

Navigating difficult conversations with confidence: resources shared during the webinar

The first stop for professional medicines advice

June 2024

From Naima Fowlis

- Abrams, J. (2018). *Having Hard Conversations*. Corwin Press.
- Cameron, C. D., Hutcherson, C. A., Ferguson, A. M., Scheffer, J. A., Hadjiandreou, E., & Inzlicht, M. (2019). Empathy Is Hard Work: People Choose to Avoid Empathy Because of Its Cognitive Costs. *Journal of Experimental Psychology. General*, 148(6), 962-976. 10.1037/xge0000595.
- Hirsch, J., Tiede, M., Zhang, X., Noah, J. A., Salama-Manteau, A., & Biriotti, M. (2021). Interpersonal Agreement and Disagreement During Face-to-Face Dialogue: An fNIRS Investigation. *Frontiers in Human Neuroscience*, 14, 606397. 10.3389/fnhum.2020.606397.
- Glaser, J. E. (2016). *Conversational intelligence: How great leaders build trust and get extraordinary results*. Routledge.
- Okun, T. (2019). *White Supremacy Culture in Organizations. Dismantling Racism Works*.
- Sautelle, J. (2021, 31 August). *Why Difficult Conversations Feel like Life-or-Death Challenges*. Retrieved 3rd June 2024, from <https://www.cultivatingleadership.com/leadership/2021/08/difficult-conversations>

From Dr Catherine Lowe

- Book: *Now we're talking* (<https://sarahrozenthuler.com/books/now-were-talking/>)
- Resources for pain:
 - <https://www.actforpain.com/>
 - <https://livewellwithpain.co.uk/>
 - <https://www.flippinpain.co.uk/>

From Lelly Oboh

- 5As tool: Barnett NL. Improving pharmacy consultations for older people with disabilities. *Journal of Medicines Optimisation* 2016: Vol 2:72-76

From Claire Dearden

- [Starting a Conversation: 8 Tips and Starter Topics \(verywellmind.com\)](https://www.verywellmind.com)
- [Difficult Conversations: 9 Common Mistakes \(hbr.org\)](https://hbr.org)
- [The keys to a great conversation | Celeste Headlee \(youtube.com\)](https://www.youtube.com)
- [What Is the GROW Coaching Model? \(Incl. Examples\) \(positivepsychology.com\)](https://www.positivepsychology.com)
- [Using the GROW Model to Facilitate Conversations | Communication \(leading-resources.com\)](https://www.leading-resources.com)
- [How to Use The GROW Coaching Model to Achieve Your Goals \(youtube.com\)](https://www.youtube.com)
- [Transactional Analysis Theory & Therapy: Eric Berne \(simplypsychology.org\)](https://www.simplypsychology.org)
- [Transactional Analysis Theory by Eric Berne - Dr. Paras, Matrix | Best Life Coach in India & USA. \(youtube.com\)](https://www.youtube.com)
- [Circles of Influence. What it is, How it Works, Examples. \(learningloop.io\)](https://www.learningloop.io)
- [Understanding the Circles of Influence, Concern, and Control \(positivepsychology.com\)](https://www.positivepsychology.com)

From attendees

- Great book re attachment styles <https://www.amazon.co.uk/Attached-Anxious-Avoidant-science-attachment/dp/1529032172/>
- <https://www.simplypsychology.org/amygdala-hijack.html>
- <https://www.mindtools.com/an0fzpz/the-grow-model-of-coaching-and-mentoring>
- [Surrounded by idiots](#) is really helpful in understanding others and how to converse
- The Transtheoretical Model (Stages of Change) - Prochaska and DiClemente
<https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories6.html>
- Difficult conversations with those on opioids - <https://www.sps.nhs.uk/articles/medication-safety-across-the-system-opioid-safety/> Dr Nat Wright & Dr Caroline Watson share their experiences about how to have positive and constructive consultations with patients on long term opioids

Please note: with the exception of SPS resources, SPS do not endorse these resources.
These resources were shared via colleagues during the webinar and should be assessed individually.

Useful phrases shared during the webinar

- *I appreciate your curiosity. Let's have a discussion about this outside of the meeting.*
- *Would it be ok if we talked about X,Y,Z?*
- *What did you want the medication to do/ has it done?*
- *Are you willing to hear my thoughts on this?*
- *What matters most to you?*
- *Tell me about your day.* Sometimes there are things going on that someone wouldn't relate to their medication
- *Now you have a better understanding of your situation, can we come up with a plan to make life easier/ better for you?*
- *How important is it for you....?*
- *I think it's done all the good it's going to.* Acknowledges it was a good medication, not that it was wrongly prescribed
- *Can you tell me a bit about this? I haven't seen this dose/ use before so I'd like to learn more.* For clinicians
- *Tell me about mum.* Sets out the expectation that both parties have the same priority: the patient's wellbeing
- Sometimes it's giving yourself permission to put the answer on hold or defer for a better time.
- Consider lifestyle, ideas, concerns, expectations and feelings.

Useful phrases and approaches shared during the webinar

- Set expectations from the outset with opiate prescribing, to stop the tail wagging the dog, or worse the tail becoming the dog.
- Occasionally, doing opiate reviews I try to establish a rapport and then follow up later with the difficult conversation.
- Time is essential for these conversations – patients particularly want to be heard.
- I try to help patients recognise that any treatment plan can be changed so if it isn't suiting no need to persist, come what may.
- I like the strategy about using the same language that the person used – paraphrasing - powerful for them to hear themselves.
- Absolutely love the GROW model. Setting goals at the outset helps us to focus on them and keep coming back to these goals, especially when one person deviates or brings up barriers that don't align with the goals. We can ask if they are still happy to work towards the goal or set another.
- Challenging in conversations in e.g. mania or ADHD when pace can be fast/forced. Was advised to say at beginning *What you have to say is so important, I don't want to miss anything. Would you mind if I made notes?* Then using this as natural pauses to pace the conversation.

Useful phrases and approaches shared during the webinar

- When talking to staff I ask them what they are hoping will happen following a conversation – it makes it easier to pitch my response.
- Re: potential complaints, I find this useful: *I'm really keen to resolve this for you. What can I do to help bring this to a satisfactory conclusion for you?/ What can I do to help resolve this for you?* This encourages the other person to say what they really want/ feel.
- In responding to complaints where I have to hold a firm line, *I always try to finish with something along the lines of I realise this will be disappointing for you and I'm sorry that this isn't the response you were hoping for.*
- There's always value in asking questions to begin with about the situation. Show interest in checking facts and feeling before exploring reasons and actions.