



South Eastern Health
and Social Care Trust



Communicating for Better Care

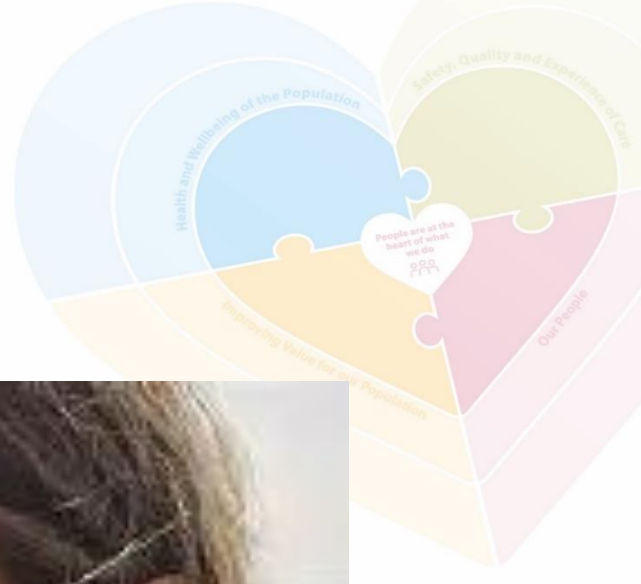
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Martha's Law

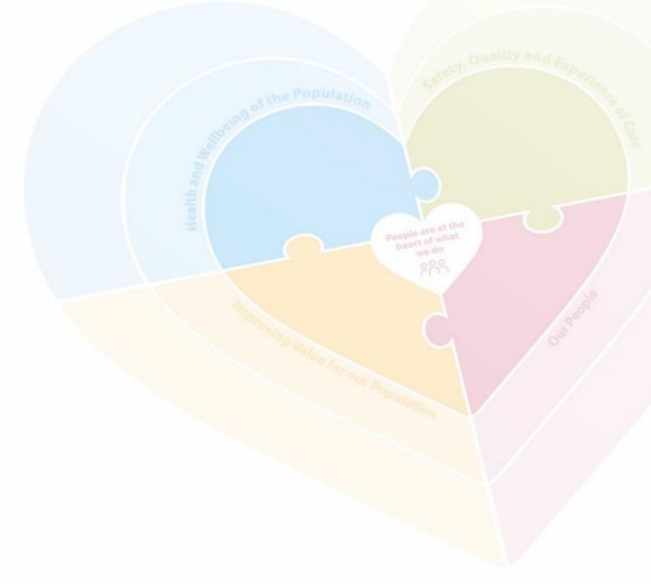


A great place to **Live**

A great place to **Work**

A great place for **Care & Support**

1:2:4:All



What is most Important in Communicating with Patients as a Dentist?



GDC Standards to Support Good Communication

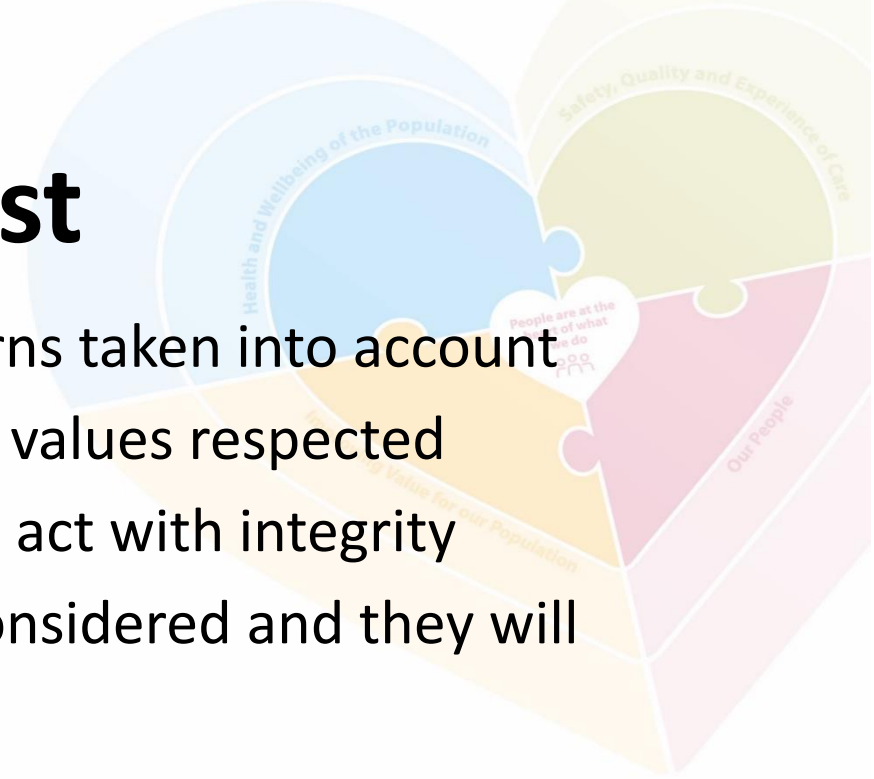
The 9 Principles

- 1** Put patients' interests first
- 2** Communicate effectively with patients
- 3** Obtain valid consent
- 4** Maintain and protect patients' information
- 5** Have a clear and effective complaints procedure
- 6** Work with colleagues in a way that is in patients' best interests
- 7** Maintain, develop and work within your professional knowledge and skills
- 8** Raise concerns if patients are at risk
- 9** Make sure your personal behaviour maintains patients' confidence in you and the dental profession



Put Patients First

- To be listened to and have their preferences and concerns taken into account
- To be treated as individuals and have their cultures and values respected
- That all members of the dental team will be honest and act with integrity
- That all aspects of their health and well-being will be considered and they will receive dental care that is appropriate for them
- To be treated in a clean and safe environment
- That reasonable adjustments will be made for any disabilities
- That their interests will be put before financial gain and business need
- Redress if they suffer harm during dental treatment
- That their dental pain and anxiety will be managed appropriately





Communicate Effectively

Standards & their guidance



2.1 You must communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into account



2.2 You must recognise and promote patients' rights to and responsibilities for making decisions about their health priorities and care



2.3 You must give patients the information they need, in a way they can understand, so that they can make informed decisions



