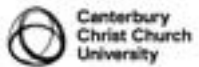




Welcome to the Primary Care Educators Conference 2026

**KENT AND
MEDWAY
MEDICAL
SCHOOL**



Claire Rickard and Dr Adetutu Popoola

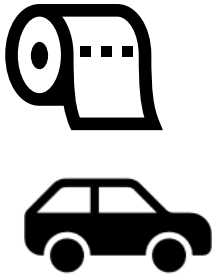
Housekeeping



**Emergency exits /
Fire alarms**



**Please silence
your phones**



**Toilets / Car
parking**



**Breaks and
catering**



**Keeping to
Time!**



Photo consent

Car Park

Please make sure you enter your car registration number in one of the tablets on reception to avoid being fined.



Prayer Room available – Please speak to a member of the team if required

Please register your attendance

- Log into your Medtribe account on your mobile device and mark attendance

This will enable you to:

- Receive the feedback survey at the end of the day
- Get your Certificate of Attendance (stored in your Medtribe account)

Photos and Videos

Photos/videos may be taken during the day.

If you DO NOT want your photo taken, please let a member of the Training Hub know.

Photos/videos may be used on:

- Social media
Facebook / LinkedIn
- Website
- Newsletters



Thank you.

Key Messages for today



This is a day for you – we want to celebrate our multiprofessional educators and aspiring educators



We want to hear from you all – let's share and celebrate the good stuff!



Educational leadership can make a huge difference for our workforce.



Please take key messages back to your Practice and PCN colleagues.



Make some new friends, share stories and experiences.

Today's Agenda

**KENT AND
MEDWAY
MEDICAL
SCHOOL**



University of
Kent

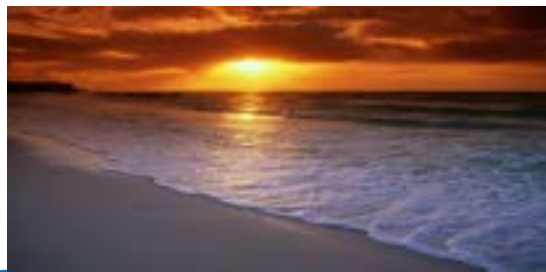
TIME	PROGRAMME TITLE	SPEAKER
8:45am - 9:15am	Registration, Refreshments Networking and Marketplace	
9:15am - 9:30am	Welcome and House Keeping	KMPCTH & KMMS
9:30am - 10:30am	Keynote Speaker 1: Compassionate Teamworking for High-Quality Primary Care	Professor Michael West
10:30am - 11:00am	Refreshments and Networking Break	
11:00am - 12:30pm	Workshop 1	
12:30pm - 1:30pm	Lunch and Networking	
1:30pm - 2:30pm	Keynote Speaker 2: Flourishing Spaces in Challenging Times	Professor Louise Younie
2:30pm - 4pm	Workshop 2 <i>Refreshments served here</i>	
4pm - 4:15pm	Closing Presentation Thank you from us all	KMPCTH & KMMS
4:15pm	CLOSE	

Professor Michael West

**Compassionate Teamworking
for
High-Quality Primary Care**

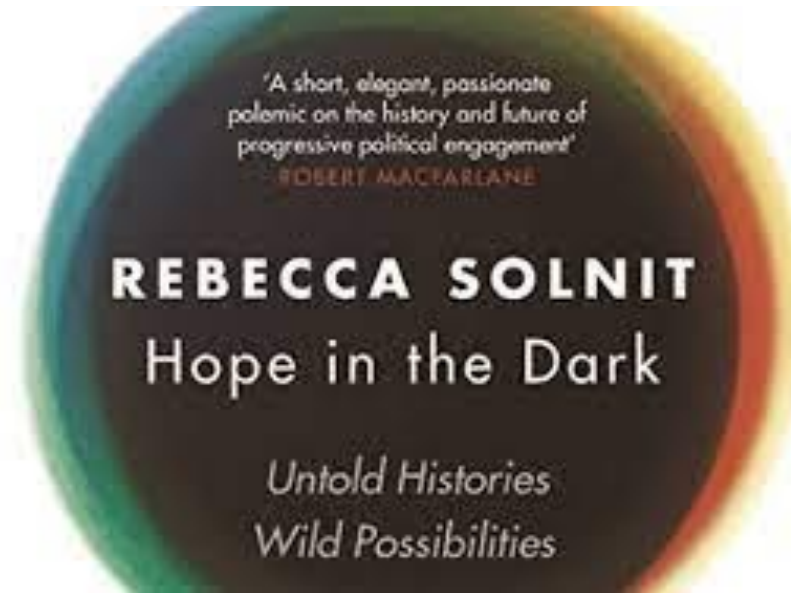
Humanising Education: Compassionate Leadership and Teamworking

Michael West



Context: Educational Priorities

- Directly address the workforce crisis and make compassionate leadership the foundation of this work
- Ensure equity, diversity and inclusion are major themes underpinned by concrete commitments
- Address how the core needs of staff will be met now and continuously in the future
- Enable collective leadership and develop leadership for team-based and neighborhood working



Paul Gilbert's Social Mentality Model: Competition and threat *versus* Caring and compassion

- How someone leads depends on **which social mentality is dominant**:
- Threat-based ranking mentality → controlling, dominating, fear-inducing leadership
- Caring/compassionate mentality → protective, enabling, affiliative leadership



Two broad forms of hierarchy

Threat-based hierarchy	Caring-based hierarchy
Dominance, coercion	Prestige, protection
Fear, submission	Trust, affiliation
Shame, anxiety	Safety, learning
Suppresses voice	Enables contribution

Three emotional regulation systems

When we are busy, stressed, threatened we can neglect our soothing system, or it will go offline. Then, we may alternate between threat and drive



Adapted from Gilbert, P (ed) (2005). *Compassion: Conceptualisations, Research and Use in Psychotherapy*. Routledge.

Leadership dynamics: Threat and self-protection

- **Threat & Protection System**
 - Driven by fear, anxiety, anger
 - Neurophysiology: cortisol, adrenaline
 - Leadership expression:
 - Blame
 - Micromanagement
 - Public criticism
 - Zero tolerance cultures



Leadership dynamics: Drive and achievement

- Focus on success, status, reward
- Leadership expression:
 - Target-driven
 - Performance pressure
 - Competitive climate



The Drive System in Leadership

- Evolutionary purpose: Seeking resources, goals, and success.
- Emotionally: Excitement, ambition, determination.
- In leadership: Drive energises vision, innovation, and performance.
- **Signs of drive activation:**
 - Passion, goal focus, ambition, achievement orientation.
 - “Let’s hit the target!” “We must deliver!”
 - Healthy drive: When balanced with soothing, it fuels purpose, motivation, and progress.
- **Unbalanced drive:**
 - When combined with threat (e.g., fear of not meeting targets), it becomes toxic productivity:
 - Busyness without meaning.
 - Overwork and exhaustion.
 - Valuing outcomes over people.



Leadership dynamics: Compassion and caring

- **Soothing / Affiliation System**
 - Linked to oxytocin, vagal tone
 - Leadership expression:
 - Psychological safety
 - Repair after mistakes
 - Encouragement and inclusion
- Compassionate leadership intentionally activates and stabilises the soothing system, especially under pressure.



Compassion

Compassion is 'a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it' (Gilbert 2017 p.11).

The four behaviours:

Attending, understanding, empathising and being motivated to help

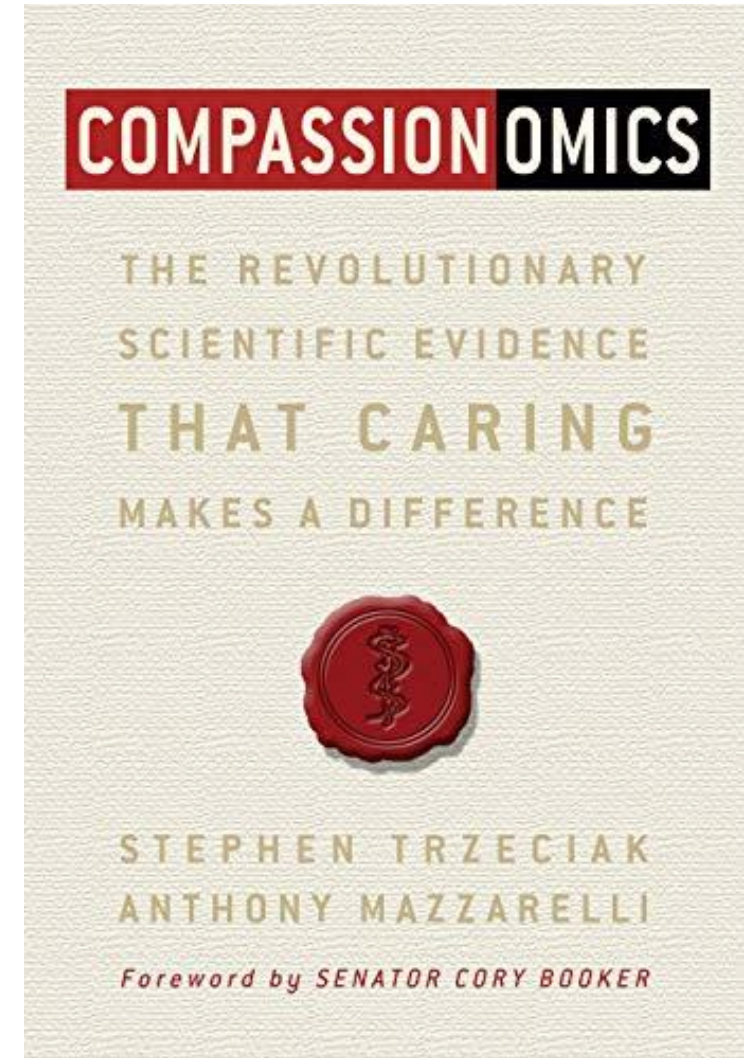


Poll

- How effective am I at showing compassion to others? From 1 (not effective) to 7 (very effective)?
- How effective am I at receiving compassion from others? From 1 (not effective) to 7 (very effective)?
- How effective am I at showing compassion to myself? From 1 (not effective) to 7 (very effective)?

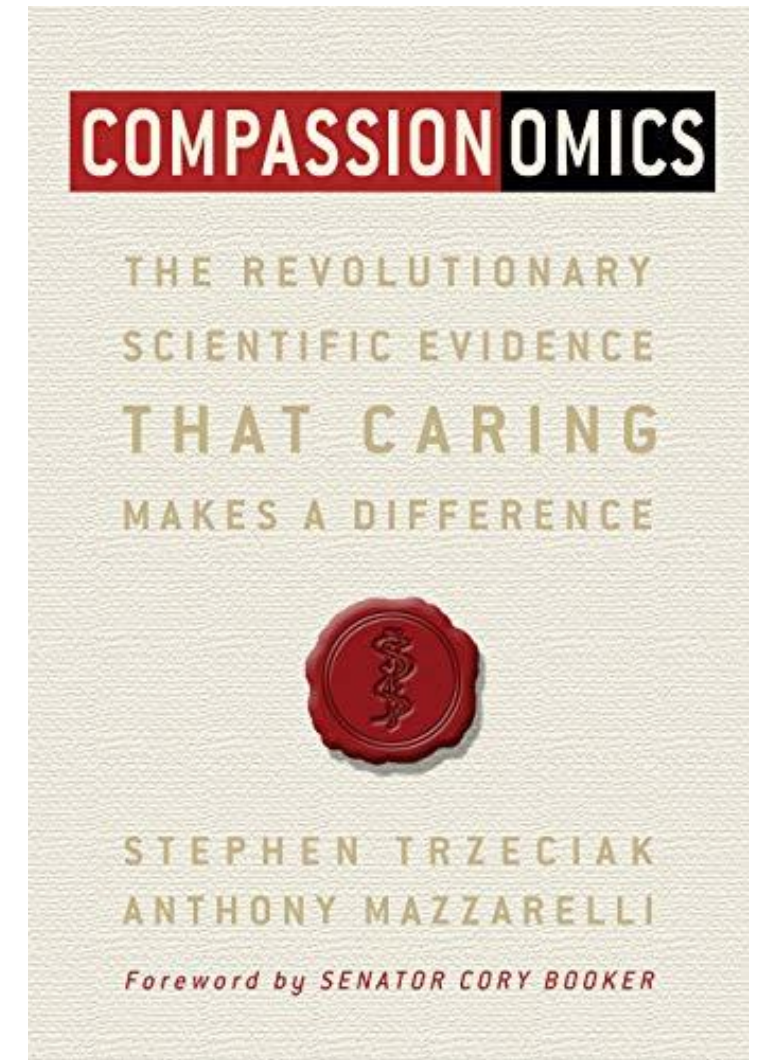
Compassion in Health and Care

- Compassion from anaesthetists vs sedatives – patients calm but not drowsy. 50% lower requirement for opiates post-surgery and shorter stay.
- Patients randomly assigned to compassionate palliative care survived 30% longer
- Diabetes – optimal blood sugar control 80% higher; 41% lower odds of complications
- HIV patients 33% higher adherence to therapy and 20% lower odds detectable virus
- 21 RCTs large improvements in service-user depression, anxiety, distress and wellbeing



Compassion in Health and Social Care

- More compassion does not take more time
- GP and nurse compassion – lower depression, anxiety, distress
- Cost savings - difference of 5.6% between high and low patient satisfaction hospitals
- US GPs: 51% lower medical bill; Canadian GPs: 51% fewer referrals; 40% less diagnostic testing
- Canada RCT of homeless people at A&E; compassion group 33% less likely to return to A&E
- Greater than effects of aspirin in heart attacks and of statins in 5-year risk of cardiovascular event





Compassionate leadership

- *Attending*: paying attention to staff – ‘listening with fascination’
- *Understanding*: shared understanding of what they face
- *Empathising*: feeling with
- *Helping*: taking intelligent action to serve or help

Educating for Team working

- Teamwork describes a group of people working interdependently,
- In a climate of safety and safeness, with shared purpose and clear, agreed objectives,
- And who meet regularly to review their performance, adapt, learn, innovate and improve.



