THE COMPETENT COMPASSION HANDBOOK

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Sections:

1. Forward

About the author -

Dr Joss Bray is a doctor specialising in helping people with substance misuse problems. He has worked as a psychiatrist and a GP before concentrating on providing and promoting substance misuse treatment in virtually all healthcare settings.

He has been recognised as a Fellow of both the Royal College of General Practitioners and the Royal College of Psychiatrists for his extensive work in the field.

The history of Competent Compassion –

In 2008, the author wrote a rapid response to an article in the British Medical Journal (BMJ 2008; 337 doi: https://doi.org/10.1136/bmj.a1092) Part of that rapid response is quoted below:

“I believe we should be aiming for "Competent Compassion" in our practice. If we are competent without being compassionate or compassionate without being competent, then we fail our patient either way.”

This approach was born out of years of observation of how people with addictions were treated by others – often professionals – who were not demonstrating either competence or compassion – or both.

When people are treated like this, no one was winning – and not many people seemed to care. If we as professionals had been treated in the same way, we would probably have a lot to say about it and may even be seen as “difficult” patients ourselves – but of course we would feel entirely justified!

The author realised that there was a better way which needed to be championed. Since then, he has been developing and promoting Competent Compassion, building on his experience, and training in the field of addictions from the primary, community, secondary and tertiary care perspective – and all points in between.

Somewhat surprisingly, it is not easy to get traction for something that could change the way care is delivered across many services for the better.

This handbook is the next step in trying to make care both competent and compassionate – there really isn't any excuse for not trying.

2. Who is this handbook for?

This handbook is for anyone seeking to work in services and settings that provide health care to people.

It is also applicable on a wider basis – which we will also explore.

All of us can benefit from reflecting on what we are actually trying to achieve in these settings and how we may be able to do it better.

As professionals we have a duty and moral obligation to those we serve.

And corporately - all services can improve the way they deliver care – and the good ones will want to be continuously pursuing this as a drive towards excellence.

Competent Compassion focusses on the place where it actually matters – the interaction between the care giver and the care receiver.

Organisations will have different names they use for the people involved – but the principles are exactly the same.

If these interactions are not going well – then the service is failing in its provision.

If they are going well – then the service can build on that towards achieving excellence in that provision.

Either way – Competent Compassion should be a foundational component of organisational thinking for practical service delivery and a fundamental ethos for all those providing care.

3. The principle

The principle of Competent Compassion is straightforward.

It has the advantage of being readily understood and easily remembered.

It is based on what happens between someone who is seeking help from a professional, and the professional seeking to give that help.

Consider – if you were seeing someone for help with a particular problem – you would want that person to know what they were doing - to have expertise in the relevant area - to be able to diagnose or understand the issue, formulate a plan and to make sure that happens.

This is competence.

You would also expect that professional to listen to you, hear your concerns and expectations, convey a caring attitude - to meet you where you are – and to form a therapeutic relationship.

This is compassion.

You and I need to express both these attributes as professionals and also to experience them when we ourselves need to use services.

This is Competent Compassion in action, and it is a foundation we should build on.

4. More on competence

Competence is not all about having qualifications.

Qualifications are useful as an indication of learning achieved at the time – but this may not be comprehensive, or it may be forgotten, or not properly applied to practical situations for a variety of reasons.

A competency framework is just that – something to hang practical competency on – which has to be something that is achieved and demonstrated in practice and not just in a learning environment.

There is always more to learn and an ethos that highlights competence on a day to day interactional basis will provide a platform for continuing learning and increasing competence.

Competence should be an enabler of great care.

5. More on compassion

Compassion is not about being sympathetic.

Sympathising with someone's problems can enter into the interaction, but compassion literally involves feeling some of what the other person is feeling.

It is about seeing things from their point of view and hearing what is important to them as a baseline for your understanding of their situation.

It is also about conveying a sense that – at least for the duration of that interaction – you are involved, collaborating, and positively seeking that person's welfare – in short, caring about them.

Compassion should be a motivator for great care.

6. Why does it matter?

Competent Compassion matters as a package because one without the other is either going to be dangerous or ineffective.

Competence and compassion can be viewed as merely different styles of interaction, or somehow contradictory to each other– but those are fundamental mistakes.

Compassion on its own without competence is almost inevitably going to lead to dangerous failings in omission and commission – with potentially serious consequences for the professional and/or the service user.

Competence on its own without compassion, will tend to reduce engagement with the service user and compromise the therapeutic relationship - which is clearly important for effective outcomes.

However – both are needed if people are going to get the appropriate and effective help that services should be providing.

Competent Compassion characterises the bedrock for effective and safe care.