2.4 You must give patients clear information about costs





NIHR

Strategies for Effective Dentist-Patient Communication: A Literature Review

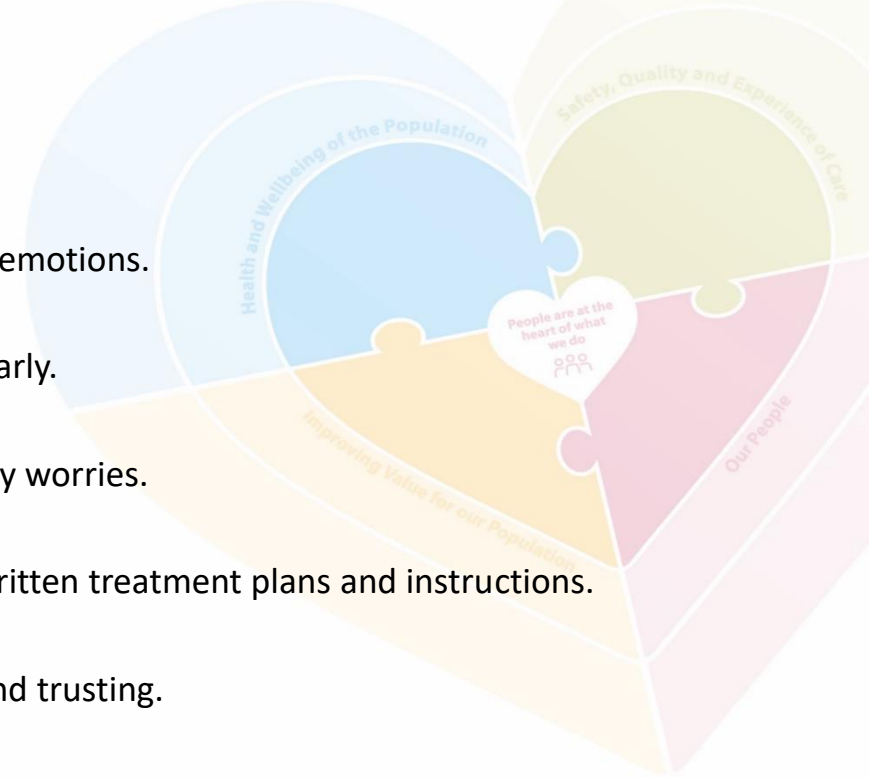
[Jasmine Cheuk Ying Ho](#) ¹, [Hollis Haotian Chai](#) ¹, [Edward Chin Man Lo](#) ¹, [Michelle Zeping Huang](#) ^{1,2}, , [Chun Hung Chu](#) ¹, 



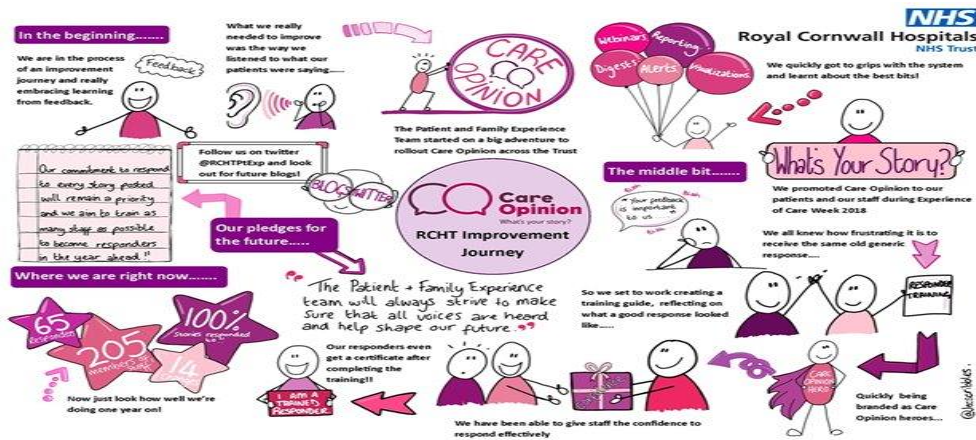
Dentists should show empathy, encourage questions and feedback, employ visual aids, and give ample time to patients.

Key Communication Strategies

- **Active Listening:**
Give patients your full attention to understand their concerns and needs, and acknowledge their emotions.
- **Clear and Simple Language:**
Avoid medical jargon and use straightforward terms to explain procedures, risks, and benefits clearly.
- **Encourage Questions:**
Create an open environment where patients feel comfortable asking questions and expressing any worries.
- **Visual Aids and Written Information:**
Use handouts, models, radiographs, and videos to enhance patient understanding and provide written treatment plans and instructions.
- **Empathy and Reassurance:**
Show care, empathy, and a positive, reassuring attitude to help patients feel more comfortable and trusting.
- **Positive Non-Verbal Cues:**
Maintain eye contact, offer a warm smile, and use positive facial expressions and calm body postures to convey engagement and confidence.
- **Provide Reassurance:**
Offer comfort and manage patient anxiety, especially during procedures.
- **Improved Patient Trust:**
Building strong relationships based on trust encourages patients to share information and feel more comfortable in the practice.
- **Better Understanding:**
Patients are more likely to understand treatment plans, oral health advice, and potential risks and benefits.
- **Reduced Complaints:**
Clear communication helps prevent misunderstandings that can lead to patient dissatisfaction and complaints.