Real vs pseudo teams



- **Real team** - A team is a 'real' team when team members work *closely and interdependently* towards *clear, shared objectives*.
- Real teams also have *regular and effective communication*, usually in the form of *team meetings*, in which they ...
- *Reflect upon their performance and how it could be improved.*
- **Pseudo team** - is a co-acting group without **clear** goals, task interdependence, and/or lack of reflection on team performance.

Real teamworking outcomes in healthcare

'Real' teamworking is associated with:

- lower staff stress levels (50%)
- less violence against staff
- more innovation
- fewer errors
- higher patient satisfaction,
- fewer patient deaths
- better care quality
- and financial performance



Latest Research Evidence on Teamwork

Goal selection and
goal striving.

Team autonomy

Shared leadership

Dyadic-oriented
leadership promotes
individual
empowerment

Team-oriented
leadership promotes
team empowerment
= more effective

Trusting
relationships and
psychological
safety/safeness



Chen, G. & Kanfer, R. (2024). The future of motivation in and of teams. *Annual Review of Organizational Psychology and Organizational Behavior*, 11, 93-112.



Usual causes of dysfunctional team behaviours: lack of

- Clear goals
- Clear roles
- Psychological safety and safeness
- Good conflict management
- Regular, engaging, valuable meetings
- Effective inter-teamworking

To what extent is any of these true in your team? What can you do to address this?

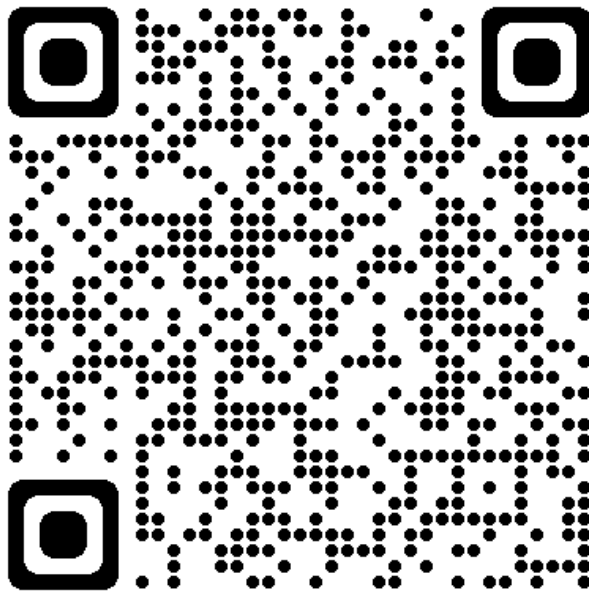
Team Effectiveness is determined by DAC



- **Direction:** A clear, shared, inspiring vision (compassionate care) and 4-7 clear, agreed, challenging goals
- **Alignment:** The efforts of people and teams aligned with each other and springing from the vision
- **Commitment:** Developing trust and motivation

	Where DAC is Happening	And Not Happening
Direction	• There is a vision, a desired future, and a set of goals that everyone buys into. • People agree on what collective success looks like.	• Lack of agreement on priorities • People feel as if they are being pulled in different directions. • There's inertia; people seem to be running in circles
Alignment	• Everyone is clear about each other's roles and responsibilities • The work of each team members fits well with the work of others. • There's a sense of organisation, coordination, and synchronisation	• Disarray: deadlines missed, rework, duplication of effort • People feel isolated from one another • Teams compete with one another
Commitment	• People give the extra effort needed for the team to succeed • There's a sense of trust and mutual responsibility • People express passion for the work	• Only the easy things get done • "What's in it for me?" • People not "walking the talk"

Team Direction, Alignment and Commitment



Have your team complete the brief questionnaire from the *Center for Creative Leadership* on assessing DAC in teams

“What can you do as a team to better ensure direction, alignment and commitment?”

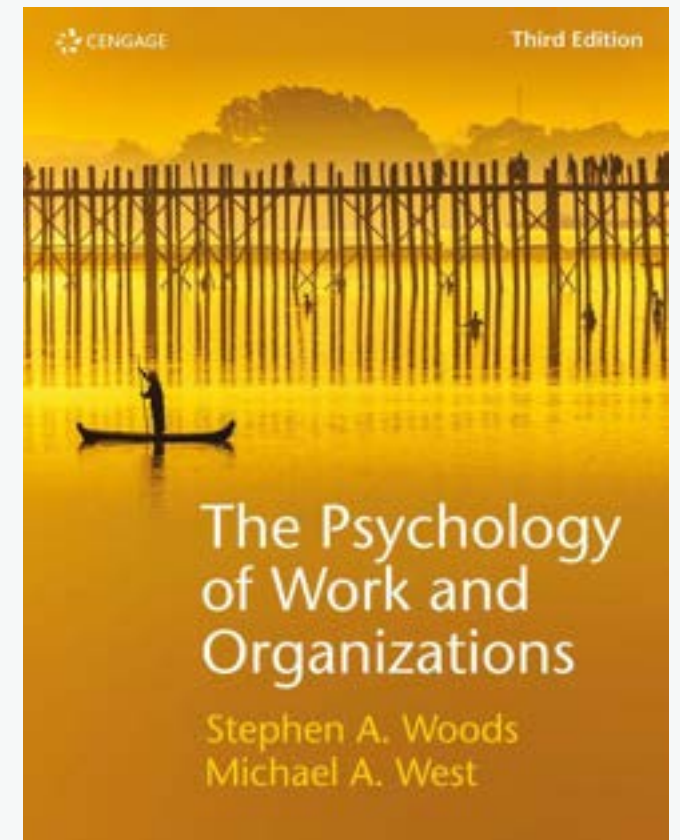
<https://www.ccl.org/insights-research/direction-alignment-and-commitment-assessment/>

Clear team goals or objectives

A focus on (5 to 7 maximum) **clear, agreed, challenging** and aligned team objectives at every level with helpful and timely feedback on performance

- Effectiveness – task outcomes
- Client/Patient/service user satisfaction
- Quality of team working
- Team member growth and well being
- Innovation and quality improvement
- Inter-team working
- Productivity and financial efficiency

Dixon-Woods, Baker, Charles, Dawson, Jerzembek, Martin, ... & West,(2013). Culture and behaviour in the English National Health Service. BMJ: *Quality and Safety*.



Teams Need Data - A Feedback Rich Environment

- highlights what teams and individuals are doing right
- clarifies progress towards objectives
- identifies areas for improvement
- helps to build competence
- promotes engagement and involvement.

<https://improvement.nhs.uk/resources/culture-and-leadership-programme-phase-2-design>





Your primary care team

What is your team's purpose?

What are your 5-7 goals or objectives?

Are they clear, challenging and agreed?

Do you work closely and interdependently together to achieve them?

Do you have reliable data that reveals your progress towards achieving your goals?

Do you meet regularly to review your goals and how your team performance can be improved?

Compassionate teamworking

- Intra-individual: Team member self-compassion
- Intra-team: Compassion received from and offered to team members
- Whole team: Managing the team compassionately
- Inter-team: Managing inter-team relationships compassionately

Attending
Understanding
Empathising
Helping

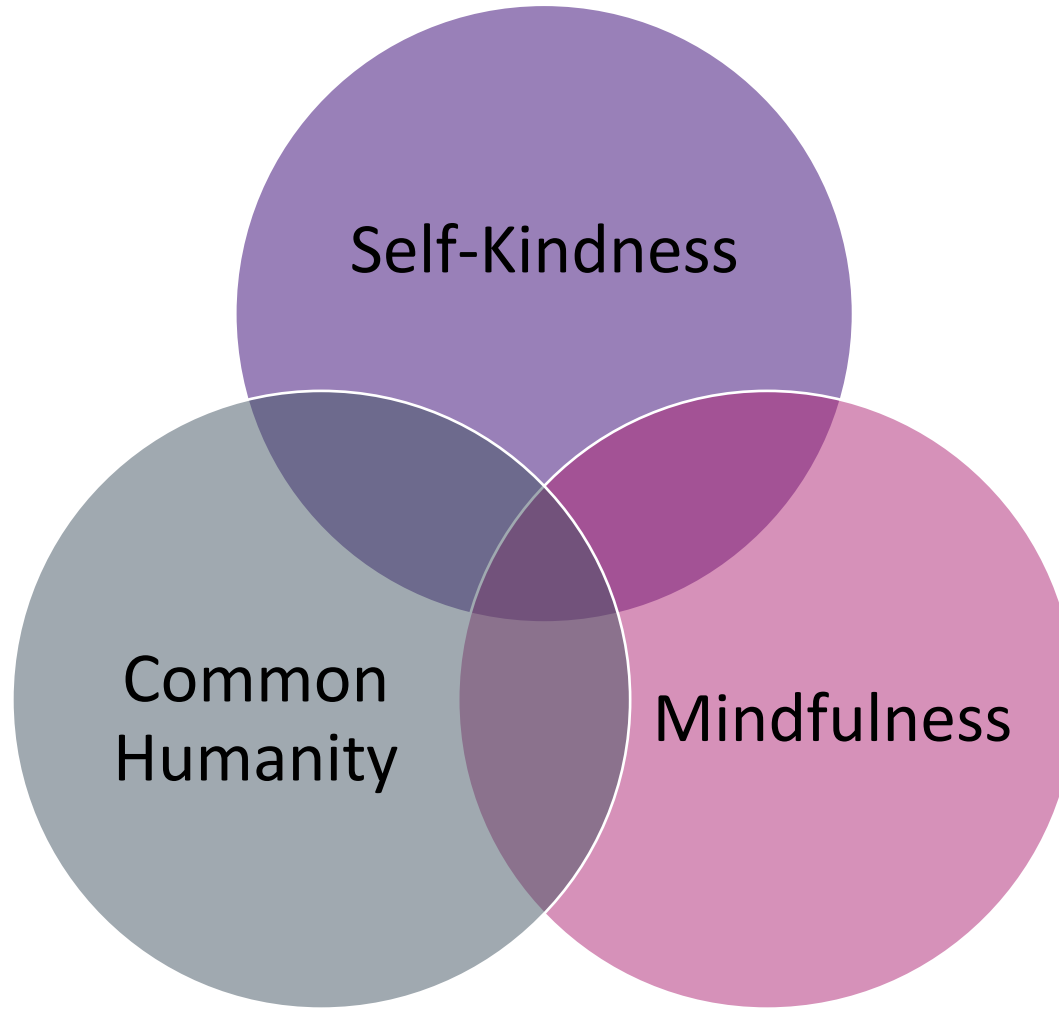




"Self-compassion is simply giving the
same kindness to ourselves that we
would give to others."
~ Christopher Germer



Self-Compassion



Through self-compassion
we become an inner ally
instead of an inner enemy
(Drs Neff & Germer)

Resources on Self-Compassion

- Free online self-directed learning module : <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Self-Compassion>
- The Center for Mindful Self-Compassion USA: <https://centerformsc.org/>
<https://centerformsc.org/practice-msc/guided-meditations-and-exercises/>
- New workbook
The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive Paperback – 17 Sep 2018 by [Kristin Neff](#) (Author), [Christopher Germer](#) (Author) <https://self-compassion.org/mindful-self-compassion-workbook/>
- For the websites of the co-developers of Mindful Self-Compassion:
Kristin Neff, PhD <https://self-compassion.org/> <https://self-compassion.org/category/exercises/>
Christopher Germer, PhD <https://chrisgermer.com/> <https://chrisgermer.com/mindful-self-compassion-msctm/>
https://books.google.co.uk/books/about/The_Mindful_Path_to_Self_Compassion.html?id=bEqNAwAAQBAJ&source=kp_cover&redir_esc=y
- Find a course Worldwide: <https://centerformsc.org/course/>
- The Compassionate Mind Foundation UK <https://compassionatemind.co.uk/>
<https://compassionatemind.co.uk/resources/books>

<https://apps.apple.com/gh/app/the-self-compassion-app/id1553464180>

Levels of compassionate teamworking

- Intra-individual: Team member self-compassion
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- Whole team: Managing the team compassionately
- Inter-team: Managing inter-team relationships compassionately

Attending
Understanding
Empathising
Helping





Team Compassion Pledge

1 When performance drops we will:

- Speak directly and respectfully
- Describe behaviour not attack character
- Offer support alongside accountability

2 When mistakes happen, we will:

- Focus on learning, not blame
- Stay curious before drawing conclusions
- Protect psychological safety and safeness

3 When someone is struggling, we will:

- Notice early
- Check in privately
- Avoid assumptions

4 In meetings under pressure we will:

- Avoid interrupting
- Invite quieter voices
- Disagree respectfully

5 As team leaders, we will model:

- Regulation before reaction
- Transparency under strain
- Courage in difficult conversations

Levels of compassionate teamworking

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Attending
Understanding
Empathising
Helping



Team Psychological Safety and Safeness

Psychological Safety and Safeness enables open communication and innovation. Safeness is caring.

