

Conversation for Kindness

A movement for care

August 2022

About the movement:

[Conversation for kindness](#) is a monthly meeting was set up in the summer of 2020 by eight colleagues and friends working in healthcare across Sweden, the UK and the USA: Bob Klaber, Dominique Allwood, Maureen Bisognano, Goran Henriks, Suzie Bailey, Anette Nilsson, Gabby Matthews & James Mountford. The purpose of the meeting was to have some time together to continue some initial conversations around kindness, and its role at the 'business end' of healthcare, and to plan interactive workshops on this topic.

Conversations for kindness

- Monthly virtual call on the 3rd Thursday of every month [6-7pm GMT]
- A focus on listening, learning, thinking differently and mobilising for action
- An open culture of sharing of resources, energy and ideas

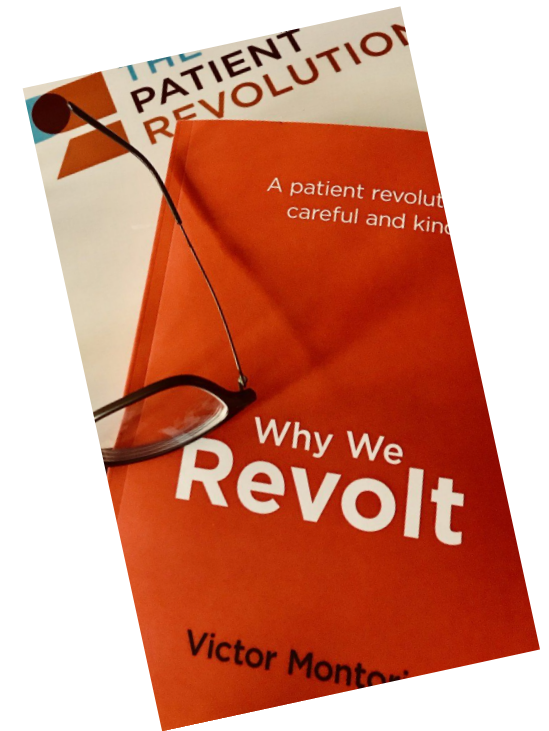
If you would like to join the conversation for kindness please complete the [contact form](#).

On the day

On 18 August, about **46** Kindness in Healthcare community members came together to connect and discuss the concept of a **movement for care**. Hosted by Suzie Bailey, we heard from guest speakers **Dr Victor Montori** and co-speaker **Dr Dominique Allwood** who shared their work on careful and kind patient care and the challenges to this posed by industrialised health care. We reflected on what we'd heard discussed in breakouts, before coming back for a panel discussion.



This insights pack summarises the session!



Watch the event on [YouTube](#)



Participants were represented from all over the world

Denmark
Canada
Sweden
Norway
France
Australia
New Zealand
United Kingdom
United States of America



“Hello from Copenhagen, Vibeke from the Danish society for patient Safety. Warm day at the office just back from a swim at the beach in Copenhagen.”

“Hello from Manchester, good day so far!”

“Morning 3 am here in Melbourne Australia. Great to see you all.”

“Hi everyone, greetings from a blustery Edinburgh where the wind chimes are having a field day!”

Talk: 'A Movement for Care' by Victor Montori and Dominique Allwood

Victor Montori, MD, MSc is a professor of medicine, a highly cited researcher, and a diabetes doctor at Mayo Clinic (U.S.). In 2016, Victor co-founded The Patient Revolution, a non-profit organization to translate into action the ideas proposed in his book *Why We Revolt*.

Victor started his talk with the importance of **careful and kind care**. Careful and kind care was defined by Victor as being able to notice a problem, difficulty, or challenge from the patient's perspective, and responding to the problem effectively with actions that are on the patient's terms, and that take into account their wants and needs. In that sense, responding doesn't necessarily mean 'the right answer'. Instead, responding with the **intention to care** helps build trust, create an enduring relationship and helps 'notice what's different to yesterday' for the patient.

We then heard more about how **healthcare without care** creates cruel environments for patients and clinicians. It can be defined by **blur/burden, hurry and cruelty**. Victor shared some statistics to demonstrate this: 40% of patients in a large study identified their treatment as unsustainable and carrying burden of treatment; 40% of patient-doctor interactions involve the doctor looking at screens; it takes approximately 11 seconds for the doctor to interrupt the patient for the first time during a consultation and finally 40% of clinicians report experiencing burnout. Generally, people are treated for their biology, not biography, and yet **both** are important.



