Let's Talk:
Constructive Communication Strategies for Challenging Conversations

TidalHealth Faculty Development

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Reflection



Pope Francis on Education

"Education is not about knowing things or taking lessons but about being able to use three lingos: those of the *head*, the *heart*, the *hands*...learning so that you can *think* about what you feel and do, can *feel* what you think and do, and can *do* what you feel and think. Unity within a person."

jesuitresource.org



HEAD

Learn something, discover new ways of learning



HEART

Feel something, make new connections



HANDS

Do something, activities help us remember



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none

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Empowering People and Teams

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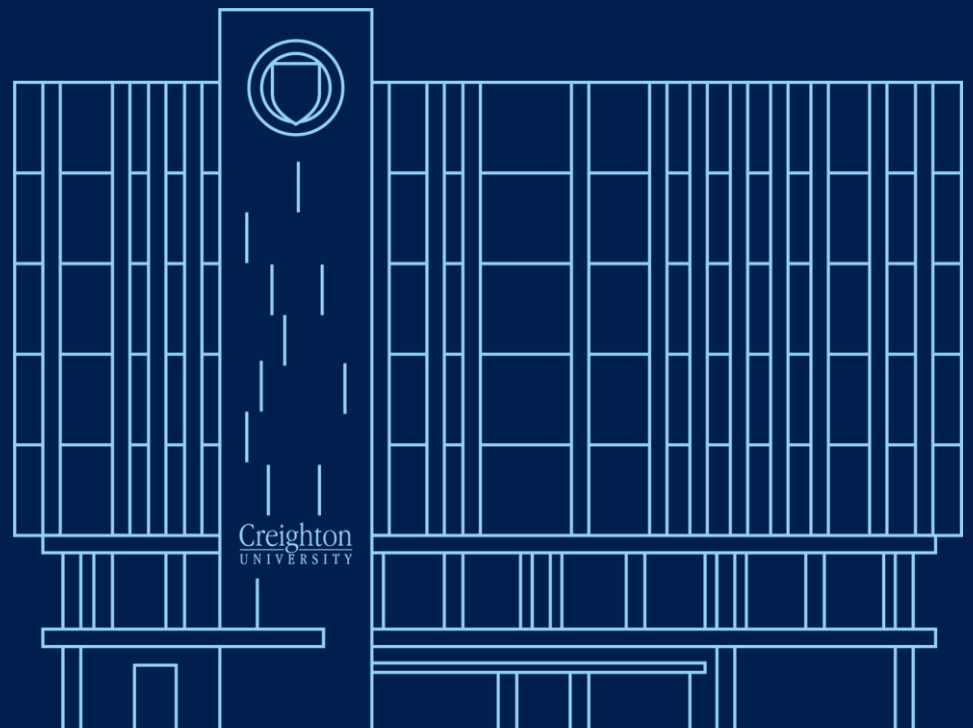
Our Path

- Formative Feedback
- Adult Learners
- Listening Levels
- Communication Strategies
- The Written Word



Formative Feedback



Scenario I

It is well into the academic year and you have a third-year medical student on your team. You've told the student, intern, and junior resident on the team that they should pre-round and finish their notes on all the patients before rounds with your attending, Dr. Lee. This morning, however, the medical student has only half of her notes done. The intern on the team tells you that the student came in 45 minutes later than everyone else.

What is the temptation here?



Scenario I

Most of us would (perhaps reasonably) assume that the medical student came in late because she slept in, didn't think she needed to come in as early as the others, or simply doesn't care.

You decide to talk to the M3 about how irresponsible it is to show up late and not finish her notes because it makes more work for other people and makes the team look bad in front of Dr. Lee.

Before you sit down with her, what should you do?



How did you learn to give feedback?



Feedback From...

Parent

Teacher

Peer, Colleague

Chief Resident

Healthcare Team Member

Program Director

Spouse, Partner

Why do we share feedback?



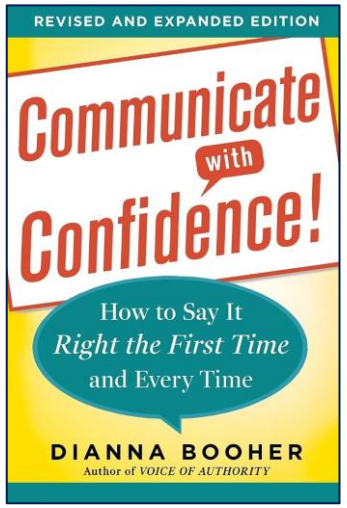
What is your purpose?

Wrong reasons to give feedback

- To defend your own behavior
- To condemn
- To appease another person
- To make yourself feel good or in control

Right reasons to give feedback

- Concern for the other person
- Sense of responsibility
- Guide/mentor
- Support



ARTICLE

Communicate with confidence and give constructive criticism without crippling others

Booher, Dianne. Women in Business, 1999-09, Vol.51 (5), p.44

.... In the second of a three-part series, Booher offers tips to help avoid miscommunication.

- Educate + enhance knowledge, skills, professional performance
- Help the receiver self-reflect + integrate new ways of thinking into clinical practice
- Guide, motivate, reinforce effective behaviors + correct clinical skills
- Ensure patient safety

“Feedback should be as vulnerable for the person giving it as it is for the person receiving it … Vulnerability is at the heart of the feedback process.”

-*Brené Brown, PhD*

Vulnerability – Nice vs Kind

Why do we hesitate to give honest feedback?

- It can be uncomfortable
- We want people to like us
- We don't want to hurt or offend the other person



We might think we are being ***nice*** when we say nothing or sugarcoat everything.

Most often, the ***kind*** thing to do is to be honest, even when it might be difficult.

It takes ***vulnerability*** and ***courage*** to give honest feedback. *(Brown)*

It is easier to do when two people have developed respect and trust for each other.

Adult Learners



Who are your learners?