Equity and inclusion

Valuing the KSAs of all; compassion is inclusive or it's not compassion

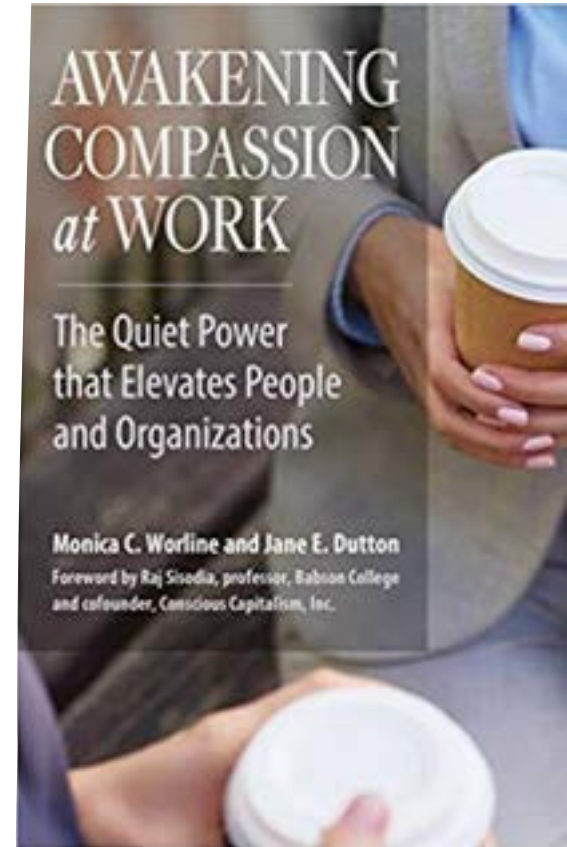
Compassion as Core

Compassion is caring and supports patients and colleagues

Compassion is leaning into pain, difficulty and conflicts.

Challenging Hierarchies and rigid professional sub-cultures

Constructive and Compassionate Controversy Managing conflicts courageously and, compassionately



Compassionate teamworking: Meeting the ABC of Core Needs at Work



<https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives>

https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf

Levels of compassionate teamworking

- Intra-individual: Team member self-compassion
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- Whole team: Managing the team compassionately
- Inter-team: Managing inter-team relationships compassionately

Attending
Understanding
Empathising
Helping



Inter-Team Working: Working Across Boundaries



- **Frequent personal contact between teams or key individuals to build trust**
- A compelling shared vision
- A shared commitment to work together for long term goals
- A commitment to surface and resolve conflicts quickly, ethically, transparently
- Mutual affective concern 'How can we help you?'

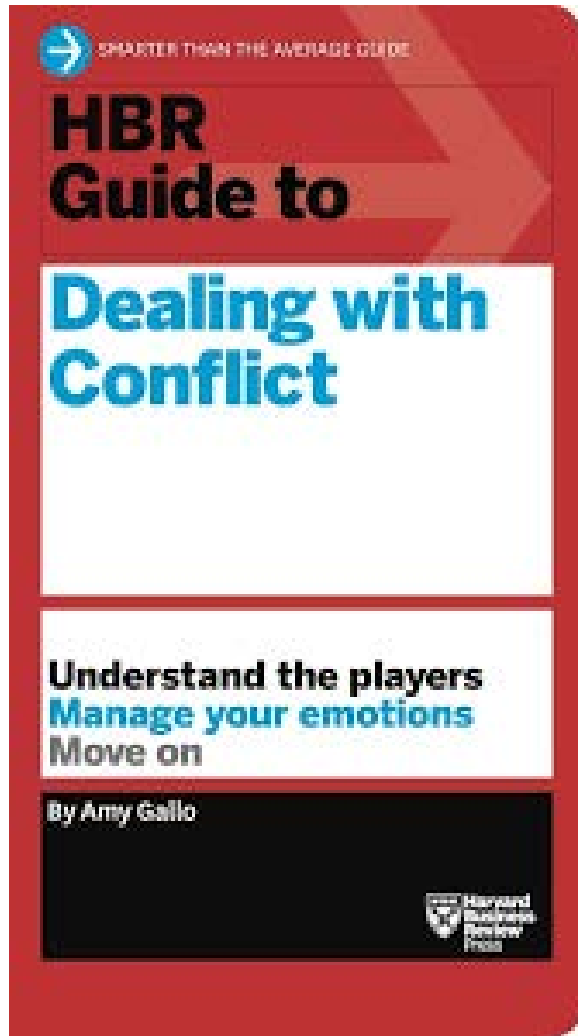
<https://www.kingsfund.org.uk/publications/leading-across-health-and-care-system>



**Compassion means
leaning towards suffering
and difficulty**

Courageous, wise compassion in and between teams





Manage conflict with compassion

- Take the other's perspective
- Be clear about your goal and their goal
- Don't take it personally
- Teams need high levels of comfort to be honest and open
- It won't always go well

Compassionate and Constructive Controversy within and between Teams ...



... involves:

Listening with fascination and exploration of opposing opinions

Open-minded consideration and understanding

Empathic relationships

Concern for integration of ideas

Concern with high-quality solutions

Embrace of diversity.

Leading Teams is a Different Skill Set

Collective, Shared and Empowering Leadership

Leadership responsibility is distributed based on expertise and task requirements

Leaders focus on empowering the team as a whole

Compassionate Leadership

Compassionate Leadership – attending, understanding, empathising, and helping all

Emphasizes fairness, equity and inclusion to build strong team relationships

Inclusive Decision-Making

Compassionate leadership and inclusive decision-making improve team performance, innovation and engagement.



Collective Leadership

- **Collective leadership involves:**
- enabling all to lead
- shared team leadership
- leaders working together across boundaries
- leadership including clients, patient, families and communities
- consistent leadership styles and values.



Reflexivity, Innovation and Continuous Improvement

Reflexivity and Team Learning

Reflexivity involves regular reflection on goals and processes to promote continuous team learning and improvement.

Fostering Quality Improvement, Innovation and Care Quality

Continuous reflection and assessment help foster innovation, quality improvement and enhance the quality and safety of care.

Quality Improvement Tools

Various tools and techniques support innovation and quality improvement through structured team-led initiatives.

Team-led Change and Responsiveness

Empowering teams to lead change fosters adaptability and responsiveness in organizational practices.



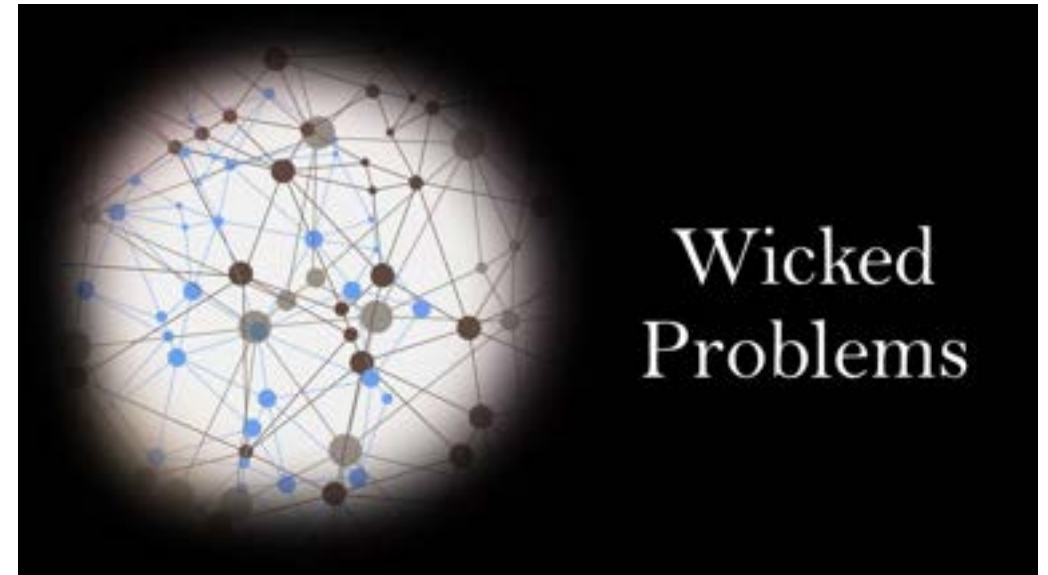
Reflection Time

People, teams and organisations are 20-40% more productive, effective and innovative when they regularly take time out to reflect, learn and adapt.

Schippers, West & Dawson, 2012, *Journal of Management*
Tannembaum & Cerasoli, 2013, *Human Factors*

Teams Deal with Challenging Problems by Innovating

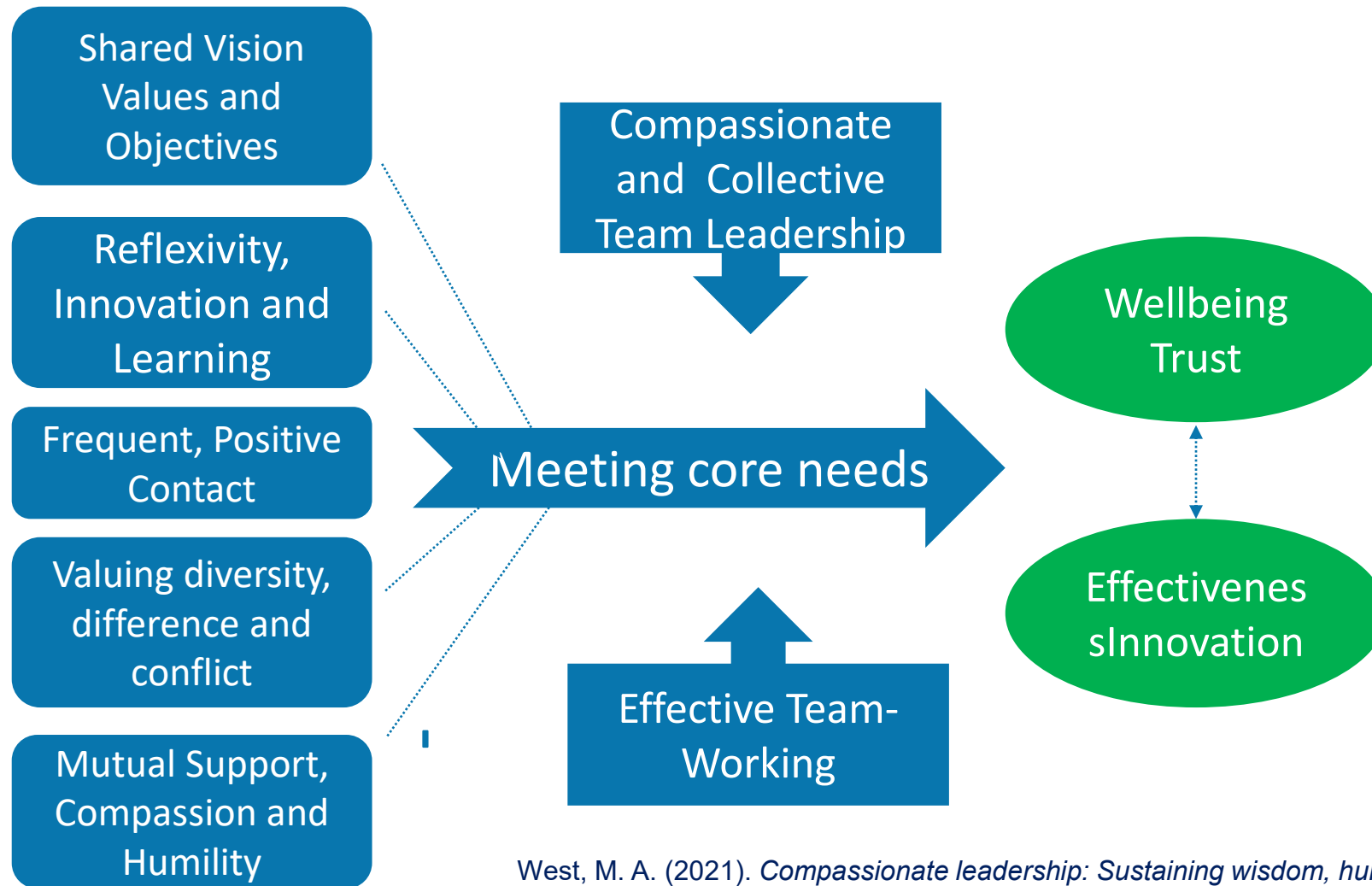
- How can we address the problem of chronic, excessive workload that is so damaging to staff health and wellbeing, and high quality care?
- How can we move effectively from command-and-control hierarchies to team-based, empowered, and cross-boundary working?
- How can we create the space to meet, discuss, and generate solutions for the most difficult problems we face?
- How can we truly liberate teams to innovate and feel safe to do so?



Features of High Performing Multidisciplinary Teams

Dimension	Key questions
Clear leadership	All are clear about who the leader is? Does the leader lead the team effectively and compassionately?
Clear team purpose	Is everyone clear about the inspiring vision/purpose and about who are the members of the team?
Clear, agreed team goals	Has the team agreed specific, measurable, challenging goals (4 to 6 max) aligned to the purpose?
Team member role clarity and supportive relationships	Are all team members clear about their roles? Are all relationships compassionate and supportive? Absence of chronic conflict?
Inclusion in decision making	Are all team members involved in the important decisions which affect the team's work?
Effective team communication and decision-making	Are there regular, positive engaging team meetings? Is decision-making within and between teams regularly reviewed and improved?
Constructive debate, valuing diversity and improvement	Does the team review its effectiveness and have constructive, mutually respectful discussions to improve quality? Is diversity in all forms positively valued? Is the team innovating continually? Time and space for reflection?
Effective inter-team working	Are team members committed to improving working relationships with other teams and are these regularly reviewed and improved?

Psychological safety and safeness in teams and organisations



West, M. A. (2021). *Compassionate leadership: Sustaining wisdom, humanity and presence in health and social care*. London: HEIW/Swirling Leaf Press.

