Project Leads:

- Dr. Suzy Willson, Director of Performing Medicine
- Louise Hicks, Development Manager at Barts Health NHS Trust

Day-to-day Management:

- Ellen Sykes, Barts Health NHS Trust Interim Senior Nurse for Development and Patient Engagement
- Lara Odeluse, Barts Health NHS Trust Quality Improvement Nurse

Workshop leads:

- Carly Annable-Coop, Associate Artist and Programme Manager at Performing Medicine, with a range of other Performing Medicine Associate Artists.

Evaluation:

- Gabriella Eviston, Staff nurse at Barts Health NHS Trust (conducted the evaluation)
- Dr. Lesley Dibley and Dr. Sharon Weldon, both Readers in Nursing Research and Education, Greenwich University and Barts Health NHS Trust (supervised the evaluation)

A steering group met regularly to guide on logistics, course content and evaluation, and included the following individuals:

From Barts Health NHS Trust:

Louise Hicks, Ellen Sykes, Lara Odelusi, Gabriella Eviston, Andrea McDonnett (Divisional Director of Medicine at Newham Hospital), Robyn Khariuk (Senior Nurse for Quality and Safety), Stephen Flatt (Associate Director of Nursing), Sandra Carroll, (Lead Nurse Tissue Viability), Modesta Kamwenje (Practice Development Nurse), Lynda McNab (Dementia Lead Nurse), Lucy Kearney (Communications Lead for Newham Hospital);

From Performing Medicine:

Olivia Amory (General Manager), Bella Eacott (Research Manager), Julia Wilson (Development Manager), Carly Annable-Coop (Programme Manager)

PROJECT AIMS

The aim of the project was to explore how Performing Medicine's approach could support staff in their self-care and wellbeing, conflict resolution and the quality of communication between colleagues, patients and carers.

THE TRAINING DAYS

Between February to April 2019, Performing Medicine delivered ten training days for staff working across six wards that deliver care for older people's services at Newham Hospital: Thistle, Silvertown, Plashet, Heather, Tayberry and East Ham. These wards were recommended by the steering group for the project as they were struggling with issues around compassionate care, team culture and role-modelling. Entitled "Improving Quality of Care and Staff Wellbeing: Essential skills for looking after yourself, your team and your patients", the practical day-long workshops aimed to support staff in effective communication, to have consideration for their own self-care; to consider the needs of the people around them; and to appreciate and respect the stories and experiences of others. The attendees included nursing staff, healthcare support workers, occupational therapists, physiotherapists and the quality improvement team. A more detailed description of the content of the training day is included as Appendix 2.

The course content was devised by Performing Medicine in collaboration with the steering group, guided by the findings of a series of interviews with staff at Newham hospital. Over three days, a cross-section of staff who were working in the six chosen wards were interviewed by Performing Medicine associate artists, to explore and understand every-day challenges that impacted on their attitudes towards their own self-care, caring for patients, and communication between members of staff, including issues of aggression and anger in the working environment. These themes then fed into the finalised course, which drew on Performing Medicine's "Circle of Care" framework [Appendix 3], with practical skills sessions that took place in the morning and an interactive forum scenario in the afternoon, to put the skills into practice.



3. Evaluation Methodology

AIMS

The aims of the evaluation were to explore the significant changes that occurred for participants in the project, and deepen understanding of the collaborative process between Performing Medicine and Barts.

DATA COLLECTION

The data collection included pre and post course surveys, ethnographic observation of the training days and post-event interviews. All the data was inputted and analysed by Gabriella Eviston, with supervision from Lesley Gibson and Sharon Weldon.

Pre course surveys consisted of qualitative, short-answer questions exploring what participants hoped to learn, what kind of training currently exists to support their professional practice and wellbeing, and where they felt that they or their team could benefit from more support or training. Demographic characteristics of participants were also collected.

The evaluator also undertook ethnographic observations of the training days themselves, taking written notes recording what both Performing Medicine facilitators and participants said during group discussions.

Post course surveys used quantitative, Likert-scale measures to explore what participants gained from the training day, changes they intended to make as a result, their confidence in making these changes and in management supporting them to make these changes. Qualitative data was also collected through short-answer questions where participants could give written reflections on these same themes.

DATA ANALYSIS

All quantitative data was inputted into an excel spreadsheet, where the number of responses within each category on the Likert-survey was counted, and converted into a percentage of the total number of responses for each question, and finally presented in a graph.