Communication with Adult Learners

- Treat an adult like an adult – key in sharing feedback
- Adults are internally motivated + self-directed
- Adults bring a great deal of existing knowledge + rich experiences
- Adults are looking for content that is relevant to their future
- Adults are practical and prefer PBL (real life)
- Adult learners like to be respected



Practical Application with Adult Learners

- Scenario-based learning – share real life patient situations
- Microlearning – break content into small, focused chunks that fit busy schedules
- Focus on one topic or skill per learning session
- Ask learners what they want to learn – what are they hoping to gain during your rotation or class
- Build on internal incentives – self-esteem, curiosity, satisfaction, clinical knowledge, and personal growth
- Reflection – after concrete learning, ask questions about what worked, what didn't work, and why



Listening Levels



Four Levels of Listening



<u>VALUES</u> – Core Principles: identify what truly matters, hear the principle behind the position, find meaning

<u>INTENTION</u> – Underlying Purpose: suspend judgment, stay curious, seek purpose behind the message

<u>FEELING</u> – Emotional Connection: hear the emotion; notice tone, body, silence; connect before you correct

<u>THINKING</u> – Logical Understanding: listen for logic and clarity, separate facts from assumptions

Listening Scenario I

Patient: A 52-year-old woman sitting rigidly on the exam table, tapping her foot. She smiles tightly and says, “I'm fine really, just a little indigestion when I carry the groceries. It's nothing major, but my husband made me come.” Her jaw is tight and she avoids eye contact.

VALUES – Core Principles: identify what truly matters, hear the principle behind the position, find meaning

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Listening Scenario II

Program Director: “Our chief resident graduates in three months and she has already matched into a competitive fellowship. The Clinical Competency Committee just reported her independent stroke localization skills are well below milestones.

Do I put her on formal remediation, extending her training, losing her fellowship, and our dept. faces severe coverage gaps? Or…do I sign off on her competency to protect her career and our schedule, sending an underprepared neurologist into an intensive care setting where lives are at stake?”

VALUES – Core Principles: identify what truly matters, hear the principle behind the position, find meaning

INTENTION – Underlying Purpose: suspend judgment, stay curious, seek purpose behind the message

FEELING – Emotional Connection: hear the emotion; notice tone, body, silence; connect before you correct

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Listening Scenario III

Chief Resident: “We just transitioned to a new nursing schedule. The overnight ICU staff is completely burned out. This morning, a senior nurse refused to execute an order from our first-year resident, questioning his competence in front of the patient's family.

The resident is humiliated and wants disciplinary action. The nurse is a 22-year veteran who is exhausted and trying to protect the patient. If I push too hard, the nurse might quit and we’re already dangerously short-staffed.”

VALUES – Core Principles: identify what truly matters, hear the principle behind the position, find meaning

INTENTION – Underlying Purpose: suspend judgment, stay curious, seek purpose behind the message

FEELING – Emotional Connection: hear the emotion; notice tone, body, silence; connect before you correct

THINKING – Logical Understanding: listen for logic and clarity, separate facts from assumptions

Which level comes easiest for you?



<u>VALUES</u> – Core Principles: identify what truly matters, hear the principle behind the position, find meaning

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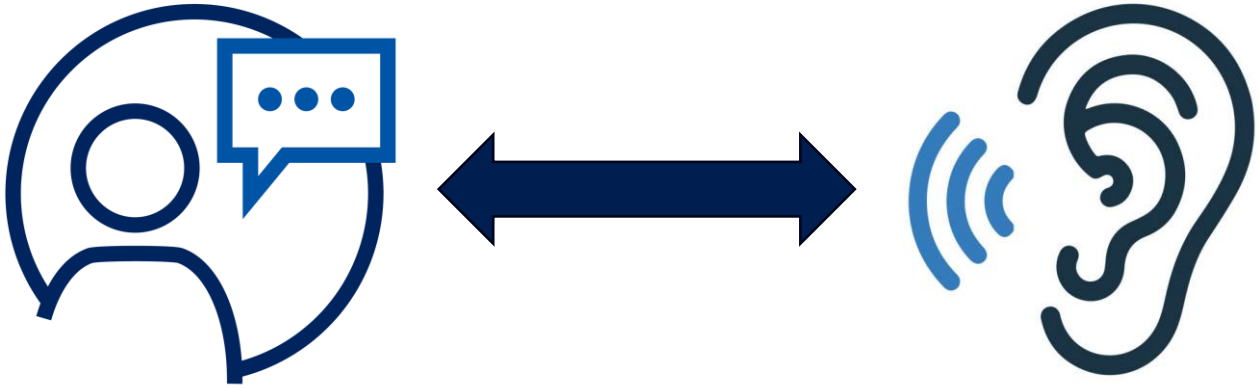
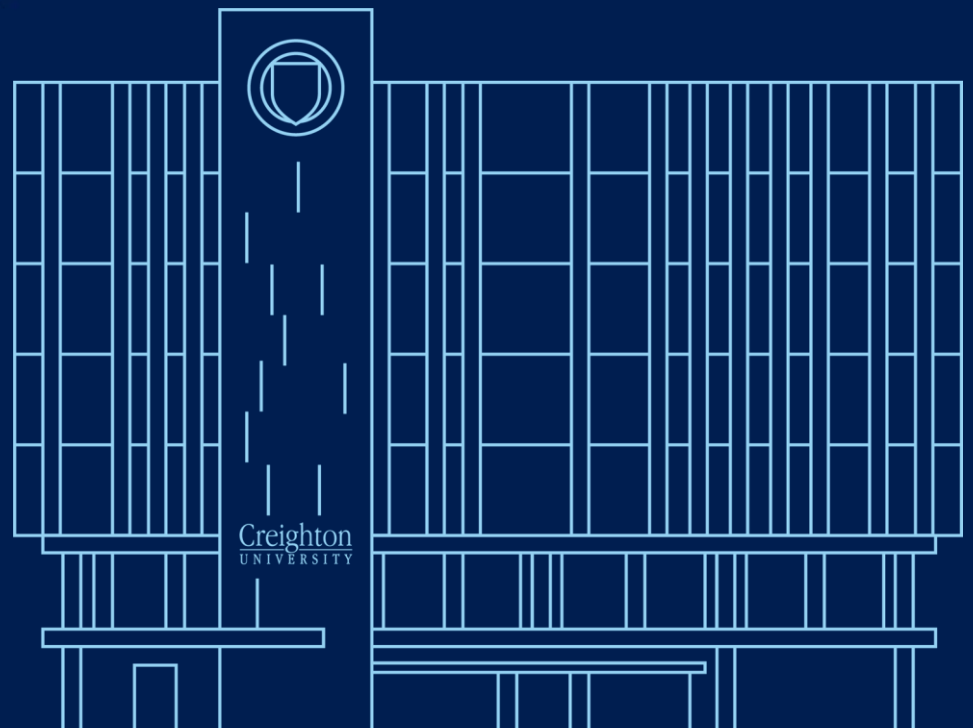
Communication is Linked to Listening

