

THE ART OF DIFFICULT CONVERSATIONS

1. **BELIEFS AND CONFIDENCE** Find the confidence in yourself to walk this path with your patient. Hold the belief that your patient can make the change.
2. **VALUE IDENTIFICATION** Ask yourself what will this “difficult conversation” be in the service of (e.g., safety, best practice medicine, alignment with national, state, local standards, etc). Ground yourself in that value before you walk into the exam room and begin the conversation.
3. **REALISTIC EXPECTATIONS** Your patient might leave upset, if you are holding the line in a compassionate and supportive way...this is still a win.
4. **RELATIONSHIP AS A RESOURCE** Leverage the relationship you have with your patient, e.g., *I know you are uncertain about the changes we are talking about and I have confidence in you. I will stay by your side as your (provider, medical assistant, etc.). If you can't do it for yourself right now, will you do it for your team?*
5. **WILLINGNESS TO FEEL UNCOMFORTABLE** Consider modeling for your patient: relaxing your hands, softening your jaw, deepening your breath, and feeling into the discomfort. Mirror neurons are real and effective!

COMMON TRAPS AND NEGOTIATION STRATEGIES

1. COMPASSION TRAPS

Patient: *Do you want me to lose my job? Do you want me to be on the street?*

Provider: *I want you to have safe and effective pain control and it is my medical opinion that your current medicine won't give you that.*

2. ALL OR NOTHING TRAPS

Patient: *So you're going to do nothing for me?*

Provider: *I am confident that together we will find safe and effective options.*

3. ADDICTION LABELING TRAPS

Patient: *Are you accusing me of being an addict?*

Provider: *I have never accused anyone of diabetes, but I've diagnosed him or her with it and that is what I am trying to now. Diagnose.*

4. DESPERATE AND THREATENING TRAPS

Patient: *Don't bother with any other meds. I'll just kill myself.*

Provider: *I need to ask you some more questions about your thoughts about suicide.*

5. ENDGAME

Patient: *Acts angry, despondent, avoidant...*

Provider: *At this point, I suggest we agree to disagree. I have laid out what I believe is the safest and most effective course of action. How do you want to spend the rest of our time?*

GENERAL RECOMMENDATIONS

- Stay in the medical expert roll
- Emphasize concern and **CONDITION**
- Speak to what is behind a patient's comment, not to the comment itself
- Speak to what you know to be true, trust your science to spend the rest of our time?

R.U.L.E.s OF MOTIVATIONAL INTERVIEWING

- R Resist-the righting reflex
- U Understand the patient's motivations
- L Listen to the patient
- E Empower the patient

POCKET CARDS FOR COMPASSION-BASED PATIENT CONVERSATIONS

V.E.M.A.

VALIDATE

Verbally acknowledge you understand what the patient is saying and feeling. You do not need to agree with a patient to validate their experience.

Example: I see/hear that you are feeling (upset, anxious, angry, scared, betrayed, etc.).

EDUCATE

Use educational handouts about safety and non-opiate options. Discuss what you now know about safe opioid use and prescribing. Consider using *validation* statements before *education* statements.

Example: I understand that making changes to your current opioid prescription feels scary to you. We now know that non-opioid treatments are not only safer for you, but can help increase your functioning and improve your quality of life.

MOTIVATE

Use motivational interviewing to assist patient in moving toward self-management strategies. Ask open-ended questions to identify areas where a patient is open to making lifestyle change.

Example: Given the way you are living your life now, is there anywhere you would like to do it differently, or are you satisfied with the way things are going?

ACTIVATE

Whenever possible, give the patient choices about how to move forward within the safety parameters you are upholding. Collaboratively set goals with your patient.

Example: Let's work together to develop a taper plan that works best for you. We have _____ amount of time to get you to a _____ dose. The recommendations for tapering are _____. Which dose would you like to start reducing first?

5 STEP NAVIGATION PROCESS

1. **NAVIGATE THE EMOTIONAL LANDSCAPE** Show a willingness to feel uncomfortable, and offer reflection, validation and support. You are not condoning the patient's behavior when you reflect, validate, and support the patient's experience.
2. **ELICIT THE PATIENT'S PERSPECTIVE** Ask the patient how pain management, quality of life, functioning, etc. is going for them? Or ask what the patient knows about the safety of opioids, etc.
3. **PRESENT YOUR PERSPECTIVE** Ask the patient if they are interested in hearing about safety concerns, effectiveness of opioids, other modalities, etc. If yes, continue to offer information slowly and check for understanding as you go.
4. **AGREE ON COMMON GOALS** Even if you agree to disagree. Goals should be specific, measurable, agreed upon, realistic, and time-based (SMART).
5. **SET LIMITS** Understand where you will stand firm (e.g. at least one Rx will be tapered) and where you are willing/able to share control (e.g. which Rx taper starts first).

KEYS TO SUCCESSFUL CONVERSATIONS

1. **TIME MANAGEMENT** Have a plan. (*We have 10 min. left together. I have three important things I want to discuss and I am sure you have some things. Who shall go first?*)
2. **SET AN "EXAM ROOM GOAL"** Determine a goal you hope to achieve when you walk out of the exam room (e.g. introduce the topic of needing to change medications in the near future).
3. **THINK IN MICRO-INCREMENTS** As long as patient/others are not in eminent danger, changes can unfold over time. Plant seeds for future change (for example, say to the patient, *No changes need to be made today.*). It might keep the patient/family in their frontal lobes vs. brain stem survival mode.
4. **DELIVER THE MESSAGE** Speaking slowly and keep the messages simple.
5. **VALIDATE PATIENT/FAMILY FEARS** Check for understanding. Clear up any misunderstandings and, if possible, give patient choices.

POCKET CARDS FOR COMPASSION-BASED PATIENT CONVERSATIONS

S.O.A.R. THROUGH DIFFICULT CONVERSATIONS

- S** **SHARED DECISION-MAKING**
(when safe and appropriate)
1. Avoid backing patient into corner
 2. Lower risk=higher shared decision making
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- O** **OUTCOMES**
(focus on what patient cares about)
1. Improved quality of life
 2. Protection from opioid-related harm
 3. Staying under care of provider
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- A** **ASSURANCE AND VALIDATION**
1. All pain is real
 2. Eye contact
 3. Observe behavior
 4. Do physical exam at every visit
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- R** **RISK AND REDIRECT**
1. Risk belongs to the Drug
 2. Use universal precautions (UDS, PDMP, etc.)
 3. Redirect conversation from pain to function

5 A's FOR DEALING WITH HOSTILE PATIENTS

1. Acknowledge the problem
2. Allow the patient to vent uninterrupted in a private space
3. Agree on what the problem is
4. Affirm what can be done
5. Assure follow-through