All qualitative data was inputted into an Excel spreadsheet. For each short answer question, the responses were then read and coded according to their content, through an iterative process where the categories emerged through the process of reading the responses repeatedly. The number of occurrences of each category were counted in the spreadsheet and converted into a percentage of the total number of responses.

ETHICAL APPROVAL

Formal ethical approval was not required for this project as it was a quality improvement project involving only staff (no patients). Participants were all given a training day information sheet, and at the start of the training were all advised that completion of the pre and post course surveys, training day discussions and follow up interviews were entirely voluntary.

The aims of the evaluation were to explore the significant changes that occurred for participants in the project, and deepen understanding of the collaborative process between Performing Medicine and Barts Health NHS Trust.

FIGURE 4. "I HAVE A BETTER UNDERSTANDING OF..."

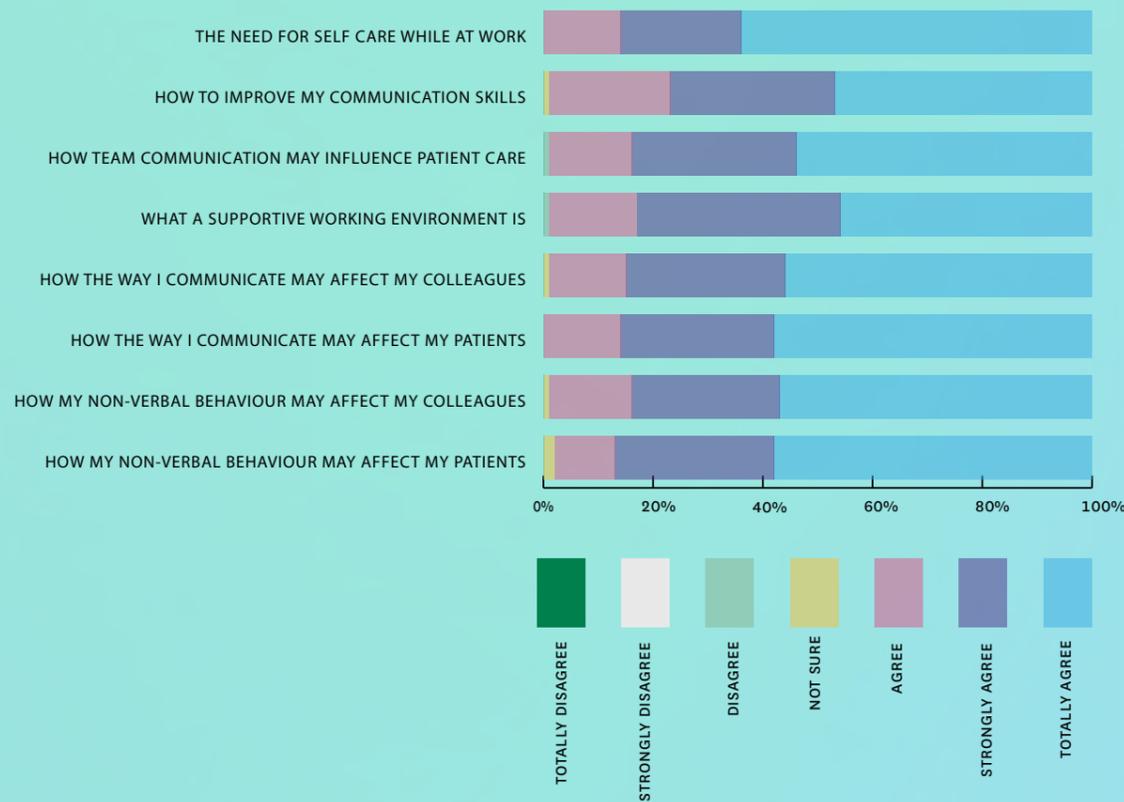
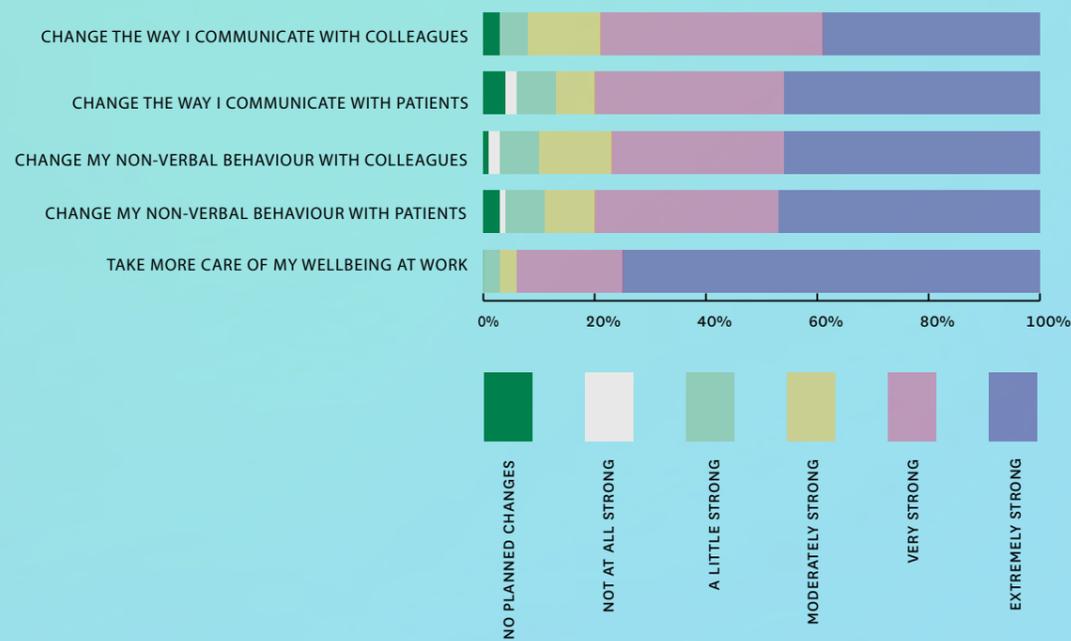


