



# Managing difficult communications with Patients, Colleagues and Managers

Dr Sam King and Dr Lucy Gibberd Medicolegal Consultants, Medical Protection

Ms Victoria Waalkens Associate Lawyer Wotton + Kearney



# Today's workshop

- **Difficult patient interactions**
- Improving team interactions
- Effective communication with Managers

# Scenario 1



How we could have reached a better  
outcome?

## Key skills



- Express empathy : listen and summarise both content and emotion
- Avoid an argument
- focus on best result for both parties



## Cover your 'ASS'

- Acknowledge that there is a problem
- Sorry: apologise for their experience/error
- Story: ask them to explain what the issue is



## ‘Sorry seems to be the hardest word’

- Is always important
- Needs to be sincere
- Sometimes “I’m sorry that you ...”
- Sometimes “I’m sorry that I ...”

# Organise a meeting





## Before a meeting

- Get your facts right and your apology sorted
- Agree time, place and duration.
- Identify chair – someone not directly involved in events.
- Clarify points for discussion – written concerns circulated in advance.
- Agree who will be present and their roles - Independent clinician, who will take notes. Don't outnumber the patient's side.
- Identify possible questions that may be asked

# At the meeting

- Introductions, confirm end time
- Cover your 'ASS'
- Once they've told their story, summarise
- Set out facts
- Ask for their questions
- What would they would like to see happen?
- Action points
- Set follow up

## At the meeting (cont)

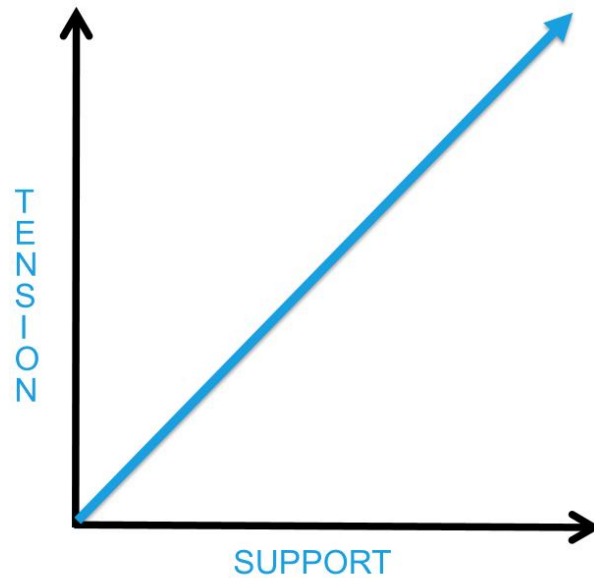
“That’s a very relevant question and I can understand your concern, however, I am not sure of the answer and will have to think about it / talk to colleagues /do some research. Once I know the answer, I will get back to you in writing”

## After the meeting

- Draft up minutes and have them signed off by those present.
- Provide final written response to complaint with agreed action plans and timeframe. Add details of complainant's right to contact Advocacy or HDC if their complaint remains unresolved.

# Soft skills to help with resolution

Support/Tension model for change



# Support: Active Listening

People are more likely to listen if they feel they have been listened to:

- Body language
- Eye contact,
- Facial expression
- Tone of voice



# Support: Empathy

Empathy is the experience of being heard and understood

Patients experience empathy when a clinician:

- actively listens
- summarises and reflects back both events and emotions
- integrates the patient's agenda.

## Support: Reframing

- Choosing to consider alternative explanations for the person's behaviour increases the possibility of finding ways to work more effectively
- Exploring your alternative explanations through respectful questioning can increase a patient's sense of support and being understood



## So lets try that with Betty

“I think the care she has received has been appalling. The first night she was admitted, the doctor in the Emergency tried to give her an antibiotic she was allergic too, if I hadn't been there, she could have died. Even before that we had problems, I couldn't get her an appointment for her own GP and we had to wait at the afterhours service for 4 hours on Monday evening before we were sent here and none of this would ever even have happened, if she had got the appointment to see a urologist – she has been on the waiting list for 4 months – they say she's semi urgent, but we never seem to get to the top of the list. And to add insult to injury, they keep getting her muddled up with the other Mrs A on this ward and so she keeps getting a pureed meal – when she is supposed to get a diabetic meal. I just don't trust anyone – how do I know she's not getting the other Mrs A's medication as well”



