Tackling Tough Talks

Tactics for Managing Difficult Conversations and Fostering Connections

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Words of AD Wisdom: Train Your Brain

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This series features tried-and-true practices from our AD experts. This week's guest blogger is Zack Dumont, BSP, ACPR, MSPharm a NaRCAD Facilitator and Academic Detailer at RxFiles Academic Detailing Service.

https://www.narcad.org/best-practices-blog/words-of-ad-wisdom-train-your-brain

Your **"What could have gone better?"** question could focus on an area of improvement unique to you:

- *Did I remember to listen more than talk? How many minutes did I spend doing each?*
- *Did I embrace the prescriber's skepticism, or did I shy away from it again?*

This isn't easy, but it's low risk with the potential for big reward… so I encourage you to jump in!

https://www.narcad.org/best-practices-blog/words-of-ad-wisdom-train-your-brain

Acknowledgement & Disclosures

We respectfully acknowledge that we live and work on the traditional territory of the Lkwungen (Esquimalt and Songhees) and W̱SÁNEĆ (Pauquachin, Tsartlip, Tsawout, Tseycum) peoples.

We are employees of Island Health which receives funding from the British Columbia Ministry of Health's Pharmaceutical, Laboratory and Blood Services Division for the purpose of delivering the BC Provincial Academic Detailing Service.

We have no other conflicts of interest.
NaRCAD conference fee and accommodations provided.

BC Provincial Academic Detailing (PAD) Service

- Since 2008, the PAD Service has delivered education sessions covering **22 drug therapy topics.**

- In British Columbia, 12 pharmacists in 5 health authorities provide approximately **1800 sessions** to about **4000 clinicians per year** – primarily family practice physicians, nurse practitioners and pharmacists.

BRITISH COLUMBIA

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- About Provincial Academic Detailing (PAD)
- Medications for Insomnia
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Provincial Academic Detailing (PAD) Service

The Provincial Academic Detailing (PAD) service is a form of continuing medical education in which a health professional, usually a pharmacist, meets with physicians one-on-one to discuss selected drug therapy topics.

During COVID-19 pandemic, PAD is providing 'virtual detailing' sessions (via individual web conference or teleconference) only. Please contact your PAD pharmacist directly to scheduled a time or email PAD@gov.bc.ca.

Learn more about PAD

- About Us
- PAD FAQs
- Meet PAD's Academic Detailers
- Topic Development Process

PAD topics

Current PAD topics

Medications for Insomnia	Antidepressants: Drug Information
Available until November 26, 2021	Available until March 3, 2022

Free Continuing Education for Physicians

Earn up to 1.0 Mainpro+ credits in about 30 minutes, held at a time that is convenient for you.

For more information about the PAD service, or to schedule a session with the academic detailing pharmacist in your area:

- Email us

www.bcpad.ca

https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pad-service

Learning Objectives

- **Examine** the most commonly-encountered **challenging attitudes**.
- **Explore** strategies for **managing challenging responses**.
- **Elicit** detailers' **personal experiences** dealing with challenging conversational scenarios.
- **Reflect** on **alternative approaches** re: past scenarios, and **anticipate implementation** of strategies practiced today.

TEDTalk – “10 Ways to Have a Better Conversation”

Celeste Headlee

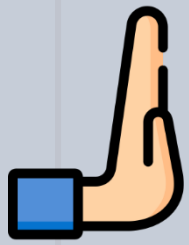
Google: “**Headlee 10**”

Direct link will be available on NaRCAD’s conference resources after the conference.

1. **Don’t multitask**: be present
2. **Don’t pontificate**: enter every conversation like you have something to learn
3. **Use open-ended questions**: who, what, where, why, when, how
4. **Go with the flow:** don’t overly prepare, sound rehearsed
5. **Say you don’t know**
6. **Don’t equate your experience with theirs**
7. **Don’t repeat yourself**
8. **Stay out of the weeds** (names, dates): only offer details when it matters
9. **Listen**: if your mouth is open, you are not listening
10. **Be brief**