Listening to Patients

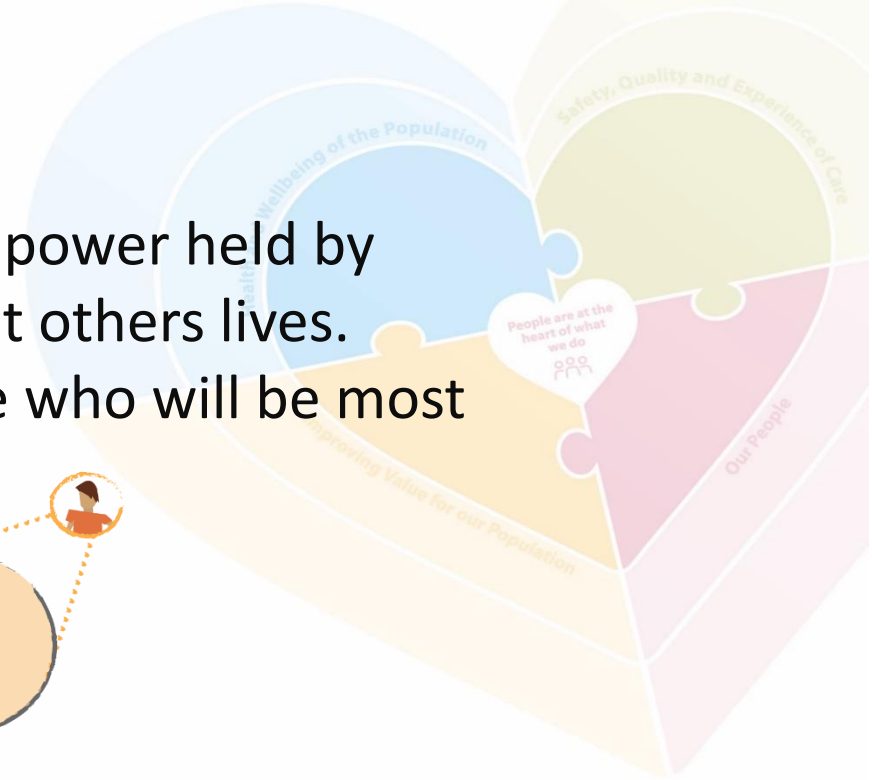
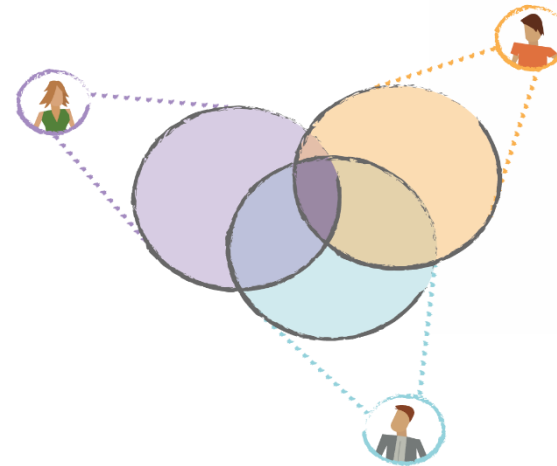


Co- Design

Co-design is about challenging the imbalance of power held by individuals, who make important decisions about others lives. Often with little of no involvement of the people who will be most impacted by those decisions.

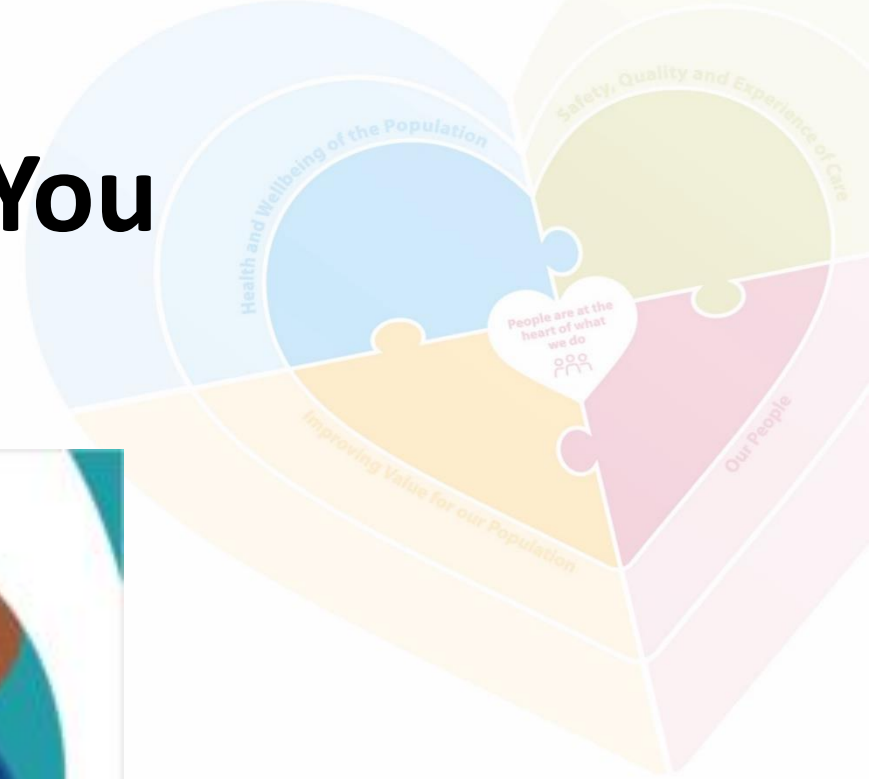
Change this by...

- Prioritising relationships
- Using creative tools
- Building capability
- It uses inclusive convening to share knowledge and power
- Experience Based Co- Design EBCD

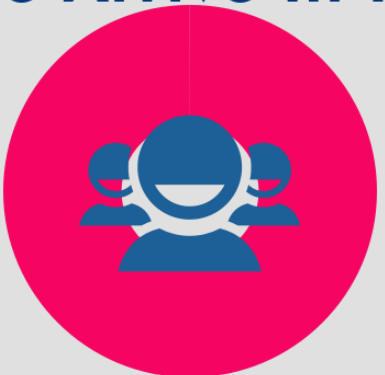




What Matters to You



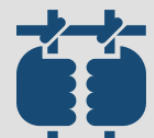
A Welcome When People Arrive In Prison



What Matters?
100+ Patient Stories



Value Stream
Mapping



Understanding
the System



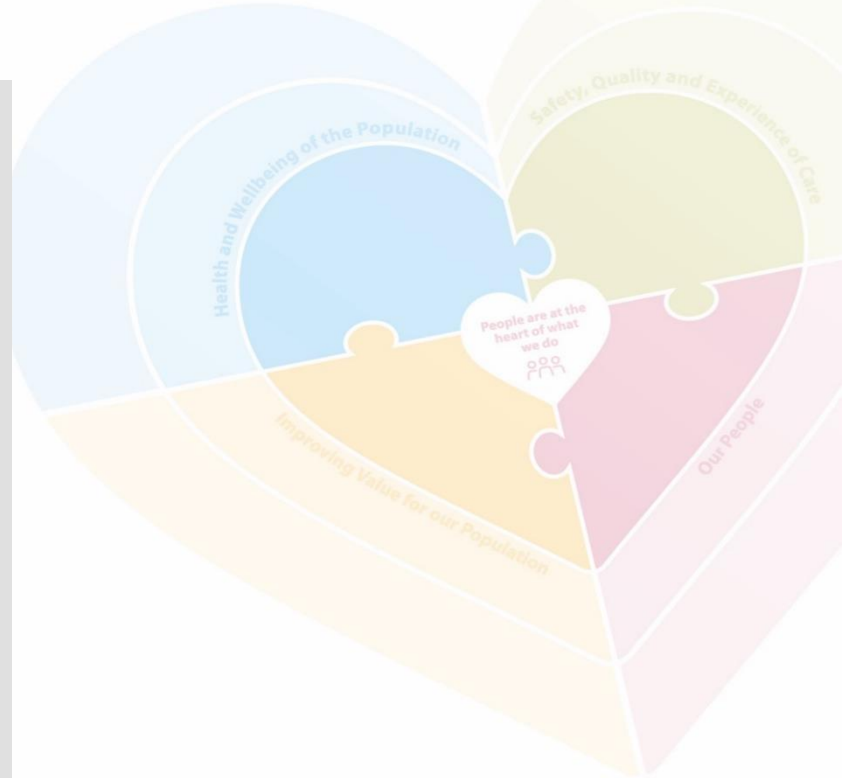
Communication
Key Messages



Peer Mentor
Support HUB



Medication
Pathway



A great place to **Live**

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A great place for **Care & Support**