Effective communication skills are directly dependent on high listening skills. You cannot respond accurately, build trust, or resolve conflicts without first understanding the other person's message.

Unlock Psychology



Communication Strategies



Think of someone who…..

- fills you with frustration when you talk with them.
- is disappoints you during a conversation or meeting.
- creates resentment in you after an encounter.

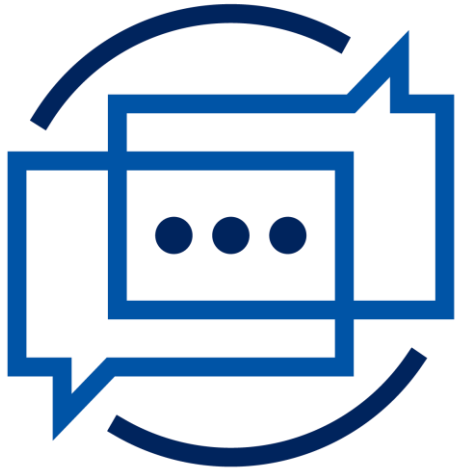
Do you think **THIS PERSON** is doing the best they can?

- Why? or Why not?

Do you think **YOU** are doing the best you can?

- Why? or Why not?

Your ‘why’ is the story you are telling yourself.
It’s not based on reality.
It is a **LEAP of ABSTRACTION**.



Leap of Abstraction

A leap of abstraction happens when a single event is generalized into a fixed judgment about character, ability, or professionalism.

SPECIFIC OBSERVATION	LEAP OF ABSTRACTION THINKING BUT NOT SAYING
Student struggles writing a patient note one time	This student can't write a note
Student arrives late one time to a lecture	This student is always unprofessional
Student laughs during a simulation	This student never takes simulation seriously
Student gets defensive after feedback	This student can't handle constructive criticism
Student is charismatic and charming	This is one of the best medical students we have

Leaps of abstraction can lead to…

- misjudgments of learners, peers, yourself
- blocks of reflection, learning, accurate feedback
- eroded trust and deteriorated engagement

Try this.....

Now, instead of making up a story about this person (or about yourself), let's **assume** they are doing the best they can and your job is to find out **WHY** this is the best they can do.

How does that change your communication with them?

Say to yourself....."I don't know if people are doing their best, but my communication and feedback are better when I assume they are."

Specific Communication Strategies to Reduce Leaps of Abstraction

- **SBAR** – Situation, Background, Assessment, Recommendation
- **SBI** – Situation, Behavior, Impact
- **A-I** – Advocacy-Inquiry
- **ATA** – Ask, Tell, Ask

SBAR – Situation, Background, Assessment, Recommendation



S — Situation

There have been observations of patient specimen labels are being printed and left unsecure which could lead to a potential patient safety occurrence and/or HIPAA Violation.

B — Background

Patient specimen and laboratory testing identification errors have been reported as the leading cause of laboratory errors. Identification (ID) errors may result in patient harm and are completely preventable. Accurate identification of patients, their specimens and laboratory test results linked to them is essential in all healthcare settings for providing effective, safe, timely, efficient, equitable and patient-centered healthcare. Ensuring that specimens are correctly identified at the point of collection is essential for accurate diagnostic information. Patient and/or specimen misidentification can be serious, resulting in misidentification can be serious, resulting in misdiagnosis and mistreatment.

A — Assessment

Patient specimen labels need to be obtained immediately after printed to prevent a HIPAA violation and reduce risk of a patient safety event.