The courage of self-compassion



Attending when we feel pain– 'listening with fascination' and Accepting the feelings rather than rejecting them

*Understanding by Inquiring into them with caring curiosity
Empathising, nurturing and caring deeply for ourselves
Helping ourselves by taking care of our needs*

<https://apps.apple.com/gh/app/the-self-compassion-app/id1553464180>

m.a.west@lancaster.ac.uk

Thank you

Thank you

Professor Michael West

Dr Jane Roome



Break **Refreshment and Networking**

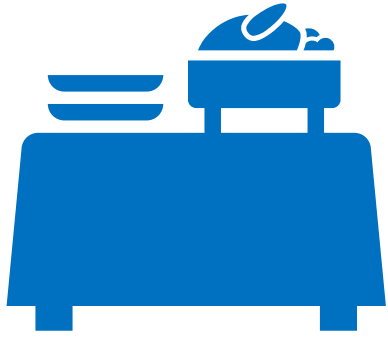


**Please register your
attendance**

10:30am-11am

**Workshop 1 – Please make your way to your chosen
morning workshop
11am – 12:30pm**

Followed by lunch in the Kent Suite Foyer



Lunch and Networking

Kent Suite Foyer
12:30pm-1.30pm

Professor Louise Younie

Flourishing Spaces in Challenging Times

Dr Adetutu Popoola



Flourishing Spaces in Challenging Times

Prof Louise Younie

Website: www.creativeenquiry.co.uk

LinkedIn @Louise Younie

Email: louise.younie@qmul.ac.uk



Finding new eyes – Rachel Remen

- What surprised me today?
- What moved or touched me today?
- What inspired me today

Kitchen Table Wisdom



At work, I feel seen when...



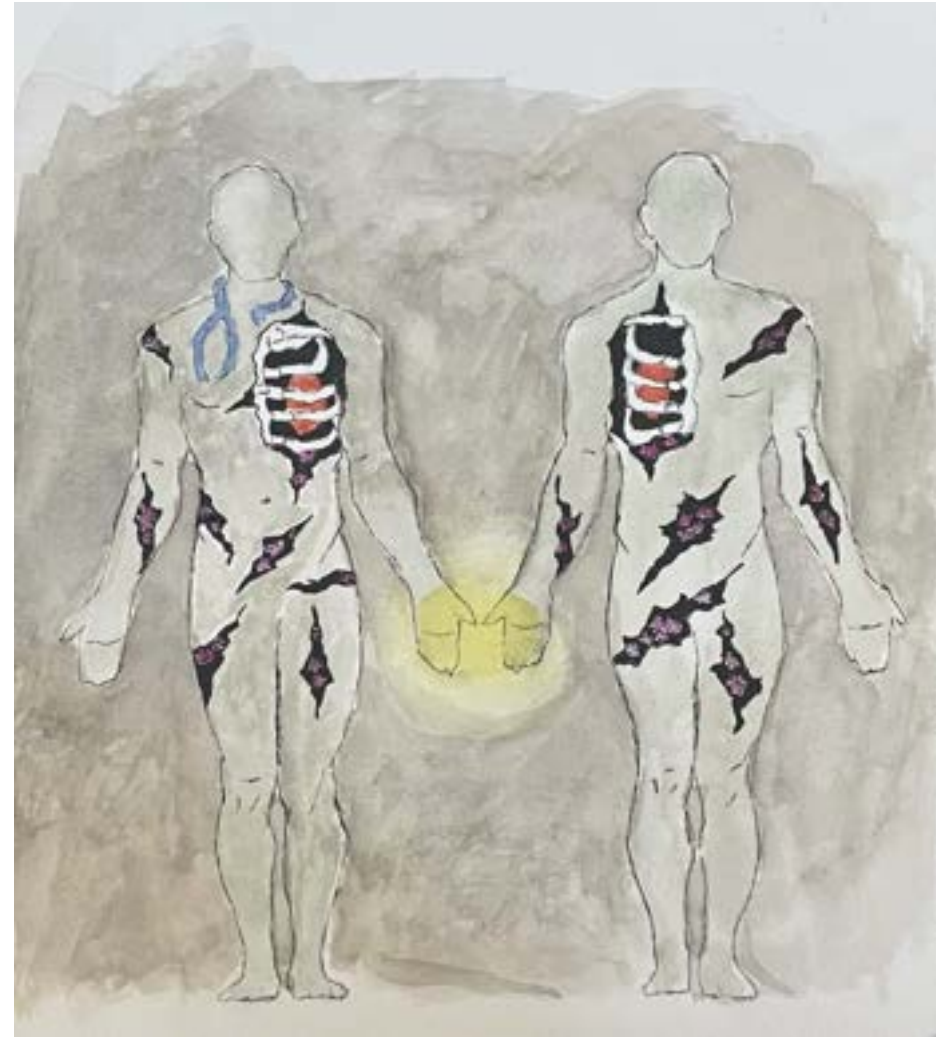
Overview

Resilience

Flourishing

Flourishing spaces

Human Dimension



VUCA

Relational Poverty / Erosion

Trust

Litigation

Complexity

Job insecurity



Resilience



Resilience



Brief Resilience Scale (BRS)

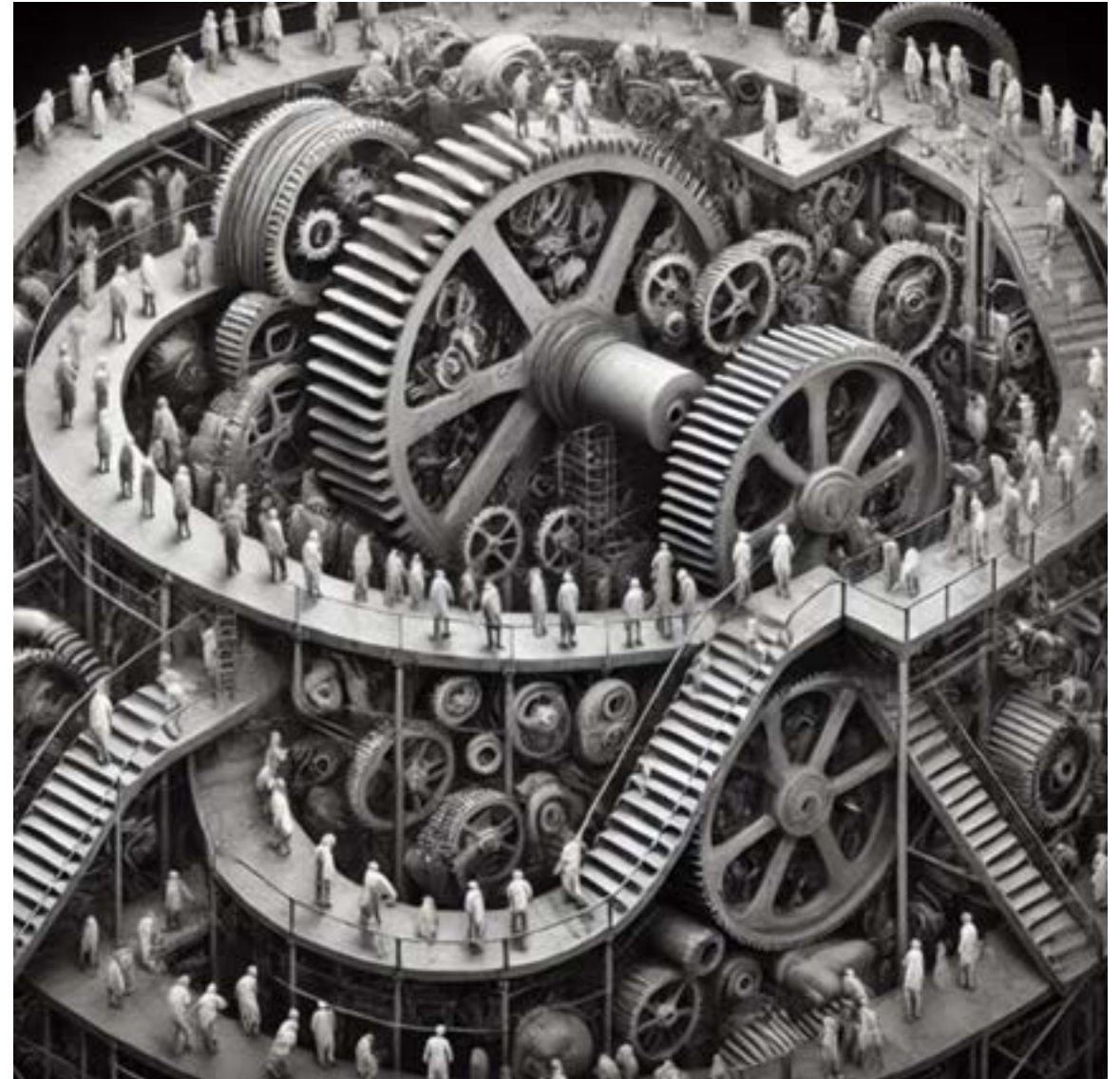
Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 2	I have a hard time making it through stressful events.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 3	It does not take me long to recover from a stressful event.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 4	It is hard for me to snap back when something bad happens.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 5	I usually come through difficult times with little trouble.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 6	I tend to take a long time to get over set-backs in my life.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

- Only part of the solution
- The most resilient docs still burnout
- Widening participation and resilience
- Resilience Shaming
- Resilience as neoliberal term

Card AJ. Physician Burnout: Resilience Training is Only Part of the Solution. Ann Fam Med. 2018;16(3):267-70.

West CP, Dyrbye LN, Sinsky C, Trockel M, Tutty M, Nedelec L, et al. Resilience and Burnout Among Physicians and the General US Working Population. JAMA Network Open. 2020;3(7):e209385-e.





A wicked problem we can't ignore



Sinskey JL, Margolis RD, Vinson AE. **The Wicked Problem of Physician Well-Being.** *Anesthesiol Clin*. 2022;40(2):213-23.

The Wicked Problem of Physician Well-Being



Jina L. Sinskey, MD^{1,*}, Rebecca D. Margolis, MD^{2,1}, Amy E. Vinson, MD^{2,3}

KEYWORDS

• Physician well-being • Wellness • Burnout • Professionalism

KEY POINTS

- The collective threat to physician well-being is a complex issue that is difficult to solve.
- The COVID-19 pandemic has exposed existing problems within the health care system, resulting in widespread clinician burnout and moral injury.
- Clinician burnout has negative consequences for patient care, physician health, and the health care system.
- Clinician well-being efforts require both individual-focused and systems-level interventions.
- A sustainable culture of support in medicine is necessary to foster physician well-being.

INTRODUCTION

The collective threat to physician well-being is a complex issue with no clear solution emerging despite nearly a decade's worth of efforts dedicated to battling physician burnout. Even before the coronavirus disease 2019 (COVID-19) pandemic, physicians were struggling under a health care system where they felt micromanaged and demoralized due to a combination of increasing clerical burden and physician performance metrics that eroded the meaning, autonomy, and purpose in their work.¹ The COVID-19 pandemic has widened and exposed these cracks and worsened the situation by hurling physicians into a collective crisis of moral injury. Health care professionals were already being pushed to the breaking point, with 59% of practicing anesthesiologists in the United States at high risk for burnout at the dawn of the pandemic.² It is hard to fathom that the situation has improved since.

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Anesthesiology Clin 40 (2022) 213–223

<https://doi.org/10.1016/j.anclin.2022.01.001>

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anesthesiology.theclinics.com

...less and less faces show up in the lecture theatre, and in-person sessions. Students use words like 'double speed', 'lecture recording', 'efficiency',

Flourishing/Spaces



What does the idea of Flourishing Space bring up to you?



Flourishing through creative enquiry



Exploring lived experience through the arts

Flourishing through co-creation



Meaningful collaboration staff & students

Co-creation

Educator quote



'Allowed me to flourish and grow in that it allowed me to reconnect to learners and students in a way that I didn't realise I was missing, but that I was missing.

(Interview - Educator 2)

Student quote



...being able to reflect on how I was taught my module and how I could bring my coaching skills to improve it for future students really allowed me to flourish as a person.