Service Transformation and the Patient Experience

- Co-production
- Importance of Narrative
- Pt Experience
- Pt Expectations
- Regional Survey
- SensemakerTechnology
- 100+ people Interviewed

10000 Voices-What Mattered Most



Communication Work Strands



Pace Forms



Key Messages



**Medication
Into Prison**



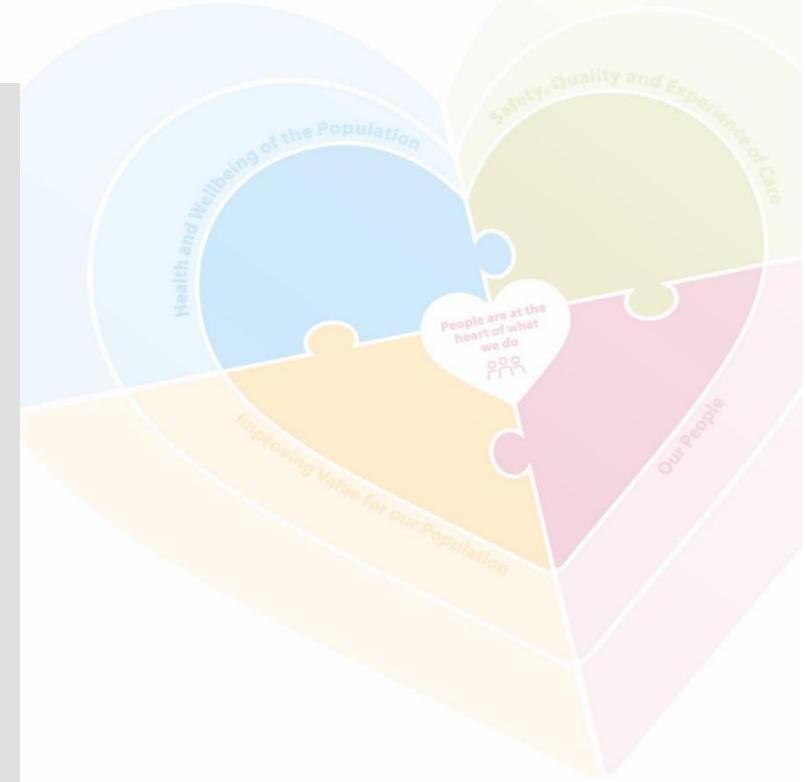
Induction



Co- Design



Peer Advocates



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ASK HIM Peer Mentor Pilot

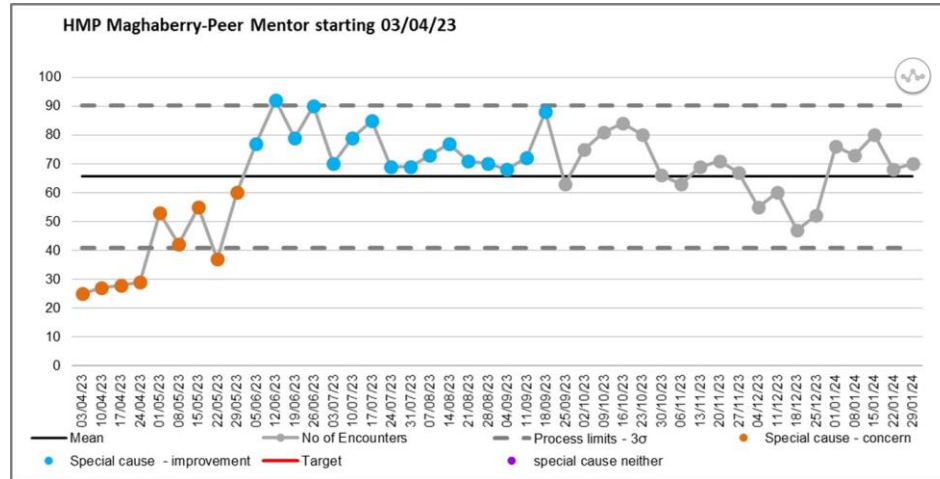
Start with Hello

- Healthcare Navigators
- Connect with People in the first 24 hours of Custody
- Help Navigate Complex Prison Systems
- Signpost to Healthcare services using Referral Pathways
- Directory of Services Co-Designed through PDSA Cycles with Mentors
- Support by Prison Staff



How much did we do?

Number of Mentors- 13
Number of Mentors Completed Training - 28
Number of Locations- 8
Number of Engagements-2885



How well did we do it?

Expanding the number and locations of the peer mentors across the prison has enabled a greater depth of encounter. People are seen when they first enter in Bann then those in prison for the first time have a second engagement session in Donard. As people are dispersed across the site they have the opportunity to encounter peer mentors again as the needs and questions change over time.

Location	Engagements	Follow Ups	First Time in Prison
Bann	203	115	68
Davis	1072	219	366
Donard Hub	1301	37	434
Quoile	55	21	22
Shimna	96	47	29
Gym	64	22	21
CSU	41	33	17
Braid	33	11	15

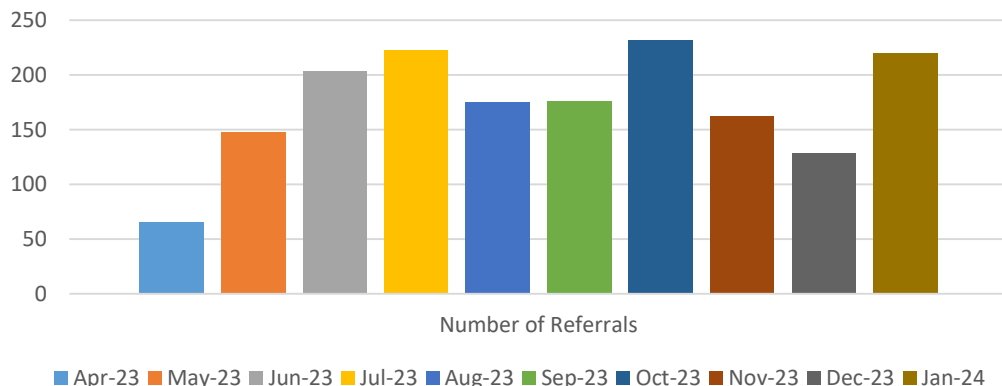
Understanding the specific needs of people who do not have English as a first language has been addressed with the training of 3 peer mentors who speak 6 languages. Induction is an ideal time to support people and peer mentors have a formal role in this.