Examples of Challenging Attitudes

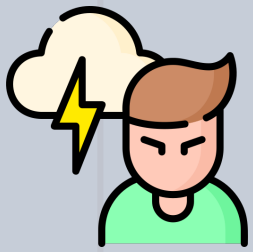
SKEPTICAL



REJECTING/DISMISSIVE

OBJECTING

INDIFFERENT



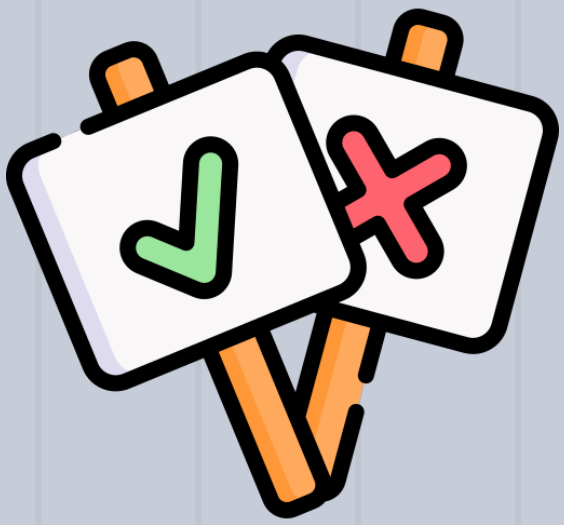
OPPOSITIONAL

Examples of Challenging Attitudes

SKEPTICAL

- Not easily convinced
- Having doubts/reservations
- Relating to the theory that certain knowledge is impossible

Examples of Challenging Attitudes

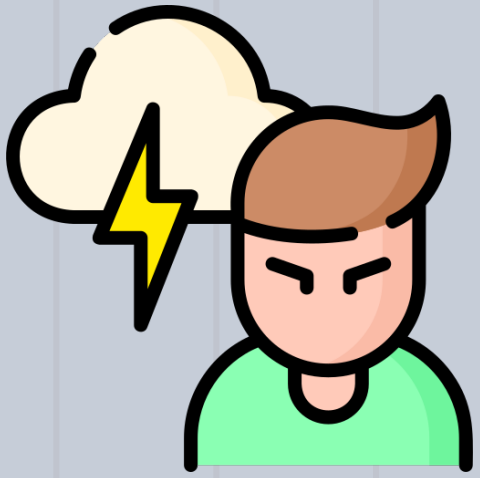


OBJECTING

- Challenging or disagreeing with something
- Unwilling to easily agree to presented ideas without thorough scrutiny

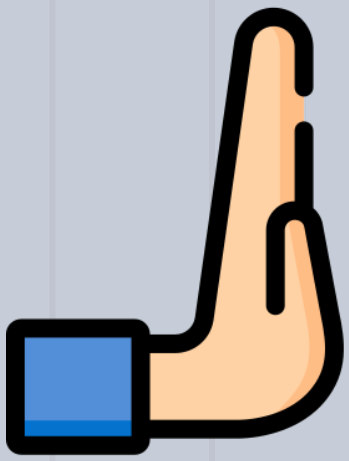
Examples of Challenging Attitudes

OPPOSITIONAL



- Reacts with overt negativity
- Often seeks to argue
- Fosters a confrontational atmosphere

Examples of Challenging Attitudes

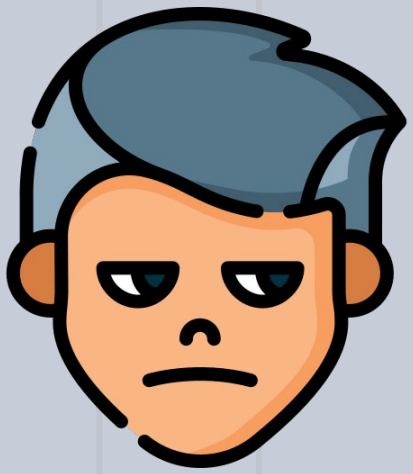


REJECTING/DISMISSIVE

- Rejects information or service without giving due consideration
- Avoids deep or meaningful exploration of alternate viewpoints

Examples of Challenging Attitudes

INDIFFERENT

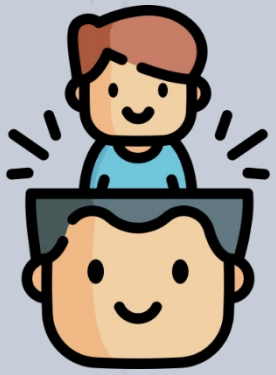


- Shows little to no enthusiasm about the discussion at hand
- Minimal input, feedback, or participation
- No interest, unconcerned, detached

Managing Challenging Situations Constructively

FIND COMMON GROUND

KNOW YOUR BIASES



EMPATHIZE

ASK QUESTIONS

And sometimes, it’s ok to stop the conversation.