## Tension skills: Acknowledging the difficulty

Involves:

- verbalising your “diagnosis” of the difficulty to the patient
- seeking their agreement

Agreeing on the nature of the difficulty can facilitate the solution

## Tension Skills: Setting Boundaries

Poor boundaries can lead to doctor cynicism, shaken self-respect and decreased empathy

Failure to establish appropriate boundaries within the interaction can lead to a clinician feeling “trapped”

Feeling trapped may lead to unethical and unprofessional behaviour

## Tension Skills: Setting Boundaries

- Clearly stating the boundaries that apply in an interaction can increase tension. Patients in different
- Explain the reasons for the boundary as being in the patient's best interest
- The consequences of breaching the boundary should also be made clear.

## Being solution focused

- Moving towards a mutually agreed “way forward” is often more effective than debating points of disagreement
- Let the facts speak for themselves.
- Assisting the patient to identify and generate solutions encourages ownership and implementation

# Let's have a break!

Stand up and introduce yourself to someone on the room you don't know and tell them where you are from and what is the best thing about where you live

# Communication with colleagues

## Improving our team interactions



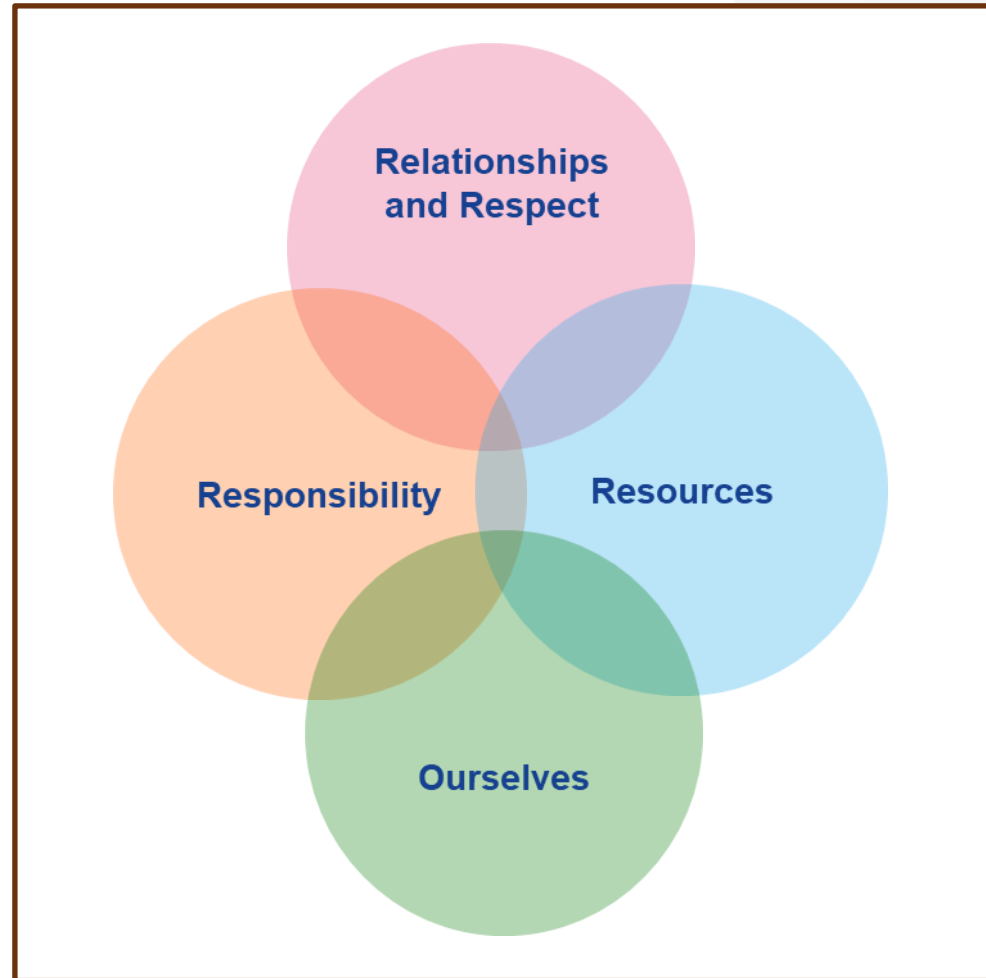
**What difficult interactions have you had with colleagues?**