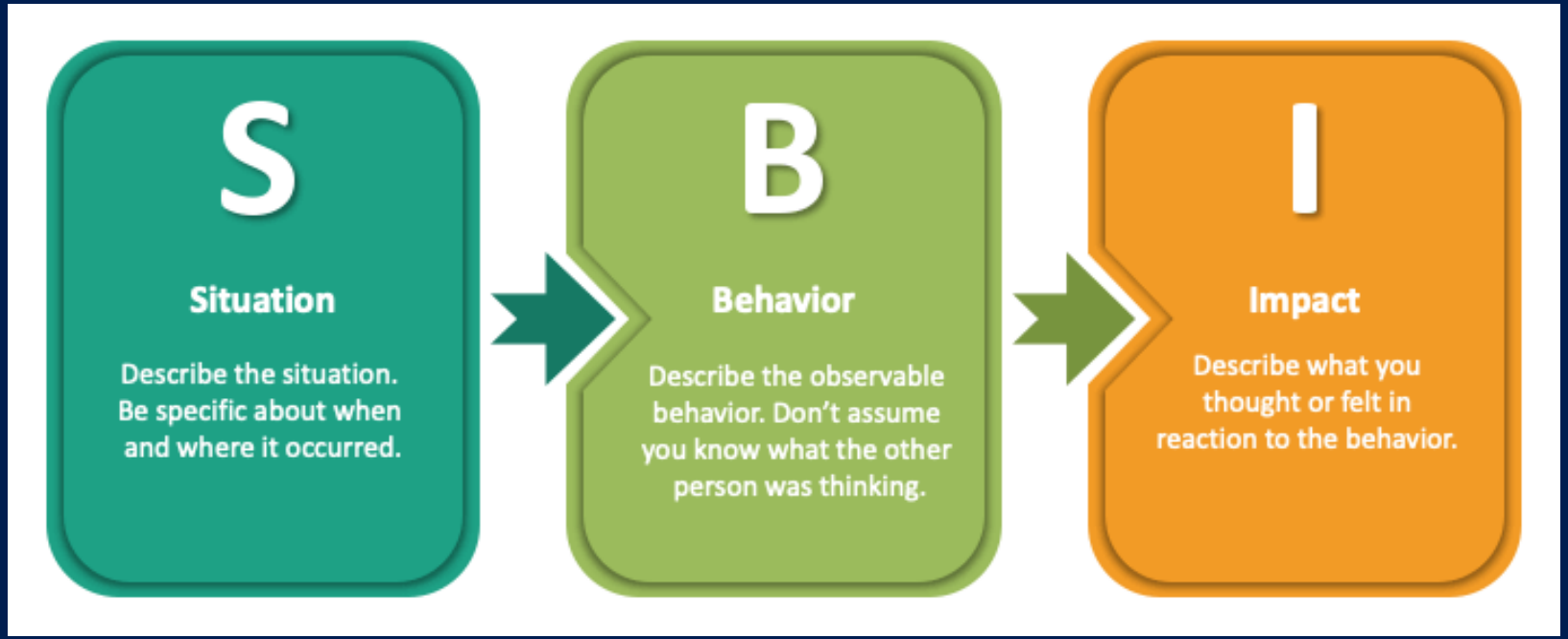
R — Reccomendation

Follow Lippincott specimen labeling procedures-

Label the specimen in the presence of the patient to prevent mislabeling. Include the patient's name, date and time of collection, practitioner's name, your initials, and additional information as required by your facility.

Leadership is reviewing and assessing locations of printers to possible relocated printers to ensure efficiency to patient care.

SBI – Situation, Behavior, Impact



S – "During morning report…"

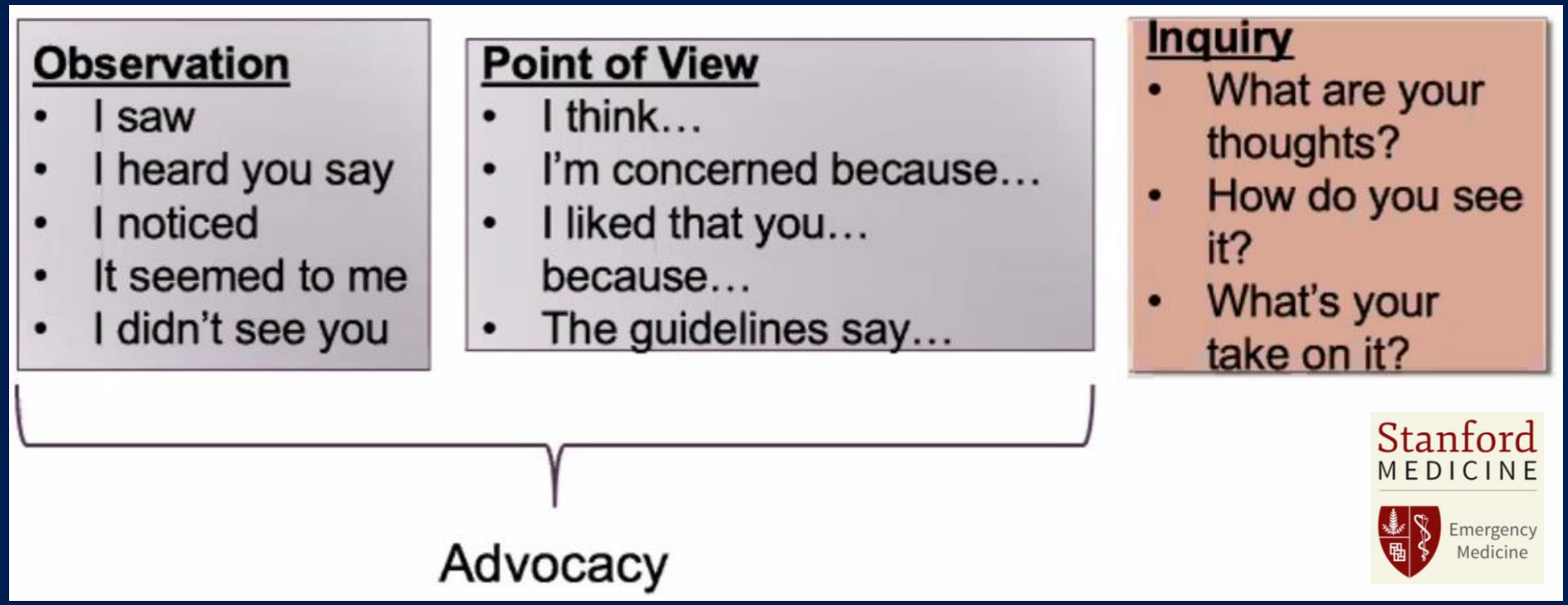
B – "You arrived fifteen minutes late."

I – "The team had already assigned patients, making it difficult to redistribute responsibilities."

Optional – wait for response, or "Tomorrow, I need you to be 15min early."

