

9.2 What do you say when something goes wrong? Language framework for difficult discussions

Be realistic! Mistakes happen. Nothing is 100% effective, and mistakes will occur. How we react, talk about them and learn from them is what matters as a student learning to be a healthcare professional.

Placement supervisor

Working in health contexts can be stressful when there are so many different factors influencing the situation. When something goes wrong, a mistake happens or a stressful situation occurs, it can lead to a negative communication climate. In these challenging moments it is important to use a **professional tone** to decrease the stress and approach the discussion with a positive problem-solving attitude. This is more challenging when strong negative emotions (nervousness, fear, shame, embarrassment, anger) are present because of the stressors.

The triggers for these emotions can be: seeing or participating in a mistake that impacts on health service delivery, participating in a feedback discussion after a challenging day, or not getting along with somebody on the team. The stress may be accentuated when a supervisor asks you directly about the situation and, depending on their disposition, sounds as if they are angry, disappointed or stressed. **REMAINING SILENT** or saying “**I DON’T KNOW**” will not help the situation and may even increase the negative communication climate.

There are many ways to diffuse a negative communication climate. As you feel the stress building, take a few long breaths and concentrate on the inhale and exhale. If you are feeling too upset to discuss the situation, ask to use the restroom and take a few minutes to calm down and think about how you are going to approach the conversation.

Having a framework to organise your ideas can help to change the focus from emotions to problem-solving with a more objecting and analytical thinking approach. On the next page we provide a strategy that uses four types of statements that will keep the focus on the situation rather than the stress/emotions: acknowledge, analyse, consequences, strategies (AACS). This framework can also be used if you are writing a critical reflection (see Chapter 8) (Table 9.5).

Table 9.5 AACCS language framework for difficult situations

Action	Language suggestions
Acknowledge the situation (mistake/problem)	• Today I made a mistake • Our team made a mistake • I am aware that a mistake happened • You are right. XXX happened and this is a problem
Analyse the causes	• We were/I was doing x when something happened. This distracted me/us and I/we did not ... • My team member and I had a miscommunication. She said she was going to do the job, and I did not understand or clarify this with her. • I was busy with XXX when this happened. We did not coordinate our actions, and this led to ... • At the time X happened, situation Y became a priority.
Consider the consequences	• This is a serious problem because it can lead to ... • If this happened, then the family/patient/client might ... • If this happened, then my co-workers might think... • This could have resulted in a serious risk, safety issue.
Provide short-term & long-term strategies	• Right now I will contact/do/make... • In the future, to avoid this happening, I will (repeat instructions, clarify orders, ask follow-up questions, ask for help earlier, check with a supervisor, have a better understanding of ...)

If you find yourself in a difficult situation while on placement you can try to use this framework. Every challenging situation you experience will require a range of critical thinking processes and different responses. This is the meaning of thinking on your feet. Unlike university assessments, where you have time to analyse the question, conduct research to find the most appropriate evidence to support your argument and write multiple drafts, interactions in the workplace are on-the-spot and require immediate responses. The very nature of the fast-paced and sometimes stressful interactions means we need to develop skills and put our best effort to think quickly, objectively and realise that miscommunications and mistakes will happen.

As you enter workplaces, pay attention to how the professionals you are working with think on their feet and address problems. By reflecting on how you would respond in a similar situation, you can develop effective communication skills. You can use the case studies on the following pages to start reflecting on how you might respond to difficult situations using the AACCS framework.

Challenging situation example case study – acknowledging a mistake

You are working in a care area (ward, health clinic, therapy room), and the health professional has been making notes in Mr L's charts/records. The health professional is interrupted and needs to leave the room and asks you, the student, to return the record/file to the records area (or to close an electronic medical file on the computer). As you are on your way to take responsibility for the file, you are distracted by a team member or another patient/client's request for help. You leave the room for a few minutes and when you return your supervisor is removing Mr L's patient folder from Mr L's friend who stopped in for a visit (closing the computer file). The supervisor asks to talk to you outside and seems angry.

Supervisor: I just walked in the room and saw Visitor X reading Mr L's personal file. Can you tell me how this confidential record was left out in the open? Weren't you directed by the healthcare team to take care of this?

Things not to say:

- I don't know!
- It wasn't my fault.
- I'm not the one who left the folder in the room.

Take a few deep breaths and try the AACCS pattern.

Acknowledge:

I'm sorry this happened. You're right. Mr L's folder was left unattended and this was a mistake.

Analyse:

I was directed to take the folder to the storage area, but just before I picked up the folder, Mary called out for help. She needed urgent attention. I just reacted and went to help her as a priority because I know she is a falls risk. As soon as I settled Mary safely, I returned to Mr L's room to collect the folder.

Consequences:

I realise leaving a patient folder unattended is breaching his privacy and that his friend had access to his information. I understand that Mr L may lose trust in our ability to keep his health situation confidential and that his friend may have information he should not have.

Short-term/long-term strategies:

I will apologise to Mr L and ask his friend to keep his information confidential. In the future, when I am in a similar situation I will remember to grab the folder or push the help/rescue button on the wall to get more help.

ACTIVITY 9B**Practising the AACs framework**

Imagine that you are doing a placement in a geriatric unit of a local hospital.

Challenging situation: university theory and real-world practice mismatch

At university you learned about cultural safety and using individualised-centred approaches to working with people from diverse backgrounds. Your university stressed that delivering safe, effective and respectful care is fundamental to health standards, regulations and ethical principles. Any actions that do not align with these values need to be identified to ensure that people in vulnerable situations are protected.