	Engagements	Referrals	First Time in Prison
Foreign Nationals	209	179	163
Inductions	1234	713	484

Is Anyone Better Off?

The Ask Him Peer Mentors have become an important part of the public Health network across the prison, making important referrals and encouraging agency of people in prisons

Total Number of Referrals from Apr 2023 to Jan 2024



Ask HIM Referrals



Outcomes of Peer Mentor Hub

- Standardised Recruitment of 26 Mentors to date.
- Training Courses –AQA in Peer Mentoring, OCN level 2 in Youth and Community Work.
- Supervision –monthly group sessions for mentors with HiP Psychology Team.
- Mind the Mentor 8 Sessions- Monthly gathering of mentors to connect, share food and relaxation.

Quotes from Mentors

- Being a mentor has stopped me from sliding back to how I used to live as I know I can't help someone unless I help myself also.
- I have learnt skills to approach people in different ways, being sensitive about their personalities and situations.
- I didn't think my experience in prison was a positive thing but I realise I can use my experience to help other peoples experience.

Quotes from People in Custody

- Mentor was great, he knows what it is like to suffer drug withdrawal, he knew what I was going through.
- Mentor has been amazing. I just wouldn't have survived without him. He has been my rock when I needed one.
- There are certain things I wouldn't talk to staff about but he's a prisoner and he knows how things are. He gives you the information you need to know and steers you in the right direction.

-
- *what really counts*
 - *major preoccupations*
 - *worries & aspirations*

What does he HEAR?

- *what friends say*
- *what boss say*
- *what influencers say*

What does he SEE?

- *enviroment*
- *friends*
- *what the market offers*

What does he SAY AND DO?

- *attitude in public*
 - *appearance*
- *behavior towards others*

Pain

Gain

Reflective Practice

Reflective questions to ask at the end of the day:

- What are you proud of today?
- What did you accomplish today?
- What inspired you today?
- What challenges did you overcome?
- What did you learn today?



GMC 10 Points of Reflective Practice

Medicine is a lifelong journey, immensely rich, scientifically complex and constantly developing. It is characterised by positive, fulfilling experiences and feedback, but also involves uncertainty and the emotional intensity of supporting colleagues and patients.

- Reflection is personal and there is no one way to reflect.
- Having time to reflect on both positive and negative experiences is important for individual wellbeing and development.
- Group reflection often leads to ideas or actions that can improve patient care.
- The healthcare team should have opportunities to reflect and discuss openly and honestly what has happened when things go wrong.
- A reflective note does not need to capture full details of an experience. It should capture learning outcomes and future plans.
- Reflection should not substitute or override other processes that are necessary to record, escalate or discuss significant events and serious incidents.
- When keeping a note, the information should be anonymised as far as possible.
- We do not ask a doctor to provide their reflective notes in order to investigate a concern about them. They can choose to offer them as evidence of insight into their practice.
- Reflective notes can currently be required by a court. They should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.
- Tutors, supervisors, appraisers and employers should support time and space for individual and group reflection.



Team Reflective Practice

Building multi-professional teams of reflective practitioners Reflecting in groups, teams and multi-professional settings is an excellent way to help develop ideas or actions that can improve practice.

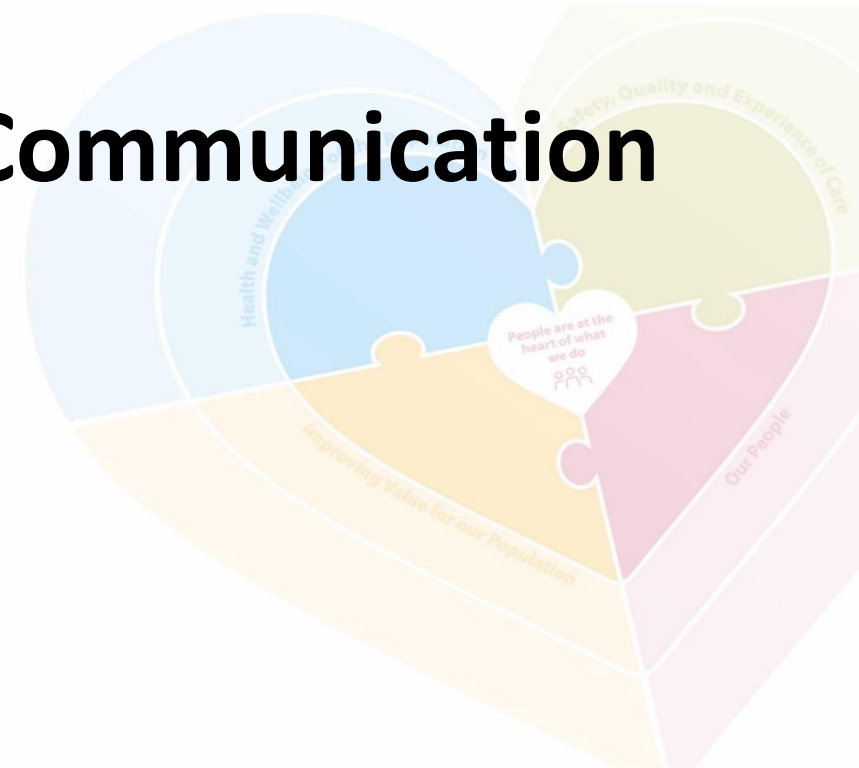
- Learning with others builds a collective wisdom through discussion, support and knowledge sharing.
- Care for individuals and service delivery improves when teams and groups are given opportunities to explore and reflect on their work together.
- While reflection is personal, it is often informed by the professional standards and duties expected by the different professions and their regulators.
- In many cases, there are formal and informal power dynamics that may limit the value and positive power of reflection unless facilitated carefully and respectfully