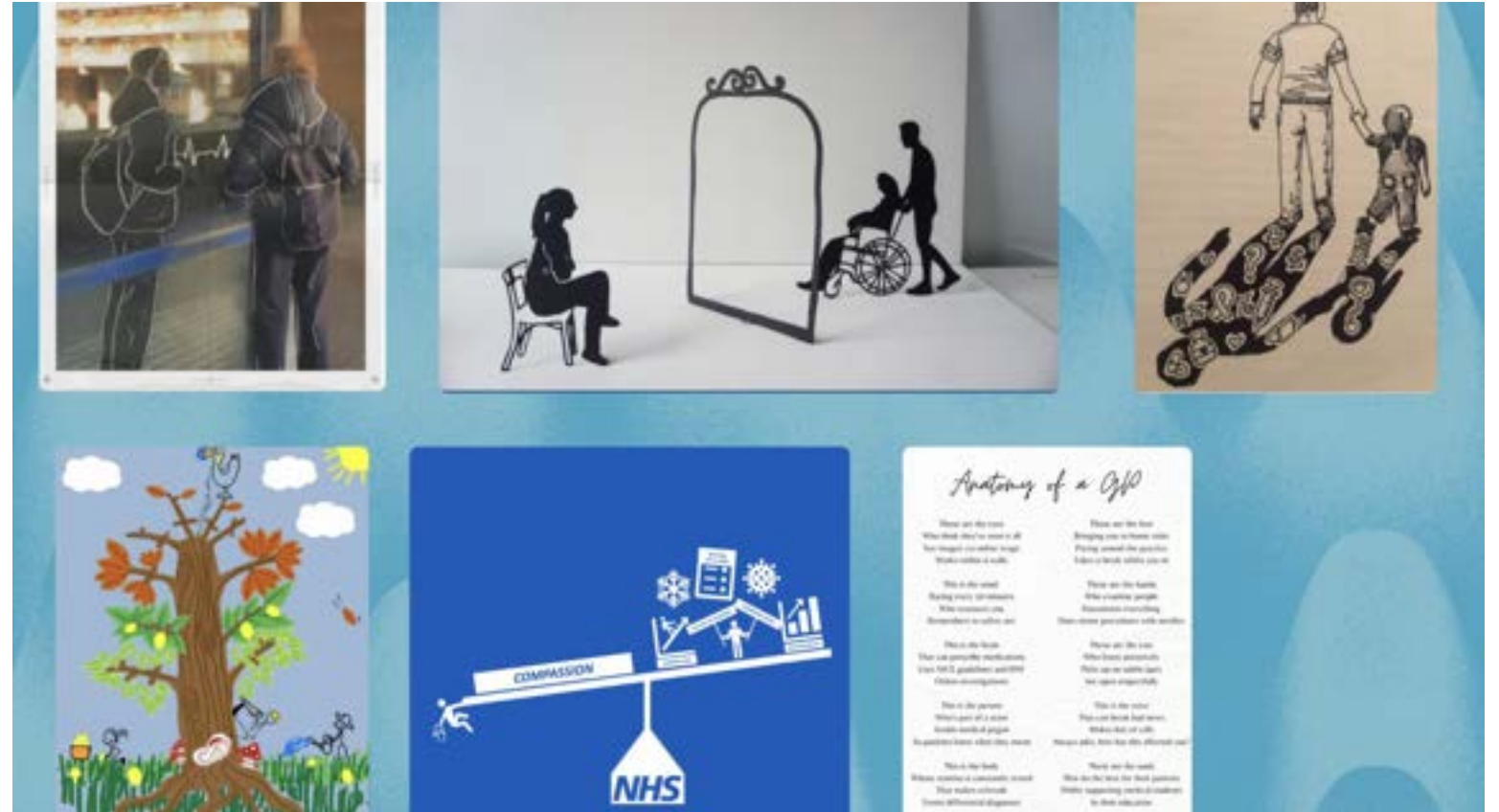
What is creative enquiry?

Exploring lived experience through the arts

www.creativeenquiry.co.uk



GP assignments



Compassion Poem - Lucy Gardner

Compassion is not a heroic moment of salvation,
It is the gentle hand of encouragement and
motivation,
The reassurance and calming of patient nerves,
Ensuring all get the attention they deserve,
Individuality recognised to preserve.

Compassion gives us clarity,
Even through endless disparity,
Helps lighten the burden in adversity,
Feeling destitute and done,
Compassion may raise a smile in everyone.

Compassion is the constant daily grind,
A state of being from the mind,
Genuine respect for all mankind,
It is not a quality that you can pretend,
A stable compass point on which you can
depend.

Compassion is for all including patients and
staff,
It can be a simple smile or even a laugh,
Being kind sets you on the right path,
It is not for profit, targets or money,
Just makes the day a little sunny.

Compassion success is hard to measure,
But each person helped is truly treasure,
Brings a sense of pride and pleasure,
Thoughts that can be taken to the heart,
Troubling memories can begin to depart.

Compassion is a dialogue an interaction,
The throttle for mental traction,
A part of the work not a distraction,
Compassion varies person to person,
In its absence relationships worsen.

Compassion keeps the NHS alive,
Its fruition allows staff to thrive,
And yet it stands undefined,
Yet through love and care has been refined,
Outlined in the public eye to be enshrined





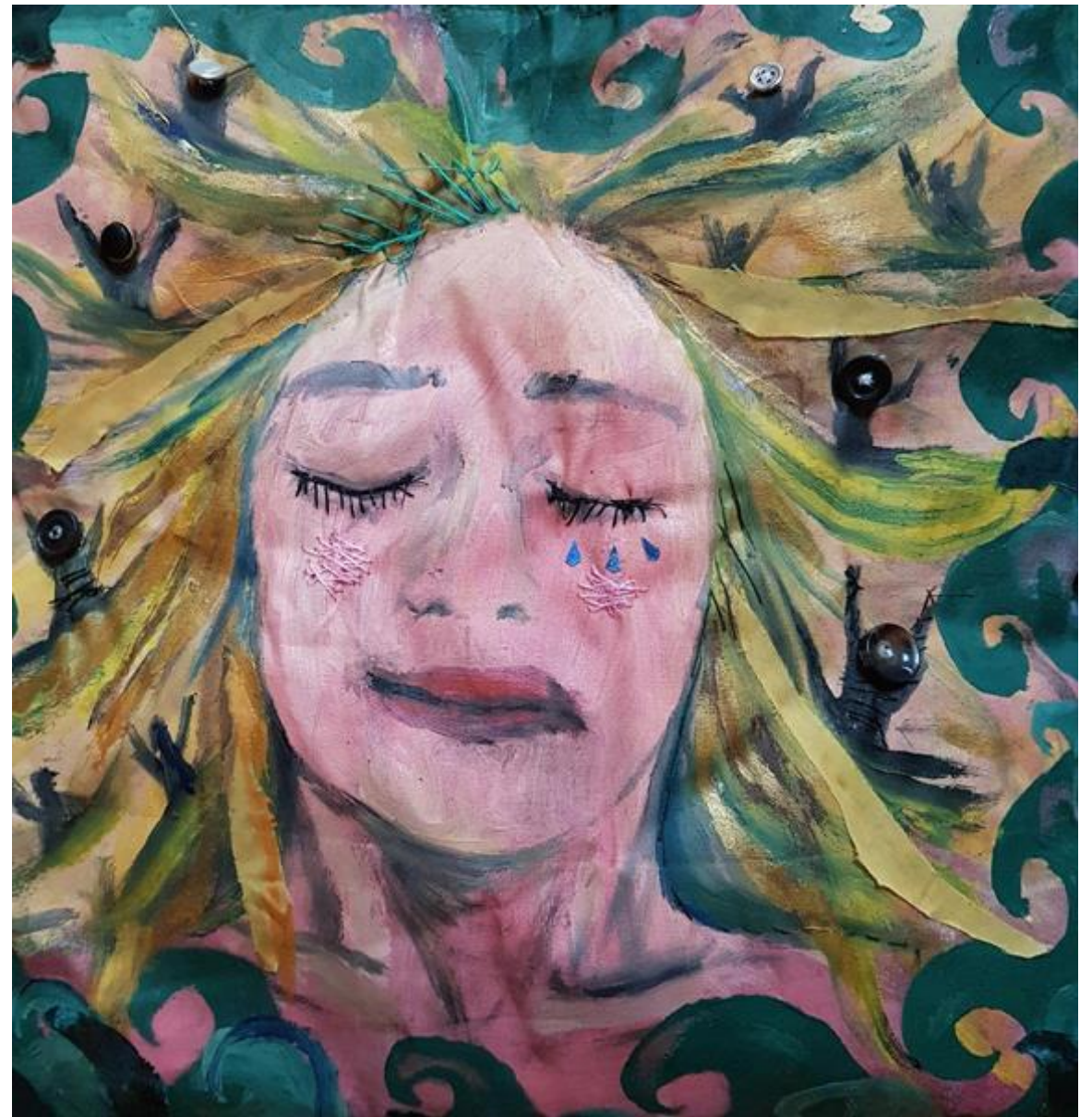
One by one, I lay down the pieces.
 One by one, I relay their stories.
 I tell him about the heart that thrums with affection.
 I tell him about the heart that thumps with anxiety.
 I tell him about the heart that thrashes with anger.
 I tell him about the heart that thrills with anticipation.
 He listens and he listens and he listens.
 He listens.
 Together, we watch the fragments melt away.

I feel so light.
 He smiles at me with a quiet warmth.
 “What did you learn?” comes his gentle question.
 My eyes wander as I look within myself for an answer.
 They happen upon his hands and I notice
 He is holding a piece of my heart.

They happen upon his hands and I notice
 He is holding a piece of my heart.

pieces.
 stories.
 affection.
 anxiety.
 anger.
 anticipation.
 listens.
 listens.
 : away.
 o light.
 warmth.
 question.
 answer.

What do you see?



Resilience asks:

How well can I withstand adversity?

Flourishing asks:

What conditions help me thrive, grow and find meaning?



Flourishing.... ‘is a kinder way to grow’ (Elle Tallgren)



Flourishing....

Old – Aristotle's Eudaimonia

New

- Templeton World Charity Foundation,
- Kern National Network ¹,
- Human Flourishing Programme, Harvard ²

1. Maurana, C. A., Fritz, J. D., Witten, A. A., Williams, S. E., & Ellefson, K. A. (2024). **Advancing flourishing in medical education: A call for personal and professional development as key to becoming physicians.** *Medical Teacher*, 46(12), 1539-1543.
2. 2. VanderWeele, et al. (2025). **The Global Flourishing Study: Study Profile and Initial Results on Flourishing.** *Nature Mental Health*.
<https://doi.org/10.1038/s44220-025-00423-5>



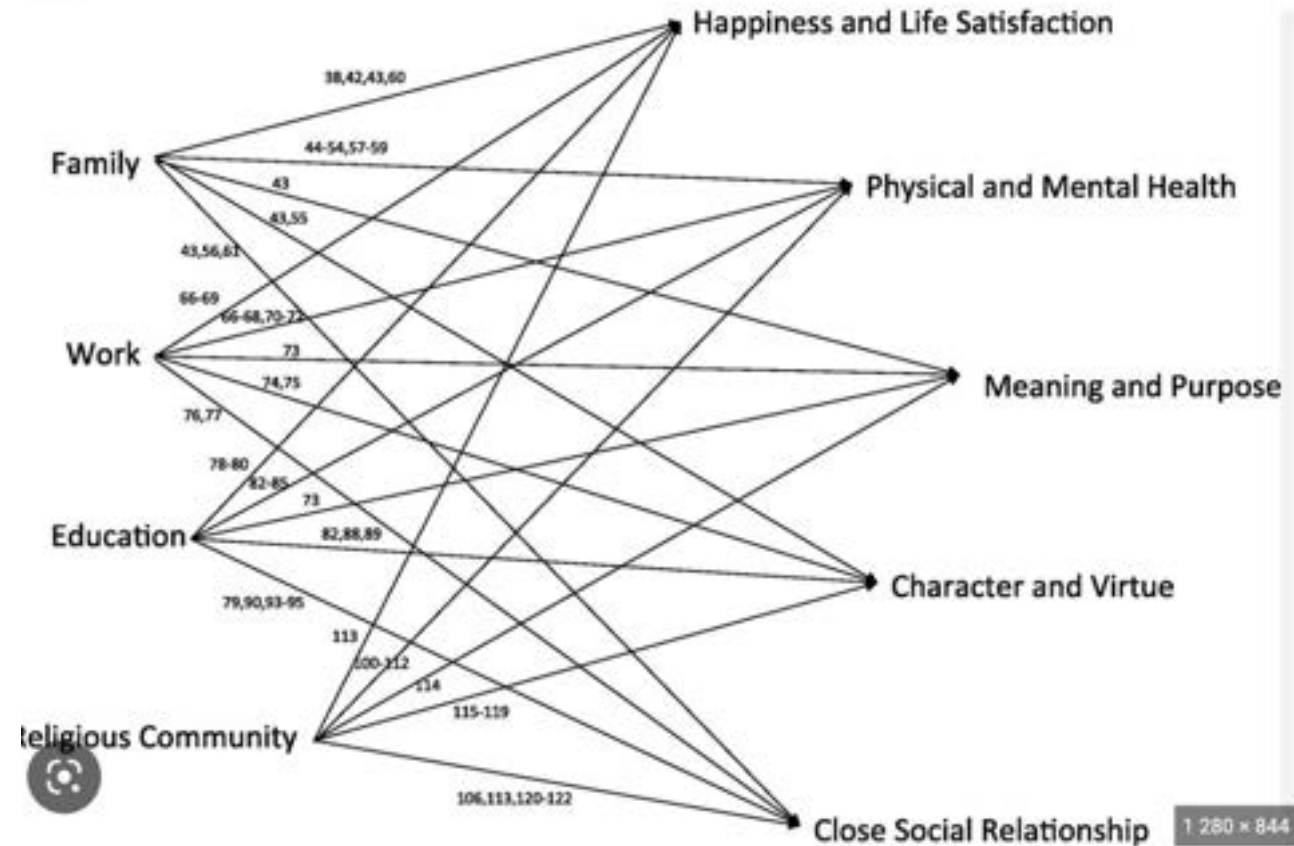
Flourishing models

Keyes (2002) Flourishing to languishing

Seligman (2011) PERMA

Vanderweele (2017) 6-domain questionnaire

Harvard (Vanderweele)



Are You Flourishing? Take the Quiz.

4 maj 2021 — At Harvard's Human Flourishing Program, Tyler J. VanderWeele uses this quiz to gauge a person's overall physical, mental and emotional well-being.

Flourishing in Med Ed?

Whitaker RC et al. **Trauma-Informed Undergraduate Medical Education: A Pathway to Flourishing with Adversity by Enhancing Psychological Safety.** Perspect Med Educ. 2024;13(1):324-31.

Flickinger TE et al. **“Flourish in the Clerkship Year”: a Curriculum to Promote Wellbeing in Medical Students.** Medical Science Educator. 2022;32(2):315-20.

Slavin SJ et al. **Helping medical students and residents flourish: a path to transform medical education.** Acad Med. 2011;86(11):e15.

