

Communication



when it's Crucial

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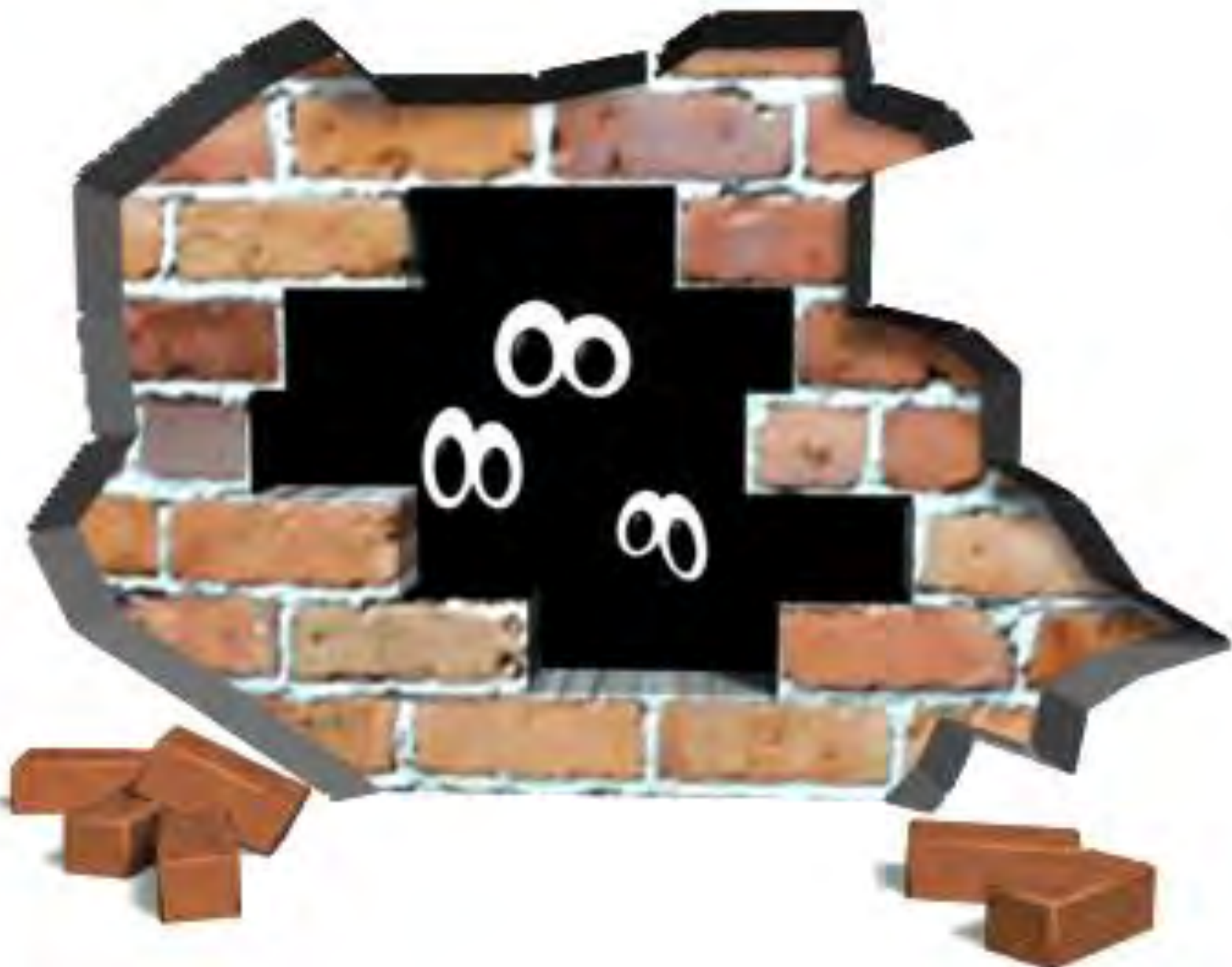
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**Your secret is safe with
me . . .**

. . . I wasn't even listening

Martin Luther King

*“Our lives begin to end
the day we become silent
about things that matter”*



Objectives

- 🌐 Identify the meaning of crucial conversations
- 🌐 State 2 strategies to maintain focus during stressful situations
- 🌐 Share personal examples of successful crucial conversations

