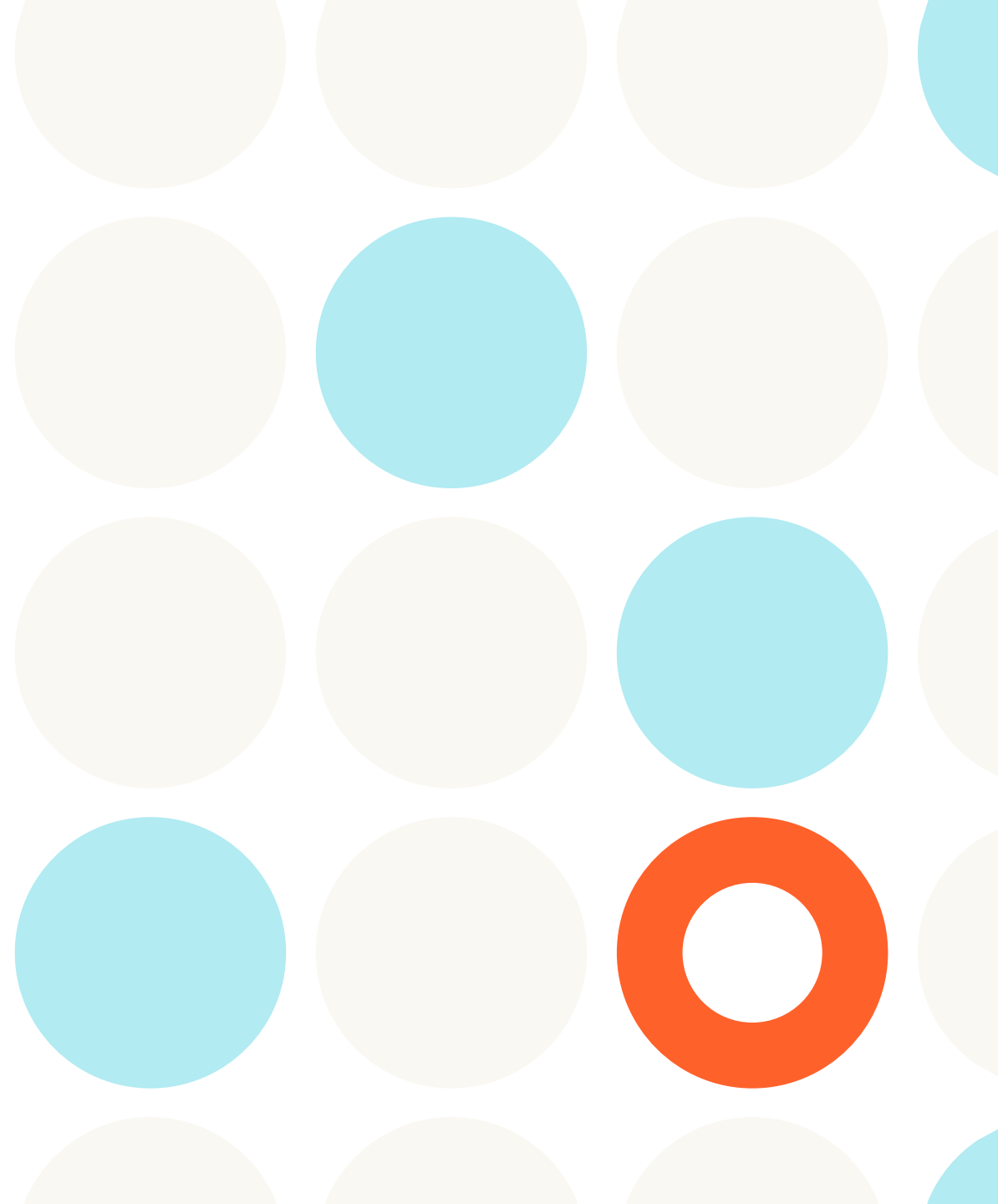




Crucial Conversations Workshop

Professional Development Series-
OA-P Clinical and Operational Excellence Education

2025



Welcome

Welcome to the OA-P Clinical and Operational Excellence Education workshop on engaging in crucial conversations.



Housekeeping guidelines:

- Let's make this engaging; participate!
- Scheduled breaks.
- Restroom locations.



Review of materials:

- Agenda.
- Workbook.
- De-escalation job aid.



Objectives

At the end of this workshop, you will be able to:

- Define and identify key sources of healthcare conflict.
- Participate in conflict resolution exercises.
- Define and discuss the various components of emotional intelligence.
- Perform an emotional intelligence self-assessment.
- Develop strategies for managing emotional intelligence.
- Implement best practices to mitigate high-stakes scenarios related to crucial conversations.

Agenda

Welcome and overview	5 minutes
Section I: Conflict Resolution	55 minutes
Break	5 minutes
Section II: Emotional Intelligence	55 minutes
Break	5 minutes
Section III: Crucial Conversations	55 minutes
Wrap-up	20 minutes

Engagement activity: One



Crucial conversations workshop

Read and respond to each statement or question shown below using the space provided.

What is one skill you'd like to improve during this workshop?

Share one thing about yourself that is either personal, professional, or peculiar.

Describe yourself as a (choose one):

- Car
- Color
- Cartoon character
- Cuisine

Overview



“

Before we can begin to participate in, and master crucial (critical) conversation engagement, we must first understand conflict and how our emotional intelligence can drive our responses during a critical conversation.

We will learn that conflict resolution, emotional intelligence, and crucial conversations are inter-dependent.

Throughout this workshop we will be engaging in:

- Dialogue.
- Group exercises.
- Individual exercises.

Section I: Conflict resolution



We all experience bad days and crises in our lives, but how we respond to these situations is up to us.

When something bad happens, we can choose to react negatively, or we can opt to remain calm and look for a solution.

Often our reactions are habits we have fallen into.

It's important to realize you always have a choice.

When faced with a setback pause, for a moment and consciously decide how you would like to respond.

Mindfulness Moment

Conflict resolution



Show of hands.
Who has recently
experienced a
conflict?



Was the conflict
resolved?
How was it resolved?



How long did it take
to resolve?

con●flict (kon'flickt) *noun*: A state of disagreement or disharmony between persons or ideas.