FIGURE 5. "THE STRENGTH OF MY INTENTION TO CHANGE..."



POST COURSE SURVEYS: SECTION 1: QUANTITATIVE QUESTIONS

Post course surveys were completed by 62 participants. Participants were asked to look at a series of statements and then select a point along a scale to indicate their agreement with each statement. These were followed by a set of qualitative questions with free text answers, which were organised to map on to the same themes as the quantitative questions.

• "I have a better understanding of..."

The first set of quantitative questions asked participants to reflect on what they had personally gained from the workshop in terms of their understanding of a range of topics explored in the workshops, choosing a point along a scale from Totally Disagree to Totally Agree. Results are shown in Figure 4.

100% of participants agreed, strongly agreed or totally agreed with the statements I have a better understanding of: "the need for self care at work" and "how the way I communicate may affect my patients", and over 98% of respondents agreed, strongly agreed or totally agreed with the remaining statements. For all 8 statements the greatest proportion of participants chose "Totally agree" (between 46.6% and 64.71%). Less than 1% responded "Not sure" to "How to improve my communication skills"; "How the way I communicate may affect my colleagues"; "How my non-verbal behaviour may affect my colleagues"; and 1.98% were "Not sure" about "How my non-verbal behaviour may affect my patients". Finally, a small number disagreed with the following statements: "How team communication may influence patient care" (0.99%), and "What a supportive working environment is" (0.97%).

• "The strength of my intention to change..."

The next set of quantitative questions asked participants to consider whether they planned to make any changes to the way they work as a result of the workshop, rating how strongly they intended to make the changes from No Planned Changes to Extremely Strong. Results are presented in Figure 5.

The strongest intention reported was to "Take more care of my wellbeing at work", with 75% having an "Extremely strong" intention and 19% having a "Very strong" intention. At least 80% of participants had an "Extremely strong" or "Very strong" intention to change the ways that they communicate with colleagues and patients, and their non-verbal behaviour with colleagues and patients. A small percentage of respondents felt they had "No planned changes" to the ways that they communicate with colleagues (2.94%) and patients (4.81%); and their non-verbal behaviour with colleagues (0.96%) and patients (2.94%). Equally, a few respondents had "Not at all strong" intentions to change the way they communicate with patients (1.92%), their non-verbal behaviour with colleagues (1.92%) and patients (0.98%).

FIGURE 6. "MY CONFIDENCE TO CHANGE..."

