Navigating Crucial Conversations in today’s Lab: Worksheet

Take some time to fill out how you would respond to the following scenarios. We have also included the experts’ suggestions.

1. How do you have difficult conversations with people who are irrational?
2. How do you communicate with non-lab staff (i.e. doctors & nurses) when you have to reject a sample or get pushback?
3. A decision or process in the lab does not make sense and I have a solution. How do I start the conversation?
4. How do I have performance related discussions with employees?
5. What are conversations that I should have when discussing laboratory transition?

Reponses from the Expert Panelists

1. How do you have difficult conversations with people who are irrational?

The book, Crucial Conversations: Tools for talking when stakes are high by Kerry Patterson, et.al. Two things he says we need to consider when entering a crucial conversation is:

* What do we need to get out of the conversation (i.e. your goal);
* Imagine the worst-case scenario that could happen in the conversation.

These need to be decided before entering the conversation and need to be looked at on a spectrum. Help guide your conversation no matter what scenario turns out in the conversation. The key is to take some time to think it through.

As well, do not get into a heated debate, instead be neutral. Eventually their rational brain will come in after a few minutes and refocus them on the problem.

1. How do you communicate with non-lab staff (i.e. doctors & nurses) when you have to reject a sample or get pushback?

Mutual support and communication are two crucial aspects to focus on. Try to understand the other individual’s perspective and where they are coming from because if you are not doing that you are not being supportive or respectful. Someone might come at you aggressively and you have to reject their sample. Think through their experience, they probably have a dying patient and they do not want to recollect a sample. A lot of times there is a NICU infant and we need to keep that in mind when we give this feedback. Do not make assumptions. Always assume that they are having the worst day then you will be more supportive. Assertive statement – “I noticed that you are upset about this sample. I am sorry to hear that but we need to recollect because we cannot record the results accurately. It’s all about the patient and we want to provide the absolute best patient care”. Usually this statement will deescalate the situation. If it does not stop, you can deescalate by stating – “I am concerned that this is happening and this needs to stop. I am feeling uncomfortable”.

Concern for patient and patient safety should be brought up every single time. We are safe guarding them.

1. A decision or process in the lab does not make sense and I have a solution. How do I start the conversation?

Start this conversation from curiosity and genuine inquiry by asking questions about what they think should happen. You can then slowly start to include your opinion. You can use the **‘Balanced Feedback’** approach – whenever you talk to someone and they start climbing the ladder of inference. Your goal should be to bring them down the ladder of inference because if they get too high, then their back is up to your idea. You do this by asking questions and with each question you get them down the ladder. Then ask if they are open to getting feedback because you have something you would like to share. It is at this point you can insert your opinion because you do not want to do it too soon, especially with a new manager who is feeling vulnerable starting a new job. Something else to consider, bringing your feedback to a new manager might not be the best idea because they might be having a lot of things flying at them at once, unless it is a true concern for the patient’s safety. Remember, it is best to start with inquiry and then ask if you can provide feedback. If they say no, ask if you can organize another time to share feedback.

1. How do I have performance related discussions with employees?

We talk about conflict asinformational and interpersonal. Informational conflict is when one person knows how to set colour on a microscope but the other does not. So you have a conversation about how to do that in the best way. Interpersonal conflict is when an individual does not get along with someone. When you go into a situation with a hierarchy, it will look like an interpersonal conflict. Tools to prepare are: DESC (Describe, Express, Suggest and Consequences) script, prepare for the worst, and remain neutral. Anticipate where the conversation might go astray. They are not feeling the best going into this conversation. The employee might feel bad about what went on and might come into the meeting with hesitation. Most important is to prepare a strategy; know what you want to say and anticipate what they are going to say.

1. What are conversations that I should have when discussing laboratory transition?

From the big (i.e. government changes) transitions to the small (i.e. printer being moved) transitions, people need to be aware of what is happening, why is it happening and what is in it for them. When people do not get more information then they make up their own worst case scenario. It is important to not worry about it and do your job the best you can to improve the patient experience. It is a lot of uncertain. Remember to gather all information from appropriate resources and that you do not have an impact on the result. ‘What’s in it for me’, this is where the individual has to make their decision for themselves.

There is so much that you cannot control. You have to take care of what you can control – being the best health care professional you can be. Doctors, nurses and your patients need you to be. Do notponder about the unknown.

For managersbeing transparent is really important. Therefore, sharing what they do not know and what theydo know. They need to encourage their staff to keep going with their every day in spite of the obstacles.