Center for Creative Leadership

A–I…..Advocacy–Inquiry



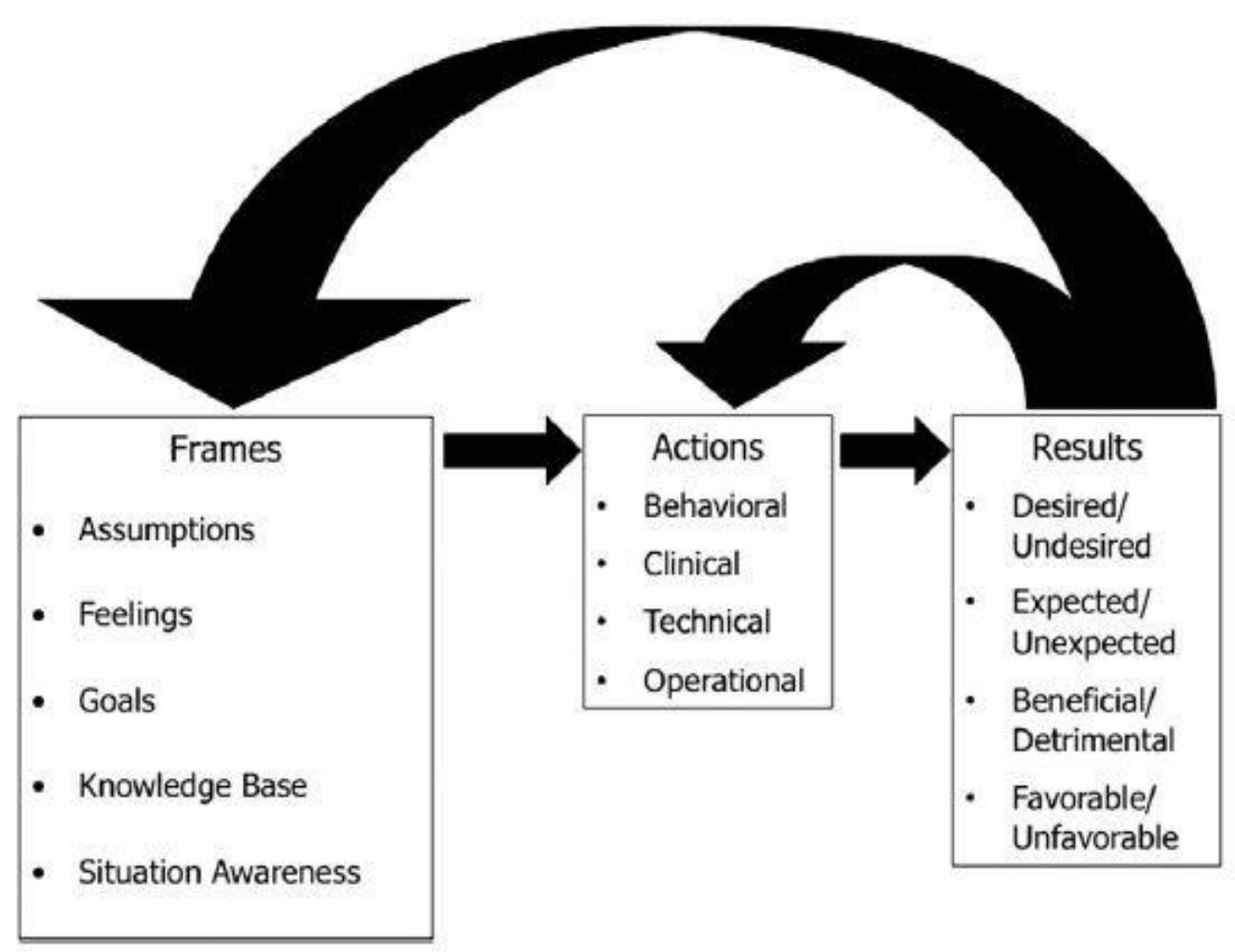
A – "I noticed during rounds you interrupted the patient several times before they finished answering."

I – "Can you walk me through what you were thinking in that moment?"

A – "I noticed you applied the feedback from last week's round. Your notes and presentations have both improved."

I – "Tell me more about how you worked on that."

A–I…..Advocacy–Inquiry



Our Frames

- Frames are the lens or perspective with which we navigate the world.
- Frames shape our actions.
- Actions are an inevitable result of how we frame a situation.