Slavin S. **Reflections on a Decade Leading a Medical Student Well-Being Initiative.** Acad Med. 2019;94(6):771-4.



Flourishing



Ecological



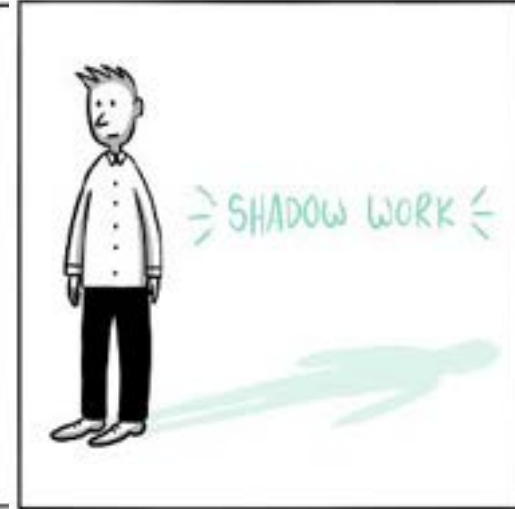
Relational



Meaning making

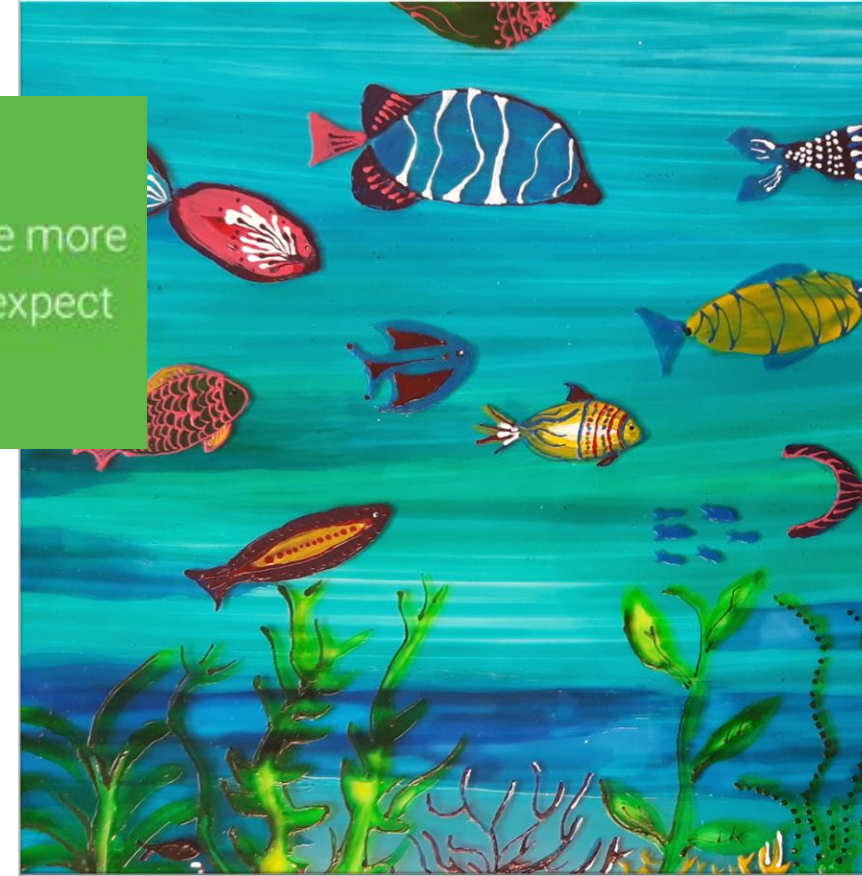


Compassion



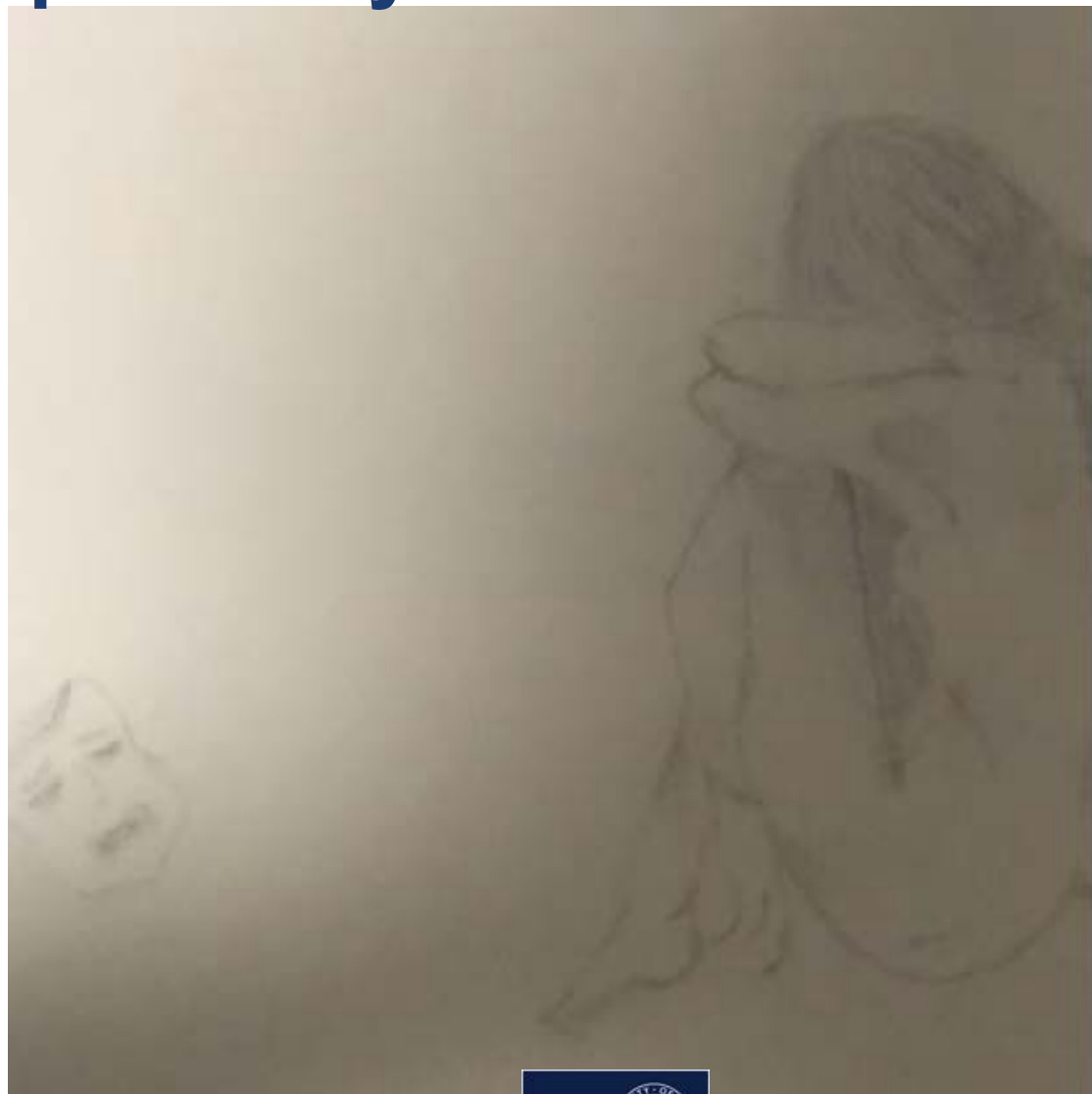
Keeping it real, shadow work

I didn't expect to hear that other students felt out of their depth or like other people were more talented and bright than them so it was nice to discover I am not the only one. I didn't expect how open and honest everyone would be and it was refreshing.

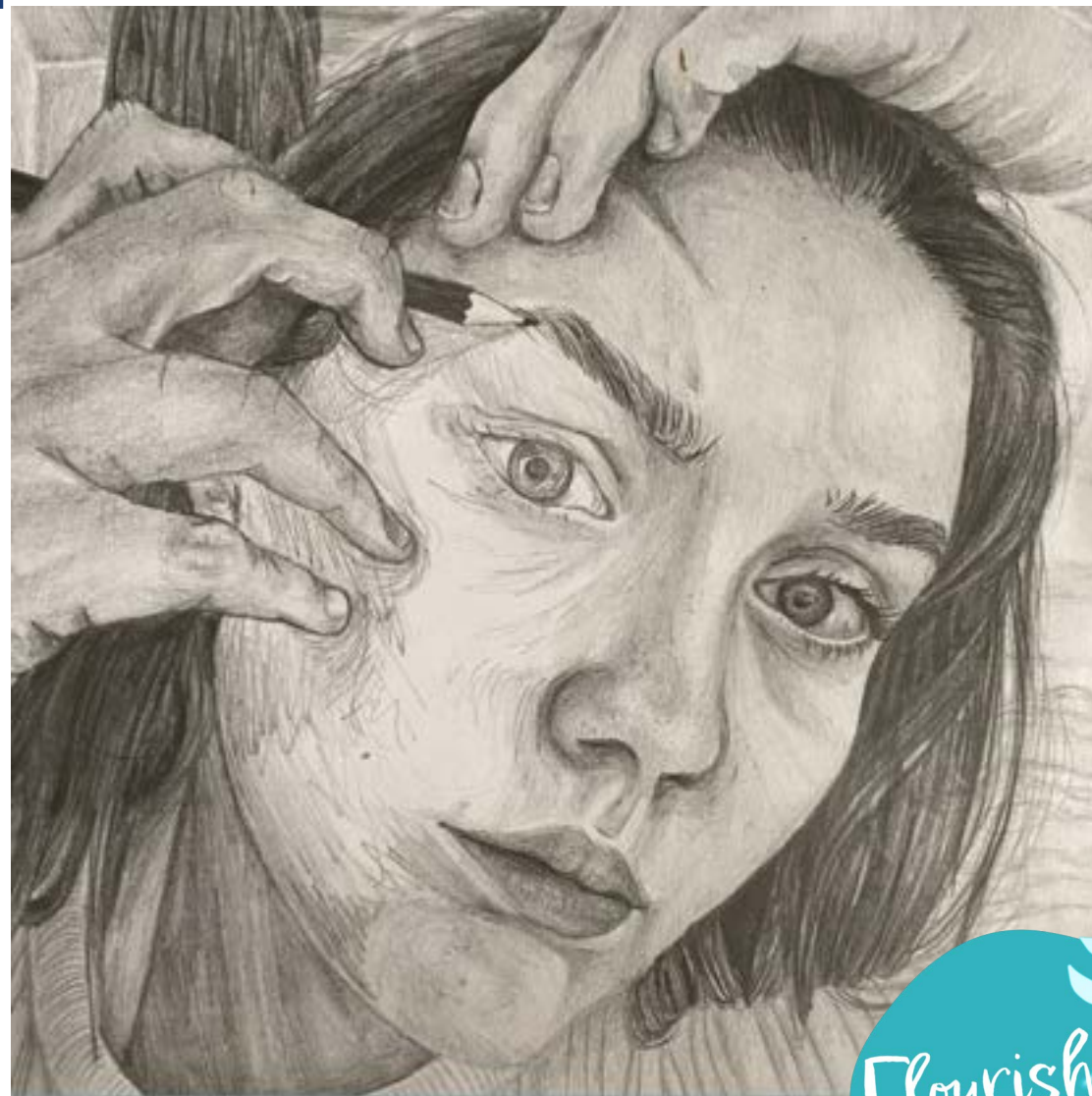


Shadow work

Imposter syndrome...



perfectionism



Power of shadow work

Expressive writing improves clinical outcomes in chronic illness (Smyth et al., JAMA, 1999)

RCT of 112 patients with asthma or rheumatoid arthritis writing about stressful experiences vs neutral topics

Obj improvements at 4/12: better lung function in asthma & dec dis activity RA

Nearly 2x as many pts showed clin meaningful improvement in the writing gp

Expressive writing enhances immune response in medical students

(Petrie et al., J Consult Clin Psychol, 1995)

40 medical students wrote about personal trauma vs control topics for 4 days

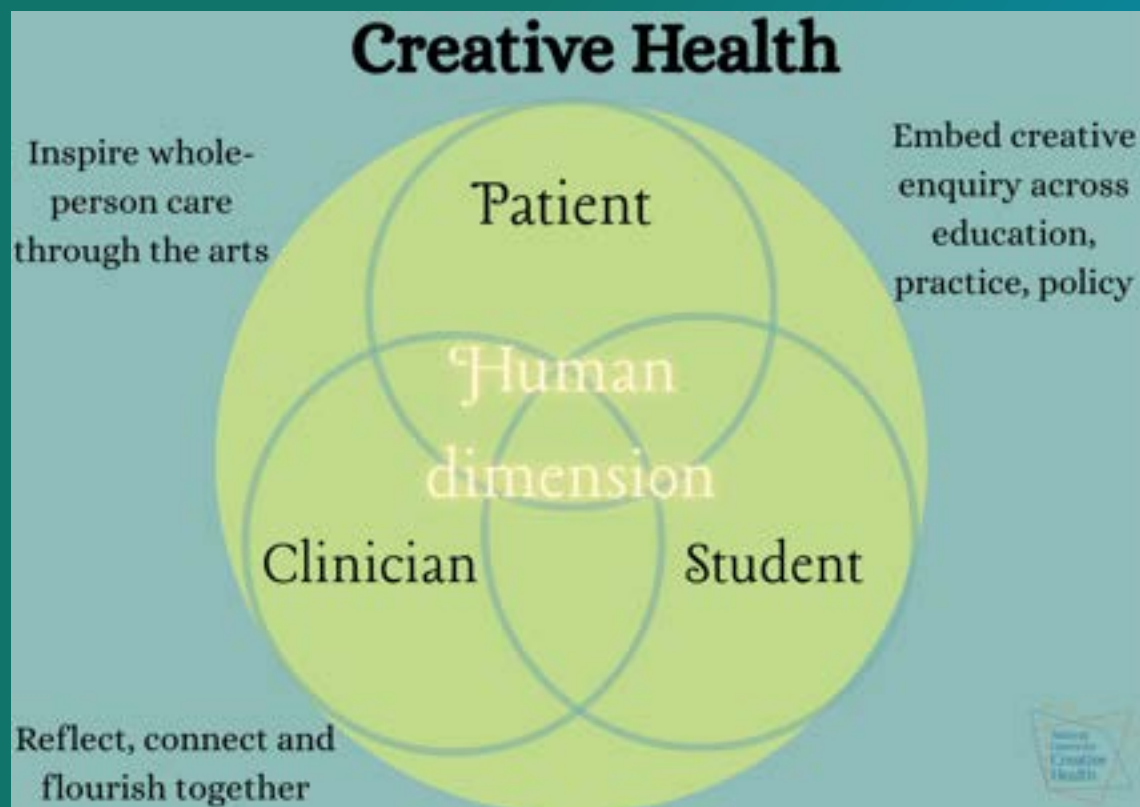
Writing group - **stronger antibody response** to hep B vaccination

Suggests journalling can influence **biological as well as psychological processes**

Through grief, foundation training and creative practice, I came to understand that many aspects of healthcare resist neat categorisation or resolution. Clinical language may explain diagnosis or treatment decisions, but it cannot fully contain the emotional and relational realities of illness and care. Writing did not resolve grief, exhaustion or uncertainty, but it allows me to remain in relationship with them. The expansiveness of poetry created space for ambiguity, contradiction and meaning making. Reframing demoralising ward work within a chronically understaffed and underfunded system as material for creative practice offered me a renewed sense of purpose.