Managing Challenging Situations Constructively

FIND COMMON GROUND

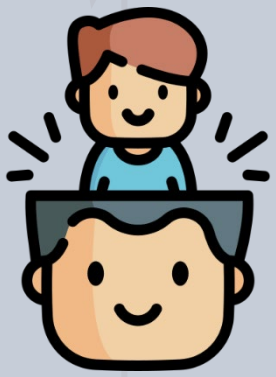
Managing Challenging Situations Constructively

FIND COMMON GROUND

Yes, I can see where you are coming from…

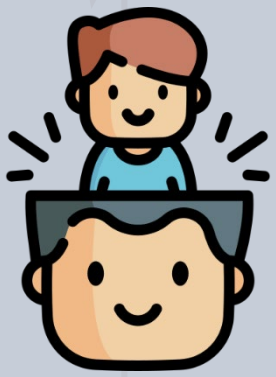
I used to think that too, until I read/discovered…

Managing Challenging Situations Constructively

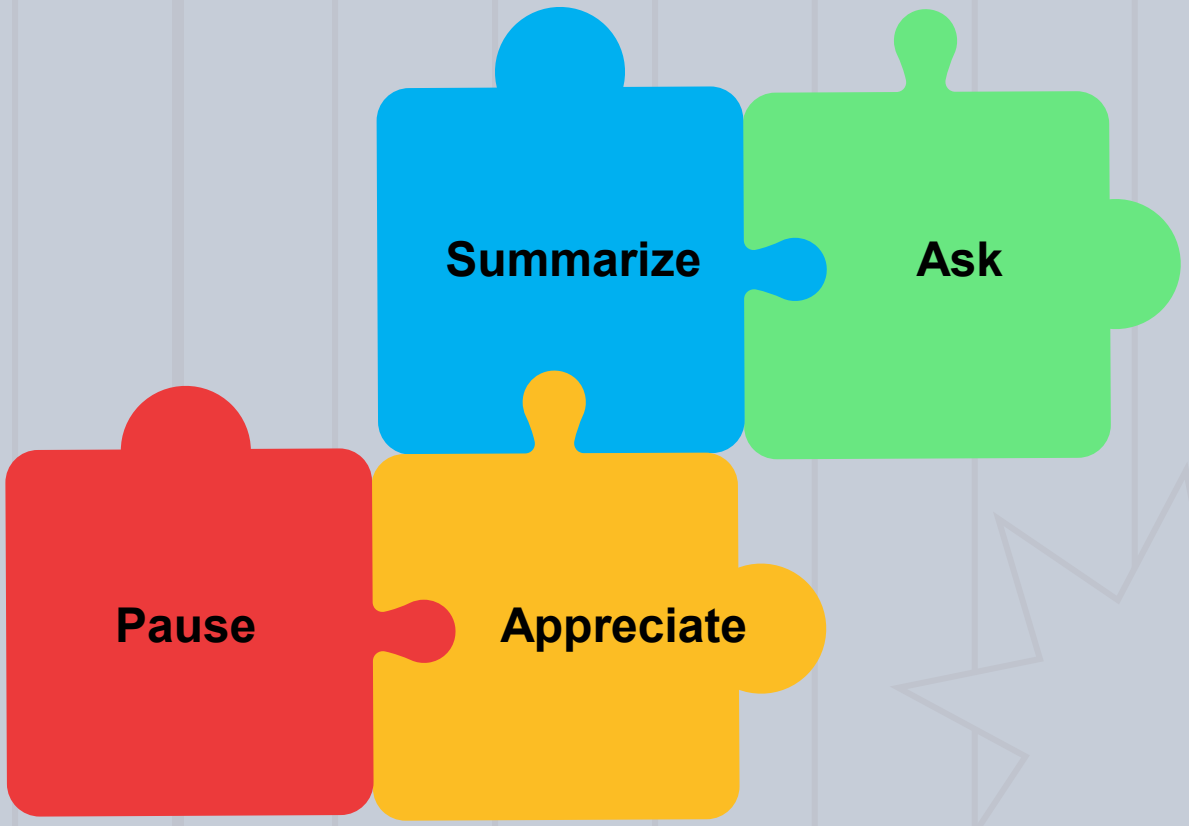


EMPATHIZE

Managing Challenging Situations Constructively



EMPATHIZE



Managing Challenging Situations Constructively

KNOW YOUR BIASES

20 COGNITIVE BIASES THAT SCREW UP YOUR DECISIONS

1. Anchoring bias.

People are **over-reliant** on the first piece of information they hear. In a salary negotiation, whoever makes the first offer establishes a range of reasonable possibilities in each person's mind.

2. Availability heuristic.

People **overestimate the importance** of information that is available to them. A person might argue that smoking is not unhealthy because they know someone who lived to 100 and smoked three packs a day.

3. Bandwagon effect.

The probability of one person adopting a belief increases based on the number of people who hold that belief. This is a powerful form of **groupthink** and is reason why meetings are often unproductive.

