



# “No decision about me without me” Complex Conversations

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Supporting doctors is complex,  
requires time and can be challenging

# The challenges?

- What works for you?
- What doesn't work?

# Doctors health and their behaviours

Doctors show a reluctance to admit to illness partly due to a culture which equates ill health with inadequate performance.

Doctors often self manage; self prescribe and delay seeking external help until relatively late

Doctors in work and struggling with health issues may present as a performance concern and doctors who are away from the workplace due to performance concerns may hide their ill health or fail to seek help for their health problem.

# Overview

- Concepts and methods
- Skills
- Practice

# Shared Decision Making

- Shared decision-making is a process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient's informed preferences.
- It involves the provision of evidence-based information about options, outcomes and uncertainties, together with decision support counselling and a system for recording and implementing patients' informed preferences.



How confident are you in managing challenging conversations?



# Some core principles

- Clarity of the relationship
- Setting boundaries
- Negotiation – between two ‘experts’



# Focusing on behaviour...

Recognising your own behavioural patterns as well as others



# Exercise 1

- Form groups of 2
- Each person think of something that you would feel very unsure about...

e.g. Doing this exercise, going on an extreme sports holiday

# Exercise 1

- Take it in turns to be the speaker, the responder
- **The speaker** starts with a statement “I am really not sure about...”
- **The responder** tries to persuade them it’s a good idea.
- After 5 minutes swap roles

# Exercise 1

- How did it feel as a speaker?
- How did it feel as a responder?

# Changing behaviour



- Ambivalence is common and normal
- Confrontational interviewing - resistance
- Shift style - resistance diminishes



Rollnick and Miller

# Principles: Behaviour change

- You can't make them change
- You don't have to have all the right answers
- The best answers will come from the individual themselves



# A natural path

- Health professionals want to help, put people on track, save them from pain, show them how to overcome their problem.....
- I can help!
- I can fix it!

The righting reflex



# The temptation ... (The righting reflex)

- **He can't see what the problem is**  
If I just tell him , give him insight
- **He doesn't understand what the problem is**  
I'll explain it in detail – give him the knowledge
- **He doesn't know how to change**  
I'll show him what to do - provide him with the skills



# Normal responses...

- Disempowered
  - not listened to, not respected, angry, ashamed
- Resist
  - Argue, defensive
- Withdraw
  - Disengage, inattentive



# Helping people to change- overcome the righting reflex!

- Guide them in the right direction
- It's not just a little chat
- It has focus and meaning
  
- Setting an agenda
- Shared decision making



# A shift in thinking...

## Asking permission

- What is relevant to your patient?
- What do they think they could be able to do?
- What might be their next steps?

# Don't fall into the trap!

- Make assumptions
- Manage expectations

Another approach  
to consider

# Motivation



Varies in degrees...

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Not Ready

Ready

Rollnick and Miller

# Assessing readiness

- Importance
- Confidence

Importance + Confidence = Readiness

- Agenda setting, directional
- Exploring obstacles and enablers

# Importance and Confidence

- **Agenda setting**

- On a scale of 1 – 10

“How important is it for you to.....?”

“How confident do you feel about .....?”

# Importance and Confidence

- **Next steps**

What might help your confidence in prioritising your tasks move from 3 to 6?

What might make the importance you give to .... rise from 2 to 7

Tell me why is your confidence 3 and not 0



# Introducing Felicity Carter



Felicity Carter is a 30 year old trainee in palliative medicine. She has high standards and is very focused on her work and patient care. Since starting as a trainee Felicity has felt like she has had to work harder to keep on top of things. The first jobs went OK and she got through her first annual assessment without any problems. Felicity is now expected to take on more responsibility, the clinics are getting fuller and the consultant expects more of her. Felicity is working longer hours, staying late and is revising for her next exam. The nurses are starting to hassle her in clinic because she takes more time than other trainees and the patients are starting to get restless. There has now been a patient complaint. Felicity's consultant (Leila) has seen her and told her to go to 'occy health'

# EXERCISE 2:

## Setting the agenda. Developing a management plan



Importance = 9  
Confidence = 3

## Exercise 2

- Work in pairs
- Felicity – embellish the story (but not too much!)
- Interviewer: Open the conversation
- Ask permission
- Use importance and confidence scales

# Readiness for change



Importance = 9  
Confidence = 3

“How important is it for you to.....?”

“How confident do you feel about .....?”

Why is your confidence 3 and not 0?

What might help your confidence ...move from 3 to 6?

What might make the importance you give to .... rise from 3 to 6?

# Setting the agenda. Developing a management plan



Importance = 3

Confidence = 9

# 3 Key Messages

- You can't make someone change
- Ask permission
- Share decision making

# Thank You