RCGP NCCH Creative Health SIG



Resources



RCGP Creative Health Special Interest Group



Flourishing Spaces Website



Creative Health Events



The Art of Medicine Website



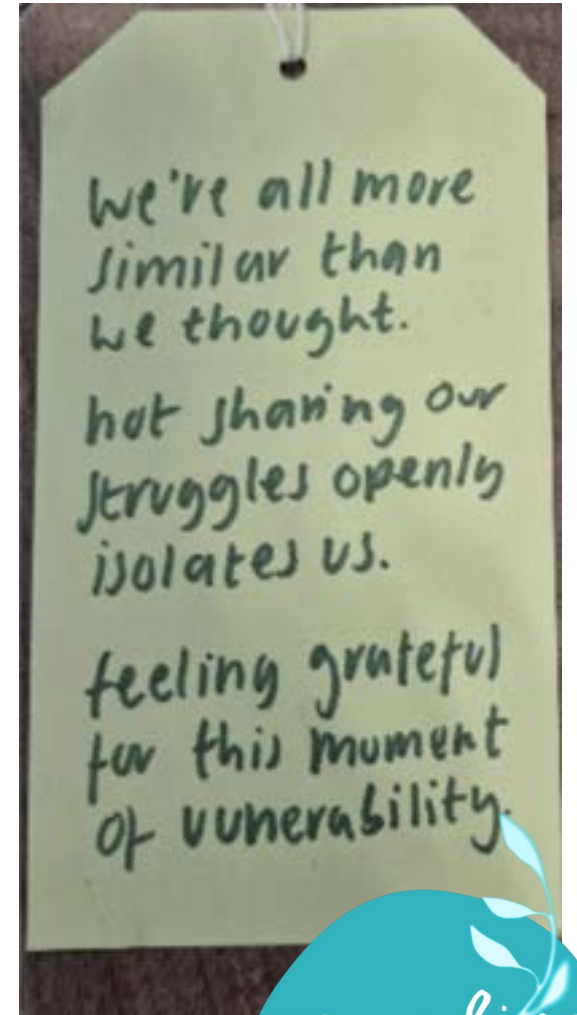
Artist: Camille Aubry
Two strands - One Medicine
Clinical and Human
Inseparable in the DNA of care.



National Centre for Creative Health

Get in touch with the RCGP/NCCH Creative Health SIG via NCCH on: info@ncch.org.uk

Connection



Good Life study

Harvard Study of Adult Development

Followed participants' lives for over 85 years. y.

Key Findings and Insights:

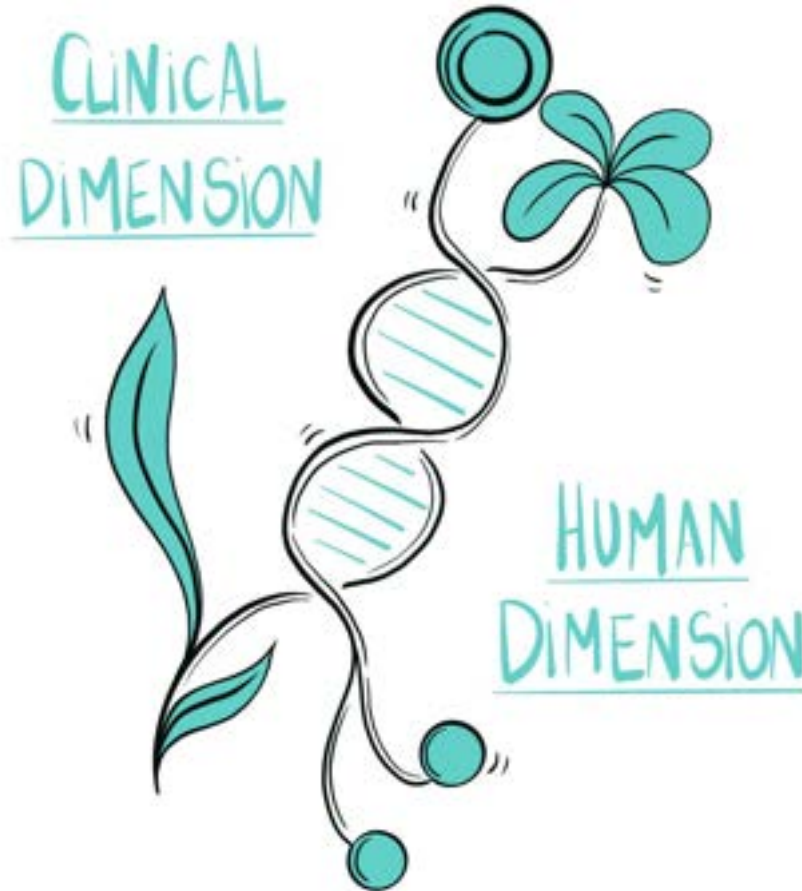
- The Power of Relationships:

The study consistently demonstrates that positive, strong relationships are the most significant factor in determining a fulfilling and healthy life



Human Dimension

- Clinical/technical prowess



- Epistemic humility,
- Curiosity
- Negative capability

Rational and relational



Patient – HUDI education

...let us be as two human beings meeting,
professionals don't need to prove to me they have the
power and the knowledge.... those
that helped me the most talked to me as a person
(Gavin Blench, 2026)



Human Learning Systems

Working in a more 'human' way could save public services £18 billion

News 10 Feb 2025 3 minutes

Radical changes to the organisation of public services would boost economy and society



Savings of £18 billion to the public service economy in England and a boost to society's wellbeing could be achieved if public services adopted a more 'human' approach rather than focusing on hitting targets, according to researchers.

[ABOUT](#)[BLOGS & PODCASTS](#)[EVENTS](#)[RESOURCES](#)[JOIN IN](#)

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Come here for news, articles, videos, podcasts, blogs and more from partners, pioneers and fellow travellers in Human Learning Systems.

[Author ▾](#)[Tags ▾](#)[Format ▾](#)[Year ▾](#)[Month ▾](#)[APPLY FILTERS](#)[CLEAR FILTERS](#)

HU-DI (HUman DIimension)

Gilson L. **Health systems as human systems**: reflexivity, relationships and resilience in the pursuit of the SDGs. *Frontiers in Public Health*. 2025;Volume 13 - 2025.

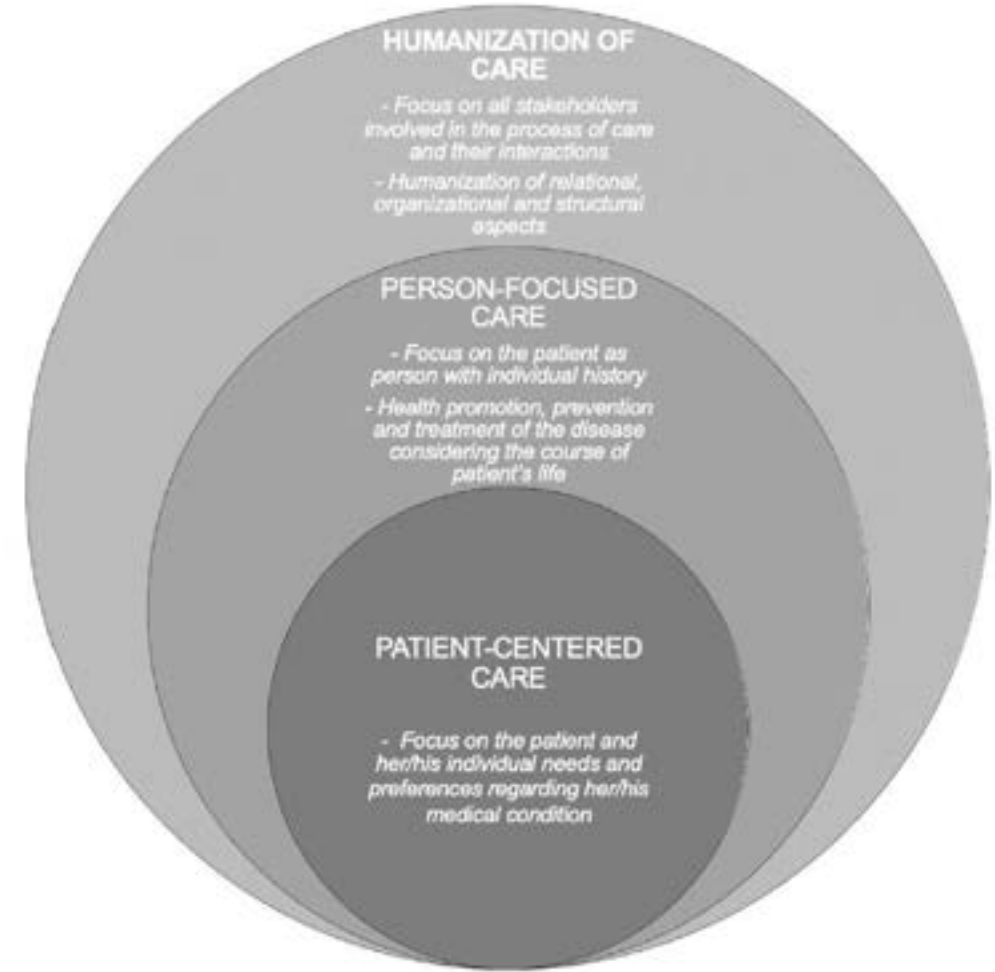
Rosen L, Rocchetti C. **The human dimension**: integrating whole health into a community-engaged medical education curriculum. *EXPLORE*. 2026;22(1):103302.

Lee Roze des Ordon A, de Groot JM, Rosenal T, Viceer N, Nixon L. **How clinicians integrate humanism in their clinical workplace**- 'Just trying to put myself in their human being shoes'. *Perspect Med Educ*. 2018;7(5):318-24.

Busch IM, Moretti F, Travaini G, Wu AW, Rimondini M. **Humanization of Care**: Key Elements Identified by Patients, Caregivers, and Healthcare Providers. A Systematic Review. *The Patient - Patient-Centered Outcomes Research*. 2019;12(5):461-74.



Tilburg J, Geller G. viewpoint. The Importance of Worldviews for Medical Education. *Academic Medicine*. 2007;82(8):819-22.



Relational Determinants of Health

Health is shaped not only by biological processes but by the quality of relationships in which lives are lived.



Relationships shape care.



Connection supports wellbeing.



Design learning that reflects this reality.

Health is shaped by relationships, not just biology.

FLOURISHING SPACES
Reflect. Connect. Flourish.



Lived Experience = Knowledge



Patients are experts in their own lives.



Move beyond textbooks—include real voices.

Patients are experts in their own lives.

Move beyond textbooks—include real voices.

FLOURISHING SPACES
Reflect. Connect. Flourish.



Work With Complexity

Not all suffering fits a diagnosis.



Uncertainty



Context



Whole-person care

Stay curious, not reductive.

Not all suffering fits a diagnosis.
Stay curious, not reductive.

FLOURISHING SPACES
Reflect. Connect. Flourish.



Make Space for Meaning



Illness carries stories—not just symptoms.



Use reflection, dialogue and the arts to hear the voice of the lifeworld.

Illness carries stories—not just symptoms.

Illness carries stories—not just symptoms.

FLOURISHING SPACES
Reflect. Connect. Flourish.



The Clinician as Instrument of Care

Awareness shapes care.



Reflection



Mindfulness



Self-compassion

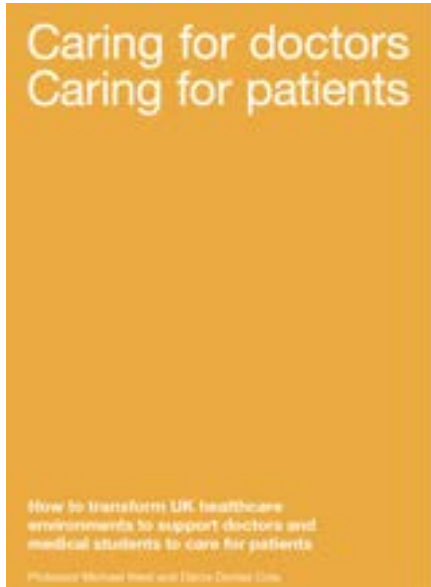
Attunement enables connection.