Conflict resolution: Grounding

Conflict is inevitable in healthcare and is often intensified by:

- **A high-stakes, stressful environment.**
- **Diverse team dynamics.**

Conflicts arise due to multiple factors, including:

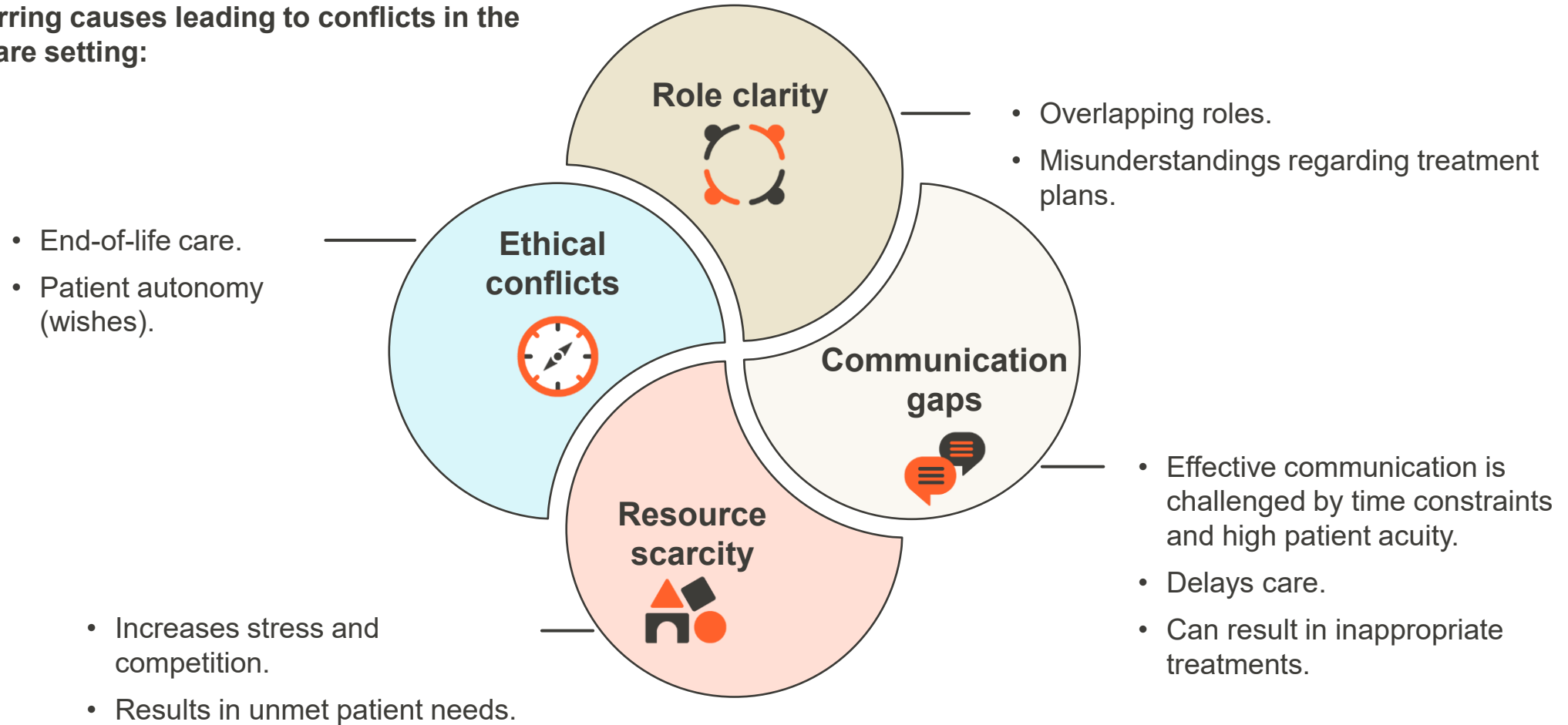
- **Resource limitations.**
- **Communication barriers.**
- **Varied perspectives on patient care.**

Effectively managing such issues requires dedicated conflict management strategies that help foster a more cooperative and productive workplace.

What strategies, if any, do you currently employ?

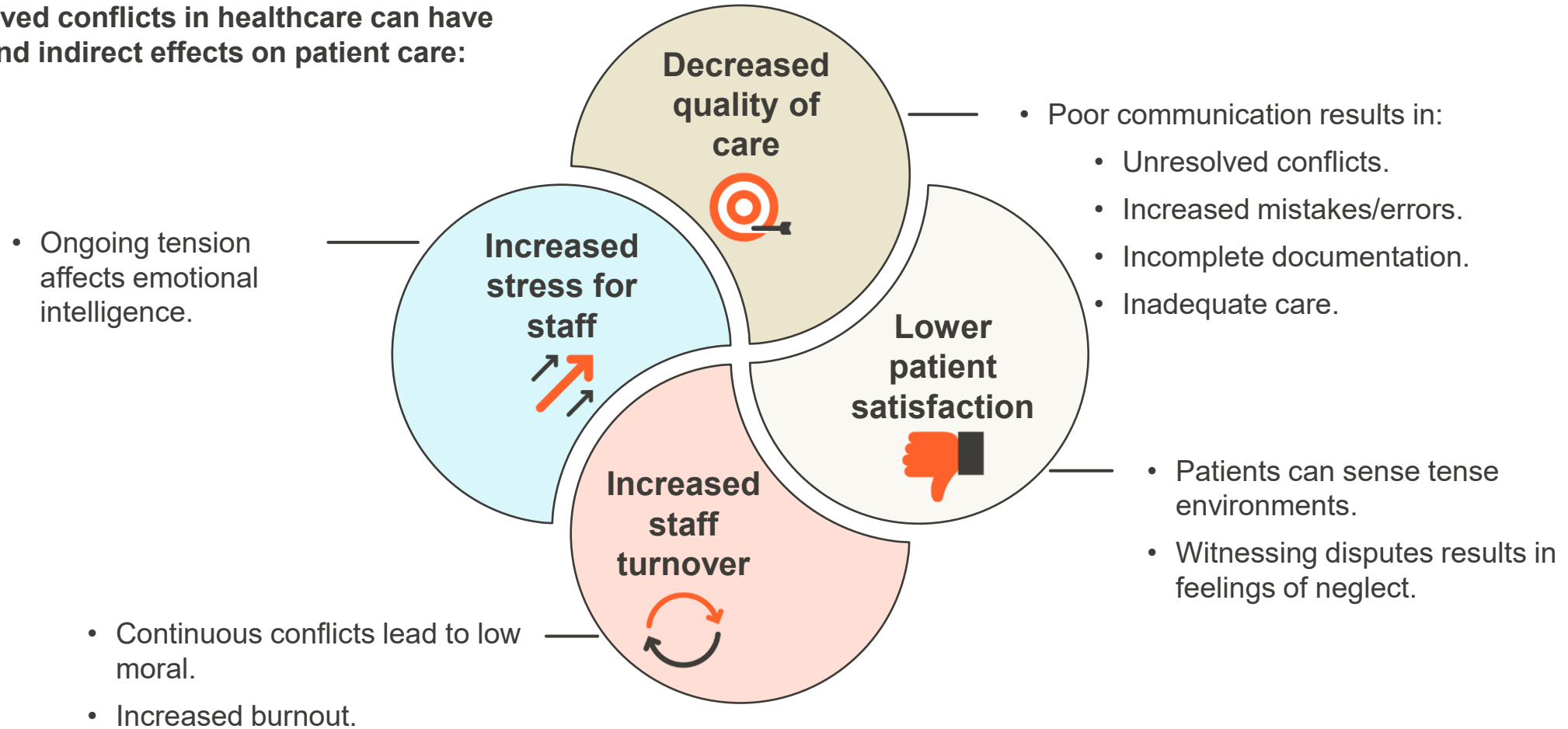
Key sources of conflict in healthcare

Reoccurring causes leading to conflicts in the healthcare setting:



Impact on patient care

Unresolved conflicts in healthcare can have direct and indirect effects on patient care:



We are going to review and discuss some common examples of conflict in medical environments and their resolutions related to:

- Patient disagreements.
- Staff misunderstandings.
- High stress situations.
- Patients agitated or in pain.
- Disputes with loved ones.