During your placement you have been assigned to work with a new colleague, and during the day you observe interactions with a patient/client that do not seem to demonstrate respectful cultural communication. In the staffroom, the health professional continues to make comments to you about the patient's/client's background history that seem to be judgemental. The conversation makes you uncomfortable. At this point you remain silent.

At the end of the week you meet your supervisor for a feedback session and she asks you how you are managing your professional relationships.

Use the AACs model above to plan how you would manage this difficult conversation:

- Q:** How would you make an **acknowledgement** statement?
- Q:** How would you **analyse** the situation?
- Q:** What could be the **consequences** of remaining silent?
- Q:** What **strategies** (short-term and long-term) can you think of?

Compare your answers with ours at the end of the chapter.

Stop and Reflect

- Speaking in different situations requires you to think about and practise a wide range of skills and attitudes. How confident do you feel about speaking to different groups of people?
- How confident do you feel with the five speaking strategies discussed in this chapter?
- Have you ever had to organise your thoughts using a framework like ISBAR?
- How have you reacted in stressful communication situations in the past? Would you try the AACCS strategy in future to help create a more positive communication climate?

Summary

This chapter explored communication strategies that you can use in workplace integrated learning situations and in future professional interactions. Of course, the best way to develop these skills is to practise them in everyday situations. Becoming an effective communicator is a lifelong learning skill. The more practice and the greater the level of reflection on your experiences, the more expertise you will gain in thinking on your feet and communicating in challenging situations.

As you think about the effective interactions and inevitable miscommunications you have with patients/clients, colleagues and supervisors consider trying the strategies we covered:

- Adapting your message and speaking style to meet the needs and expectations of different groups of people you will interact with in professional settings
- Using positive and active listening techniques
- Developing confidence to ask many different types of questions according to the situation you are in
- Presenting information in a logical order with ISBAR so that your message is clear and remains focused
- Demonstrating your critical thinking processes by connecting theory to practice
- Using the AACCS framework to guide your communication when challenging situations happen.

Chapter 9 Answers

Activity 9A: Applying communication strategies to placement situations

Being aware of the different interactions while on practice will help you demonstrate critical thinking. In this case you will need to discuss Samantha's discharge issues with different people who have different levels of knowledge, various experiences, attitudes and values and who may be expecting different types of information from you. The three groups of people you could talk to are described in the table below.

Patients/clients/family members

- Samantha: person-centred care requires practitioners to act ethically and fulfil legal responsibilities for understanding and documenting Samantha's wishes and decisions regarding health decisions.
- Emir and other family members who will be her carers in the home environment.

Colleagues

- Allied health professionals: the discharge/transition-to-home team needs to know what issues Samantha may need help with and what strategies should be considered.
 - Depending on their specialty, team members will have different perspectives and suggestions regarding strategies to help Samantha return home safely and support Emir as the main carer.
- Community services/government agencies: Samantha and Emir may be eligible for community support. This means the team needs to know what support is available, how they can access the support and which professionals will take primary responsibility for navigating the services.

Supervisors

- Supervisors have the responsibility of assessing your developing professionalism, knowledge and critical thinking. This means you need to be prepared to show your understanding of the complexities related to Samantha and Emir's situation, support your comments/reports with clear rationales that link back to the theories/evidence you have learned through your university studies, and communicate these ideas with appropriate professional language and tone.

- You need to **describe** and, **analyse** Samantha's case, **link** case details to **theory**, and **reflect** on your performance.

Understanding your audience's needs involves being aware of the situation and adapting your communication strategies to suit the moment:

- Think about **who** you are talking to and **what** they need from the communication interactions.
- Be aware of the context and the environment. What is happening in the situation at the moment will influence what you say and how you say it.
- Think about **how** to communicate ideas clearly - adjusting language choices as needed.
- Apply critical thinking strategies on your feet.
- Ask questions to confirm instructions/decisions and when you are not sure.

Activity 9B: Practising the AACCS framework

In difficult situations staying silent is not an option that will make things better. As hard as this can be, it's important to find the time to reflect and learn from challenges that you will experience during your professional practice. There are no correct answers to this situation, but the suggestions below could help to make the communication climate more positive.

Acknowledge

During orientation to the placement and in our university classes we discussed that we need to identify situations where we think healthcare workers are not following the code of ethics or practice guidelines. This week I've been put in a situation where I observed something that I think goes against the code, but I did not say or do anything.

Analyse

I stayed silent when a team member was using judgemental language and making assumptions about a patient/client. I did not express my opinion or discomfort because I was worried about how this would be received, especially since I'm a student. I was worried about causing tension. That could have an impact on my passing this placement. I was also afraid that if I made a team member angry, other people in the workplace would hold this against me.

Consequences

I realise that I did not advocate for the most vulnerable person in the situation, the client/patient. This has made me feel like I'm not doing my job and has an impact on my confidence, but more importantly it means the client/patient may not be receiving the best care. If we can't understand our patient's situations we may not have real rapport/trust. If they feel they are being judged or blamed, they may not be willing to open up and work with us on strategies. This could lead to poor outcomes.

Strategies

My short-term strategy is to talk to you and explain the situation. By telling somebody with greater authority I am identifying the problem to somebody who has power to make decisions and initiate actions. Can we talk further about this? What could I have said at that moment? In the long term I will need to better understand who I can go to immediately in a workplace (HR, supervisor, manager) and how I can de-brief with the right people.