7. The context

Unfortunately, current service regulators such as the Care Quality Commission do not actually assess one to one interactions – which are where the service is actually delivered.

They are more focussed on proxies such as policies, procedures, the environment, and other organisational evidence that the service is safe, caring, responsive, effective, and well lead.

This isn't bad – but does not get to the heart of what is important in practice – which is what is important to the service users.

The focus for evaluating quality in a service should change to reflect this – and it is possible to do – given the right tools.

8. Why isn’t quality measured like this?

The main issue is that the framework and tools are not yet in place yet to do this effectively.

Organisations have different ways of providing and assessing continuing professional development – but how effective the professionals are in their interactions with service users is not directly evaluated.

Service user feedback is certainly helpful as an indicator of quality – but it may not be focussed and coherent enough – especially in terms of individual professional feedback.

Peer to peer observations during consultations are not usual, and need a framework for ensuring positive, relevant, and achievable outcomes.

Professional reflective practice is increasingly encouraged – but how effective is this in practice and how much does it change practitioners interactions? The danger is that it could be seen primarily an exercise to add information to a continuing professional development portfolio.

9. How can Competent Compassion be measured?

Competent Compassion Check-ups are simple proformas that are produced for each participant in an interaction - the service user, the professional, and an observer (if present).

Each proforma is tailored to the person completing it.

There is no need for more than 1 person to complete a Check-up in each interaction, although there will be more interesting and useful information collected if more than one of the participants completes one.

The Check-ups are used to record areas during an interaction where there may need to be an increased level of competence or compassion or both. (See appendix)

They use a rating scale for each aspect, and then ask some concise questions relevant to areas of competence and compassion.

Therefore, a professional may decide to use the Check-up for a series of consultations to identify areas for their own professional development.

The same applies to a service user who can use this to feedback to a professional – this may be anonymously or as a named individual.

In the same way, an observer can record their thoughts using the form and feedback to the professional.

An organisation can demonstrate its' focus on quality in interactions by having a programme in place to use the Check-ups regularly.

They shouldn't be used in a punitive way but in a developmental and formative way for staff.

Because rating scales are included on each form it should be possible to demonstrate for individuals and organisations that there has been progress in Competent Compassion over a particular timescale.

10. Where should they be applied?

The principles and Check-ups can be used in any situation where there is a professional giving care to a service user.

This may be characterised in doctor/patient, social worker/client, recovery worker/service user interactions and so on.

Competent Compassion should also be a strong ethos for good practice that runs all the way through an organisation.

Managers should demonstrate this towards people they manage – and vice versa. This applies from the "shop floor" to the directors.

Virtually all companies have value statements. Often these are in danger of being overcomplicated, not reflecting real life, being truisms that no one can disagree with, whilst being difficult to remember and apply in practice.

I would suggest adopting Competent Compassion as a simple and easy to remember ethos that pervades all aspects of organisational life. This is likely to improve the working culture and increase retention and recruitment once it is properly embedded.

Each organisation should seriously consider this as a way forward - for the benefit of their employees, service users – and of course in dealing with regulatory bodies who would be able to see a demonstratable drive towards excellence in all aspects of corporate working.

Adapting Competent Compassion Check-ups for managerial interactions would be straightforward and could immediately give useful feedback as to the “health” of an organisation in terms of its people management.

If appropriately acted upon, the internal culture will be changed for the better – which will be conducive to increased productivity and job satisfaction – and hence the success of the organisation.

11. What are the barriers?

For the professional -

Time – most people are under time pressure and may feel it will make this worse.

Anxiety – about being scrutinised and being found inadequate by colleagues or service users.

Disagreement with the ethos – professionals may feel that what is being looked at isn’t valid or relevant to them.

Interference in the interaction – concerns that asking for feedback may interfere with the therapeutic relationship.

Unwillingness to admit the need for continuous development – the professional may feel that they have maximum competence and compassion already.

For service users -

Time – people may feel that giving feedback will take too much time.

Anxiety about giving feedback – feeling the professional may be upset or that it may damage the therapeutic relationship and hence the care they receive if areas for improvement are identified.

Disagreement with the ethos or not understanding the concepts involved – people may feel it isn't up to them to feedback on professionals.

Literacy – some service users will struggle with literacy and therefore completing the Check-ups.

For the observer –

Time – most people are under time pressure and may feel it will make this worse.

Anxiety about giving feedback – feeling a colleague may be upset or it may damage their working relationship if areas for improvement are identified.

Disagreement with the ethos – professionals may feel that what is being looked at isn't valid or relevant.

Interference in the interaction – concerns that being present will alter the interaction or be uncomfortable for the professional or service user.

Unwillingness to understand the need for continuous development – the observer may feel that the professional already has maximum competence and compassion already.