Victor Montori, M.D.
Chair of The Patient Revolution
foundation

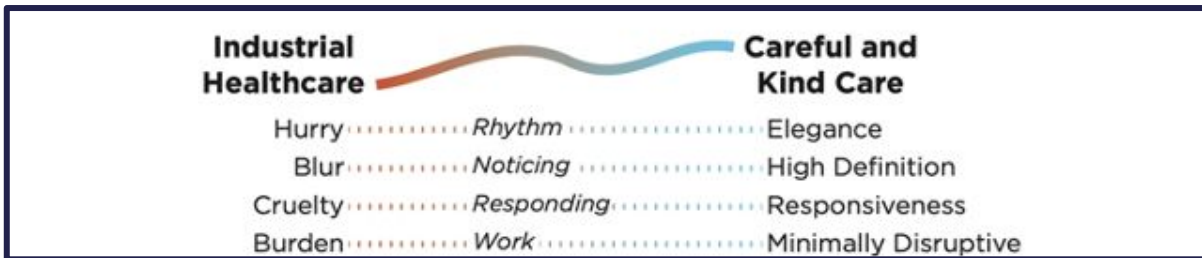


Dr Dominique Allwood
Chief Medical Officer & Academic Health
Science Network (AHSN) Deputy
UCLPartners

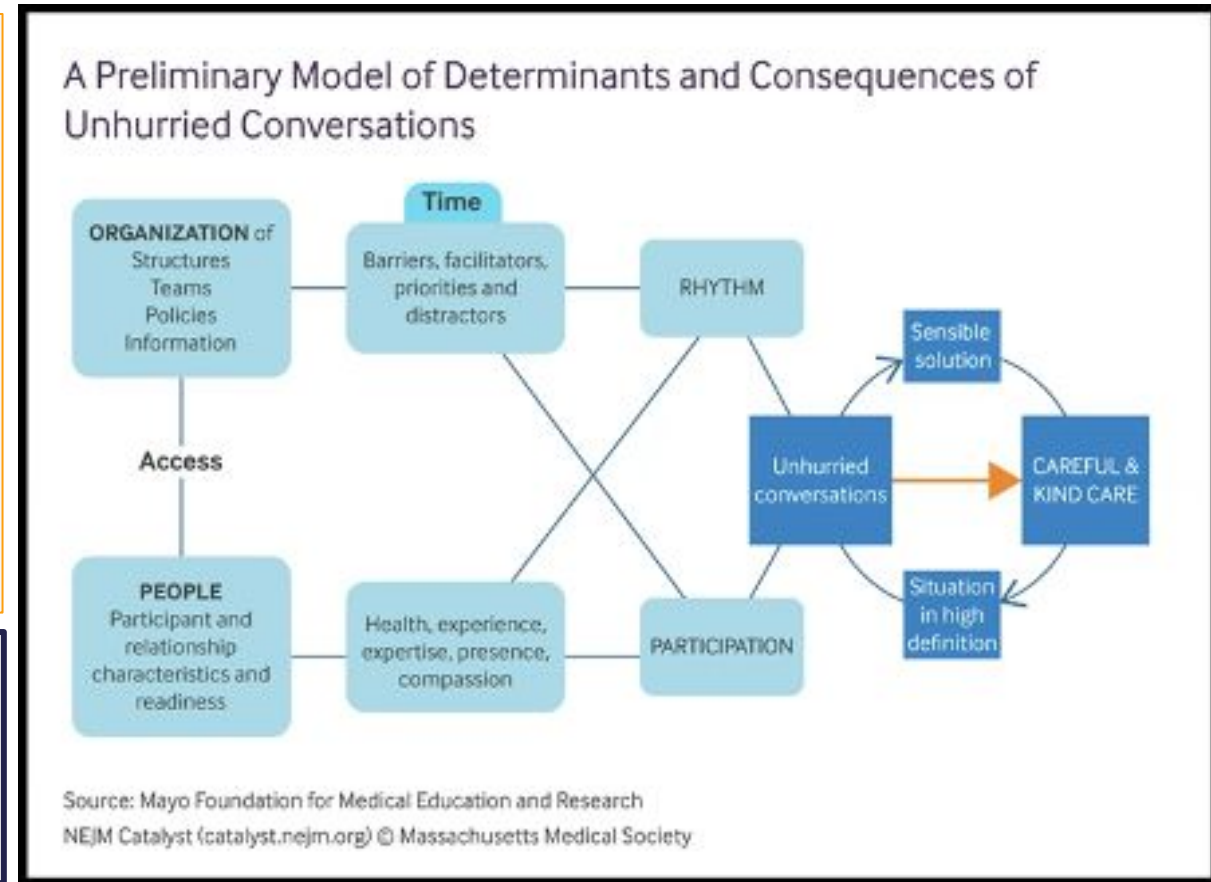
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Talk: 'A Movement for Care' by Victor Montori and Dominique Allwood (cont.)

