



# DRCHSD Summit

Delta Region Community Health  
Systems Development Program

2023



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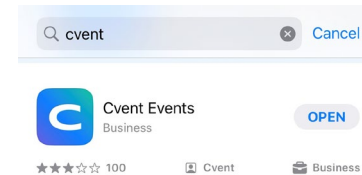
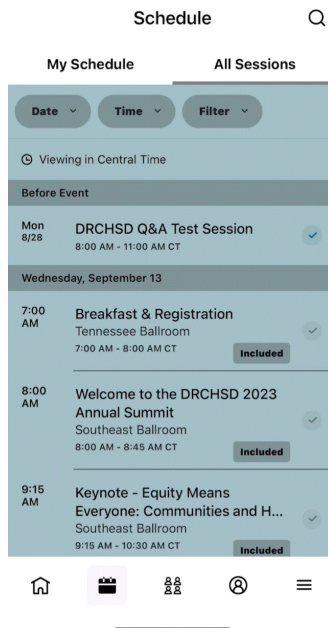
2023

## Enhance Your Relationships by Communicating with Confidence and Knowing What to Say in Challenging Situations

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# Enhance Your Relationships by Communicating with Confidence and Knowing What to Say in Challenging Situations

Delta Region Community Health Systems Development Program – 2023 Annual  
Summit

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# Overview

- Difficult Conversations
- Empathy and Active Listening
- Experiential learning
  - Volunteers and professional actor
  - Huddle
  - Enactment
  - Debrief
- Two Scenarios
  - Unprofessional behavior
  - Family complaint about patient care
- Wrap Up

# What Makes Conversations Difficult?



- Multiple, conflicting goals
- Disagreement
- High level of emotional arousal
- High ego-involvement
- Highly consequential
- Time pressure

# Analyzing Difficult Conversations

- Conflicting goals
  - Task goals
  - Relationship goals
  - Identity goals
- Emotions

# The World Is a Stage



- Performances
- Identity
- Roles
- Appearances
- Authenticity



# A Story

- Chris Voss: FBI hostage negotiator
- Alan Alda: famous actor
- What do they have in common?

# What Is Empathy?

“Empathy is a social and emotional skill that helps us feel and understand the emotions, circumstances, intentions, thoughts, and needs of others, such that we can offer sensitive, perceptive, and appropriate communication and support”

-Karla McLaren

*The Art of Empathy*



# Change Your Approach

- Not certainty and teaching/telling/talking
- But curiosity and learning/listening

# Orienting to a New Goal

- “Seek first to understand” (Covey)
- Not persuasion or control
- Connection and influence
- Reflect back your understanding
- Get to “that’s right”
- Understand their position better than they do

# Good Listening



- Goal is to get in sync
- Increase pool of shared meaning
- Make counterpart feel heard and understood

# Be a Good Listener

- Be engaged
  - Clarifying questions
  - Supportive statements
- Support other's self-esteem / confidence
  - Not argumentative or confrontational
  - Not critical or judgmental

# Technique: Naming Feelings

- List
- Label
- Validate
- Elaborate

# Technique: Reflective Listening

- Silence
- Back-channel cues
- Mirroring



# Technique: Reflective Listening (continued)

- Labeling
- Paraphrasing
  - “What I’m hearing is...”
  - “You seem to be saying...”
- Summarizing

# 'Crucial Conversations' Approach

## **Start with Heart**

Self-awareness is the first step. Understand your goals and intentions before entering the conversation.

## **Learn to Look**

Recognize when a conversation turns crucial and be aware of safety signals that indicate the conversation is deteriorating.

## **Make It Safe**

Establish a safe environment where everyone feels comfortable expressing their views. If safety is at risk, restore it before moving on.

## **Master My Stories**

Separate facts from stories. We often make up stories in our heads based on limited data, which can lead to misunderstandings.

