

Can We Talk?

Navigating the Minefields of Difficult Conversations

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Spring Clinical Meeting

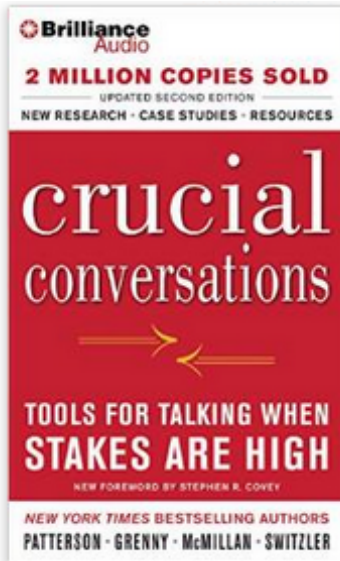
March 9, 2015

Learning Objectives

- Recognize a difficult situation/ conversation
- Review some guidelines for keeping the conversation constructive
- Tips for preventing escalation of the topic

Disclosures

Neither speaker has anything to disclose other than we have both been involved in “crucial conversations®”, at a variety of times handling issues both well and poorly



Crucial Conversation

(kr-oo shel kǎn 'vʔur s̄ a 'shen) n

A discussion between two or more people where (1) stakes are high, (2) opinions vary, and (3) emotions run strong.

Excerpt from Crucial Conversations: Tools for Talking When Stakes Are High

Date: Tue, 3 Feb 2015 08:46:43 -0500
From: Scott Dube <scott.dube@GMAIL.COM>
Subject: P.S. what if they could see me

” What has this got to do with Medical Physics?”

I have been getting more and more private emails from physicists and dosimetrists who have very good questions but do not want to ask openly on the listservers. They fear looking ununiformed or being flamed.

There are just as many private emails from physicists and dosimetrists who see their radiation oncologists not following the ASTRO Choosing Wisely recommendations but feel it is not safe for them to say anything.

Just because we're in the middle of a crucial conversation (or maybe thinking about stepping up to one) doesn't mean that we're in trouble or that we won't fare well. In truth, when we face crucial conversations, we can do one of three things:

- We can avoid them.
- We can face them and handle them poorly.
- We can face them and handle them well

The ***Silence Kills*** study finds seven main categories of conversations are especially difficult and essential for healthcare workers to master

1. Broken Rules
2. Mistakes
3. Lack of Support
4. Incompetence
5. Poor Teamwork
6. Disrespect
7. Micromanagement

Silence Kills: Seven Crucial Conversations in Healthcare

David Maxfield, Joseph Grenny, Ron McMillan, Kerry Patterson, Al Switzler

<http://www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKillsExecSum.pdf>

Here's a very powerful principle of Crucial Conversations:

If you ever have the same conversation twice, you're having the wrong conversation.

A 7-step primer on managing crucial conversations

Crucial Conversations teaches a 7-step process for managing these conversations:

- **Start with heart.** Ask yourself what you really want and what's at stake.
- **Learn to look.** Always be asking yourself whether the conversation is defensive or a dialogue. If you or the other party strays into defensiveness, simply say "I think we've moved away from dialogue" or "I'm sorry, I've been trying to force my ideas on you."
- **Make it safe.** Another way to deal with defensiveness in difficult conversations is to create a comfortable situation by apologizing, asking a question that shows interest in others' views or even taking a time out.
- **Master your story.** Focus on what happened that made you feel a certain way. Think through your emotions and then choose the appropriate way to respond.
- **State your path.** Share your facts and conclusions so that the other party can see where you are coming from.
- **Explore others' paths.** Find out what the other person is thinking. Make sure that you understand each other and look for areas of agreement.
- **Move to action.** Come to a consensus about what will happen. Document who will do what by when and settle on a way to follow up.

Dialogue 1

Discussion with Physician
“Emergency SBRT”

Robin = The Physician

Matt = The Medical Physicist

Start with Heart

- Focus on what you really want
 - What are my actions conveying that I want?
 - What in reality do I want?
 - For me?
 - For coworkers?
 - For the patient?
 - How should I behave if that is what I really wanted?

Start with Heart

- *“I’m starting with the man in the mirror. I’m asking him to change his ways!” – Michael Jackson*
- The only person whose actions you can directly control are your own.
 - When your own body signals are telling you the conversation just went critical...
 - Stop and refocus your response.
 - What are my goals? How should I speak if these goals are my TRUE objectives?

Start With Heart

- Refuse the “Fool’s Choice”
 - The illusion that “it’s either him or me!”
 - I “win” when everybody agrees or caves in to my opinion
- What do I not want?
 - How should I go about getting what I really want, and avoiding what I don’t want?

Learn to Look

- Spotting the signs of a conversation becoming critical. Are you or others doing any of the following?
 - Silence
 - Avoiding
 - Masking
 - Withdrawing
 - Violence
 - Attacking
 - Controlling
 - Labeling

Learn to Look

- Know your own “Style under Stress”
 - When you are attuned to your own indicators, you can pick up more rapidly on the shift in the conversation.
 - Those interested, can take a self assessment quiz
 - <http://www.crucialconversations.com/exclusive>
- Do all participants in the conversation feel safe?
 - If safety has been removed from the conversation, dialogue ceases.

Make it Safe

- Why is safety at risk?
 - Have I established Mutual Purpose?
 - This needs to be a real mutuality of purpose.
 - Can not be faked or paid token lip service to.
 - If you want to maintain safety in a sensitive conversation, both parties must share at least one purpose in common to keep them engaged in dialogue.

Make it Safe II

- Why is safety at risk? (cont.)
 - Am I maintaining Mutual Respect?
 - Having a mutual purpose will still fail if respect is not also protected.
 - No one is a saint and respects everyone.
 - But you must find some aspect about the other you can respect in order to maintain dialogue.

Dialogue 1: Conclusion

Discussion with Physician
“Emergency SBRT”

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Matt = The Medical Physicist

Make it Safe

- Apologize when appropriate.
 - Must be sincere and a true admission of a mistake on your part.
 - If you did not make a mistake, **DON'T** apologize. Use one of the other techniques.

Make it Safe

- Use contrasting to fix misunderstandings
 - Contrasting is a don't / do statement.
 - Address the other's concern that has removed mutual respect or purpose. **[The don't]**
 - Confirm your respect or shared purpose. **[The do]**
 - **[The don't]** I don't want you to think that I feel you are being reckless with regard to patient safety.
 - **[The do]** On the contrary, I feel you keep patient safety at the front of your clinical decisions.

Make it Safe

- CRIB to get to mutual purpose
 - Commit to seek mutual purpose
 - Recognize the purpose behind the strategy
 - Inv_ent a mutual purpose
 - Brainstorm new strategies

Dialogue 2

Discussion with Manager
“Budget and Travel”

Robin = The Medical Physicist

Matt = The Department Manager

Master my Stories

- Retrace my “Path to Action”
 - What is my “story”?
- Separate fact from story.
- Tell the rest of the story:
 - What am I pretending not to know about my role in the problem?
 - Why would a reasonable, rational, and decent person do this?
 - What should I do right now to move toward what I really want?

Master my Stories

- The three types of stories we tell ourselves:
 - Victim Stories: “It’s not my Fault!”
 - Villain Stories: “It’s all your Fault!”
 - Helpless Stories: “There’s nothing else I can do!”

Dialogue 2: The Conclusion

Discussion with Manager
“Budget and Travel”

Robin = The Medical Physicist

Matt = The Department Manager

Thank You

*See the 2nd handout
for Resources*