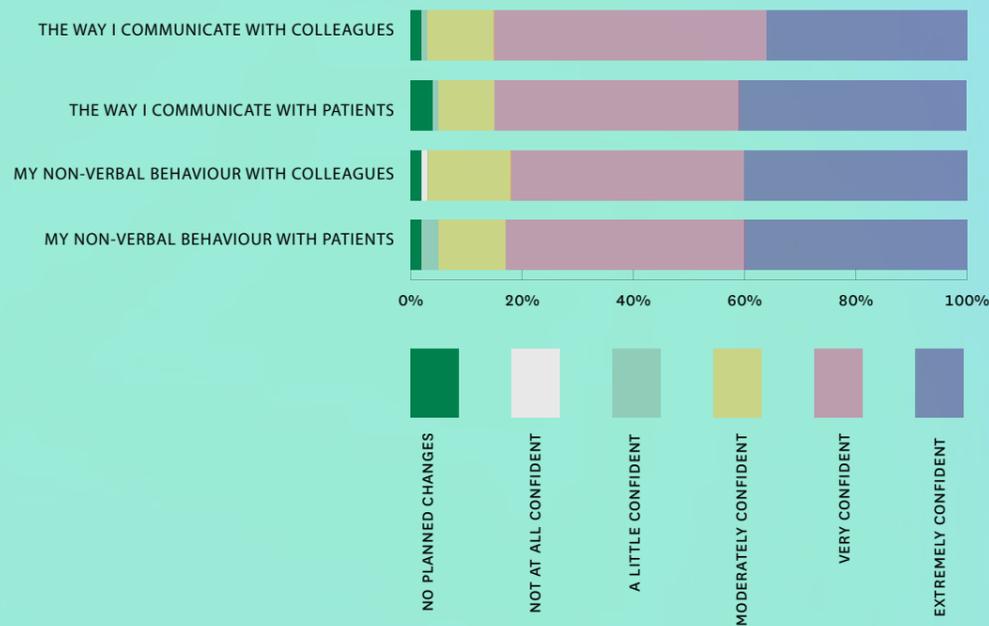
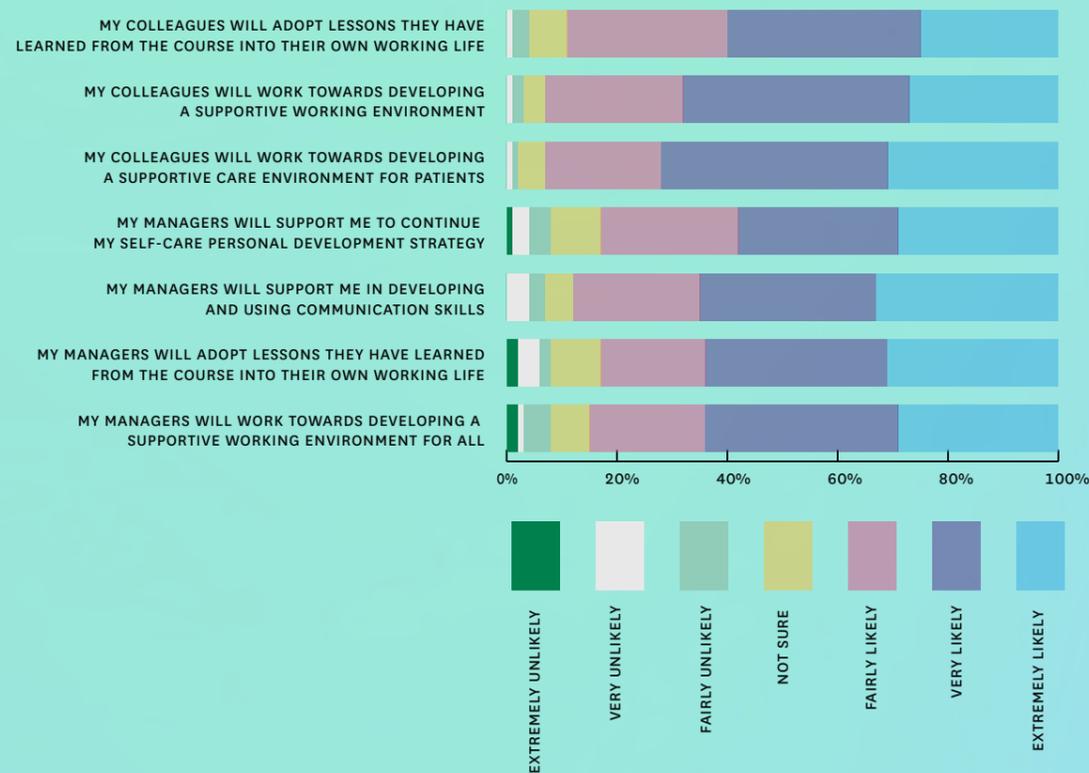


FIGURE 7. "SUPPORT FROM MY COLLEAGUES AND MANAGERS"



• "My confidence to change..."