Clinical Frames

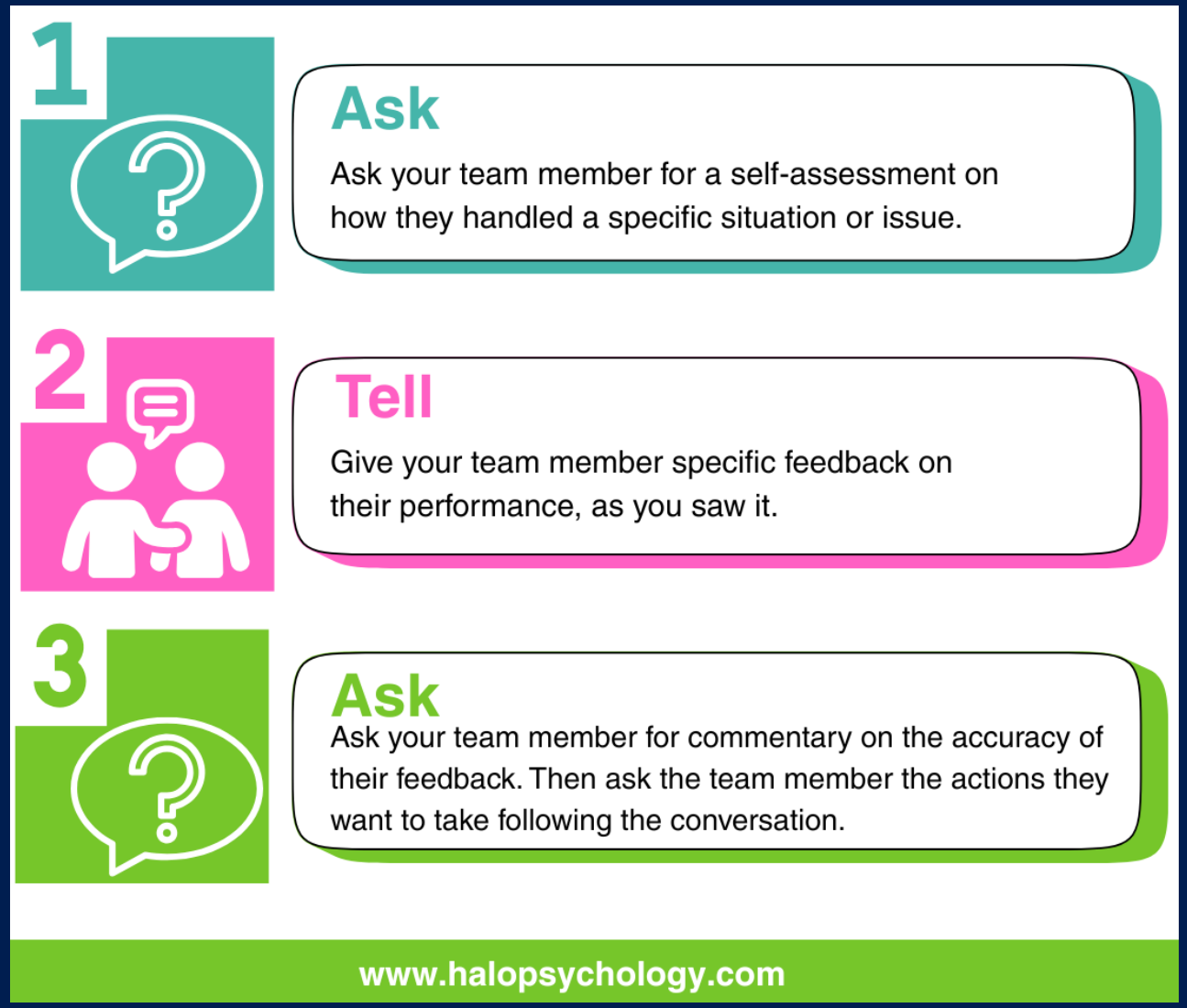
- The amount of experience we have in our profession

Interpersonal Frames

- Rich, life experiences

Gardner, R. (2013). Introduction to debriefing. *Seminars in Perinatology, 37*(3), 166–174.

ATA – Ask, Tell, Ask



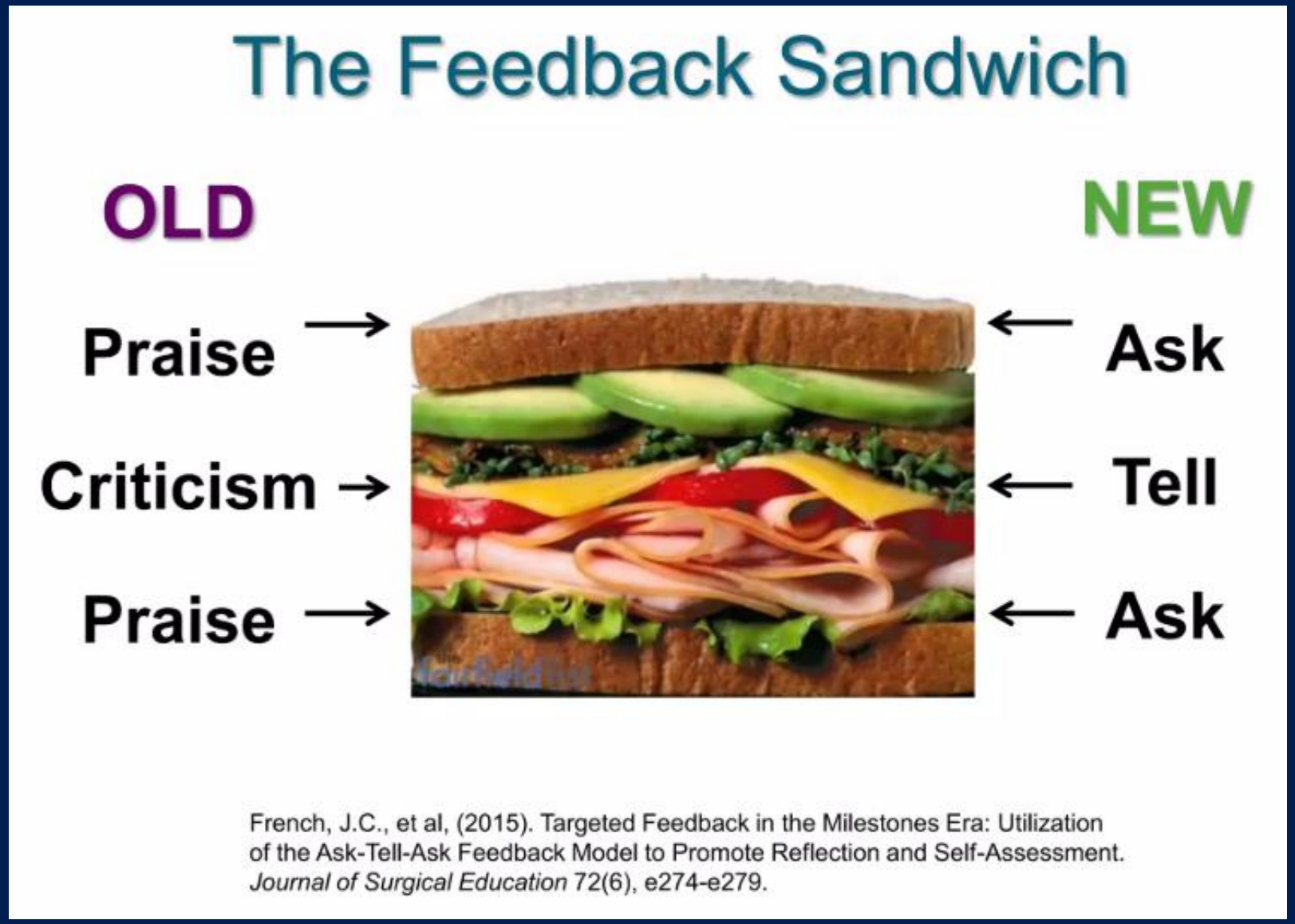
ASK – "How do you think rounds went today?"

