

# Managing Difficult Conversations: An Essential Communication Skill for All Professionals and Leaders

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## Abstract

Managing difficult conversations is an important skill to develop and refine for all professionals and future leaders, particularly for those in health care where difficult situations with high stakes are prevalent. The intensity and frequency of these types of conversations will predictably increase as one's professional responsibility grows.

In this article, the authors discuss their interprofessional course, *Managing Difficult Conversations*, developed 15

years ago for medical and graduate students at Stanford University. The course facilitates the practice of managing difficult conversations through role play in a low-risk, safe classroom setting among peers. The role-played difficult conversations are based upon a series of case studies and are facilitated by faculty and guest experts. There is no single communication style that suits everyone, but the authors offer resources from the course that can be applied for effective difficult conversations, including

12 guiding principles and a 3-stage framework for planning, beginning, and conducting the conversation.

Preparing and practicing for difficult conversations will enhance the likelihood of conveying the necessary information with professionalism, directness, clarity, empathy, and warmth. Although unsettling news will always be difficult to receive, the method of delivery should be a source of comfort and hope, not one of discomfort and pain.

**F**or health care professionals, many difficult conversations involve the conveyance of serious medical problems to patients and their loved ones. Done well, these conversations can be both informative and supportive. Done poorly, these conversations can add to patients' suffering. The negative consequences of poorly conducted difficult conversations are not limited to the health care domain.<sup>1</sup> In any profession, poor communication can aggravate the issue being addressed, missing the opportunity to support those for whom we have professional responsibility. Performance reviews are one of the most common contexts for difficult conversations in the workplace.<sup>2</sup> Failure to provide negative feedback in a clear, empathetic, and supportive fashion may fail to result in the behavior changes sought and may contribute to adverse consequences, including employee dissatisfaction, workplace aggression, dysfunctional

teamwork, and increased employee turnover.<sup>3,4</sup>

Conversations often feel difficult if they are perceived to be confrontational or involve controversial or high-stakes subjects. Stress and anxiety may result, and emotions may escalate. Consequently, these conversations may be poorly conducted, delayed, or actively avoided, a phenomenon known as the "mum" effect.<sup>5</sup> We all have experienced difficult conversations in our personal lives, such as those that arise in our relationships with family and friends. We also recognize that difficult conversations are frequent in our professional lives. In the health care environment, conversations about a serious diagnosis, the occurrence of a medical mishap, or end-of-life planning are all examples of difficult discussions. These may be especially high-stakes topics, but no profession is immune to the need to effectively navigate difficult conversations, which increase in frequency if one assumes a leadership role.

Although the 3 of us are in different professions (medicine, business, and management consulting), we all believe that there is deep value in learning how to navigate difficult conversations. This is a skill that deserves one's lifelong attention, just as one would continue to develop any element of professional expertise,

and beneficiaries include patients and colleagues.

In this article, we first describe our interprofessional graduate course, *Managing Difficult Conversations*. We draw on more than a decade of experience conducting this course to offer resources that can be applied for effectively managing difficult conversations, including 12 guiding principles and our proposed 3 stages of a difficult conversation.

## Course Design

About 25 years ago, one of us (H.I.G.) developed a course at the Stanford University Graduate School of Business (GSB) called *Managing Growing Enterprises*. The course addresses the unique challenges entrepreneurs face as they rapidly scale a company. It is offered to students who, in the near term, aspire to the management and full or partial ownership of a business. From case studies, role playing, and guest experts (often the business leader featured in the case), students learn how to handle challenges, such as missing revenue forecasts, dealing with employee performance issues, managing challenging board interactions, leading an organization through a publicly visible crisis, and negotiating with aggrieved partners. In essence, this course is about

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handling difficult conversations in a fast-paced entrepreneurial environment.

Recognizing that difficult situations with even higher stakes are prevalent in the medical environment, about 15 years ago, 2 of us (H.I.G. and C.G.P.) created the elective Managing Difficult Conversations course, using the model of the GSB course. When we started the course, we enrolled students from both the GSB and Stanford University School of Medicine, aiming to enroll similar numbers of medical and business students. Students from the medical school generally are in their preclerkship years, and those from the business school are in their second year. The course follows Stanford's academic quarter calendar with 8–10, 2-hour sessions held each week through the quarter. It has been offered once or twice each year since its inception and is graded as pass/fail. W.F.M. assumed codirection with C.G.P. 3 years ago, and enrollment has been opened to all 7 graduate schools at Stanford University.