**What contributed to this?**



# What factors contribute to difficult interactions?

- Working in an unfamiliar/new setting
- Colleague's manner
- Past difficult issues in that relationship
- More senior colleague
- Difference of opinion on patient management
- Confusion around guidelines/policies
- Lack of support or supervision
- Increased pressure eg workload, time, lack of resources
- H A L T E D (Hungry, Angry, Late, Tired, Energy low, Distracted)
- Personal issues outside of work



What can we control and change?

Think back to a recent difficult interaction with a colleague that didn't go well...

How did you react?

Lost my temper

Went on the attack

Became passive-aggressive

Became upset

Became defensive

Backed down / Rolled over





# The choice

## React vs Respond



# HOT BUTTONS

- Emotional trigger
- Limbic reaction takes over
- Hot buttons are uniquely personal

## Step One:

Identify your usual automatic reaction

**PUSH  
BACK**

**OR**

**BACK  
DOWN**

**'Fight'**

**'Flight'**

## Step Two: Stop and think

STEP  
BACK

- Give yourself time to think
- Control the physiology... breathe slowly
- Tune into your thoughts – what are you telling yourself that isn't helping you?
- Interpreting motivation behind behaviour is usually wrong
- How can you 'reframe' this?

## Step Three: Self reflection

REFLECT

- What was the trigger?
- What worked?
- What didn't work?



# Tough Conversations – how to start

- **Basic assumptions:**
  - they are doing the best with what they have and who they are.
- **Get the setting right.**
  - Timing of the meeting is important. Privacy, free from distractions
- **Set the agenda early in the meeting**
  - Don't leave them hanging

# The AID<sup>©</sup> model To help find solutions

A

**ACKNOWLEDGE** the other person's position

I

**INFORM** them about your position

D

**DISCUSS** a way forward



## Acquire understanding (get curious not furious)

- Gather information before you give it.
  - Ask open not closed questions
  - Summarise - check that your understanding is right
  - Empathise by summarising their position and feelings

I

## Inform them about your position

- Acknowledge the difficulty in the interaction
- Clearly state your position and the reasons behind it

# D

## Discuss a way forward – problem solve

- Summarise the situation
- Ask your colleague to suggest possible options
- Add your options to generate a list
- Look for common ground
- Discuss possibilities, agree a mutually acceptable solution
- Help empower next steps

# What if that doesn't work and I'm still at significant risk?

- Document incidents contemporaneously
- Document any meetings
- Is patient safety compromised or can you live with this?
- Company policies
- Get advice from union or lawyer
- Speak to Clinical leader/director
- MPS Employment advice line