# Make it Safe

- **Make It Safe Principle**
  - Goal: Restore and maintain a safe environment for crucial conversations.
- Importance: Safety is key for open dialogue and meaningful outcomes.
- Risk Factors: Feeling attacked, misunderstood, or marginalized compromises safety.
- Strategies:
  - Apologize if trust is violated.
  - Use contrasting to fix misunderstandings.
  - Find a mutual purpose to align interests.
- Outcome: Restored safety enables open dialogue and better decision-making.

# STATE Your Path and Explore Other Paths

- **STATE** Your Path
  - Use the STATE model to express your point of view:
  - Share your facts
  - Tell your story
  - **Ask** for others' paths
  - Talk tentatively
  - Encourage testing
- Explore Others' Paths
  - Encourage open dialogue and actively listen to understand the other person's perspective.

# Chris Voss Technique: The 'Accusation Audit'

- List all the accusations your counterpart might make against you
- State them pre-emptively as observations
  - You seem like...
  - It sounds like...
  - I suspect you think that...
  - You may feel that...

# Contribution vs. Blame

- **Fosters Responsibility:** By focusing on contribution, individuals are more likely to take responsibility for their actions and their part in the situation.
- **Improves Dialogue:** When the conversation centers around contribution, it encourages a more open and honest dialogue, as opposed to becoming defensive or accusatory when blame is the focus.
- **Builds Mutual Respect:** Recognizing that everyone has contributed to the situation in some way can help build mutual respect and understanding among the parties involved.
- **Leads to Better Solutions:** A focus on contribution can help identify the root causes of a problem more effectively, leading to more sustainable solutions.

# Moving to Action Without Perfect Agreement

- **Clarify Decision-Making Method:** Make sure everyone knows how the decision will be made. Is it a consensus? Majority vote? Manager's decision after input?
- **Identify Areas of Agreement:** Even if there isn't complete agreement, there are likely aspects that everyone can agree upon. Highlighting these can provide a foundation for moving forward.
- **Outline Next Steps:** Break down the action plan into specific, manageable tasks. Assign responsibilities clearly, so everyone knows their role in the implementation.
- **Set Deadlines and Milestones:** Establish a timeline for when tasks should be completed and when to reconvene to assess progress.
- **Acknowledge Differences:** Be open about the lack of complete agreement but stress the importance of moving forward for the greater good or mutual purpose.
- **Pilot Programs:** In some cases, it may be helpful to implement a smaller-scale version of the plan as a trial, to evaluate its effectiveness before full-scale implementation.
- **Feedback Loop:** Create mechanisms for ongoing feedback to ensure that the action plan can be adjusted as needed.
- **Commit to Revisiting:** If a full agreement couldn't be reached, commit to revisiting the unresolved issues at a specified future date.

# In-Depth Simulation

- Set up
  - “Real” environment
- Ground rules
  - Learning mode: “Putting practice before us”
    - Foundation of gratitude
    - “They’re in the hot seat but we’re all sweating it out”
  - Participation awareness
  - Respect multiple perspectives
- Debriefing structure
  - Curiosity driven
  - Actor feedback – rare opportunity



# Experiential Learning Process

- Volunteers
- Live actors
- Background facts presented
- Enactment
- Faculty and participants can call a “time-out”
- Debrief w faculty, audience
- Continue communication
- Debrief with faculty, audience and actors

# Scenario 1: Unprofessional Clinician Behavior

The CEO of a rural hospital must address ongoing unprofessional behavior with a surgeon who has been with the hospital for two years. The surgeon has consistently neglected expectations such as chart completion, punctuality, professional appearance, and has even been reported as being verbally abusive to nurses. Despite several meetings with department heads, a formal warning, and peer critique, the behavior has not improved. The situation is further complicated by the difficulty in recruiting and retaining staff in rural areas, making termination an undesirable option.