These questions asked participants to tick the box best describing their level of confidence in making any intended changes as a result of the workshop, from No planned changes to Extremely confident. Results are presented in Figure 6.

In this set of questions, over 80% of participants were "Extremely" or "Very" confident in their abilities to change their communication and non-verbal behaviours with colleagues and patients, and a smaller proportion were "Moderately confident" (between 10-15%). Mapping on to their responses in the "intentions to change" section, a small number of participants reported "No planned changes" to the ways the communicate with colleagues (2.04%), with patients (4.17%), and their non-verbal behaviours with colleagues (2.04%) and patients (2.06%).

• Support from colleagues and managers...

These questions asked participants to consider how likely it was that their colleagues and ward managers might support them in any lessons they had gained from the course, rating this on a scale from Extremely unlikely to Extremely likely. Results are presented in Figure 7.

Overall participants did feel it was likely that they would be supported by colleagues and managers following the course, with the highest likelihood felt to be for colleagues developing a supportive care environment for patients (72.27% feeling that it was "Very" or "Extremely likely"), and the lowest likelihood felt to be for managers to support them to continue their "self-care personal development strategy" (58.26% "Very" or "Extremely" likely). Participants felt in general that the statements regarding support from colleagues were more likely than the statements regarding support from their managers. A small proportion of participants felt that it was "Extremely unlikely" or "Very unlikely" that their managers would support their "self-care personal development strategy" (0.97% and 2.91%, respectively); to "adopt lessons they have learned from the course into their own working life" (1.94% and 3.88%); to "work towards developing a supportive working environment for all" (2.20% and 1.10%); or that their managers would support them in "developing and using communication skills" (3.88% felt "Very unlikely"). Less than 1% of participants felt that the three statements describing their colleagues support were "Fairly unlikely" to happen, and no one felt that they were very or extremely unlikely to happen, and less than 7% were "Not sure" for each of those three statements.

**POST COUSE SURVEYS: SECTION 1:
QUALITATIVE QUESTIONS**

• **What have you gained from the workshop?**

Here participants were asked: "If there are particular things you have gained from the workshop, or things you would like to have gained but didn't, please note them down here. Have you any suggestions of how any changes in the workshop content may be helpful?"

The largest proportion of responses (27%) mentioned gaining skills to support their wellbeing, including stress management, relaxation, pausing and taking breaks at work, breathing well, and making sure to do activities that they enjoy outside of work. Communication skills - both verbal and non-verbal were mentioned in 22% of responses, and specifically mentioned ideas about posture, physical/bodily movement and the importance of adaptability and flexibility in communication. Circle of Care and the concept of a relational model of care between individual health-care professionals (self) with colleagues and patients/carers were mentioned in 15% of responses. Teamwork was mentioned by 10% of respondents, and self-awareness and reflections by 9%. As many of the responses combined these ideas, a sample of comments relating to these areas are listed below:

"It brought back to my senses that I should look after myself as well to better give a quality care to others and my patient."

"I learned the importance of taking care of one's wellbeing, to step back, take a deep breath when I'm tired or stressed because if I go out there and try to deliver care whilst I myself am depleted, it will affect the quality of care I give and interactions I have with other people will not work."

"I've learned that very subtle changes in the way I stand walk or move have a big impact on how other people perceive me, and it made me realise the things I need to change."

"Caring for ourselves and others is very important. If our health is good then we can give good care."

"Just Perfect. I have learnt about importance of effective communication, teamwork and appreciating colleagues."

"The best study day I have ever been to, to date, had loads of activities. Teamwork, asking for help Molly and Sarah [scenario characters, played by actor-facilitators] demonstration was like the best, we gave them feedback on how they could make things easier for themselves on the ward +be professional. No changes I think, everything was covered."

"I think the workshop was a very helpful tool for me to reflect on my past experiences and deal with future challenges with confidence."