Awareness shapes care.
Attunement enables connection.

FLOURISHING SPACES
Reflect. Connect. Flourish.



Flourishing Space



Autonomy

Belonging

Competence

Self-determination theory

3

WHAT HUMANS NEED: FLOURISHING
IN ARISTOTELIAN PHILOSOPHY AND
SELF-DETERMINATION THEORY

RICHARD M. RYAN, RANDALL R. CURREN, AND EDWARD L. DECI

Hartzband, P., & Groopman, J. (2020). Physician Burnout, Interrupted. *N Engl J Med*, 382(26), 2485-2487. <https://doi.org/10.1056/NEJMp2003149>



Flourishing Spaces



growth
different voices welcomed
transformation, justice, creativity, care
can take root

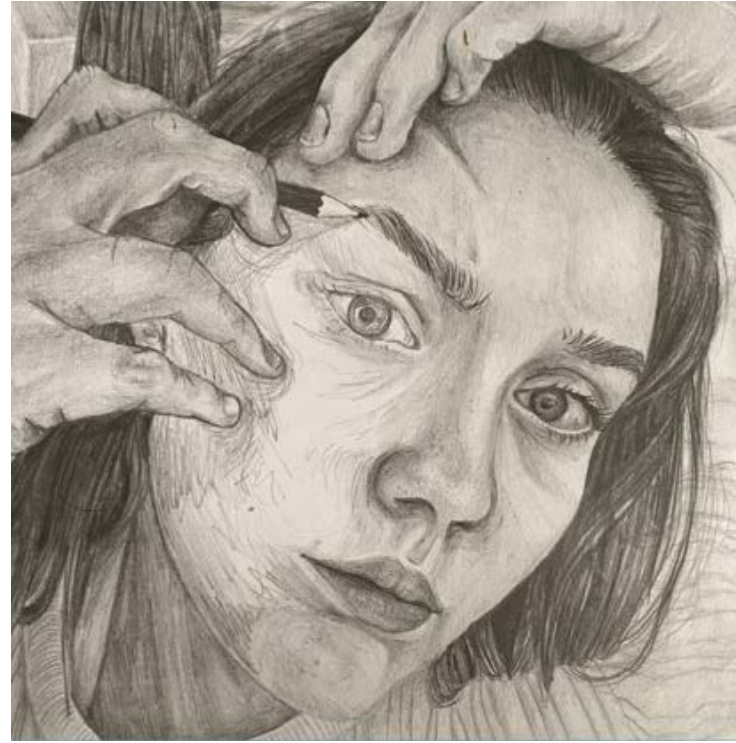
Flourishing Space

Attend

Share stories

Kindle hope

Shadow Work



FLOURISHING FOR PHYSICIANS

LONDON IMT NEWSLETTER

Welcome to our first newsletter!

This will be where we bring together flourishing focused content, wellbeing initiatives, and opportunities to get involved. Please reach out to us - we want to hear from you. We are here to support you in whatever way we can!



IMT LONDON FLOURISHING FELLOWS

Did I become a doctor just to get through each shift?

WHY FLOURISHING?

There is inherent value and meaning in what we do, but it is easily lost in the pressures of clinical work. Focusing on flourishing helps us build in what actually matters to us. This goes beyond narratives that individuals must simply just become more resilient, with surviving and 'just getting through' becoming the goal. Similarly, wellbeing is crucial and is rightly being promoted but falls short of what the profession needs - to move away from burnout, feeling like a number on a rota line. For more information on flourishing [click here](#)

LATEST UPDATES

WHEU - 20 Point Plan to improve resident doctors' working lives

Trusts will be implementing these 20 points over the next 12 weeks to make working conditions fairer. Key points address work schedules & rota management, access to rest facilities, new exception reporting rules and avoid unnecessarily repeating mandatory training when rotating.

Keep an eye out for communications from your local Trust lead (senior leader & peer representative) and [join this webinar](#) on Thursday 6th November 1.30pm to 3pm for more info and to ask questions!

PRACTITIONER HEALTH - New eBook 'Understanding Your Emotions'

An easy read, offering practical insights on how to better understand and manage emotional impact of our work. Subjects include locus of control, perfectionism / rigid thinking, tolerating discomfort, anxiety and much more.

BURNOUT - Systemic burnout is a systems problem. Changes are underway, but in the mean time, here are some things to help yourself.

BMA - Sign of burnout questionnaire

Burnout is hard to identify when you're in it - this questionnaire has been made to help.

BSQR - Burnout workshop series

3-hour online informal & confidential group meetings to think about burnout and how to address them using CBT informed approach - evening & Saturday editions.

For more resources check out our [wellbeing directory](#)

IS A SYSTEMS ISSUE.

KEEPING WELL - Burnout Come for workshops
For those working in CWL, you can join a 6-week online burnout group for work-related stress, available free for all healthcare professionals.

Shadowwork

In the Shadowwork series we will look at how we engage with the more difficult, complex and challenging aspects of our work.



REFLECTION SHOULD NOT BE A MECHANICAL PROCESS.

Shadow work is a Jungian concept which is rarely incorporated into flourishing frameworks. Professor Louise Young ([@louise_young](#)) has used the term in challenging this, holding it into her [Five Point Model](#) which she has incorporated into medical education. Her work on creative enquiry challenges the stigma around the vulnerable act of honest reflection.

We will be hosting workshops and gatherings for IMTs in the upcoming year inspired by Flourishing Spaces and their work. If you already use journaling, poetry, drawing or other forms of creative enquiry we want to hear from you!

THE DAMAGE OF SILENCE

We are teaming up with researcher Olga Lapid who is looking at what goes unsaid at work and how this impacts our wellbeing and ability to flourish. Her study involves a 7 day diary for you to write all the things you wish you had been able to say but couldn't. You will be using this to guide what IMTs raise about how might feel unable to express. [Click here for more information and to join](#)



JOURNAL OF

holistic healthcare

AND INTEGRATIVE MEDICINE



Flourishing spaces

- Creating flourishing spaces
- When I feel cared for...
- Teaching from the heart
- Belonging in nature
- GP retreat on Dartmoor
- Hong Kong creative curriculum
- Neurodiverse medics
- Flowering after burnout
- Safe space in doulas training
- Spirituality: healthcare's final frontier?
- When doctors reflect together
- The power of journaling
- Writing for flourishing
- The light of meaning
- Groupwork at scale
- The flourishing fellowship

JOURNAL OF

holistic healthcare

AND INTEGRATIVE MEDICINE



The human dimension in healthcare

- Beyond biomedicine
- A human dimension in healthcare curriculum!
- Healing general practice
- Valuing silence
- Poetry tools for doctors
- Human or machine?
- Why does it hurt so much?
- Anyone can sing
- Non-human 'intelligence'
- Healing touch for trauma
- Beyond the monoculture
- Practitioner art
- Patients' experience
- Student arts
- On being heard
- A fairy tale for the future
- Integration electives
- Including spiritual health



UNIVERSITY OF
OXFORD

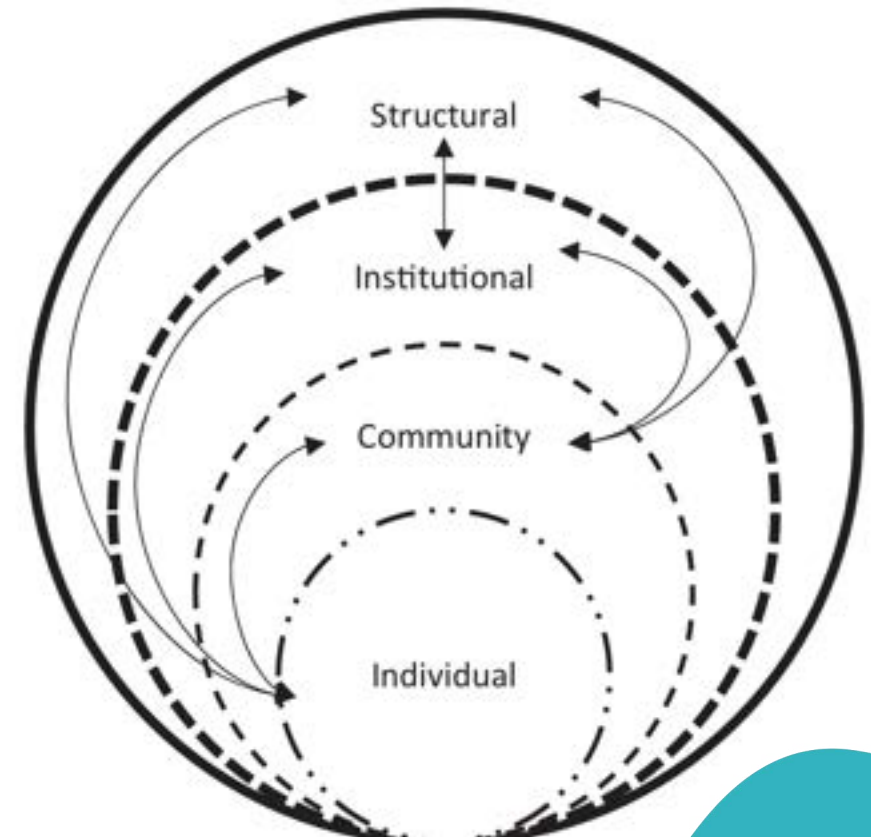
Your Poem

Building relational infrastructure

Buber – 'All real living is meeting'



Multitiered Model of Oppression and Discrimination (Torres et al, 2022)



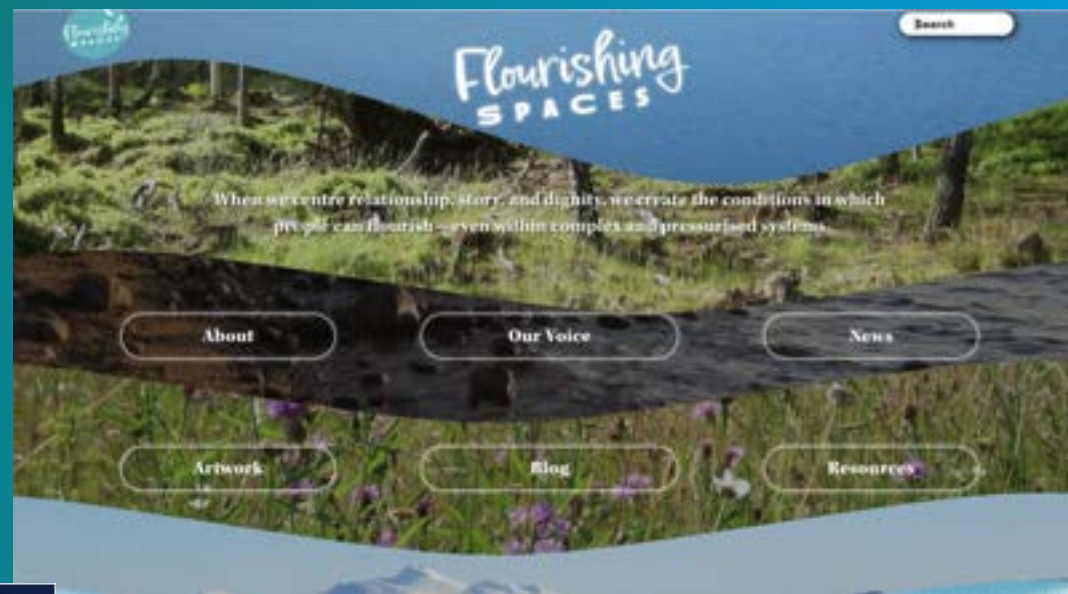
Bibliography

- Brydges CR, Thérond A, Norris TW. Well-being balance and lived experiences: understanding the impact of life situations on human flourishing. *Front Psychiatry*. 2024;15:1516729.
- Willen SS, Williamson AF, Walsh CC, Hyman M, Tootle W. Rethinking flourishing: Critical insights and qualitative perspectives from the U.S. Midwest. *SSM - Mental Health*. 2022;2:100057.
- Younie L. Flourishing Spaces. In: shah R, Clarke R, editors. *Finding meaning in healthcare: Looking through the hermeneutic window*: Routledge; 2025. p. 128 - 45.
- Younie, L. Flourishing spaces: purpose, qualities, theoretical roots and implications. *Journal of Holistic Healthcare* **22**, 3-6 (2025).
- Younie L. What does *creative enquiry* have to contribute to flourishing in medical education? In: Murray E, Brown J, editors. *The mental health and wellbeing of healthcare practitioners: research and practice*: Wiley-Blackwell; 2021. p. 14-27.





Flourishing Spaces



End

Choose a card that resonates with your lived experience

Experts by experience, of medicine, of human dimension



Thank you Professor Louise Younie

Dr Cath Bruce

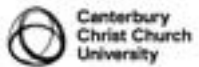
Workshop 2

2:30pm – 4pm

Refreshments on your way to
your afternoon workshop



**KENT AND
MEDWAY
MEDICAL
SCHOOL**



Thank you

Judith Marsh and Dr Adetutu Popoola

Feedback

- Please complete the Feedback Survey that has been sent via your Medtribe account

Educators Conference 2026

Wed 17 Jun 2026 | 9:00 am to 4:15 pm

- On completion, a Certificate of Attendance will be generated and stored in your Medtribe account

Thank you for your participation and feedback!



Scan to complete survey