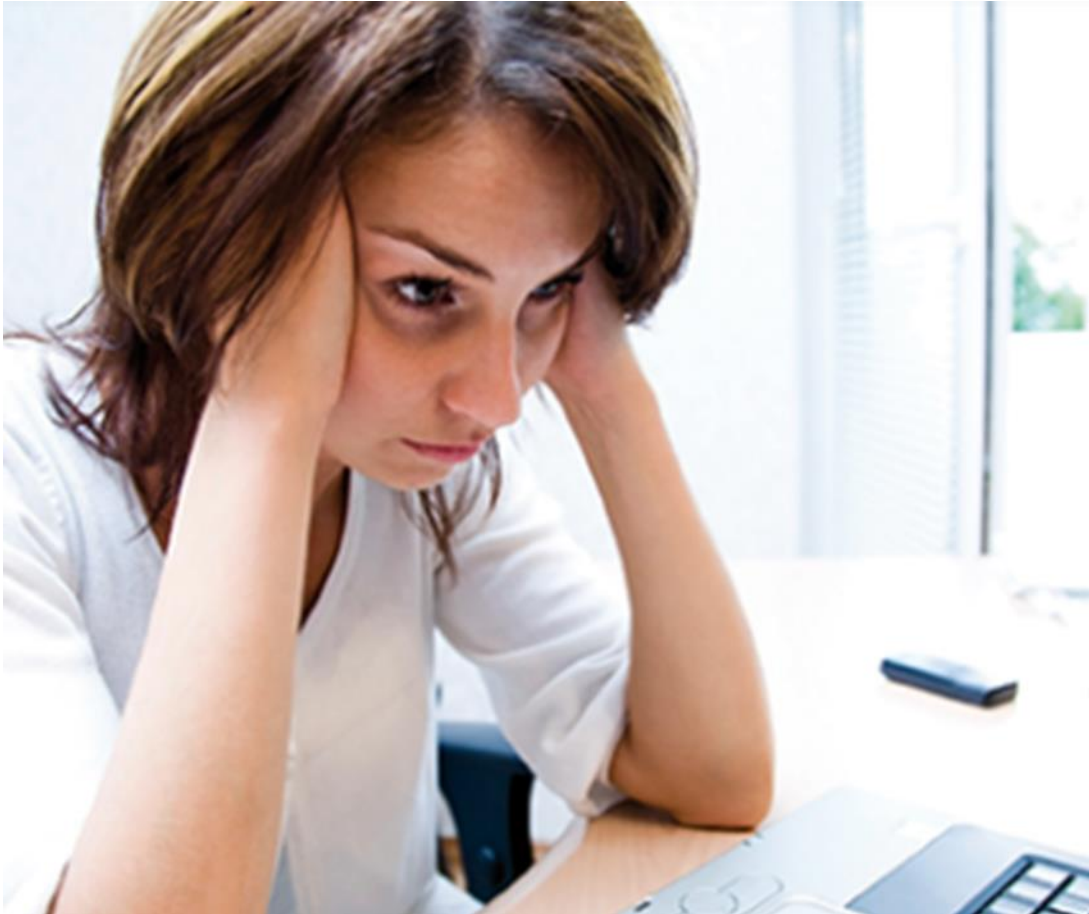
# What would you do?



# Civility



# Workplace incivility



low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect.

Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others

Andersson and Pearson 1999, Porath 2015

Negatively impacts team functioning and performance

# Rudeness and Individual Clinician Performance



**ORIGINAL RESEARCH**

## Exposure to incivility hinders clinical performance in a simulated operative crisis

Daniel Katz,<sup>1</sup> Kimberly Blasius,<sup>2</sup> Robert Isaak,<sup>2</sup> Jonathan Lipps,<sup>3</sup> Michael Kushelev,<sup>3</sup> Andrew Goldberg,<sup>1</sup> Jarrett Fastman,<sup>1</sup> Benjamin Marsh,<sup>1</sup> Samuel DeMaria<sup>1</sup>

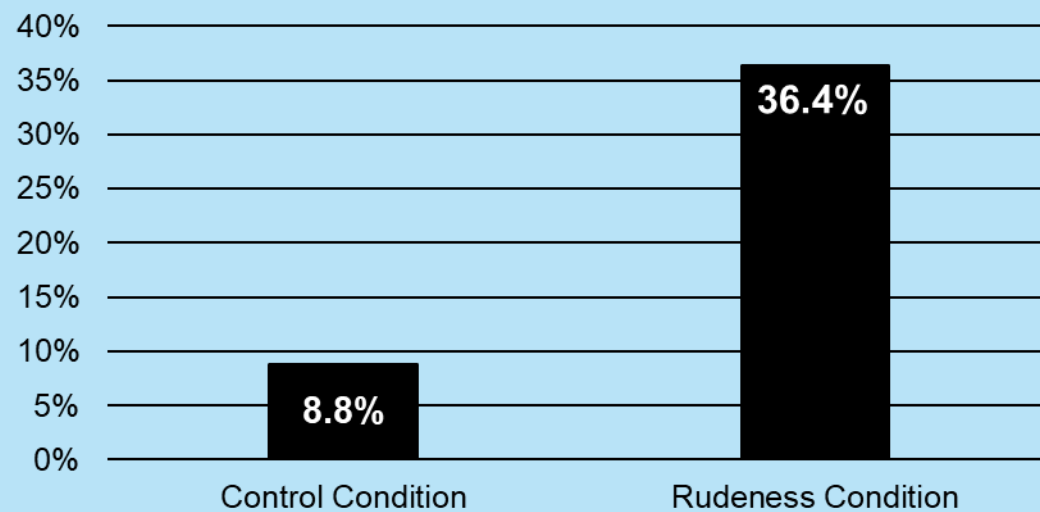
Randomized Simulation Study of OR teams at 3 sites.

