



Difficult Conversations

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Difficult conversations can occur in many settings, such as (a) delivering bad news to a patient and/or their family or (b) differing opinions among team members leading to conflict. A difficult conversation is often a high-stakes interaction and may make one feel uncomfortable but having the skills to have a difficult conversation is necessary.

How to make a difficult conversation easier:

1. Recognize your own **emotional response** and how it might affect your perspective of the situation
 - a. Most commonly reported emotions during a difficult conversation¹ include:
 - a. Anxiety (apprehension, awkwardness, fear, hesitation, tension)
 - b. Sadness (disappointment, feeling like crying, sorrow)
 - c. Empathy (compassion, concern, understanding)
 - d. Frustration (anger, conflict, irritation, not understanding the other's stance)
 - e. Insecurity (confusion, feeling like a failure, helpless, inability, uncertainty)
 - b. It may be necessary to postpone the conversation until one is able to think more calmly and clearly.²
2. Hold the conversation in a **safe environment**²
 - a. Provide **mutual respect** by using tones, words, and facial expressions respectful of each other.
 - b. Have a **mutual purpose** for the conversation.
 - c. Hold the conversation in a private, neutral space with adequate protected time for discussion.
 - d. Ask open-ended questions.
3. Self-monitor and reflect-in-action³
 - a. **Self-monitoring** – “an ability to attend, moment by moment, to our own actions; curiosity to examine the effects of those actions; and willingness to use those observations to improve behavior and patterns of thinking in the future.”³
 - b. **Reflection-in-action** – “the element of reflective practice in which practitioners engage when ‘thinking on their feet’”³, often occurs in uncertain situations where there isn't a ready solution
 - c. These skills may be implemented in a scenario where one needs to have a difficult conversation with a patient's family. As one has the conversation, recognize what limits there might be to an ideal conversation, try to see the conversation from the other party's perspective, (if non-emergent) pause to understand the new nuances of the situation, and if necessary, be flexible during the conversation and abandon script so that the conversation can be tailored to the family.

VALUED conflict model²
Validate
Ask (open-ended questions)
Listen (to test assumptions)
Uncover interests
Explore options
Decide (on solutions)

References:

1. Martin EB Jr, Mazzola NM, Brandano J, Luff D, Zurakowski D, Meyer EC. Clinicians' recognition and management of emotions during difficult healthcare conversations. *Patient Educ Couns.* 2015;98(10):1248-1254.
2. Overton AR, Lowry AC. Conflict management: difficult conversations with difficult people. *Clin Colon Rectal Surg.* 2013;26(4):259-264.
3. Cheng A, LaDonna K, Cristancho S, Ng S. Navigating difficult conversations: the role of self-monitoring and reflection-in-action. *Med Educ.* 2017;51(12):1220-1231.