



# Difficult Conversations with Resilience

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## WHAT MAKES A CONVERSATION DIFFICULT?

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There are some folks out there who don't mind getting stuck into difficult conversations – others seem to avoid them at all costs. What is it that makes a conversation difficult for you?

What types of conversations do you find difficult?
What makes you anxious/fearful about the conversation?
How do you feel the other person might feel about the conversation?

## **SIGNS A PATIENT IS UNHAPPY**

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Three scenarios:

1. The person arrives in a good frame of mind but the nature/direction of the conversation mean that the person becomes unhappy
2. The person arrives expecting the worse but is hopeful for the best
3. The person arrives looking for a fight

When people are unhappy/distressed/angry, how might this manifest itself?

In their actions and behaviours?

What changes may take place in their bodies? What might this look/sound like?

## A LITTLE BIT ON ATTITUDE

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First impressions really do count. You have a very short time with a person before they have formed an impression of you, and you of them.

We tend to gain first impressions through 3 signals:

1. Their body language
2. Their verbal communication
3. Their appearance

What might we notice about their body language?
What might we notice about their verbal communication?
What might we notice about their appearance?
Identify the three aspects from your answers above that most define ATTITUDE to you?
1/  2/  3/
Do you feel that the three answers you chose above are predominantly consciously chosen, or subconsciously chosen?

## REASONABLE AND UNREASONABLE

When patients complain to you, what are the typical reasons for complaint?
Reasonable?
Unreasonable?
Give examples below of when you last made a complaint, verbally or in writing KNOWING that you were being UNREASONABLE in what you were saying/writing.
Key Learning
1
2
3

## THE CHIMP AND THE ZOOKEEPER

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### The Amygdala – our CHIMP, our emotional brain

A roughly almond-shaped mass of grey matter inside each cerebral hemisphere, involved with the experiencing of emotions.

- Keeps us safe when we face threats
- Responsible for fight, flight, freeze
- Causes the adrenalin response
- Very quick to react

### The Chimp:

- Always alert, listening and watching
- Likes to be heard - very egocentric
- Emotional, reactive, judgmental, instinctive, impulsive
- Strong willed
- Controls voice tone, facial expression, body language

### The Neocortex – our Zookeeper, our wise brain

A recent addition to the human brain, not present in the majority of other animal brains. It is trying to do the right thing, to consider what is best for us, and those around us.

### The Zookeeper

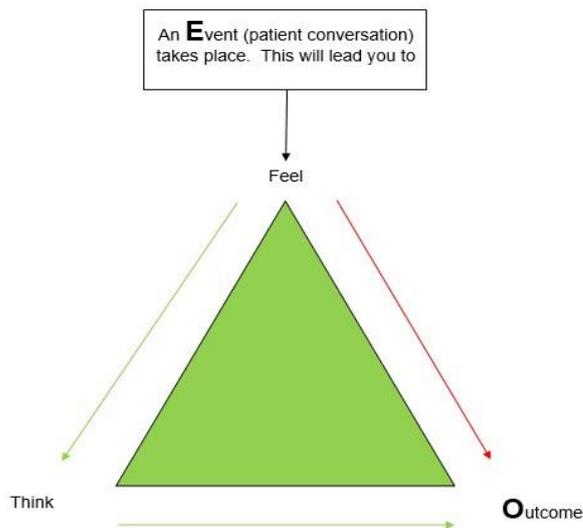
1. Sits in the office, only checks on the chimp when it causes a fuss.
2. Rational, calm, logical, sensible
3. Doesn't like confrontation
4. Can be fearful: sometimes stays in the office until the commotion has died down
5. Will explain to the chimp afterwards about how it could change its behaviour.

### Unreasonable Behaviour and the Chimp

When the chimp feels that the person you are dealing with is unreasonable, it gets agitated and strives to influence what happens next.

1. If it is **very angry** – your response will be entirely driven by the chimp.
2. If it is **agitated**, your response will be driven by both the chimp and the zookeeper
3. If it is **happy**, your response will be driven purely by the zookeeper

## REACTIONS AND RESPONSES



**REACT** – when we move directly from **feeling to outcome**.

Our **chimp** has been completely in charge.

This leads to a **REACTIVE OUTCOME**

**RESPONSE** – when we move from **feeling to thought to outcome**.

Our **zookeeper** has got involved.

This leads to a **RESPONSIVE OUTCOME**.

### Reactions

A reaction will involve no thought. It will be impulsive and will be your chimp expressing its anger/frustration/fear. The words used will not be considered, the tone is likely to be emotional, the energy is likely to be high.

### Responses

A response will involve thought. It will be considered and will be your zookeeper expressing itself in a way that will hopefully be acceptable to all. The tone is likely to be calm, and the energy is likely to be low.

### Internal Arguments with Yourself

1. Sometimes the chimp might be agitated and feel the person it is dealing with is an idiot.
2. The zookeeper recognises the chimp's agitation and steps in.
3. The zookeeper will try to select the best words, but the chimp has its say and selects the tone and body language subconsciously.

## THE KEY TO MANAGING PERCEPTIONS IS EMPATHY



Unreasonable Demand: wanting a repeat prescription now/not wanting to wait for it.

Empathy

Unreasonable Demand: only wanting to see 'their GP' and not one of the others.

Empathy

Persistent Offender Behaviour: eg persistently being late for appointments/ordering a prescription on time etc.

Empathy

Do you exercise 5 times a week and raise your heart rate in keeping with healthy guidance? \*

Do you eat 5-10 portions of fruit and vegetables every day in keeping with healthy guidance? \*

Do you regularly make dietary choices that are unhealthy? \*

Do you regularly drink more than the recommended daily/weekly units? \*

Do you smoke? \*

Are you a 'lastminute.com' person?