A small proportion of responses mentioned appreciation of others' views (2%), tuning in on core values (2%), becoming aware of habits and making small changes (1%) and conflict (1%). 5% of responders said "N/A", and 6.5% of responses were categorised as "miscellaneous", which were mostly making general suggestions, comments, or thanks, for instance:

"Thank you this has been unique and inspirational."

"The title Performing Medicines [sic] should be changed to compassionate care as I thought the training as got to do with pharmacist."

"I've learned that very subtle changes in the way I stand walk or move have a big impact on how other people perceive me, and it made me realise the things I need to change."
(Workshop participant)

"Just Perfect. I have learnt about importance of effective communication, teamwork and appreciating colleagues."
(Workshop participant)

“I think some managers should be on this course because their approach to members of staff are intimidating.”

“I suggest that this program will continue and that healthcare workers on the wards should attend the training because it was very helpful in dealing with different situations and for how staff can take care of themselves and their relationship with their colleagues.”

• **What changes are you hoping to make?**

Here participants were asked: "If you are planning any particular changes as a result of the workshop, please note any changes you are hoping to make. What work or personal factors may help or hinder you in making those changes? Please feel free to make additional comments that the workshop has prompted for you."

The most common responses about planned changes were changes to communication, both verbal and non verbal (29% of responses); to wellbeing and self care (27%), including managing boundaries, exercising, taking breaks, after work activities and self-appreciation and rewarding self; and to teamwork (25%), including offering to help team members, thanking each-other, and asking for help. Other responses alluded to time management (3%), patient-focused changes (3%), bringing a positive attitude to work (3%) and focusing on their own values (1%). 9% of respondents wrote "N/A" to this question.

Only 5 respondents mentioned personal or work factors that may hinder participants making these changes, which included the following comments:

“People not receptive to change”

“Improving time management – ensuring staff take adequate breaks. - Environmental issues – lack of facilities - staff room toilet.”

“Aspects which might hinder myself in making these changes might be short-age of staff? Still being short of staff after this session will not hinder these changes as I will take a positive attitude towards my work colleagues and act in a responsible and professional manner.”

"Acknowledging various MDT members on the different wards in order to facilitate good communication and increased efficiency /patient experience. Feeling uncomfortable on a busy ward may hinder this. Not attending boards/safety huddles due to time pressures when only treating 1-2 patients on that ward. As I move wards I am not consistently working with the same ward staff"

“Work environment, lack of facilities like staff toilets and a proper staff room”

• **What helps or hinders your wellbeing at work?**

Here participants were asked: "With regards to your general wellbeing at work and the stresses and support you may experience, please take this opportunity to expand on anything that may be helpful or equally may be a concern to you with regards to your wellbeing at work."

In terms of things that would be helpful, the largest category of responses was "N/A" (17%). 13% suggested that being able to take breaks, and have time out would be helpful, and 11% said that adequate staffing levels was important. 8% of responses suggested that support from seniors would be helpful; 8% suggested that remembering to breathe/practicing breathing exercises would be; 6% felt that the team working together would support their experiences; 4% suggested keeping clear life/work boundaries; 4% suggested that classes such as zumba provided by the trust would be supportive; 4% suggested having an open forum for staff to discuss their experiences; 4% suggested

making sure they had a manageable workload, and work was fairly delegated; and a further 4% suggested that having readily available water, healthy food and toilets close by at work would be helpful. The final 8% of responses comprised general comments, like: “would be grateful if more could be arranged for all staff in the trust to attend”, a request for wellbeing resources for staff to look at at home; the suggestion of having ‘wellbeing champions’, and the acknowledgement of the importance of doing things you love after work.

6% of comments raised concerns about their wellbeing at work not being supported by management, and a further 5% described other hindrances to their wellbeing including long and stressful shifts, forgetting to take breaks, a lack of time for self care at work, and a lack of equipment.



5. Discussion & Conclusions

IMPACT OF THE PROJECT

Overall, participant feedback after the course was very positive, in terms of both what they had gained from the course and in the changes they planned to make as a result of it, especially with regards to their own wellbeing and communication. Strikingly, understanding of the key themes covered in the workshop was extremely high following the training day, with all participants reporting an improved understanding of the need for self care and how the ways that they communicate may affect patients, and the vast majority (98%) having a better understanding of their communication with colleagues, and non-verbal communication with colleagues and patients. Qualitative answers expanded on these themes, primarily describing a deepening of skills to support wellbeing, communication and ideas about physical bodily movement. The Circle of Care as a framework or concept also seemed important - being mentioned by name by 15% of respondents but alluded to in many other comments which mentioned the importance of self-care in relation to quality of care to patients.