Are there any other situations in which you have experienced conflict?



Scenario-based Learning

- Treatment disagreements.
- Patient agitation.
- Family meetings.





Scenario one: Treatment disagreement



Treatment disagreements



One example of conflict in healthcare settings involves disagreements between patients and healthcare team members.

Such conflicts can stem from various issues, like differences in treatment expectations or misunderstandings about a diagnosis.

Example: Treatment disagreements

A patient arrives to the hospital with a severe infection. The attending physician recommends antibiotics, and a short hospital stay. However, the patient refuses, expressing a strong belief in alternative treatments.

- Such conflicts arise from differing perspectives on patient care and may place healthcare providers in a challenging position.
- This conflict impacts the patient's family members, who might support alternative treatments, as well as the medical team responsible for ensuring safe and effective care.

Resolution: Effective communication and empathy

Keys to resolving this type of conflict:

- Effective communication and empathy.
- Actively listening and validating their perspective.
- After understanding the patient's reasoning, the team can explain the benefits of conventional treatment clearly and nonjudgmentally, possibly including real-world outcomes to build trust.
- Offering a compromise, such as incorporating mild alternative remedies alongside prescribed treatments, can lead to a mutually agreeable solution.



Scenario two: Patient agitation



Patient agitation



Patients experiencing severe pain or distress may exhibit agitated behaviors, leading to conflicts with healthcare staff.

Example: Patient agitation due to pain

A patient recovering from surgery experiences intense pain, becoming increasingly agitated and verbally aggressive with the nursing staff. They demand more medication, even though they recently received a dose.

- This interpersonal conflict creates stress for the nursing team and may lead to misunderstandings about the treatment plan.

Resolution: Empathy and rational detachment

- De-escalation techniques are particularly useful in handling agitated patients.
- Staff can start by acknowledging the patient's pain and expressing empathy.
- Techniques like active listening help the patient feel heard, reducing their frustration.
- Rational detachment allows nurses to maintain composure without taking the patient's words personally.
- Explain when the next dose is due or suggest non-medication-based pain management options, like breathing exercises.



Scenario three: Family disputes



Family disputes



Family members of patients are often involved in care discussions, especially in critical or end-of-life care situations.

These situations can give rise to interpersonal conflicts if loved ones disagree with healthcare providers' recommendations or have differing opinions on treatment options.

Example: Family disagreements over treatment decisions

- In end-of-life care, family members may have differing opinions on whether to continue aggressive treatments or opt for palliative care.
 - For example, one family member may insist on all possible interventions, while another might prioritize the patient's comfort.
- This kind of conflict in healthcare settings can be deeply emotional, affecting the patient's quality of life and creating tension among the care team and family.

Resolution: Family meetings and mediation

- A structured family meeting led by a neutral third party, such as a social worker, can provide a platform for family members to express their views.
- The healthcare team can explain the patient's prognosis and treatment options, emphasizing the goal of quality patient care.
- Using empathetic listening and validation techniques, the mediator can help the family find common ground and ensure the patient's wishes are respected.
- If needed, involving an ethics committee may help provide additional guidance and clarity, especially in complex or ethically charged cases.

“

Almost everything will work again if you unplug it for a few minutes, including you.

Section Break





Q&A

Questions before we move onto emotional intelligence?

Emotional intelligence, what is it?

Can anyone provide a definition, or state what it means to them?



Section II: Emotional intelligence





Learning to breath sounds like a strange thing.

After all, we breath all the time without thinking about it. However, many of us take short, shallow breaths and, as a result, are depriving our bodies of much-needed oxygen.

Breathing deeply nourishes our systems. It increases our energy and mental clarity, and it switches on the parasympathetic nervous system, which calms us.

The next time you encounter a stressful situation or realize you are feeling anxious, place your hand on your stomach and take a deep breath into your navel, letting your body relax and fill with air.

Then exhale slowly. Repeat five times or until you feel calm. Several times throughout the day, tune in to your breathing.

Is your stomach clenched? Are you taking shallow breaths from your chest? If so, practice a few rounds of deep breathing. If done regularly, this will gently retrain your body to breath correctly.

Mindfulness Moment



Emotional intelligence self-assessment

To get the most of out of the discussion that follows, take a moment to complete this self-assessment. It allows you to think through where you show up at each level of emotional intelligence.

<div>Rate yourself on a scale of 1-10 for each statement.</div> <div><div>1 = LOW</div><div>I do not do this well</div></div> <div><div>10 = LOW</div><div>I always to this exceptionally well</div></div>	1 <div>When things are going well and you are working with people you enjoy, how would you rate yourself?</div>	2 <div>When you are working with challenging people in pressure situations, how do you think others would rate you?</div>	3 <div>Over the last 6 months, how do you think the people in your personal life would rate you?</div>
Emotional Self-Awareness <div>I am aware of how my emotions impact my responses/behaviors towards others.</div>			
Emotional Management <div>I do not get defensive or personalize difficult feedback.</div>			
Emotional Connection <div>I can listen without judgement or jumping to conclusions.</div>			