# Background, Setting, Challenges



- **Setting:** CEO's office, a private and formal setting.
- **Duration of Problem:** Two years.
- **Previous Remedies:** Meetings with department heads, formal warning, peer critique.
- **Relationship:** Professional, with underlying tension due to ongoing issues.
- **Challenges:**
  - Resistance and indifference from the surgeon.
  - Difficulty in recruiting and retaining staff, making termination a complex decision.
  - Balancing the need for professionalism with empathy.
  - The potential impact on the hospital's reputation and patient care.
- **Communication Skills Needed:**
  - Active listening to understand the surgeon's perspective.
  - Clear and assertive communication of expectations.
  - Empathetic approach to acknowledge the surgeon's feelings.
  - Utilizing peer critique if necessary.

# Huddle Questions

- Are there any personal or family dynamics, disabilities, language, ethnic, racial, or cultural sensitivities to consider?
- What are the goals of this conversation?
- Who should be present for this conversation?
- What are you going to say?
- Do you need to provide shot[s] across the bow or some warning statement?
  - Example: What I have to tell you may be very unsettling...
- After brief explanation, deal with feelings first and listen
- What emotions do you anticipate, how will you name and validate them?
- What questions do you anticipate getting?
- What are the underlying issues that might be causing the surgeon's behavior?
- How can the CEO balance the need for professionalism with empathy?
- What strategies can be used to address the issue without resorting to termination?
- What identity issues are at stake?
- What are your “accusation audit” statements?

# 8-minute huddle



# Debrief



What did you discuss in your huddle?



How would you evaluate yourself?



What went well? What didn't go well?



What did the actor experience?



What did the audience observe?



What generalizable lessons can we learn?

# Scenario 2: Family Complaint about Patient Care

The CEO of a rural hospital's nursing home must handle a complex complaint from a family member of a resident with history of traumatic brain injury. The patient has been involved in multiple incidents, attacking other residents. The family is upset about the patient being sent to a psychiatric unit for evaluation and is publicly criticizing the facility on social media. They have even made accusations to the state medical board. The situation is exacerbated by the difficulty of recruiting and retaining staff, making the handling of such incidents even more challenging. Also, one member of the patient's family is on the board of the hospital.

# Background, Setting, Challenges (pt. two)



- **Setting:** A meeting room in the hospital, providing a neutral ground for discussion.
- **Duration of Problem:** Six months, with two major incidents.
- **Previous Remedies:** Video evidence shared, psychiatric evaluations, multiple meetings with family, adjustments to care plan.
- **Relationship:** Professional, strained due to ongoing conflict and public accusations.
- **Challenges:**
  - Highly emotional family members.
  - Difficulty in recruiting and retaining staff, affecting patient care.
  - Balancing the need for patient safety with family expectations.
  - Managing the public relations aspect due to social media involvement.
  - Family member on board of hospital
- **Communication Skills Needed:**
  - Empathetic listening to validate the family's emotions.
  - Clear communication of the evidence and the facility's stance.
  - Negotiation skills to reach a resolution.
  - Crisis management to handle the public relations aspect.



# Huddle Questions (pt. two)

- Are there any personal or family dynamics, disabilities, language, ethnic, racial, or cultural sensitivities to consider?
- Would visual aids be useful?
- What are the goals of this conversation?
- Who should be present for this conversation?
- What are you going to say?
- Do you need to provide shot[s] across the bow or some warning statement?
  - Example: What I have to tell you may be very unsettling...
- After brief explanation, deal with feelings first and listen
- What emotions do you anticipate, how will you name and validate them?
- What questions do you anticipate getting?
- How can the CEO balance the need for professionalism with empathy?
- What identity issues are at stake?
- What are your “accusation audit” statements?

# 8-minute huddle (pt. two)



# Debrief (pt. two)



What did you discuss in your huddle?



How would you evaluate yourself?



What went well? What didn't go well?



What did the actor experience?



What did the audience observe?



What generalizable lessons can we learn?

# Summary and Final Thoughts

Thank You For Attending!



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