4. Blind-spot bias.

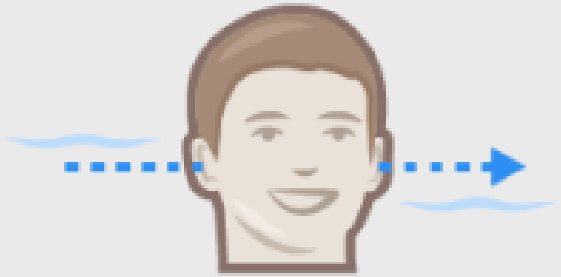
Failing to recognize your own cognitive biases is a bias in itself. People notice cognitive and motivational biases much more in others than in themselves.

https://www.businessinsider.com/cognitive-biases-that-affect-decisions-2015-8

Managing Challenging Situations Constructively

7. Confirmation bias.

We tend to listen only to information that confirms our **preconceptions** — one of the many reasons it's so hard to have an intelligent conversation about climate change.



KNOW YOUR BIASES

I always told you dogs are better than cats. Just read this one article I found that confirms everything I've said all along!

https://www.businessinsider.com/cognitive-biases-that-affect-decisions-2015-8

Managing Challenging Situations Constructively

18. Stereotyping.

Expecting a group or person to have certain qualities without having real information about the person. It allows us to quickly identify strangers as friends or enemies, but people tend to **overuse and abuse** it.

KNOW YOUR BIASES

All teenagers are lazy and addicted to their phones. Just look at my niece; she's stuck to that screen and never helps around the house.

https://www.businessinsider.com/cognitive-biases-that-affect-decisions-2015-8

Managing Challenging Situations Constructively

19. Survivorship bias.

An error that comes from focusing only on surviving examples, causing us to **misjudge a situation**. For instance, we might think that being an entrepreneur is easy because we haven't heard of all those who failed.

KNOW YOUR BIASES

I only buy Brand X appliances. My grandma had one that lasted 50 years! I don't understand why people bother with other brands when these clearly stand the test of time.

https://www.businessinsider.com/cognitive-biases-that-affect-decisions-2015-8

Managing Challenging Situations Constructively

ASK QUESTIONS

Managing Challenging Situations Constructively

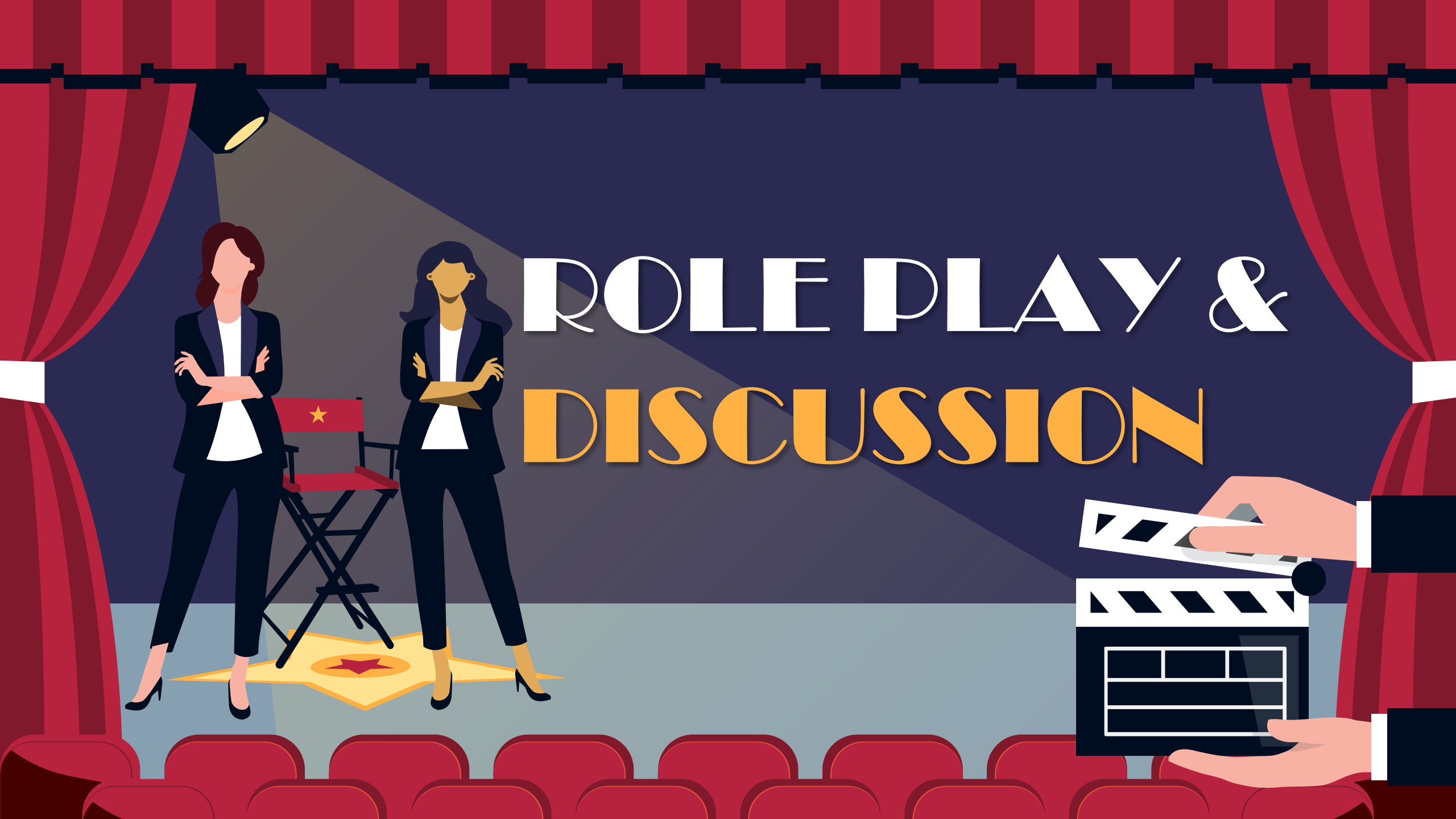
What makes you so passionate about that?