Emotional intelligence

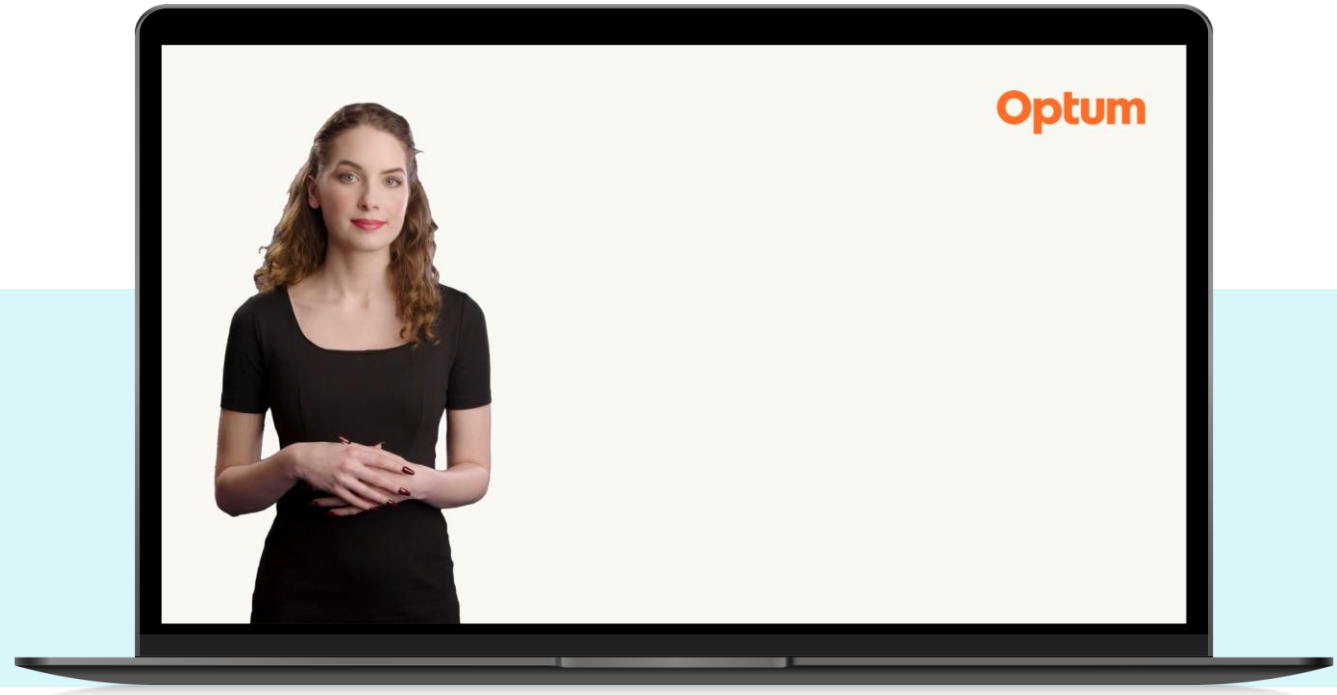
Overview:

- We sometimes struggle in moments of increased pressure.
- The science of why we have these experiences is called **emotional intelligence**.
- The goal is to recognize these moments of increased pressure and be mindful of our responses.

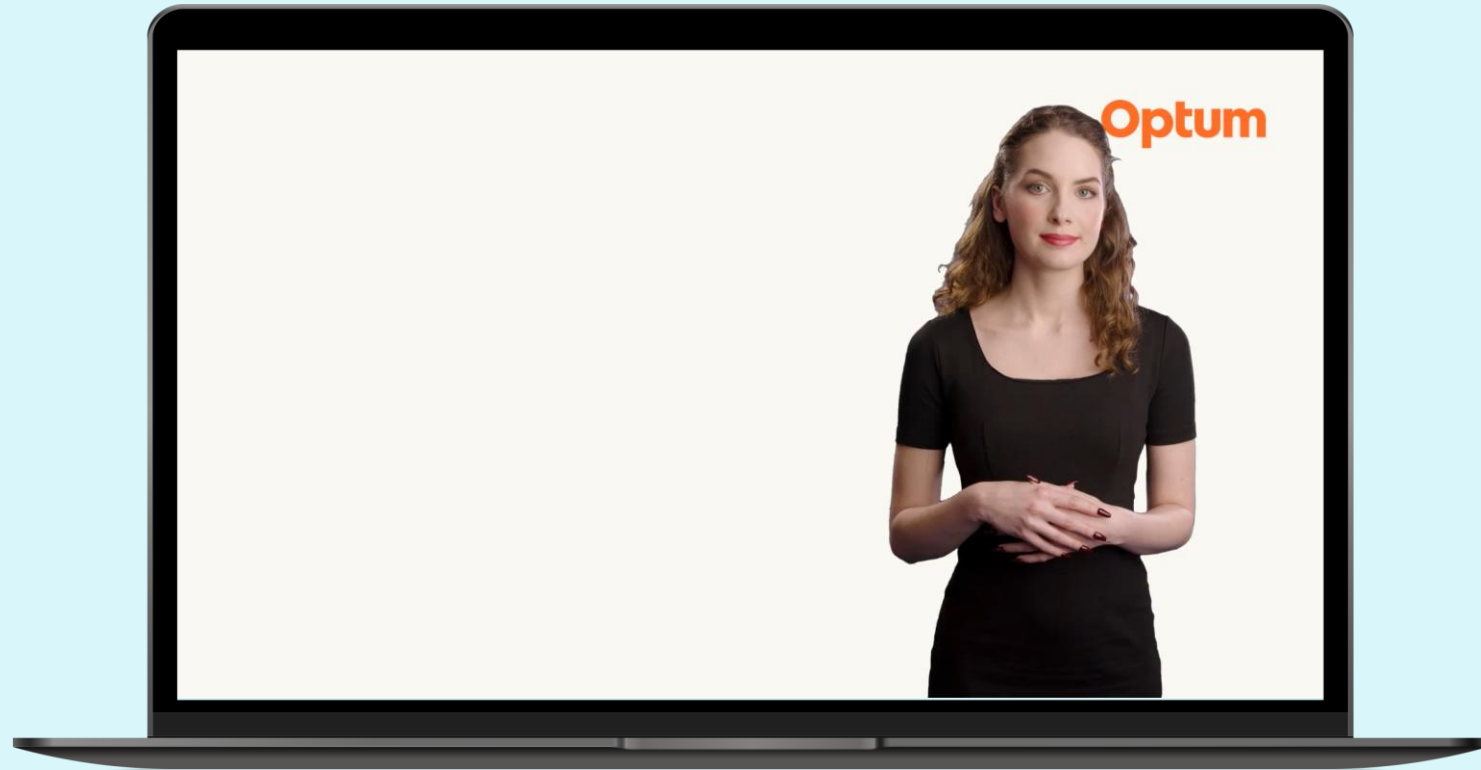


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[Emotional Intelligence: The science of leadership under pressure](#)



Why emotional intelligence?



How are emotional intelligence and high performance related?



Can success be predicted?