TELL – "I noticed your presentation was well organized, but several management recommendations weren't explained to the team."

ASK – "What ideas do you have for improving tomorrow?"

ASK AGAIN – "What support would help you accomplish that?"

ATA – Ask, Tell, Ask



Faculty (Ask) – “How do you think your family meeting went?”

PGY-1 – “Pretty well.”

Faculty (Tell) – “I agree that you built rapport. I also noticed the family’s questions about prognosis weren’t fully explored.”

Faculty (Ask) – “What might you try next time to encourage more discussion?”

Communication Strategy Comparison

MODEL	BEST FOR	KEY STRENGTH	EXAMPLE OPENING
SBAR Situation, Background, Assessment, Recommendation	Corrective feedback involving policies and procedures, usually written, can also be phone call or patient handoff	Delivers structured, actionable, clear, concise communication	“There have been observations of…..” “This is Dr. Lewis calling in regard to patient X in Rm 412…”
SBI Situation, Behavior, Impact	Brief, behavior-based feedback	Makes feedback specific, objective, and actionable	"During today's clinic..."
AIA Advocacy–Inquiry Approach	Clinical reasoning, simulation debriefing, difficult conversations	Explores thinking before judging or assessing	"I noticed...” “Can you help me understand...?“ “Tell me more about that.”
ATA Ask, Tell, Ask	Coaching and formative feedback	Promotes learner reflection and ownership of behavior	"How do you think that went?"

All strategies are complementary and can be interchanged or integrated into a single feedback or communication interaction.

Scenario I *(revisit)*

The M3 has only half of her notes done. The intern on the team tells you that the student came in 45 minutes later than everyone else.

Most of us would assume the M3 came in late due to laziness, sleeping in, or she simply doesn't care.

You decide to talk to the M3 about how irresponsible it is to show up late and not finish her notes because it makes more work for other people and makes the team look bad in front of Dr. Lee.

Think about our four communication strategies…..
what would you do first, what strategy would work best?

SBAR, SBI, A-I, ATA



Scenario I *(revisit)*

Take a step back and remember to inquire about the student's frame or perspective—how she sees the situation—her assessment of what happened.

Remember to start off by commenting on ***observable behavior*** rather than what you're assuming about the student, which is a Leap of Abstraction.

How would you start off the conversation?



Scenario I *(revisit)*

You might start off with:

“I noticed you weren’t able to get all your notes done this morning and others on the team said you came in 45 minutes late. Why did you come in so much later than everyone else?”

Asking the student why she came in late, rather than starting off with how irresponsible it was to do so, gives her an opportunity to offer her perspective, her self-assessment, her reflection.

Scenario I *(revisit)*

The M3 responds:
“I’m sorry. I did come in later than everyone else. Dr. Lee texted me while I was driving in and asked me to stop in the ED first thing. A patient who he and I discharged earlier this week came back to the ED, and he wanted me to run down there to see what was up. I’m really sorry. I should’ve texted the team to let you all know.”

In this instance, understanding *why* the medical student was late allows you to readjust your assumptions about her being disrespectful or not taking ownership of her patients. And now you can focus on giving her some helpful, specific feedback about letting the team know if she’s going to be late, even when Dr. Lee has asked her to do something.

While every learner on your team may not have such a reasonable explanation in a situation like this, some of them will. It’s important to take a step back and use one of the communication strategies. Then you understand their *why*.

The Written Word



Written Communication

- Note + Memo + Text
- Social Media + Teams Post
- Meeting Agenda + Minutes
- Report + Presentation
- LMS + New Innovations
- Calendar Invite
- Email



Written Communication Etiquette

- All written material leaves a lasting impression
- Make sure your writing speaks professionalism even when you're not in the room
- Use correct spelling + grammar
- Focus – use simple language, eliminate fluff
- Resist emojis (exception – socials + text)
- Proofread – Proofread – Proofread!!



Email Etiquette



- Emails represent your organization, not just you
- Emails can offend recipients with inappropriate tone, damaging relationships and connections
- Emails can create workflow disruptions if unclear

- Specific, clear subject line (searchable)
- Simple, proper greeting + name -
- Know when to “Reply All” – check, double-check
- Use punctuation correctly and appropriately (punctuation checker)
- Should be able to read the email out loud – emails are not really private
- Describe attachments