The way out of blur, hurry and cruelty is **care**. Victor explained some of the key elements of care, stressing the importance of the '**unhurried conversation**' between patients and clinicians. Such a conversation allows us to notice a patient's situation in **high definition** and to respond with a sensible reaction. Dominique then unpacked the work of Patient Revolution, an organisation supporting people to take steps towards more careful and kind care. She outlined - as per the continuum below - how this can be done. Highlighting elements such as **shared decision making, respect, responsiveness, civility** and an approach of "no haste and no waste" as key ingredients to transform care into **careful and kind care**.



Montori V. *Why We Revolt*, Mayo Clinic Press, 2020



Watch [Victor and Dom's talk](#) on YouTube



Key themes emerged in our group discussion

We then went into our breakout room groups, and had 10 minutes to discuss the ideas that Victor and Dom had presented to us, and as always these were rich and fascinating conversations – a chance to explore ideas across multiple viewpoints and experiences. Five key themes emerged...

1 The **'no waste and no haste'** principle appeals to us and we want to introduce more care in a healthcare system that operates like an industry



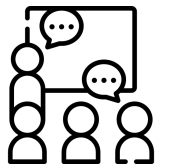
2 We know of **ways to be kind to our patients** and have examples of what this looks like in practice



3 **We must be kind to each other;** our teams and other clinicians



4 **Healthcare education** is an important part of ensuring careful and kind care in the future



5 Having the **space to discuss kindness in healthcare** is valuable, important and motivating for us



Key themes emerged in our group discussion

1

The 'no waste and no haste' principle appeals to us and we want to introduce more care in a healthcare system that operates like an industry



“Being 'busy' (doing) and being SEEN to be 'busy' is much valued in society. 'Being' and 'being curious', less so. How to change this?”

“Sometimes the need for speed and efficiency can backfire spectacularly. For example, if you fail to connect with the patient and/or caregiver, and they undo expensive care because they don't understand discharge instructions”

“Yes, we don't value rest . Human beings do not human beings”

“Our patients know so much about the way the system does or doesn't work”

“How can one behave in a way that one gives the impression (even if it is not the reality) that you have as much time as the other person needs....I know it went very out of vogue for perceived infection reasons, but sitting on the end of a patient's bed was a very visual and powerful way to do that.”

“Perhaps this kind way of being actually saves time in the long run...there has been research that supports that idea”

“Careful and kind care does not necessarily need to cost us time - I firmly believe that the right care at the right time with the right people leads to less care required overall AND better patient outcomes, and better experience and outcomes for our staff too.”

“We need to use polarity thinking - it is about 'and' rather than 'or'. Efficient and Kind”

Key themes emerged in our group discussion

2

We know of **ways to be kind to our patients** and have examples of what this looks like in practice



“I was told early in my GP career that nearly all patients stop talking within 90 seconds if you just sit and listen. Has worked for every patient I have ever seen”

“Talking to friend last night who works in MRI, she uses ‘let’s walk and talk’ so as not to block up scanner, but give patient time”

“Open questions not closed ones help people to talk”

“How can one behave in a way that one gives the impression (even if it is not the reality) that you have as much time as the other person needs....I know it went very out of vogue for perceived infection reasons, but sitting on the end of a patient's bed was a very visual and powerful way to do that.”

“I send SMS to patient to find out when they are awake for a callback (I start at 7am...)”