KEY IMPACTS WERE FOUND IN THE FOLLOWING AREAS:

Staff wellbeing

- All participants expressed an intention to take more care of their wellbeing at work, of which the vast majority (94%) had an “extremely” (75%) or “very” (19%) strong intention.
- This was matched by qualitative descriptions of what participants gained from the course and their planned changes, of which 27% of answers mentioned self-care and wellbeing.

Communication with colleagues

- The vast majority of participants had at least some intention to change the ways they communicated with colleagues (97%), and communicated non-verbally with colleagues (97%) and of these over 80% were “Extremely” or “Very” strong intentions.
- These intentions were matched by their confidence to change, with the vast majority feeling confident in their ability to make changes to their communication with colleagues (98%); and their non-verbals with colleagues (98%). Similar to the intentions to change, over 80% of these were “extremely” or “very” confident.
- Qualitative descriptions of planned changes matched the quantitative answers, with a large proportion describing planned changes to communication (29%) and to teamwork (25%);

Communication with patients

- The vast majority of participants had at least some intention to change the ways they communicated with patients (93%); and communicated non-verbally with patients (96%); and of these over 80% were “Extremely” or “Very” strong intentions.
- These intentions were matched by their confidence to change, with the vast majority feeling confident in their ability to make changes to their communication with patients (96%), and non-verbally (98%). Similar to the intentions to change, over 80% of these were “extremely” or “very” confident.

Overall, participant feedback was very positive, in terms of both what they had gained from the course and the changes they planned to make as a result of it

STRENGTHS AND WEAKNESS OF THE PROJECT

Strengths of the project were that staff came away with improved understanding of the key learning outcomes: the need for self-care at work, the impacts of verbal and non verbals communication with colleagues and with patients, and how they influence each other, and ways of building a supportive team environment, and with equally strong intentions and confidence to change in all the key areas. The project reached a large proportion of all the intended staff, as all staff from the participating wards were rota'd on to the course. Participants described developing practical techniques that they could apply straight away, which met the overall objectives of the project in developing practical techniques to respond to the physical demands of working in healthcare, and ways of managing stressful situations; to prevent conflicts and escalation within work environments and to build awareness of how posture and body language improves effective communication.

Weaknesses, challenges and limitations of the project included the confusion over the focus of the training day, arising from the "Performing Medicine" title, as described in Section 4: Evaluation findings, above. Participants wanted more than a single day of training, and felt that not enough managers were included in the programme. When asked about hindrances to making changes, participants mainly described systemic or infrastructural issues such as staff shortages, lack of facilities like toilets, readily available water or food – and whilst the one-day course could support staff in raising concerns about these issues, with their teams and managers, it is beyond the scope of the one-day training course to actually address these systemic changes. However, it is possible that through raising awareness of the impact of these issues on the participants' wellbeing it may create momentum or drive for change. Finally, there is limited understanding of the long term impacts of the project, as follow up evaluation was only undertaken up to 8 weeks following the intervention.

Strengths of the project were that staff came away with improved understanding of the key learning outcomes

Participants described developing practical techniques the they could apply straight away

6. Recommendations

WHAT LEARNING WAS CAPTURED TO INFORM FUTURE PROJECTS?

Support from management is needed to support change: management should also attend future courses

Participants felt that though they would be likely to be supported in making changes to wellbeing or communication by team mates, overall they felt there was a higher likelihood of support from their colleagues, as opposed to management, and they suggested that support from seniors and colleagues would be helpful in supporting change. A concern around support from managers was also reflected in participants written comments, such as: “I think some managers should be on this course because their approach to members of staff are intimidating”.

The title of the project is important for clarity and expectations

There was confusion arising from the name “Performing Medicine” being included in the information cascaded from Performing Medicine, via, the senior management, to staff on the wards, which would be worth addressing in any further courses. This is an issue partly also attributable to collaborative projects of this kind - where the external organisation (Performing Medicine) depend on the host organisation (Barts Health NHS Trust) for the administration of the courses, sharing information with the participants beforehand and so on; and sometimes this involves a long chain of information being shared by which point the intended information may become diluted or transformed. Conversely, in the pre-course survey participants expressed hopes that the training day would explore staff wellbeing and self care, teamwork and patient care, which fits with the title given at the top of the “Evaluation Information” document, shared with all participants upon arrival at the training day, along with the pre-course surveys, which stated: “Improving Quality of Care and Staff Wellbeing: Essential Skills for looking after yourself, your team and your patients”.