- Quick reply – even if you don’t have the answer – at least send reaction

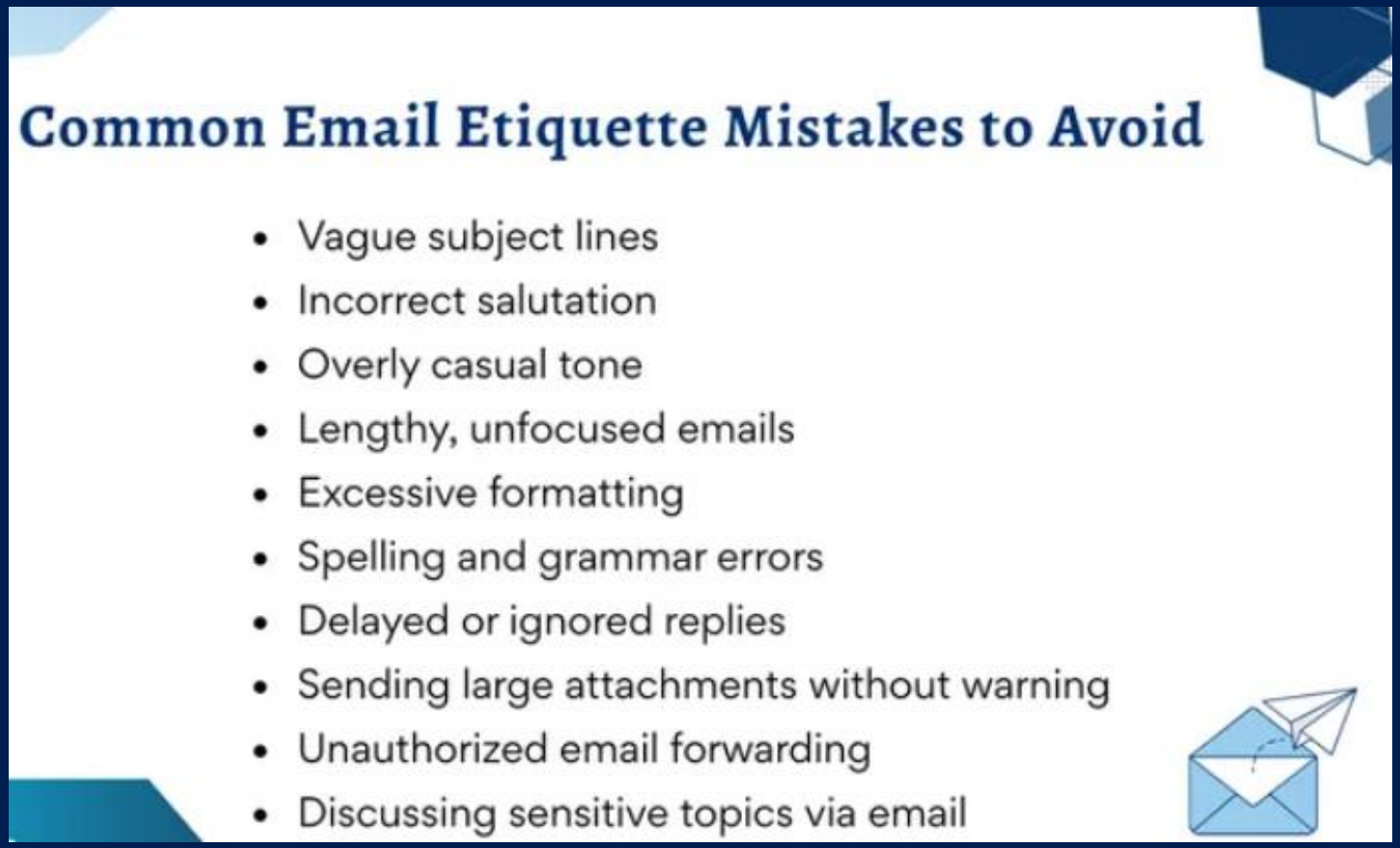
- Emojis 

Email Etiquette – quick check

1. Make your subject line clear and concise
2. Use proper greetings
3. Introduce yourself
4. Proofread your message
5. Keep it simple
6. Include a signature
7. Check who you're sending it to
8. Describe any email attachments
9. Use punctuation correctly and appropriately
10. Don't send anything you wouldn't want read aloud
11. Know when to use reply-all
12. Be mindful of your tone



Common Email Mistakes – quick check



Let's Practice!

- It took me a while but you can deal.
  - Good…..**Sorry for the delay.**
  - Better….**Thanks for your patience**

- My schedule matters too.
  - Good…..**What works best for you?**
  - Better….**Could you do ___:___?**

- Do you get it?
  - Good…..**Hopefully that makes sense.**
  - Better….**Let me know what questions you have.**



E-MAIL LIKE A BOSS

@danidonovan

I TOOK A WHILE BUT YOU CAN DEAL	MY SCHEDULE MATTERS TOO	YEAH, YOU'RE WELCOME
✗ SORRY FOR THE DELAY	✗ WHAT WORKS BEST FOR YOU?	✗ NO PROBLEM / NO WORRIES!
✓ THANKS FOR YOUR PATIENCE	✓ COULD YOU DO __:__?	✓ ALWAYS HAPPY TO HELP!
I KNOW WHAT I'M DOING	**WORDING THIS IS HARD**	**DO YOU GET IT?**
✗ I THINK MAYBE WE SHOULD ___	✗ *REWRITING E-MAIL FOR 40 MINUTES*	✗ HOPEFULLY THAT MAKES SENSE?
✓ IT'D BE BEST IF WE ____	✓ IT'D BE EASIER TO DISCUSS IN PERSON	✓ LET ME KNOW IF YOU HAVE QUESTIONS
WHERE THE HECK ARE WE ON THIS?	**I MADE A SMALL ERROR**	**I HAVE AN APPOINTMENT**
✗ JUST WANTED TO CHECK IN	✗ AHH SORRY! MY BAD. TOTALLY MISSED THAT.	✗ COULD I POSSIBLY LEAVE EARLY?
✓ WHEN CAN I EXPECT AN UPDATE?	✓ NICE CATCH! UPDATED FILE ATTACHED. THANKS FOR LETTING ME KNOW!	✓ I WILL NEED TO LEAVE FOR ____ AT __:__.

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Communication Take Home Points

- **Formative Feedback** – It takes vulnerability and courage to give honest feedback but it is the kind thing to do, even when it might be difficult.
- **Adult Learners** – Treat adult learners like adults.
- **Listening Levels** – Effective communication skills are directly dependent on high listening skills.
- **Communication Strategies** – SBAR, AIA, ATA, SBI
- **The Written Word** – Make sure your writing speaks professionalism even when you're not in the room.

References and Resources

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Let's Connect!



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