SET People Plan

Team Communication

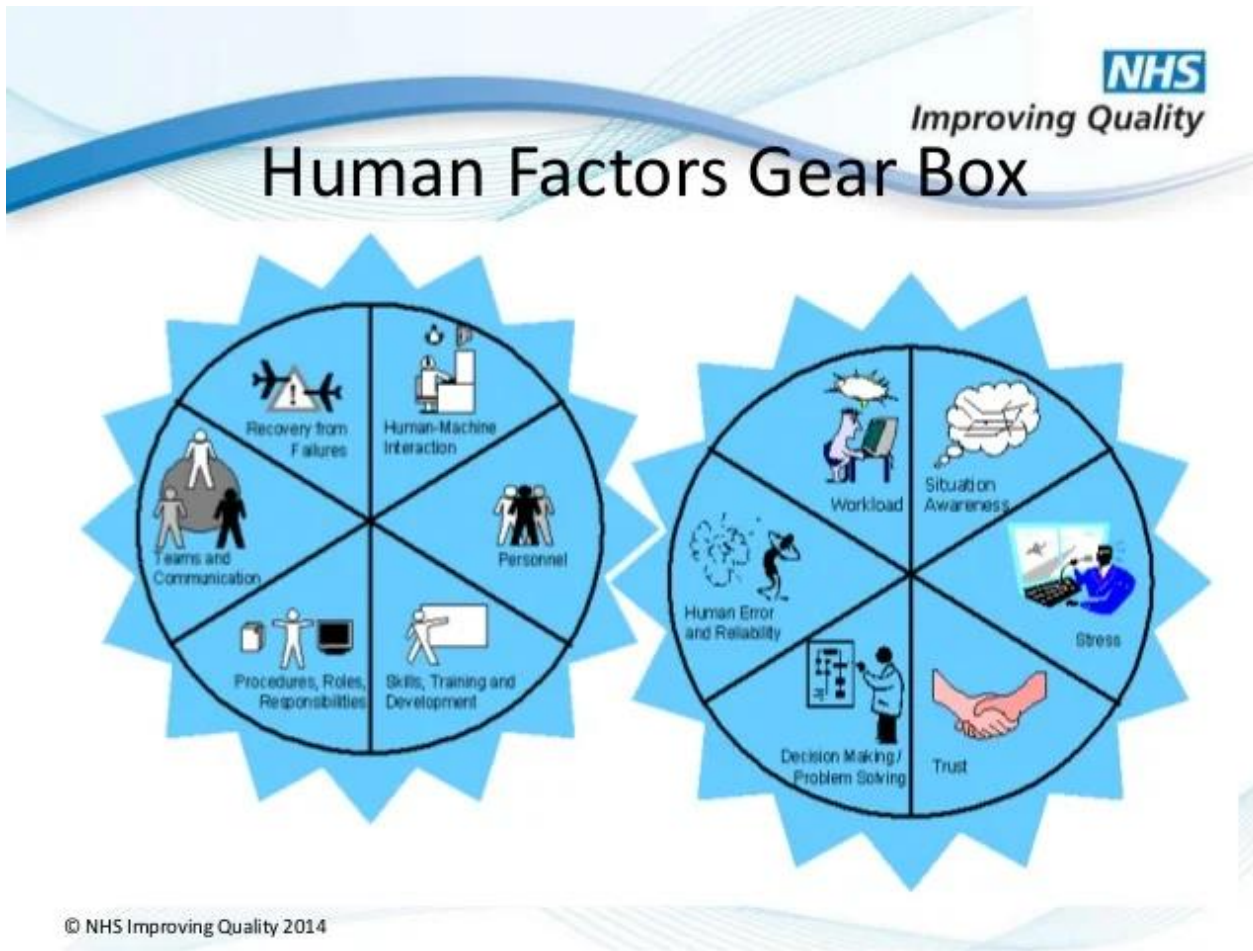


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Team Dynamics



Human factors play a crucial role in the NHS

Influencing decision-making and patient care quality.

Key aspects include:

- Decision Making Pressure
- Human Factors in Design – Workplace environments
- Cultural Change- Promote Safety First Culture
- Training and Development- Simulation Training
- Adverse Impact on Patient Outcomes

TRIZ

How would you create the worst experience for patients attending your dental service.

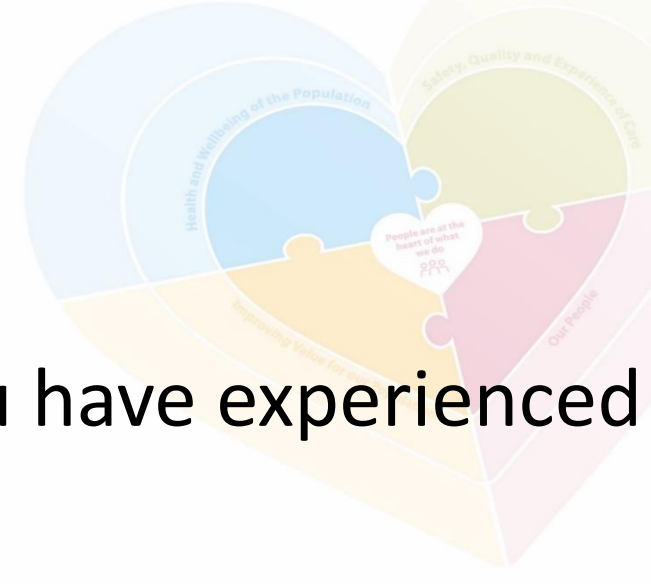
(Think Communication)

15 minutes get creative!



TRIZ

- Go down the list and highlight what you have experienced in your current practice.



TRIZ



- Reflect on the list and what would be the first steps for you to create change in your team/ service/ system?
- How would you create a dynamic team environment with brilliant communication.

Social capital is more important than human capital for improving performance



Social relationships are resources for action

“When participants in any process engage in talk, they reflect with one another, which facilitates change.