Can you share your resource?

I'd like to know why you think that…?

ASK QUESTIONS

And sometimes, it's ok to stop the conversation.


ROLE PLAY &
DISCUSSION

Osteoporosis medications: evidence overview

Postmenopausal females§	Hip fracture	Symptomatic vertebral fracture†	Symptomatic fracture††	Radiographic vertebral fracture†††	Serious adverse events	Withdrawals due to adverse events
bisphosphonate vs **placebo**; 3 – 4 yrs; meta-analysis baseline VF 0% – 100%	**ARR 0.6%** RRR 36%	**ARR 1.8%** RRR 62% ∗	**ARR 2.4%** RRR 21% ∗	**ARR 5.6%** RRR 51% ∗	NSS	NSS
denosumab vs **placebo**; 3 yrs; 1 RCT baseline VF 23%	**ARR 0.5%** RRR 40%	**ARR 1.8%** RRR 69%	**ARR 1.5%** RRR 20%	**ARR 4.9%** RRR 68%	NSS	NSS
raloxifene vs **placebo**; 3 yrs; meta-analysis baseline VF 37% – 56%	NSS	NSS	NSS	**ARR 2.8%** RRR 41%	NSS	**ARI 1.5%**
teriparatide vs **oral bisphosphonate**; 2 yrs; 1 RCT baseline VF 100%	NSS	**ARR 2.8%** RRR 71%	**ARR 4.6%** RRR 52%	**ARR 6.6%** RRR 56%	NSS	NSS
romosozumab vs **oral bisphosphonate**; 2 – 3 yrs; 1 RCT baseline VF or HF 100%	**ARR 1.2%** RRR 38%	**ARR 1.2%** RRR 59%	**ARR 3.3%** RRR 27%	**ARR 3.9%** RRR 50%	NSS	NSS

