

“We Need to Talk...”: Quick Tips to Help You Deliver Your Remediation Plan

Peter Moffett MD, FACEP
Associate Program Director
Assistant Professor
Department of Emergency Medicine
VCU Health

Goals and Objectives: At the end of this session, participants will be able to identify three strategies to help plan and deliver their remediation plan.

Brief Introduction:

The conversation to discuss a remediation plan is fraught with peril. In this session we will discuss effective techniques you can use tomorrow to help both you and your resident leave the conversation on good terms. There are a variety of courses and books that offer advice and systems for dealing effectively with difficult situations. The presenter has used *Crucial Conversations* (reference below) to help improve communication skills during high stress conversations. The goal of this presentation is to distill down three high yield, stand-alone techniques from this book to help individuals that either do not have time to read the book, or have difficulty with remembering the entire *Crucial Conversations* system.

Technique 1: Start by asking yourself what you want out of the conversation. It seems obvious, but focus on the following three questions:

What do I want for myself?

What do I want for the other person?

What do I want for the relationship?

The key is then to act in a way to accomplish all three goals. If your goal is simply to humiliate the person and you don't care about them changing behavior (or respecting you) ...go for it. But sometimes the message has to be altered a bit.

Example: A resident repeatedly shows up to shift 5 minutes late.

What you might want to say: Hey Joe, I know your mother always told you that you were special...but you aren't. Show up to work on time or I'll assign you only night shifts the rest of residency.

What do you want for yourself? You want the resident to show up on time (and stop getting complaints from the other residents of course).

What do you want for the other person? To show up on time, but also to understand that lateness as a pattern is unprofessional.

What do you want for the relationship? Maintain a friendly, professional relationship with the resident.

What you might say instead: Joe, I noticed that you have been showing up late to shift pretty often. I bet you have good reasons for those times, but regardless of that, showing up on time is an important part of being an emergency physician. One of the most important reasons is that it will seem disrespectful to your colleagues, and they will begin to resent you. I don't want to see that happen to you.

Technique 2: Contrasting with "I don't" and "I do" statements.

This technique works great when you are about to say something that might make someone defensive...or if they have taken something you said a bit out of context.

Start with the part they misunderstood (or might misunderstand) and then clarify.

Example: Joe dresses in what can best be described as homeless chic for each of his shifts.

You: Joe, I don't want you to think I am squashing your individuality, because I do appreciate that about you and think it is one of your greatest strengths. I am worried that your choice of clothes might make patients and colleagues place less trust in you.

Technique 3: Be tentative, but not wimpy.

Try to soften your message a bit, but without going overboard and allowing it to be discredited. This helps the other person receive the information without first getting upset and allows a conversation if needed.

Consider phrases like:

- In my opinion...
- I'm beginning to wonder if...
- It's starting to look like...
- It's leading me to conclude...
- I'm starting to feel like...
- I don't think you're intending this....

Examples:

Too soft: I've never noticed this myself, and it probably isn't true, but you could consider maybe using some deodorant.

Too hard: Everyone says you stink like Homeless Randall.

Just right: I've spoken to three nurses who mentioned that when you come to work you seem to have a strong body odor. I'm wondering if you have any insight on that, or have heard that comment before?

Too soft: I know this is probably not true, but the nurses all say that you are sometimes hard on them.

Too hard: The fact is that the nurses all hate you.

Just right: I don't think you're intending this, but you have alienated the nurses with some of the things you say to them.

Bonus: One bonus point from the book that is great for that "creative" resident (the person who constantly has an excuse for everything). Focus on the pattern and pre-empt the future excuses. Then as future excuses come in, continue to focus on the pattern.

Joe is late one day because his power was out. Then another day because his car broke down. Then another day because he couldn't find parking.

You: Joe, I notice that you've been late recently. You said it was because your car broke down. Please get it fixed and also do whatever else it takes to consistently get here on time.

Then when it happens again because the "chief changed the schedule and I didn't realize it".

You: Joe this is a pattern of lateness that has continued. (Fight the urge to talk to Joe about the scheduling changes or else you'll end up fixing that problem and ignoring the problem).

Reference:

Patterson K, Grenny J, McMillan R, Switzler A. Crucial Conversations: Tools for Talking When Stakes Are High. 2nd ed. New York, NY: McGraw Hill; 2012.