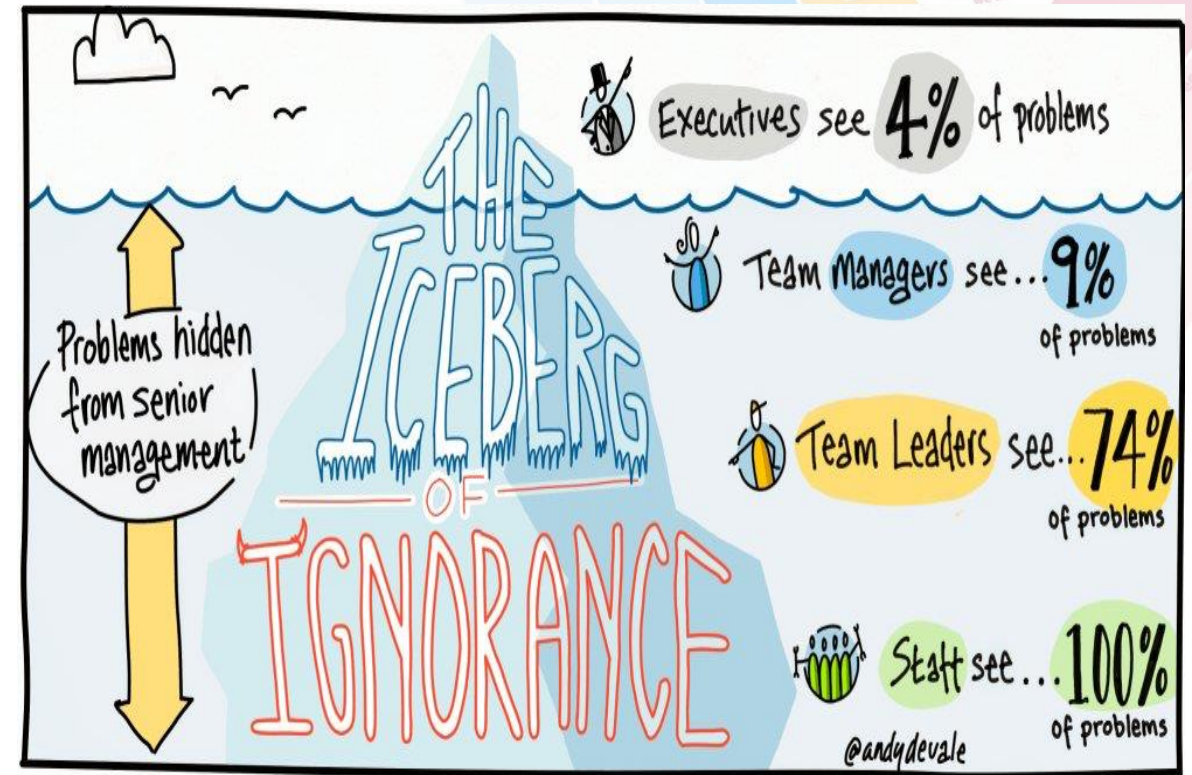
Collective, reflective talk has an outsized impact on [continuous improvement] routines. [Without talk] continuous improvement routines die”

Aristidou, A. and Burgess, N.J., 2019, July. The Death of a Bundle of Organizational Routines. In *Academy of Management Proceedings* (Vol. 2019, No. 1, p. 13796). Briarcliff Manor, NY 10510: Academy of Management.

Project ECHO

EXTENSION OF COMMUNITY HEALTHCARE OUTCOMES

- A Movement to Improve Care
- Democratising Specialist Knowledge
- Community of Practice
- Building Capacity
- Collaborative problem solving
- Reducing Variation
- Continuous Improvement

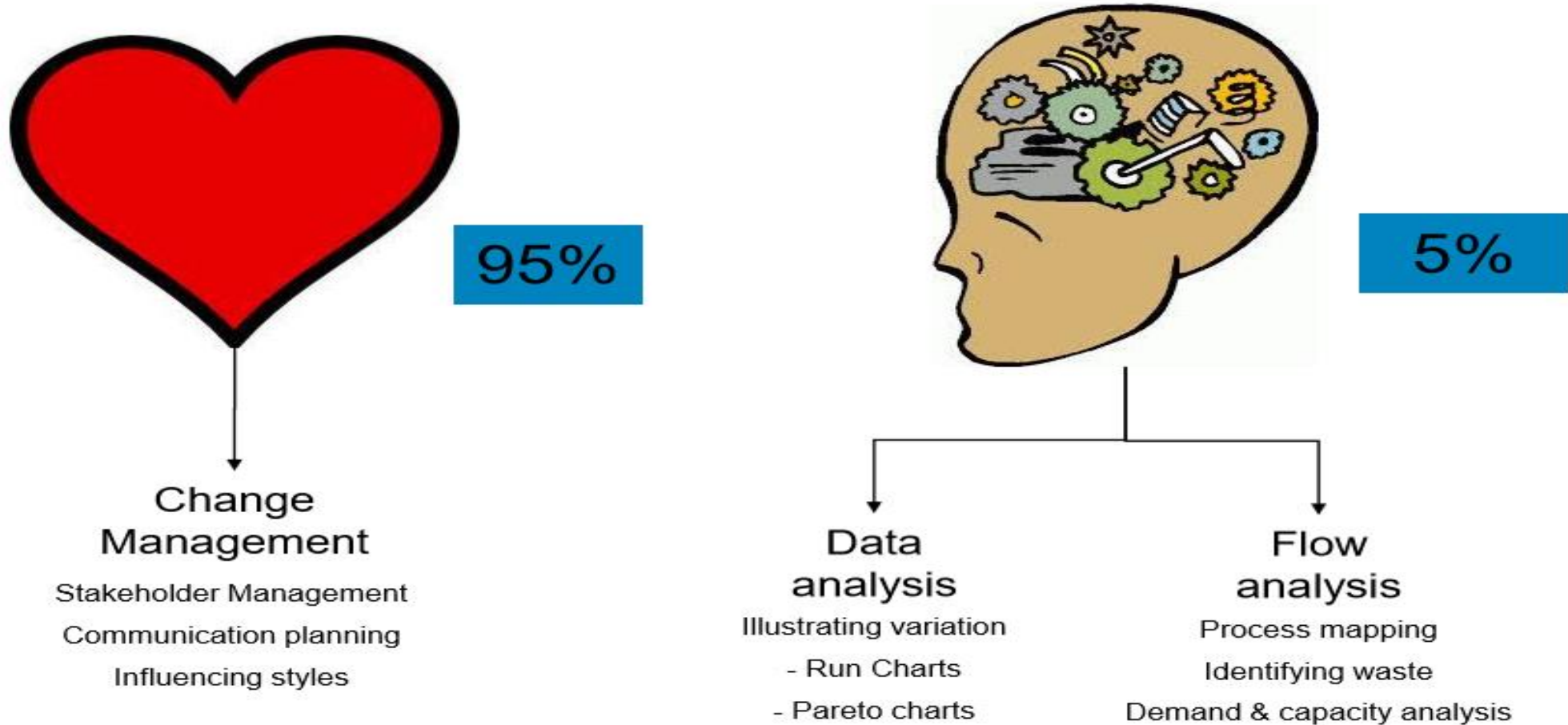


Operational Definitions

Build a Structure

Your task as a team is to build the **tallest freestanding structure** possible in 10 minutes. The marshmallow must be on top.