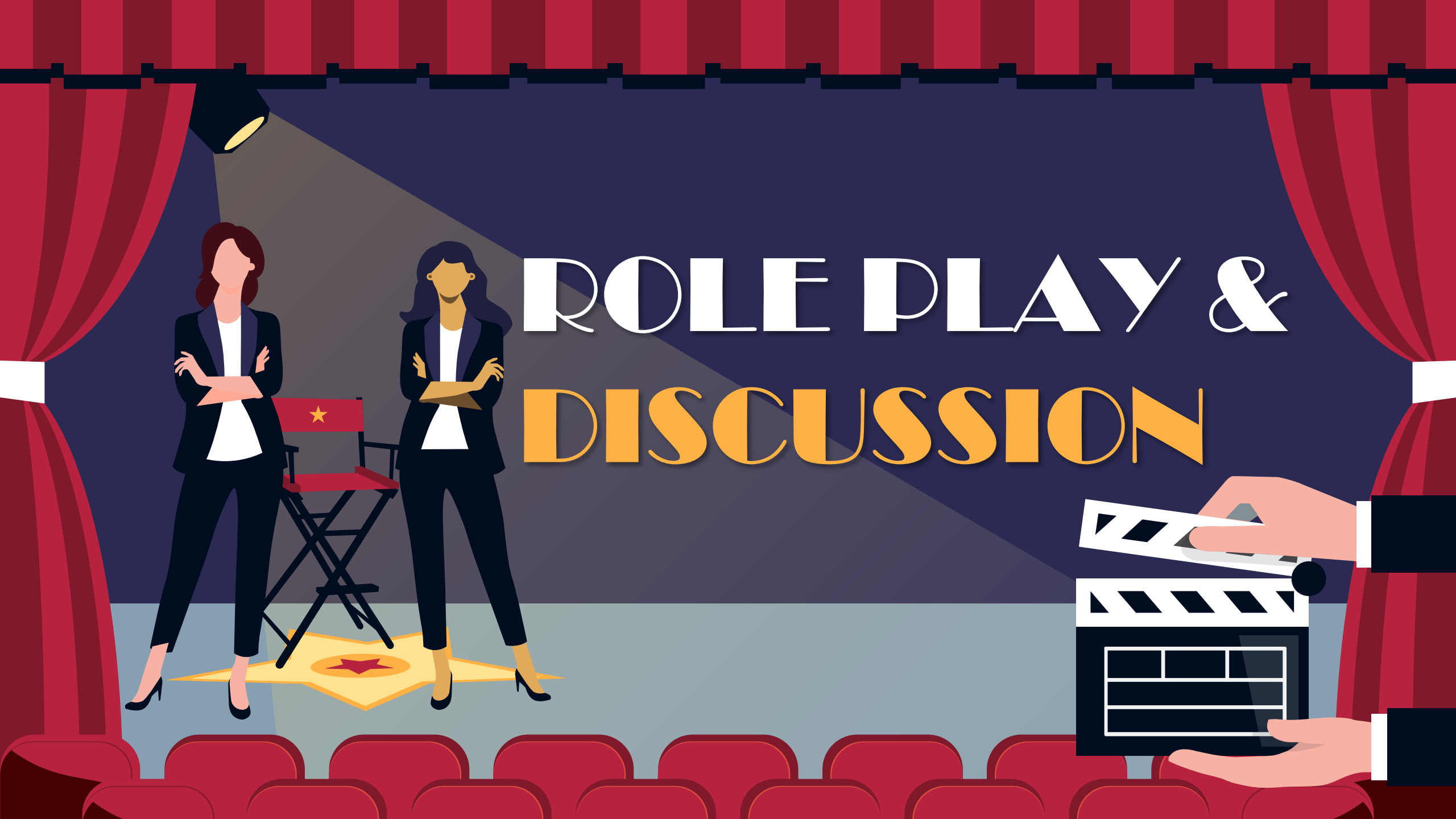
American College of Physicians 2023 Recommendations for Postmenopausal Females with Osteoporosis: bisphosphonates initial pharmacologic therapy (high certainty); denosumab second line (moderate certainty); romosozumab (moderate certainty) or teriparatide (low certainty) followed by a bisphosphonate in females at very high risk of fracture due to age and fracture history; raloxifene not recommended; **Males with Osteoporosis:** extrapolated from evidence for postmenopausal females: bisphosphonates initial pharmacologic therapy (low certainty); denosumab second line (low certainty)

§ primary osteoporosis: based on BMD or fragility fracture, not secondary to another medical condition or medication; **VF HF** proportion of participants with a vertebral or hip fracture at baseline; **†** clinically recognized, symptomatic; **††** symptomatic nonvertebral ± vertebral fractures excl. fractures not related to osteoporosis; **†††** detected on scheduled imaging, may not be symptomatic, radiographic criteria may vary between trials; **ARR** absolute risk reduction; **ARI** absolute risk increase; **RRR** relative risk reduction; **NSS** not statistically significantly different; **∗ bisphosphonates** heterogeneity in baseline fracture risk across RCTs & variability in estimates of drug effect; **teriparatide** 58% participants previously used a bisphosphonate; **romosozumab** sequential therapy romosozumab for 1 year followed by alendronate for 1 year; 6% participants previously used a bisphosphonate

ACP 2023 osteoporosis guideline & systematic review; FREEDOM NEJM 2009 denosumab; VERO Lancet 2018 & Osteo International 2020 teriparatide vs risedronate; ARCH NEJM 2017 romosozumab vs alendronate; US FDA 2019 romosozumab review; Health Canada 2019 romosozumab review; European Medicines Agency 2020 romosozumab review

Role Play and Discussion

- What went well? What did not?
- What were the physician's own biases? The detailer's?
- What strategy discussed today could the detailer have employed for a more powerful conversation?
- How can you build the relationship while staying true to your key message(s)?