For organisations -

Time – organisations may not feel they have the time and resources to organise, publicise and facilitate a programme incorporating the Competent Compassion ethos and Check-ups.

Anxiety – about being scrutinised and being found inadequate by regulatory bodies and other interested parties including commercial sensitivities causing reputational damage.

Disagreement with the ethos – the organisation may feel that what is being looked at isn't valid or relevant – or that they have something equally good in place already.

Unwillingness to promote in house continuing professional development using outsourced resources.

Financial concerns – about the cost to resource the programme and difficulties in making staff available for training and follow up.

12. How can the barriers be overcome?

Culture is everything. If the organisational and personal culture is one of wanting to demonstrate and develop Competent Compassion – then it will happen.

In particular:

There may need to be further information and exploration of Competent Compassion as an ethos – both for staff and service users.

There may need a little more time for checkup completions and reflections to be provided by an organisation.

There may need to be a tightening of the expectation of uninterrupted consultations.

There may need an increased openness by organisations and individuals to be actively involved in continuing professional development.

There may need an acceptance that all of us can improve our practice and learn new things through constructive feedback.

13. How can it be implemented?

Make sure that there is agreement from the CEO (or equivalent).

Set up a small planning group of people who actually know what happens in service provision along with some operational management representation.

Look at Competent Compassion as an ethos – understand it, agree with it and be keen to implement it.

Consult using focus groups from staff and service users – use this to inform implementation as well as raising awareness.

Formulate a simple plan appropriate to the organisation and personnel.

Suggestions:

Issue a clear statement about what Competent Compassion is and that as an organisation you want to back it fully as a foundational way of working and developing an excellent service.

Incorporate the ethos and explanation into supervision sessions with frontline staff and management. Discuss and feedback any queries or concerns to the planning group.

Encourage staff to implement this thinking and approach straight away.

Educate and involve service user groups including peer resources to promote active engagement.

Promote the Competent Compassion Check-ups for use in the frontline and resource some time to implement this.

Encourage staff to incorporate the feedback they have given to themselves and received from others into their continuing professional development and appraisal documentation.

Organisationally collect statistics on the number of staff using the checkups and any feedback about Competent Compassion they have.

Make sure that the organisation is receptive to challenge and listens to staff if there are systemic issues that work against Competent Compassion at any level.

Then feedback any changes made to staff and service users as a result of this.

Collate statistics, feedback, staff stories, service user experience for use with regulatory bodies - for example - the CQC.

Proactively engage regulatory bodies in the process.

14. The ultimate goal

To make Competent Compassion the underlying ethos that applies to all interactions in health and social care, and to make the application of that ethos the focus of assessment of quality in all health and social care settings.

APPENDIX - Competent Compassion Check-ups

Competent Compassion - Professional Check-up

Your name:

Service user ID:

Date:

How **competent** did you feel in addressing all the issues that you needed to in this appointment?
(Did you feel that you knew what you were doing, understood all the relevant issues and were able to make an informed and reasonable action plan?)

Please circle one: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (totally)

Please list the areas – if any - that would you like to feel more competent in?

How **compassionate** do you think you were towards the service user in this appointment?
(Did you demonstrate that you cared about the service user, tried to understand the issues from their point of view, and then tried your best to help them?)

Please circle one: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (totally)

Please list anything that stopped you being more compassionate and if so, could you change it?

Competent Compassion - Observer Check-up

Your name:

Professional's name:

Service user ID:

Date:

How **competent** did you feel the professional was in addressing all of the issues they needed to in this appointment?
(Did you think that the professional knew what they were doing, understood all the relevant issues and were able to make an informed and reasonable action plan?)

Please circle one: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (totally)

Please list the areas – if any - that you feel the professional could be more competent in?

How **compassionate** do you think the professional was towards the service user in this appointment?
(Did the professional seem to care about the service user, try to understand the issues from their point of view, and then try their best to help them?)

Please circle one: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (totally)

Please list anything - if identified - that they could change to help them appear more compassionate?

Competent Compassion - Service User Check-up

Your name (optional):

Professional's name:

Date:

How **competent** did you feel the professional was in addressing all of the important issues in this appointment?
(Did you think that the professional seemed to know what they were doing and knew enough about the issues discussed to be able to help you effectively?)

Please circle one: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (totally)

Please list the areas – if any - that you feel the professional could have been more competent in?

How **compassionate** do you think the professional was towards you in this appointment?
(Did you feel that the professional cared about you, tried to understand your important issues and then tried their best to help?)

Please circle one: (not at all) 0 1 2 3 4 5 6 7 8 9 10 (totally)

Please list ways – if any - that they could have been more compassionate?