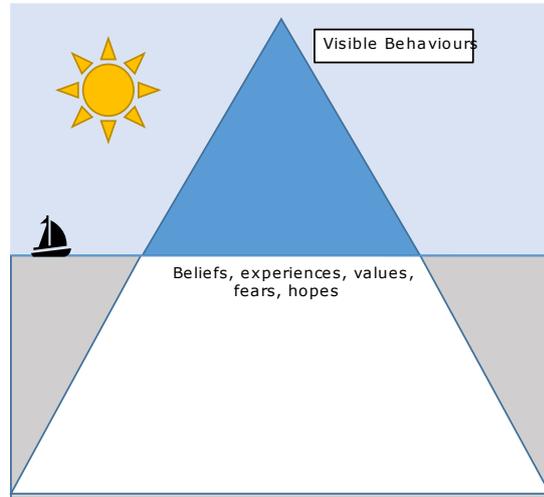
If you have answered yes to any of the above \*questions, why don't you just change and do what the NHS recommends of you?

1. The reality is that you have found your acceptance as to who you are as a person. You have found ways to justify to yourself and to others that your persistently problematic behaviour is acceptable.
2. You may feel that your behaviour doesn't impact upon anyone else – but would dying young impact upon anyone else? Do you think other people might worry about your choices?
3. The best approach is to NOT try to educate the person to be different. They will only change if and when they are ready to change – just like you.
4. So, although you won't necessarily be able to give them what they want, don't try to change them. Treat them with respect for their choices and accept them for who they are.

## PERSISTENTLY ABUSIVE PEOPLE



Think about the really aggressive, angry, difficult patients.  
What are you typically presented with on reception/the phone?  
What might have happened/be happening for them to mean this is their default behaviour?  
Can you control their behaviour?  
Can you control yours?



What might have happened to a person that means that they are angry and abusive with everyone all the time?

## HOW TO GIVE BAD NEWS

There will be many occasions when you have to give people the news that the specific thing that they wanted is not possible.

If you feel their request is **reasonable** then:

You		Patient
Naturally empathise	Leading to	Doesn't feel wrong in their feelings - the patient gets this from your body language, voice tone etc
Apologise		The patient understands that you are genuinely disappointed that you can't help them
Try to find the best possible solution for them		That you are working FOR them to find a solution

If you feel their request is **unreasonable** then:

You		Patient
Can't really believe that they asked for the thing they did	Leading to	Patient feels that you disapprove of their request - the patient gets this from your body language, voice tone etc
Apologise (but it SOUNDS) different from above		The patient understands that you are being professional in your apology, but will recognise the difference between this and actually feeling sorry
Try to find the best possible solution for them		That you are working WITH them to find a solution

In theory, the script is the same, but it sounds and feels very different.

If you can find the empathetic viewpoint quickly, you have a chance of changing our second scenario into the first. What we need to do is add the language of empathy.

## The Language of Empathy

Rather than just apologising, try to add empathetic language which shows the patient that you understand WHY they asked for the thing they do. PROVE it to them with your language.

E.g. a person who wants their medication now but the clinicians say no.

I can imagine you might be worrying about not having your medication, but I promise you our doctors always ensure that everyone has their prescription as quickly as is clinically appropriate. What I'm going to do for you right now is to put a note through to the doctor so that is ready for you in 2 working days. I know it's not what you wanted but I really hope that you feel reassured.

e.g. a person who really just wants to see their doctor and not another.

That is no problem. What I will do for you is to make you an appointment with your doctor when they are next available, but it sounds like you are really needing to see someone today so is it OK if I also make you an appointment with the duty doctor. If you are not happy you still have the opportunity to see your doctor. Would that be ok?

## TAKING NOTES WITH A COMPLAINANT

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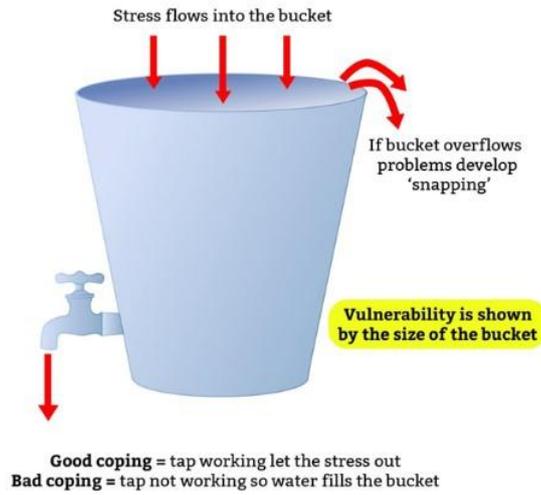
As maintaining eye contact is important in generating trust and demonstrating listening, the person recording the complaint should not write whilst the person is complaining. It is nearly impossible to listen to the present and record what has just been stated.

1. Explain that you will need to take notes about the complaints and at various points will need to interrupt to take those notes.
2. **Listen**
3. Politely interrupt and **reflect** what they have stated, proving you have listened.
4. Ask them if it is ok to take some notes before they continue
5. **Take the notes**
6. Ask them to continue

This not only demonstrates that the employee is listening, but has an important side effect:

When speaking quickly, what happens to the breathing? What does this do to stress and adrenalin levels?
If you are taking notes and the complainant is waiting for you to finish, what will happen to their breathing? What will happen to their adrenalin and stress?

# UNDERSTANDING STRESS AND RESILIENCE



What do you do for yourself that relieves stress (your taps)?

What are your signs of not coping (puddles around the bucket from overflowing)?

Types of Stress – Controllable, Influenceable, Uncontrollable

Notes

## LEARNING LOG

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Record and key learning in the space below as the course progresses.

What will you do differently because of the course?