ROLE PLAY &
DISCUSSION

Scenario

You are detailing a family physician on ADHD medications. Your goals during this session are:

(1) To increase comfort with prescribing ADHD medications in a primary care setting

(2) To reassure that ADHD is not an emergency diagnosis, and that clinicians can take their time doing a thorough clinical assessment (i.e. see the patient over 3-4 visits)

Almost as soon as the session begins, the physicians asserts that they will NOT diagnose nor prescribe for ADHD in either children or adults under any circumstance – they always refer to a psychiatrist.

Discussion

- What are the physician's possible biases? The detailer's (i.e. you)?
- What strategies discussed today could you employ for a more powerful conversation?
- How can you build the relationship while staying true to your key message(s)?
- *What if you were meeting with a group of clinicians, rather than one-on-one? Would your strategy change?*

Sharing Real-Life Examples

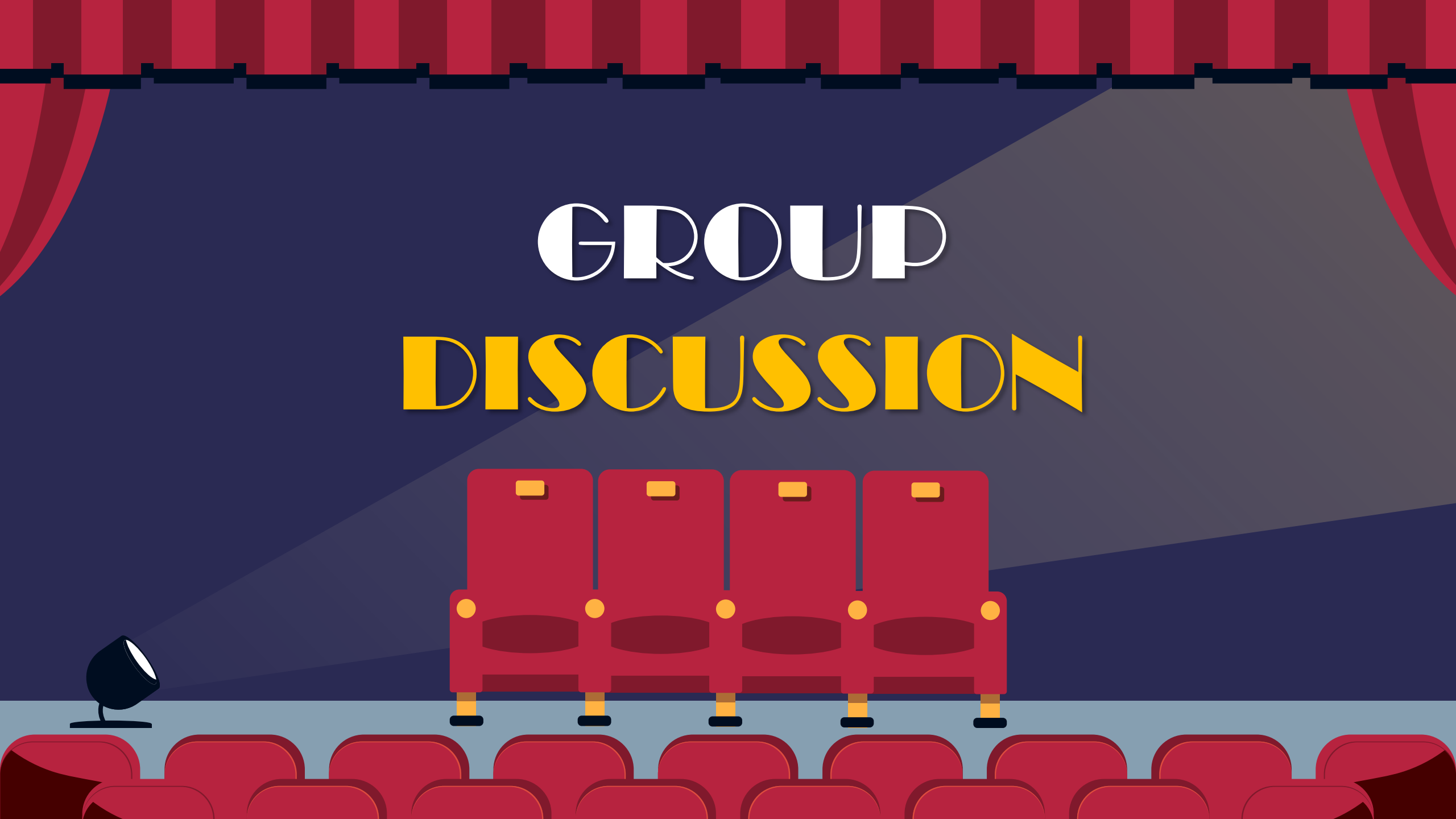
Discuss amongst your group (while maintaining confidentiality) some challenging or uncomfortable situations that you've encountered during past detailing sessions.