More staff-focused training is desired

Participants felt that training focused on staff was less common than training focused on patients, which was something they would like to see addressed, with training focused on how to support each other and their wellbeing.

WHAT LEARNING WAS CAPTURED TO SHARE WITH THE WIDER ARTS AND HEALTH COMMUNITY?

Discussions during the training days, presented in the word clouds (Figures 1-3), further elucidated some of the particular challenges that staff faced as well as their strategies for dealing with them. These could be useful areas for future arts-based work to focus in on. Participants described the physicality of their jobs involving both long periods of standing and spent at computers, as well as active verbs involved with patient-care such as: handling, standing, holding, bending, rushing and managing equipment. The reality of long shifts was also highlighted, with the difficulty of fitting in time for breaks, toilet-breaks, food and drink; and descriptive words such as overload, stress and strain. The strategies described by participants for addressing these demands included sleep, baths, music and breaks, as well as food, connections with others, various types of movement such as walking, dancing, or exercising. Finally, when asked what makes them feel cared for, participants described the importance of being noticed, thanked, and listened to. They expressed that feelings of belonging, comfort and understanding were important, as well as touch and hugs, smiles and breaks.

There were also useful lessons about the management of a collaboration between an arts organisation and an NHS trust. Adequate time spent building the partnership, securing senior level support and communicating the project across the Trust is vital. Clarity about principles of working as well as flexibility to adjust the plans is also important. Having a steering group with both senior management and clinical staff at Barts as well as the Performing Medicine team helped the smooth

running of the project, with problems identified and resolved quickly as well as ensuring buy-in from senior staff and clear communication across the Trust. Having key staff in-situ at the NHS Trust (Ellen Sykes and Lara Odelusi) who were managing the project and working closely with the Performing Medicine team was essential for ensuring suitable room bookings, staff rotas and responding to queries about the training.





7. Appendices

Appendix 1: Performing Medicine

Performing Medicine is a charitable organisation delivering creative training programmes for healthcare professionals and students, addressing staff wellbeing, compassionate care, effective communication, leadership and teamwork. Since 2001 they have worked with more than 16,000 health professionals and students and have long-standing partnerships with NHS Trusts and Higher Education Institutions across the UK, including Guy's and St Thomas' Trust and Barts and The London School of Medicine and Dentistry.

Performing Medicine's practical, hands-on workshops are delivered by expert facilitators who draw on techniques from the arts to help healthcare professionals to use their bodies and voices for effective communication, and to better look after themselves and each other. With 15+ years of experience, the courses are accessible to all who work within healthcare., and are focused on the human side of care, addressing the sector's most pressing issues.

Appendix 2: The training days: course content

Performing Medicine's approach and practice used in this programme was derived from performing arts, theatre, professional dance and visual arts, employing a range of interactive and practical exercises and techniques to rehearse and explore skills supporting high quality care and self-care.

The course content was devised by Performing Medicine in collaboration with the developmental team at Barts Trust. Scoping days were devised to gather information that developed the course content. Three Performing Medicine associate artists spent two hours per day on each allocated ward over a three-day period, and collaborated with the nursing and allied professional staff to design the workshop model. The content gathered enabled the Performing Medicine team to establish themes around thought provoking day-to-day situations, that challenged the health care professionals' attitudes to self-care, caring for patients, communication difficulties between members of staff, including issues of aggression and anger in the working environment. These themes then fed into the finalised course: practical skills sessions that took place in the morning and an interactive forum scenario, where participants could draw on the skills explored in the morning in a practical, real-life scenario, that occurred in the afternoon.

Appendix 3: Circle of Care

The [Circle of Care](#) framework was originally devised collaboratively by the Simulation and Interactive Learning Centre at Guy's and St Thomas NHS Foundation Trust and Clod Ensemble's Performing Medicine initiative. The framework envisions compassionate care within a broad social and interpersonal context, underpinned by a tangible set of skills to help navigate the complexities and challenges of our health-care system.



Photos: Noel Murphy for Barts Charity