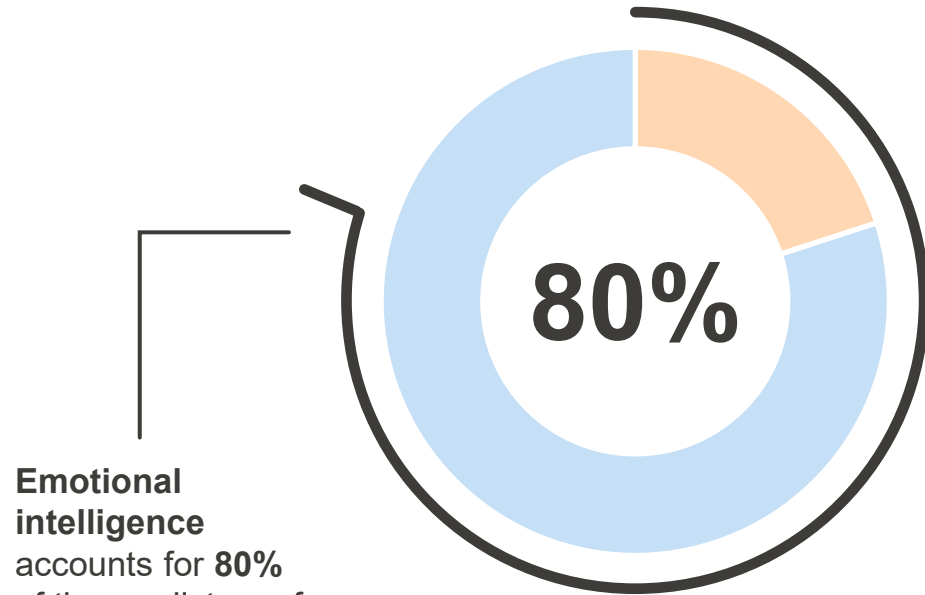
Emotional intelligence accounts for what % of success?

Why emotional intelligence?

Predictors of future success:

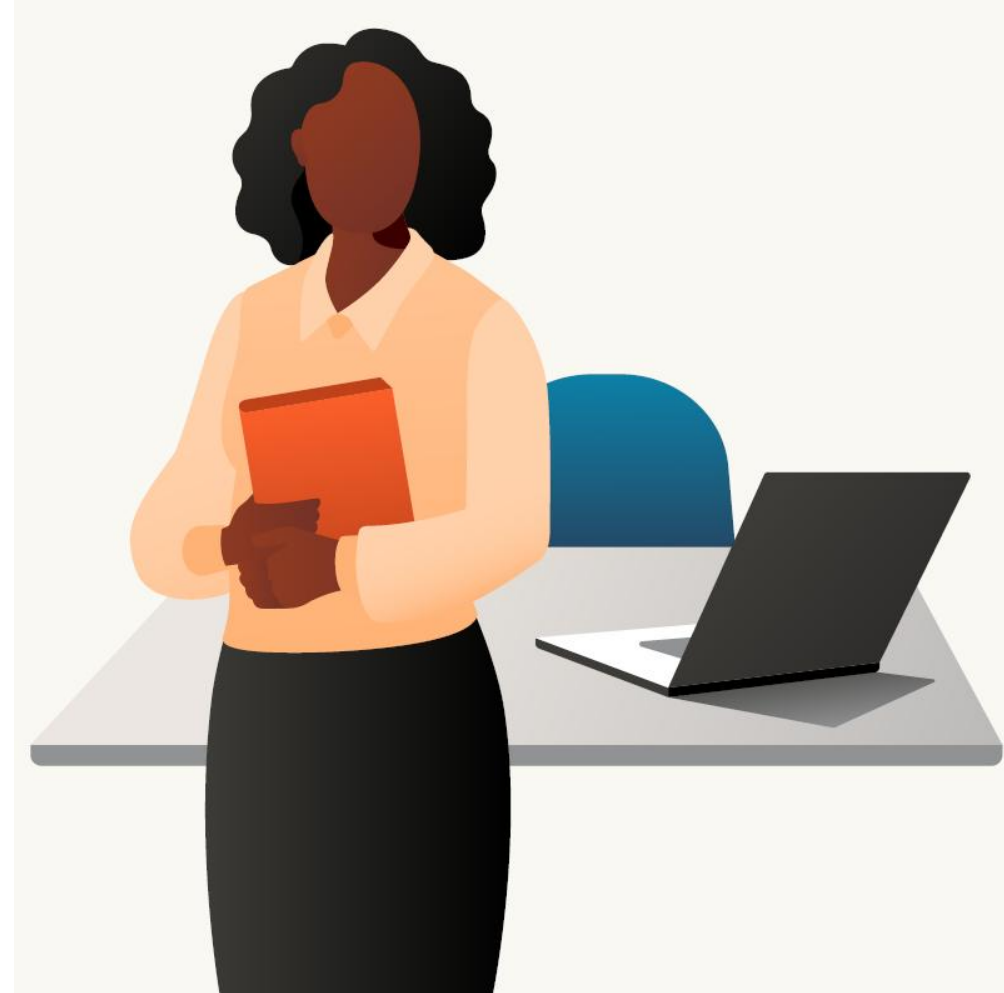
Intelligence Quotient (IQ) ————— 9%

Technical skills (competency, expertise) ————— 9%



Emotional intelligence accounts for **80%** of the predictors of future success.

Sources: NACHS Emergency Department Survey 2018.



Why emotional intelligence?

Emotional intelligence is the ability to recognize, understand, and manage our own emotions...

“

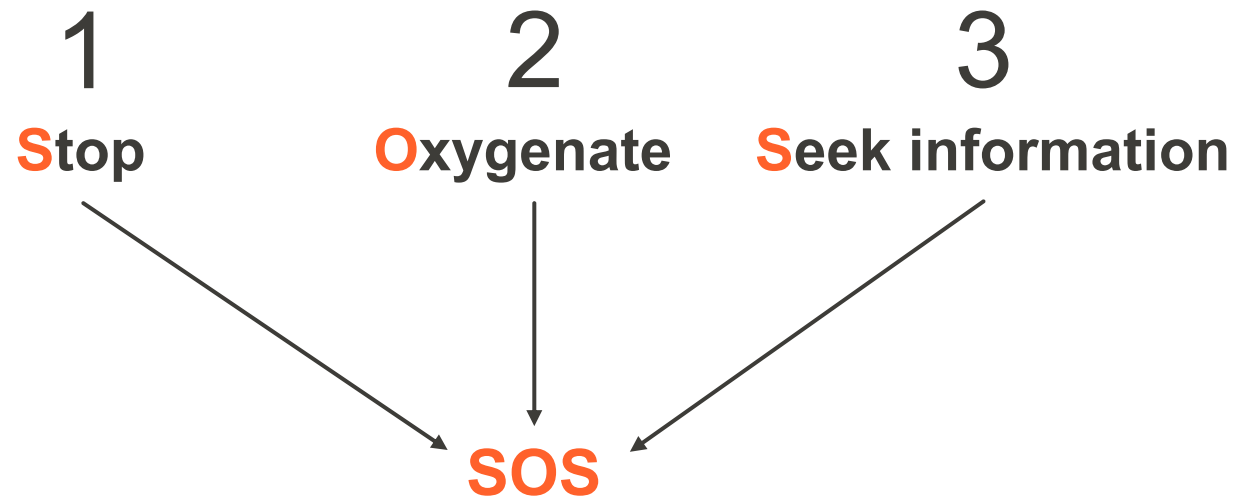
AND recognize, understand, and influence the emotions of others.