In those situations, what went well? What did not?

What would you try differently based on today's discussion?

What feedback can your group offer?

GROUP DISCUSSION



Managing Challenging Situations Constructively

FIND COMMON GROUND

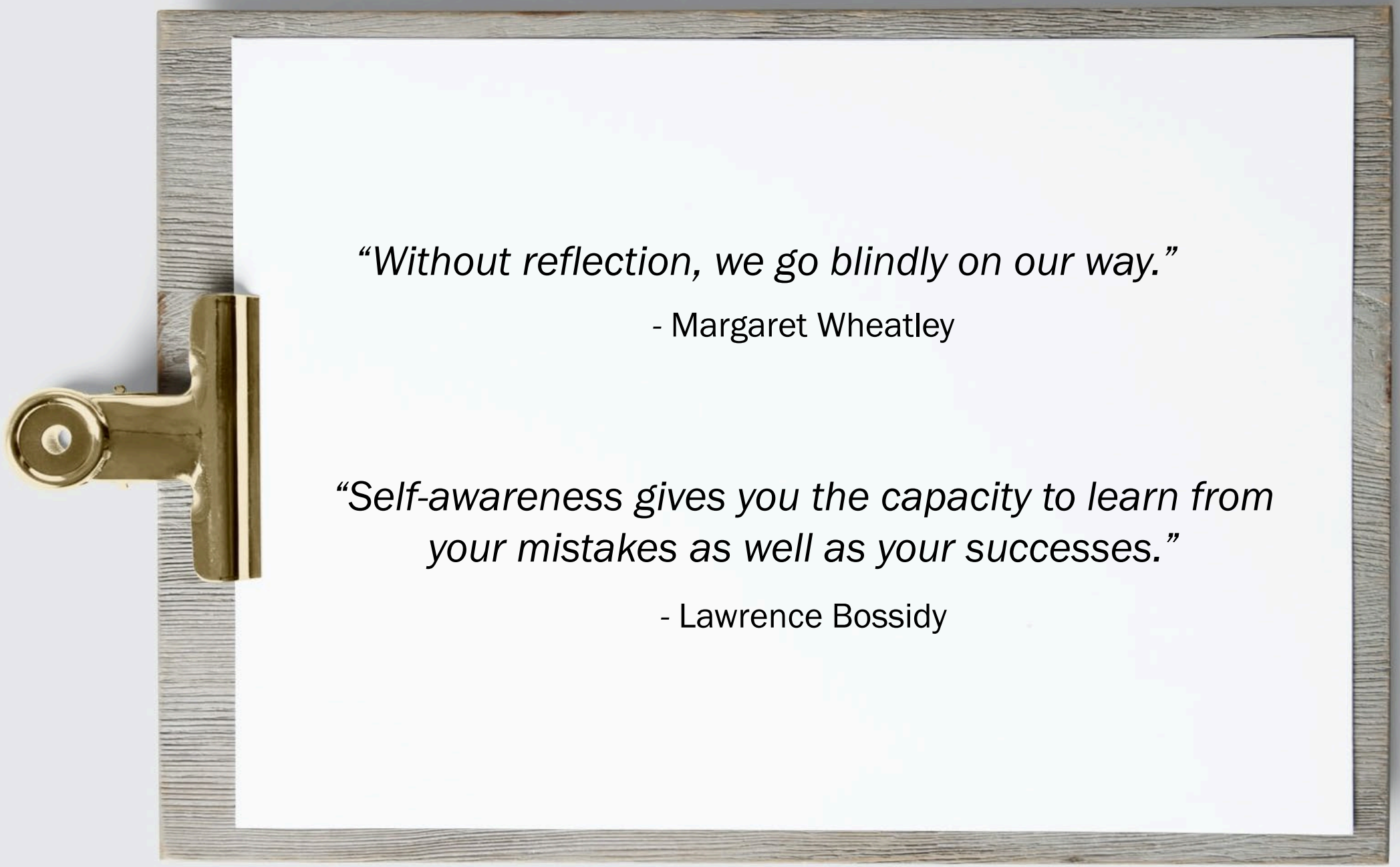
EMPATHIZE

KNOW YOUR BIASES

ASK OPEN-ENDED QUESTIONS

Summary and Closure

- Practice
- Try something new
- Call a friend
- Debrief
- Reflect


“Without reflection, we go blindly on our way.”
- Margaret Wheatley
“Self-awareness gives you the capacity to learn from your mistakes as well as your successes.”
- Lawrence Bossidy