QI Collaboration- Building Will



Social Movements



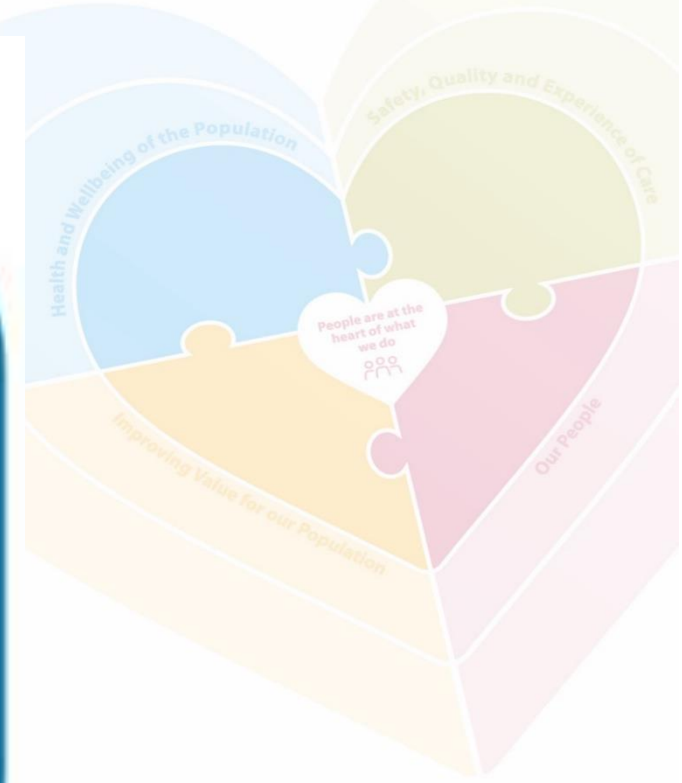
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“people will
support what
they help
create.”

post-it note at the front reception in Office Nomads,
a coworking space in Portland, OR.



A great place to **Live**

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CoCreative

To create change across systems need to shift the balance less re-designing and more focus on collaboration empathy and genuine human connection.

1. Manage complexity through collaboration-bridge building & collective knowledge
2. Invest in relationship building
3. Leverage technology for transparency-visualisation
4. Evolving measurement and accountability-need collective impact measurement
5. Build robust leadership ecosystem
6. Continuous learning, reflection and systems thinking.

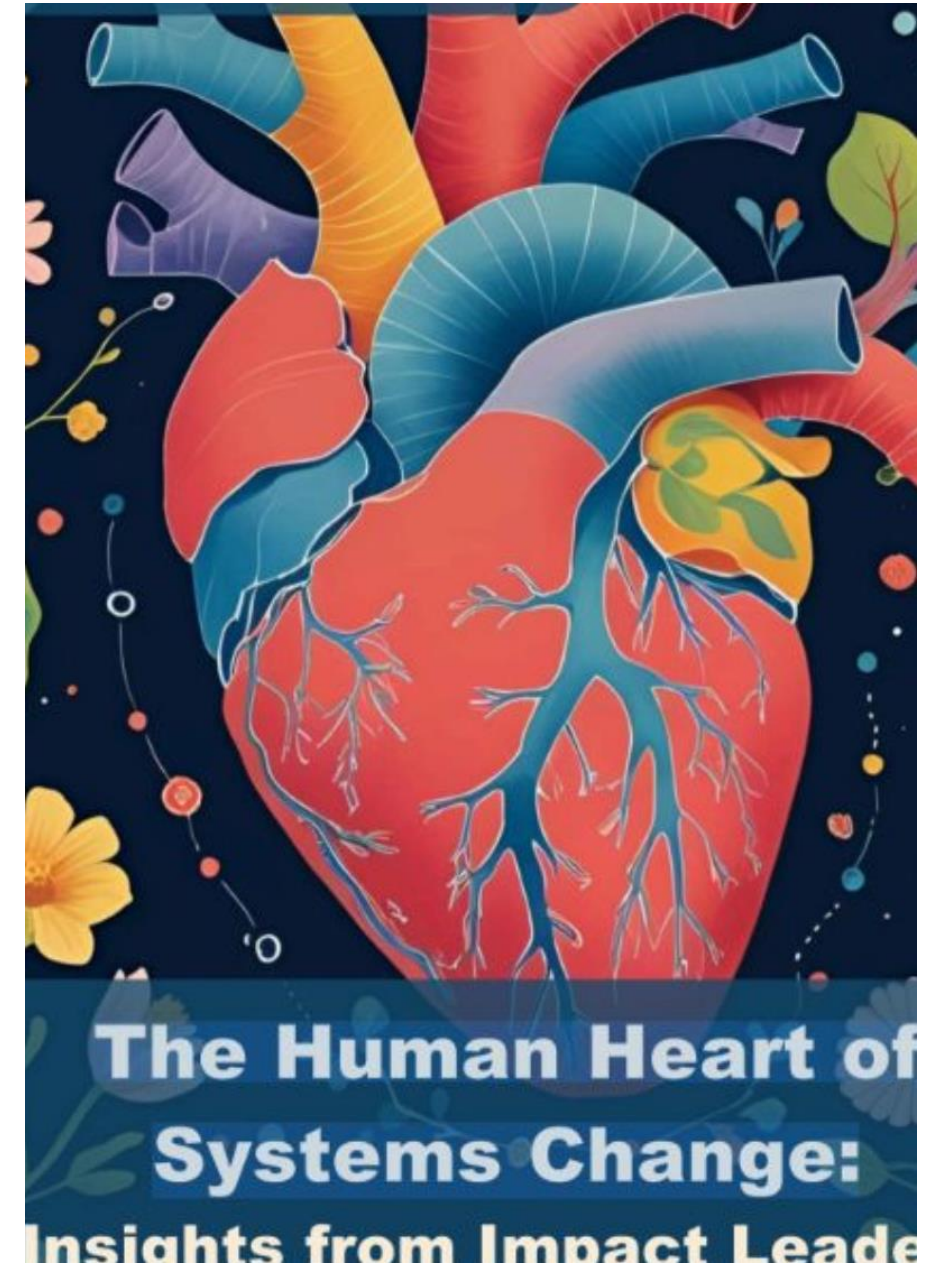


Figure 1 – The habits of improvers

Developing into a Good Communicator



Health Foundation

Connections



HSCQI

Q Community

School for Change Agents

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