And it's something that can be learned.



Emotional management

Emotional management tools can be leveraged as a self-regulation strategy to help in high-stress situations.



Step one: Stop



When we're hijacked, we:

- Lose perspective.
- Tend to get judgmental.

This results in assumptions.

The SOS strategy helps us:

- Suspend judgment.
- Gain perspective back.

Therefore, we respond from our **neocortex** instead of our **amygdala**.

Overview

1. The first step is to **STOP!**
 - Disengage from the trigger (re-engages the neocortex).
 - Interrupts the physical automatic response from the amygdala.
2. Physical reactions:
 - Clenched fists, rolling eyes, tapping foot, grinding teeth.
3. When the physical response is interrupted, you become aware of your reaction and provides an opportunity to have the neocortex back in control.
4. Example:
 - When triggered you may **fold your arms and lean back in a chair**.
 - A deliberate stop strategy could be to **sit forward and put your hands flat on the table**.
 - This is a simple deliberate motion that is the opposite of your automatic reaction and assists in regaining control to think clearly.

Step one: Stop



Example stop strategies:

- Take a drink of water.
- Relax your shoulders.
- Place your feet flat on the ground.
- Write something down.
- Count backwards.
- Place your hands on the table or desk.

What strategies above would you implement to STOP?

What have you done in the past to STOP?

What would not be a good strategy to STOP?



Step two: Oxygenate

During a hijack, blood is shunted to the main parts of the body in preparation for **fight or flight**, which means it's pulled away from the brain.

Typically, when the amygdala is triggered, your **breathing becomes shallower**, you might even hold your breath.

Lengthening and deepening your breath helps add oxygen back to the brain.

3-2-4 breathing technique

1. Assists in getting oxygen back to the brain.
2. Engages the neocortex.
3. The longer you wait, the more the trigger will progress.
4. Be aware of being triggered, define a stop strategy, and breathe.



Step three: Seek information



Overview

We are seeking information to:

- Reconnect to the other person.
- Effectively listen to others and understand their perspectives.
- Keep us from jumping to conclusions.



How do we seek information?

You seek information by first asking ***yourself*** questions.



Putting the neocortex back in control

Seeking out information allows re-engagement in the conversation and establishes an emotional connection from a more open and positive place.

Ask yourself

Is this a big threat or small? Is it real or perceived?

What information am I missing?

Will this matter in a year, month, week, day?

What is my impact right now?

What assumptions am I making?

Is my reaction helping me?

What is my goal here?

What am I feeling?

Am I strengthening my relationship with this person?

What might their good intentions be?

Do they feel heard?

What is going on for them?

What do they need from me?

Emotional management

Section one

Think of a triggering situation that is likely to occur soon.

What is that situation? _____

What is your automatic (physical) response to that trigger? _____

Section two

What is a **Stop** strategy you can use for this situation? _____

Section three

What **Seek** information questions would be most useful for re-engaging your neocortex? _____

“

Taking a break can be the most productive move you make.

Section Break





Q&A

Questions before we move onto crucial conversations?



Section III: Crucial conversations





Resilient people take responsibility for their life.

They don't blame other people for making them feel bad or ruining their day.

Instead, they take control of their own thoughts, feelings and behavior.

They understand that life isn't always easy or fair, but they don't sit around feeling sorry for themselves.

Resilient people acknowledge that everything they do, from the time they wake up until the time they go to sleep at night, is a choice.

Mindfulness Moment

Crucial conversations



To invoke the dialogue process successfully, we need to learn to know when our safety is at risk.



This reaction is a form of social first-aid that we use when we see that a conversation is becoming unhealthy.



Respond quickly before our emotions mount, to avoid trouble.



Avoid having a high-stakes exchange that turns into an argument.



Crucial conversations

Three key signs will tell you that it is time to act before the conversation becomes a problem.

1

Involves high-stakes, emotions and differing opinions.

Physical signals:

- Stomach tightening up.
- Rapid heartrate.

Emotional signals:

- Feeling scared.
- Hurt.
- Angry.

Behavior cues:

- Raising your voice.
- Pointing your finger.

2

People show signs that they feel unsafe such as:

- Silence.
- Sense of emerging violence.
- Pacing.
- Staring.

3

The third signal that you should move the conversation along is an increase in your level of stress.

Take heed if you react by silence or violence.

Silence may manifest itself as:

- Hiding your thoughts.
- Avoiding or withdrawing.

Violence may show itself as:

- Controlling.
- Labeling.
- Verbally attacking.

Making it safe

1

A crucial conversation will lose its sense of mutual purpose if:

- Others believe you have a malicious intent.
- They think you want to harm them.

Restate a mutual purpose that will motivate others to listen to your concerns.

2

- A crucial conversation **must** contain mutual respect.
- A lack of respect results defensive behaviors.
- Apologize for any action that may have shown disrespect and emphasize that you do respect them.