Barriers to ++ Communication

- Patient flow, turnover; shuffling beds!
- Communication styles
- Differing priorities
- Doctor/nurse conflict
- Support staff/nurse not on the same page
- Workload pressures
- Pecking order problems
- Lack of respect, lack of engagement

Conversation/Communication

 Power and meaning




 Defining crucial conversations

Power, Meaning

- 🌐 Defining moments shape our lives, our relationships, and our world
- 🌐 Enhanced communications nourish relationships
- 🌐 Developing skills and practicing them fosters problem solving and solutions
- 🌐 Enabling crucial conversations can help break mediocrity or mistakes of the past

Crucial Conversation

Discussion between 2 or more people:

-  Varied, often opposing opinions
-  High stakes
-  Strong emotions

Crucial Conversations

- Your supervisor or coworker makes demeaning comments, questions your IQ
- Your peer breaks safety rules and needs to be confronted
- Our culture tends not to confront, discuss, resolve
 - 🌐 Perpetuates bad behavior
 - 🌐 stirs the pot
- Our culture may silence us when we should speak out
 - 🌐 Address the right topic in the right way
 - 🌐 Create a sense of safety
 - 🌐 Your unit can be a healthier place to work

“Tools for Talking when the Stakes are High” Grenny, J

Crucial Conversations

- ... those talks that most people avoid
- They confront a colleague or supervisor about behavior or attitude
 - 🌐 Issues of competence, work ethic
 - 🌐 Mistakes, broken rules
 - 🌐 Lack of support, disrespect
 - 🌐 Micromanagement

Crucial Conversations: Key Points

- Address the right topic
- Make the conversation 'safe'
- Ask permission to have a conversation to solve a mutual problem
- Change your perceptions PRN
 - 🌐 If you are thinking, "You're an idiot", even while speaking positively, it will affect the perception of your conversation

What usually happens?

- 🌐 Backing away, avoidance
- 🌐 Ignore the issue; we could make matters worse
- 🌐 Change the subject
- 🌐 Face the problem, handle it poorly
- 🌐 Derail the conversation
- 🌐 Yelling, and bad, nasty stuff
- 🌐 Multiple tactics to dodge touchy issues

Lack of involvement, engagement

- 🌐 Stay quiet during touchy conversations
- 🌐 Play silly and costly games
- 🌐 Silent treatment
- 🌐 Sarcasm, caustic humor
- 🌐 Playing the martyr
- 🌐 Blaming the team, the unit, the 'other'
- 🌐 Discredit others, subtle or overt manipulation
- 🌐 Hurtful, insulting comments

TIPS

- 🌐 Don't aim for a “win-win”
- 🌐 Don't try to convince the other person
- 🌐 Don't avoid conflict
- 🌐 Don't shrink from accountability
- 🌐 Focus on shared pool of meaning
- 🌐 Slower can be faster (dialogue takes time)
- 🌐 Seek to strengthen relationships

Your environment affects patients and staff

- Research looking at connections between patients and caregivers describes clinical, moral, and practical implications of healing relationships
- Our interactions affect the patients' experience, for better or for worse
 - Griffen A. "Spiritual Dimensions of the Perioperative Experience". AORN, May 2009

How do I maintain focus?

- 🌐 Finding focus
 - 🌐 Start with ME
 - 🌐 Lead with intellect, not emotion
 - 🌐 Consider the situation before taking action
 - 🌐 Gather facts; isolate the true issue
 - 🌐 Don't personalize criticism
 - 🌐 (*don't call an idiot an idiot*)
 - 🌐 Take care: ask, "What is the right conversation?"

Soul Searching

- 🌐 Ask yourself: what is the issue, why is it bothering you?
- 🌐 What are your assumptions, what emotions are attached to the situation?
- 🌐 What is your purpose?
- 🌐 How will you start it?