“If patients and clinicians can work together to co-define what is wasteful and what is meaningful to them together, there will be plenty of time for careful and kind care.”

“I would love to see the friends and family test replaced with a question of what was the one thing we could have done to make your experience better?”

Key themes emerged in our group discussion

3

We must be kind to each other; our teams and other clinicians



“If staff don't experience compassion themselves how do we expect them to deliver compassionate care? (related) 'Care in, Care Out' is a key tenant of this”

“Unhurried listening not just for patients, but also inter-colleague - so important and a huge enabler of careful and kind teamwork”

“Need to teach microaffirmations as part of daily work with our patients and teams”

“*“What matters to you”* - ask to your colleagues”

“There is significant "inner work" that each of can do to support a different way of being. "The patient is the expert about themselves and will decide how important our expertise is.”

“And being kind to learners, peers and each other goes a long way as well. That relationship-centredness”

“Different context but we find often the most effective 'Whose Shoes' conversations are the really free-flowing ones. People SO appreciate the 'luxury' of not having a 'label' for the conversation - a complaint, a debrief, an assessment and so on.”

“The more we talk about it, highlight it, role model it (through being curious in the way we work and lead) that may start to shift the dial”



Role-modelling came out as a key sub-theme

Key themes emerged in our group discussion

4 Healthcare education is an important part of ensuring careful and kind care in the future



“I am even more worried about the healthcare administration students. Often their curriculum doesn't even include the word "patient.””

“my experience is that when students enter HC they have the capacity to care - but the culture exnovates that skill”

“Definitely need to make medical learning spaces safe for people to be vulnerable. It protects mental health of learners and promotes better learning.”

“Many of the clinician role models available for trainees are so because they are "efficient" and these are the role models students see and learn from.”

“A key dilemma for clinical educators: do they train students to fit perfectly in industrial healthcare or do they train change agents that work to move from industrial healthcare toward careful and kind care for all?”

Key themes emerged in our group discussion

5

Having the space to discuss kindness in healthcare is valuable, important and motivating for us



“It’s worth getting up early to be part of this amazing group of kindred spirits”

“Shout out to the wonderful fellows, Care activists and supporters of the patient revolution this call today!”

“Wow, fab conversation - great ideas”

“Really connecting with my heart and my head to the humanity within this space and language -Moving from seeing patients as a blur to seeing them in high definition. Beautiful”

“Thank you so much everyone - uplifting to hear your perspectives and ideas “

Further resources

Speakers and participants shared lots of further reading, blogs and videos in the chat box in response to the discussion:

- **Patient Revolution website** - <https://patientrevolution.org/>. With resources, articles and more on careful and kind care for all
- **Making Care Fit Manifesto** - <https://ebm.bmj.com/content/ebmed/early/2021/11/22/bmjebm-2021-111871.full.pdf> - a short and worthwhile read
- **Schwartz Rounds** - <https://www.pointofcarefoundation.org.uk/our-programmes/staff-experience/about-schwartz-rounds/> - “Schwartz Rounds are one of the most powerful culture change tools I have used. Particularly when you have leaders sharing their stories with honesty and humility”. If you are interested in culture change, this is well worth a click!
- **Podcast about why kindness matters** - <https://www.buzzsprout.com/1838805/10815288-32-dr-bob-klaber-kindness-matters> including an interview with Bob Klaber
- **‘British GPs keep going for longer: is the 12 second interruption history?’** - <https://www.bmj.com/content/351/bmj.h6136>
- **Seeking both efficiency *and* compassion** - <https://www.businessillustrator.com/efficient-vs-effective-public-services-animation/> article on ‘efficient vs. effective’ public services
- **‘A kind life’** - <https://vimeo.com/524868671> - a brief video packed with evidence showing why kindness transforms quality in health-care
- **Book recommendation ‘We Are All Perfectly Fine’** - <https://www.amazon.com/We-Are-All-Perfectly-Fine/dp/1443461644> - Dr Jill Horton on the highs and lows of her journey through medical residency into where she is now in her career
- **Book recommendation ‘Ducks in a row’** - <https://www.suerobins.com/ducks-in-a-row> - a fresh take on healthcare transformation
- **“Touch, Tempo, Trust, Teamwork”** - refer to [July’s session](#)

kindnessinhealthcare.world