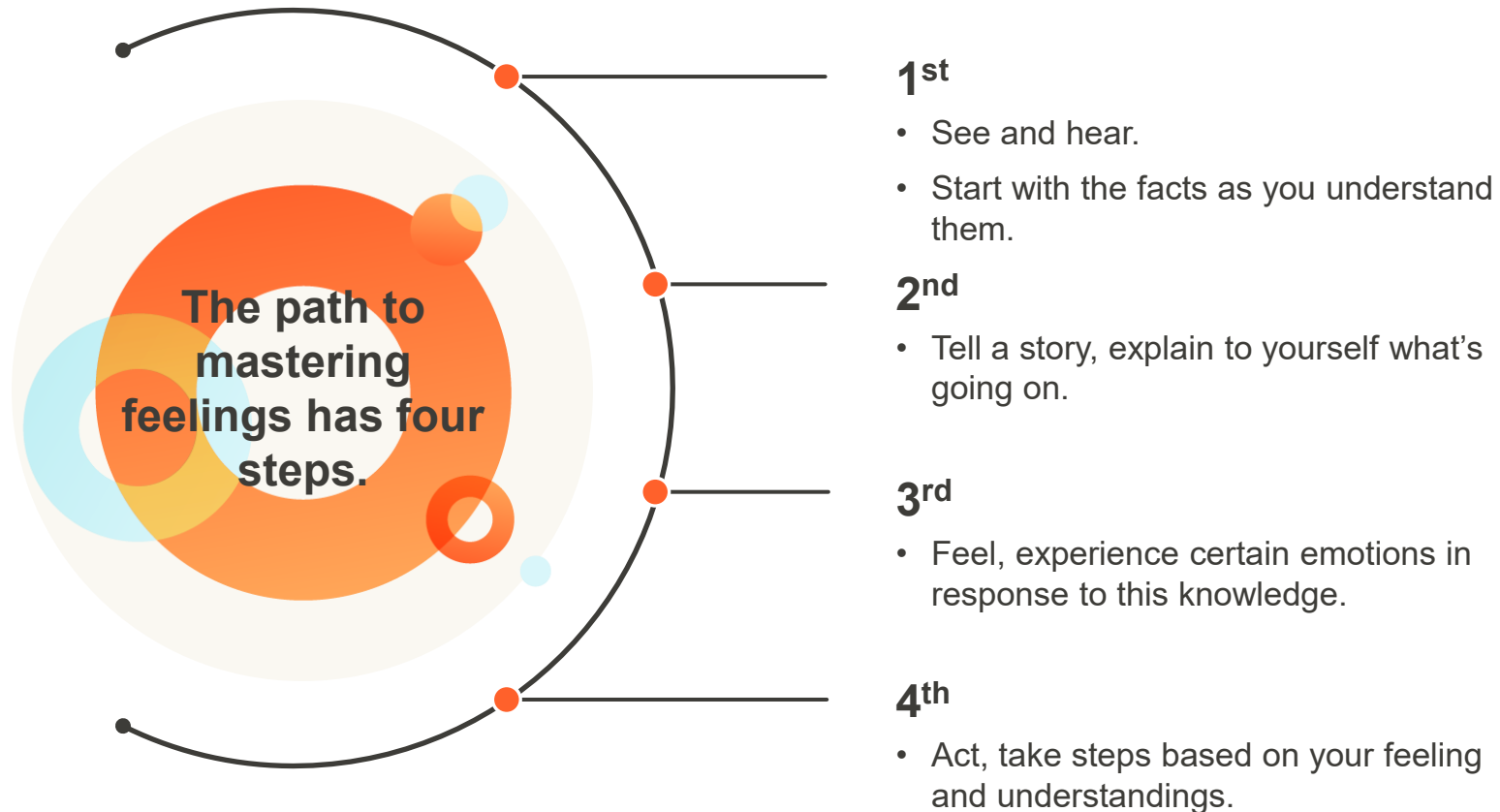


NOTES:

- *Correct any misunderstanding(s) by saying what you do and don't intend to communicate.*
- *Explain what you really want.*
- *Commit to finding a mutual purpose and if you can't find one, invent one, then brainstorm new approaches and strategies.*

Emotional response

Identifying ways to control emotions leads to productive dialogue.



To control emotions, retrace these steps.

Think about, question, and possibly change some of the elements.

Notice the emotions underlying your actions.

Examine your stories

Are your stories appropriate or productive? Have you reconfirmed facts?



Victim sagas

You claim another person is harmful to you and they are at fault.

Example?



Villain stories

You see the other person as having negative motives.

Example?



Helpless stories

You depict yourself as unable to resolve a problem.
You don't want to be seen as suspicious, blame placing, or incompetent.

Example?

- These types of stories are unhelpful and trigger negative emotions.
 - Tell new stories instead.
- Remind yourself what you really want and determine how to pursue it.



Theory in action: Scenario based learning





De-escalation tips

- Staying calm and centered
- Acknowledge emotions early
- Maintain open body language
- Avoid arguing
- Set boundaries
- Offer choices
- Involve support
- Listen
- Use names
- Mirror and reframe
- Focus on moving forward
- Know when to pause
- Document as appropriate
- Practice self-care

De-escalation tips for healthcare settings

Stay calm and centered

Why: Your calm demeanor can help regulate the patient's emotion.

How: Take a deep breath, speak slowly, and keep your tone even.

"I can see this is really upsetting. Let's talk through it together."

Acknowledge emotions early

Why: Validating feelings helps patients feel heard and respected.

How: Use empathetic statements before offering solutions.

"I understand why you're frustrated. I would feel the same in your shoes."

Maintain open body language

Why: Non-verbal cues can either escalate or calm a situation.

How: Keep your hands visible, avoid crossing arms, and maintain appropriate eye contact.



De-escalation tips for healthcare settings

Avoid arguing or defensiveness

Why: Defensiveness can escalate tension.

How: Focus on listening and problem-solving, not proving a point.

“Let’s figure out what went wrong and how we can make it right.”

Set boundaries respectfully

Why: Safety and professionalism must be maintained.

How: Be firm but kind if behavior becomes abusive.

“I want to help, but I need us to speak respectfully so we can work together.”

Offer choices when possible

Why: Giving control can reduce feelings of helplessness.

How: Present options clearly and respectfully.

“Would you prefer to speak with the nurse now or wait for the doctor?”



De-escalation tips for healthcare settings

Involve support early

Why: Team support can help manage escalating situations.

How: Call for a supervisor, social worker, or security if needed.

Listen without interrupting

Why: Patients often just want to be heard.

How: Let them finish speaking before responding. Use nods or brief affirmations like **“I see”** or **“Go on.”**

Use patients' name

Why: Personalization builds rapport and shows respect.

How: Use their name naturally in conversation to humanize the interaction.

“Mr. Thompson, I understand this is frustrating. Let’s work through it together.”



De-escalation tips for healthcare settings

Mirror and reframe

Why: Reflecting their concerns shows empathy and helps reframe the issue constructively.

How: Repeat their concern in your own words, then offer a positive next step.

“You’re upset because you feel ignored. Let’s make sure your concerns are addressed now.”

Focus on the present and future

Why: Dwelling on past mistakes can escalate tension.

How: Acknowledge the issue, then shift to what can be done now.

“I understand what happened earlier was upsetting. Here’s what we can do moving forward.”

Know when to pause and step away

Why: Taking a break can prevent escalation.

How: If emotions are too high, suggest a short pause or bring in another team member.

“Let’s take a moment and come back to this in a few minutes.”