Tips

- 🌐 Key is to speak up and maintain respect
- 🌐 Consider *your* behavior
- 🌐 Relate behavior to your motives
- 🌐 *Change your behavior*
- 🌐 Ask yourself the tough questions
- 🌐 “What do I NOT want with this conversation?”
- 🌐 Try to have the conversation, building respect

Make it Safe

- 🌍 Ensure a safety net
 - 🌍 Is your intent pure?
 - 🌍 Speak thoughtfully and candidly
 - 🌍 Construct your words to build safety
- 🌍 Rebuild Safety
 - 🌍 Restore purpose: you care @ best interests
 - 🌍 Restore respect: you care @ other

When you are stuck, begin again

- 🌐 Mutual purpose and mutual respect are clarified by restating:
- 🌐 *“I’m not saying you are worthless...I’m not saying you never do this well...I’m not saying you were guilty of this misconduct”*
- 🌐 *“I AM saying that we are going to review your actions, your perspective, your memory of what happened between you and your colleague”*

Stuck?

- 🌐 “... **NOT saying you never help me... I’m not saying you sit down when everyone else is running around**”
- 🌐 “... AM saying that I am disappointed that when I asked you to help with my patient, I seemed to be bothering you and you seemed to be upset with me.”
- 🌐 “... NOT saying you are taking long lunches and breaks every day...”
- 🌐 “... AM saying that I have trouble finding you, and I call your CISCO phone; with no answer, I just do the task myself”

Respect

- 🌐 May be hard to define
- 🌐 Act like you hold others in high esteem; **FAKE IT IF YOU MUST**
- 🌐 *(treat them with dignity at the very least)*
- 🌐 Rudeness is intolerable
- 🌐 Believe that others are worthy of reverence
- 🌐 Promote civility and common courtesy




... Respect

- You know it when you feel it, and especially when you don't
- Consideration toward one another
- Holding others in esteem
- Admiration
- Genuine politeness
- Kindness, valuing others
- Not about people 'liking' each other

Stay engaged through HURT

- Manage anger/hurt
 - Don't blame others for your feelings
 - Your strong emotions are *yours*
 - Act on them, or be acted on by them
- Separate facts from stories
 - Visible, audible, traceable, discoverable
 - Judgments, conclusions
 - Clever stories may try to justify bad behavior

Tips

-  If you tend to react in a tearful manner frequently, through distress, you take the focus off the JOB and place it squarely on yourself
-  Before you react, think about the functional implications of your reaction and ask: how will my response affect me and the people around me?
-  Reactions made in anger and defense can be hard to erase from the memories of those around you

Tips

- 🌐 Don't stay stuck in anger and blame
- 🌐 Don't use your *story* as a *truth*
- 🌐 Take the time, make the effort keep dialogue ++
- 🌐 Acknowledge when you are part of the problem
- 🌐 Humanize the 'other'
- 🌐 COMMIT to corrective action
- 🌐 “What can I do right now to make this work?”

Bad Behaviors, unchecked

- 🌐 Create and support unhealthy relationships
- 🌐 Important to firmly establish zero tolerance
 - 🌐 Lateral/toxic violence
 - 🌐 Bullying
 - 🌐 Enabling, codependency of staff
 - 🌐 Enabling, codependency of physicians

Saying Risky, Touchy Things

- 🌐 Confidence: contribute ideas and perspectives, know your input is valid and valuable
- 🌐 Humility: work not to convince, but value the other's words and efforts; we don't have a monopoly on the truth
- 🌐 Balance: be persuasive without being abrasive

Tips




- 🌐 If you want others to see how a reasonable, rational decent person could think what you're thinking, start with facts
- 🌐 If your own story is filling your head, think think, think, and sort out facts from your own conclusions; facts are far less insulting
- 🌐 Gathering, and leading with facts is the homework required for CRUCIAL CONVERSATIONS

Surgical Services

 What are the really critical issues?

 What is the risk of avoidance?