Measured Rude condition vs. Professional condition.

Videos reviewed by experts who scored several domains.

■ Katz D, Blasius K, Isaak R, et al Exposure to incivility hinders clinical performance in a simulated operative crisis BMJ Quality & Safety Published Online First: 31 May 2019. doi: 10.1136/bmjqs-2019-009598

### Residents who performed below expected level



#### Areas of impact

Vigilance ( $p < 0.001$ )

Communication ( $p < 0.001$ )

Teamwork ( $p < 0.001$ )

# Simple but powerful

- Make eye contact, smile, say good morning or greeting at first contact of the day
- Use please and thank-you
- Learn the names of co-workers (or use name badges or named scrubs for larger work groups)
- Use the other person's name consistently
- Offer small acts of kindness



# A one-minute civility intervention

- Ochsner Health System introduced a civility programme
- Adopted ‘the 10/5 way’ used in Ritz–Carlton hotels - who train their employees to make eye contact and smile at the person walking down the hallway if they were within 10 feet. Within five feet, they were trained to say hello.
- Results
  - Improved clinician engagement levels
  - Improved patients’ perceptions of quality of care
  - Increased referrals

Make eye contact and smile

‘Use the social and emotional contagion built into the human system and into the way that we process the world around us’

Shawn Achor

# Stress can make your colleague uncivil



The **smallest gestures** can show your **support**

Would you like a **cup of tea?**

# Communicating with Managers

Medical  
Protection



# Communicating with Managers

- Managers are part of the Healthcare Team
- It is easy to feel that you have the patient's best interest at heart, and they have the budget at heart – so can feel like you are pulling in different directions
- Managers are people too



# General legal obligations

- Employment Relations Act 2000
  - Good faith
    - Employer and employee
    - Not deceive or mislead
    - Active and constructive
    - Responsive and communicative
  - Personal grievance (including discrimination)
- Trust and confidence
- Safe work environment
- Health and Safety at Work Act 2015
- Human Rights Act 1993

# PRACTICAL ASSISTANCE –EMPLOYEE/CONTRACTOR

- Policies
- Sympathetic/empathetic colleague
- Informal
- Formal process
- External
  - Advice – union, lawyer, Community Law, HRC
  - HRC complaint, ERA, MCNZ
- Counselling or Employee Assistance Programme

# General Advice re meetings

- Take a trusted colleague
- Make sure (if possible) agenda is set in advance
- Create a written outline of what you are planning to say
- Go with open mind
- Don't make snap decisions - ok to say you will consider and get back to them in writing
- Involve union early
- If competence or health concerns, be aware of possible MCNZ referral
- Make sure you keep notes and follow up with email re what was agreed

# When you are the Manager

- MCNZ Statement - Responsibilities of doctors in management and governance
- You have a duty to your colleagues, your workplace, and the wider community. The interests and safety of patients must always be your first concern
- Be aware of your organisation's review process. If a decision puts patients at risk of serious harm, make your objections known. If serious wrongdoing has not been rectified, may raise the matter with the DG of Health, the HDC or MCNZ. You can make a protected disclosure under the Protected Disclosures (Protection of Whistleblowers) Act 2022
- If managing colleagues, you must be prepared to constructively and sympathetically discuss any problems they face in their professional practice and development
- If concerns are raised about the competence of a colleague, protect the reporting doctor from harmful criticisms or actions



**Any  
questions**

# Listen to our podcast!

Medical Protection  
New Zealand 

**The Medical Protection New  
Zealand podcast**

MPS