De-escalation tips for healthcare settings

Document and interaction

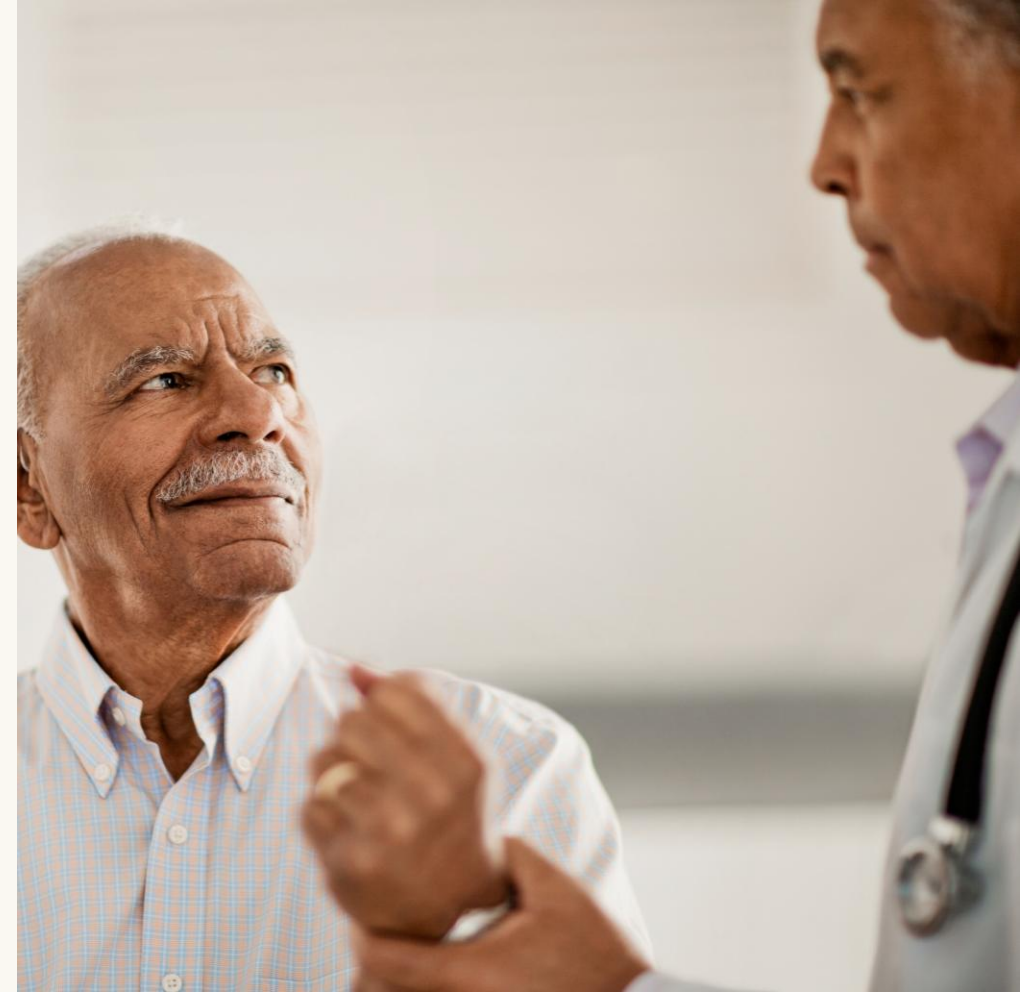
Why: Protects both the patient and provider, especially in repeated or escalating situations.

How: Record facts objectively in the patient's chart or incident log.

Practice self-care

Why: Dealing with difficult patients can be emotionally draining.

How: Debrief with colleagues, take breaks, and seek support when needed.



Theory in action: Patient upset about billing issue



Context: A patient receives a bill for a service they thought was covered by insurance.



Dialogue

Patient (frustrated): I got a bill for over \$800 the last time I was here because of a service you said was covered!

CM: I can see why this is upsetting. Let's review the details together and see what happened.

Patient: I shouldn't have to pay for something I didn't agree to!

CM: I hear you. I'll contact your insurance provider and advocate on your behalf. We'll also review your consent forms to make sure everything was communicated clearly.

Theory in action: Patient refuses home health services



Context: A patient recovering from surgery refuses recommended home health care.



Dialogue

CM: Mr. Ellis, your surgeon recommends home health visits to help with wound care and physical therapy. I'd like to arrange that for you.

Patient: I don't want strangers in my house. I can take care of myself.

CM: I understand your concern. Many people feel that way at first. Can I ask what worries you most about having someone come in?

Patient: I just don't like the idea of being watched or treated like I'm helpless.

CM: That makes sense. The goal isn't to take over, but to support your recovery and help you stay independent. You'll still be in control, and we can start with just a couple of visits to see how it feels. Would that be okay?

Theory in action: Disagreement over insurance coverage



Context: A patient is upset that their insurance won't cover a preferred rehab facility.



Dialogue

Patient: I want to go to Sunrise Rehab. That's where my brother went. Why are you saying it's not covered?

CM: I checked with your insurance, and unfortunately, Sunrise isn't in-network. They would charge you out-of-pocket.

Patient: That's not fair. I shouldn't have to settle for second-best.

CM: I hear your frustration. You deserve quality care. I've found two in-network facilities with excellent reputations. Would you be open to visiting them before deciding?

Patient: I guess I could look. But I'm not happy about it.

CM: I understand. Let's make sure you get the best care possible within your coverage.

Theory in action: Resistance to long-term care placement



Context: A patient with progressive dementia resists moving to a memory care facility.



Dialogue

CM: Mrs. Thompson, your daughter is concerned about your safety at home. We'd like to talk about a memory care facility that can support you.

Patient: I'm not going anywhere. This is my home.

CM: I understand how important your home is to you. It's where you feel safe and comfortable.

Patient: Exactly. I don't need to be locked up.

CM: It's not about locking you up, it's about keeping you safe and helping you live as independently as possible. Would you be willing to visit the facility with your daughter, just to see what it's like?



In closing

In closing

Self-reflection

1. Take an honest look at yourself.
2. Review your personal values, behaviors, and thoughts about the situation.
3. Look for any bias or personal agenda.
4. The conversation should focus on the situation at hand and not personal emotions.
5. Establish the tone of the conversation by setting an intention to do good for the other person.
6. To keep the conversation on track, **develop goals or outcomes and write them down.**
7. Commit to being empathetic, listening with an open mind, and considering the other person's point of view.

Set a time and place

1. Schedule a time and place in a private location.
2. Avoid using phrases like **we need to talk.**
3. Instead, tell the person what the conversation will be about.
4. Be direct and to the point by saying: **I need to talk to you about what happened. When would be a good time to meet?**

Start by raising the issue

Describe the situation

Mr. Smith, I noticed that you haven't selected a skilled nursing facility as of this morning.

Express concerns

I feel concerned because this is the missing step in getting you discharged from the hospital.

Suggest solutions

Can we discuss about what might be keeping you from many a selection?

Consequences and goals

What is the likelihood of you making your choice and when might that be?

Wrapping it up

Use this sentence for a conversation that's progressed to an agreement to respectfully disagree:

I think we have a solid understanding of where we differ. How can we move forward and work through this issue together?

Use this sentence for a conversation that's gone well:

I have a better understanding of how the situation was misunderstood. Thank you for taking the time to talk with me about it.


Q&A



Wrap up

- Refer to page four, where you wrote down a skill you wanted to improve during the workshop.
- Has this skill been improved?
- If no, what other opportunity have you identified.

Engagement activity: One

 **Crucial conversations workshop**
Read and respond to each statement or question shown below using the space provided.

What is one skill you'd like to improve during this workshop?	Share one thing that is either personal, professional, or peculiar.	Describe yourself as a (choose one): <ul style="list-style-type: none">• Car• Color• Cartoon character• Cuisine
_____	_____	_____
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**Participation feedback
survey**

Please take a moment to complete the post-education survey by scanning the QR code provided.

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Further instructions are provided on the website.
 - All materials must be completed **within 30 days of the live activity date.**
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