Patient Care, Patient Advocacy

-  Perioperative, perianesthesia nurses encounter highly charged situations every day, all day
-  There is little room for mediocrity and lack of engagement in our work
-  It is always WORTH IT to find better ways to communicate, find shared meaning, and achieve outcomes to be proud of

Tips




- 🌐 Step towards, not away from, crucial conversations
- 🌐 Manage your emotions
- 🌐 Make a conscious effort to communicate better
- 🌐 Watch, learn, and model great communicators
- 🌐 Approach crucial conversations in new ways
- 🌐 When it matters most, work hard to have the best communication possible

Accountability

- 🌐 First and foremost about being reliable
- 🌐 “Can people count on me to do what I say I’ll do, as I said I would do it?”
- 🌐 Be willing to be held accountable by others; follow through
- 🌐 Provide crystal clear expectations
- 🌐 Model the changes that need to be made in your unit

- 🌐 Whatever role you have, you are highly visible to many people
- 🌐 They are watching your moves, interpreting meanings, and sharing their interpretations with others
- 🌐 Your words are powerful tools/ use them wisely

When the conversation goes south...

-  What could I have done better or differently that may have resulted in a more favorable outcome?
-  Where did I fail to communicate clear expectations?
-  Who did I forget to include in initial discussions?

Sticky situations

- 🌐 Physician/nurse
- 🌐 Physician/physician
- 🌐 Nurse to nurse
- 🌐 interdepartmental

Review

1. State what you want to discuss *“I want to talk about a patient situation.”*
2. Share a specific example. *“Mrs. B was left unattended in our unit after receiving anesthesia. I want to understand the steps leading to this event.”*

3. Explain what is bothering you.

“I am concerned that you left the room with no clear handoff of care to the OR nurse. There is a larger issue here – the anesthesia provider left the room without proper handoff as well, but you are the PACU nurse, and this procedure was performed in our room. I need to understand this scenario.”

4. Describe the importance.

“ This is important for many reasons. I am hearing blame from both nurses – the OR nurse feels you are responsible, and you feel the OR nurse is solely responsible. I find a lack of engagement from both of you. I question your routine practice of patient identification, your routine handoff of care, and your accountability. Any patient in our footprint is OUR responsibility.”

5. Own your own stuff.

“I will stress this accountability with all our staff immediately; we will discuss professionalism, the imperative need for adherence to safety protocol, and the chain of command. I will follow through with Anesthesia. If I have not stressed personal accountability enough, consider this the first of many conversations.”

6. Ask for the other perspective.

“Please tell me what you’re thinking. Help me understand how this happened, and what we can do – both OR and PACU management and staff – to ensure that we are working towards a safety culture and are not casual about vigilance.”

Difficult to be quiet and curious; try!

7. Summarize

8. Re-state importance

9. State what you want to happen

10. Explain what you will do

11. Say, Thank You

Transfer of care, e.g.

1. *“I would like to talk w you about transfer of care to your unit.”*
2. *“I have 2 instances this week related to the reception on your unit when we arrive with postoperative pts”*
3. *“Conversations @ the arrival of the patients were not welcoming and questioned the nurse bringing the pt’s from our unit to yours; the patients, and their families, heard the dialogue between your staff and my staff.”*

4. “No conflict should be evident to our pts. And families. We want to help provide RBC, not highlight our frustrations w workload in front of our patients.”
5. “I want to reinforce behavioral expectations w my own staff as well. I may certainly have some issues to work on with PACU staff related to RBC and appropriate, professional behaviors.”
6. “Have your nurses shared any of this information w you? Can you provide me w details from your unit perspective?”

7. *“I think the stress of the day may have added to the poor reception and the lack of preparation of the receiving nurses; we believe the room readiness is evident on the computer to both units; what else can be done to help your nurses to ready the room and accept pts?”*
8. *“This is so important for us to fix and to set up clear expectations for our staff. How can we do this together?”*

9. *“I suggest that our unit representatives meet and discuss care priorities upon transfer from PACU to your unit.”*
10. *“ I will seek information from my nurses about those instances when transfer of care is smooth and welcoming; we will work with you and your staff to update care plans or nursing protocols to teach nurses who are unclear about expectations.”*

And Always

**Say
Thank You**

What does success look like?

- 🌐 Exemplars
- 🌐 When it works well
- 🌐 Learning from faux pas

Address behavior in your unit

- Intolerance for irreverence
- Follow-up on staff discontent
- Counsel respectfully
- Pick your battles
- Deal with toxic behavior
- Encourage conversations *with a filter*
- *Support crucial conversations*