Most of the class time is made up of student role plays followed by reflections, feedback, and discussions. Original cases for the course were written in collaboration with medical school faculty based upon their lived experiences. Subsequent nonmedical cases were written by other content experts. Usually, the faculty member who helped to develop the case serves as the guest expert. Class sizes are small (approximately 30–40 students), enabling rich discussion in a low-risk, safe classroom setting among peers. Student engagement is expected and encouraged; every student has the opportunity to role play at least once during the academic quarter. We believe that role playing is the single most impactful part of the class, which the students have confirmed. The participants typically immerse themselves in the case scenarios. Feedback is offered by their peers, the instructors, and the guest expert. Over the years, we have diversified our cases to include more workplace, societal, and interpersonal scenarios.

Table 1 summarizes the subject matter of 10 cases developed since the inception of our course. Although the first 5 cases involve vignettes set in medical venues, over the years, we have heard from our nonmedical

Table 1

**Representative Case Studies Used in the Interprofessional Graduate Course Managing Difficult Conversations at Stanford University**

Session focus	Case vignette	Guest expert
Navigating a biomedical ethical challenge	A neonate is diagnosed with unsuspected Down syndrome and complex congenital heart disease.	Neonatologist
Addressing medical errors	Parents confront a pediatrician who has missed a critical diagnosis, negatively impacting the life of their infant.	Pediatrician
Conveying the diagnosis of a chronic debilitating disease	A middle-aged, high-achieving patient is diagnosed with multiple sclerosis and seeks guidance on the likely course of the disease and how to convey his diagnosis to his family, friends, and coworkers.	Neurologist
Discussing end-of-life care	Angry family members of an elderly, critically ill patient who has no remaining treatment options resist end-of-life comfort care.	Palliative care specialist
Dealing with rage and sorrow	A toddler drowns in the family pool, and the mother believes that the father was negligent.	Emergency department faculty
Terminating an underperforming graduate student	A PhD candidate does not demonstrate independence or problem-solving skills, despite feedback.	Supervising senior faculty
Dealing with personal disappointment	A graduating medical student does not receive their residency match of choice, and their parents are disappointed.	Student advisor
Dealing with team challenges	A clerkship student perceives unequal attention from a supervising resident.	Residency program director
Managing the termination of an employee	A management consultant is being considered for advancement but does not demonstrate the skill set consistent with the next level of responsibility in the firm. This results in termination.	Company director
Dealing with a toxic work environment	A mid-level female employee feels uncomfortable working with a prominent male client of the firm. The client has a strong personal relationship with the firm's managing partner.	Firm's legal counsel

students that these cases are relevant in their professional contexts as well. The lessons learned in managing difficult conversations appear to transcend domain boundaries. Cases on palliative care or a medical error bring an emotional poignancy that crosses these boundaries, as does firing a colleague or dealing with sexual harassment in the workplace. Three of our newer cases involve student-centric issues, including professional and personal disappointment, team dynamics, and underperformance.

In addition to our prepared vignettes, we ask each student to submit a 1- to 2-paragraph summary of a personal or professional difficult conversation that they have had in the recent past or are planning to have in the future. Students are told that they will be asked to share their vignette with the class and role play the conversation with a classmate. All class discussions are confidential.

## Guiding Principles

Over the years, we have developed a list of our guiding principles of a difficult conversation. These principles derive from our personal and professional experiences with attention to what has been consistently embraced by the students during their role playing and peer feedback. We recently created a pocket card that summarizes these principles on one side (List 1); the 3 stages of a difficult conversation, described in the next section, appear on the other side of the card. During the role plays and class discussions, we frequently reference this card to underscore the relevant principles. We think of it as something a busy resident or business leader might glance at for a few minutes while preparing for a challenging encounter. Seven of the 12 guiding principles warrant specific reference because they seem to have had the greatest resonance with students over the years.

## List 1

**Guiding Principles of a Difficult Conversation<sup>a</sup>**

- Assure confidentiality
- Be nonjudgmental
- Do not mislead
- Emphasize what you know
- Show empathy
- Do not mistake vagueness with compassion
- Keep language succinct and simple
- Offer hope and comfort
- Be calm and calming
- Be an active listener
- Pauses are your friend
- Remember it is how you say it

<sup>a</sup>Side of a pocket card used in the interprofessional graduate course Managing Difficult Conversations at Stanford University.

**Be nonjudgmental**

Being judgmental is one of the surest ways to turn a conversation into an argument. Listening to the other person's reactions, even if defensive or emotional, is much more likely to advance the conversation than judging or debating their comments.

**Do not mislead**

It is best to be direct about what one believes to be true, even if it will be difficult to hear. If one tries to soften the message about the presence of a serious diagnosis or the poor performance of an employee by being evasive, there is potential for both misunderstanding and the erosion of trust.

**Do not mistake vagueness with compassion**

Being vague is one of the most common and unhelpful practices that we observe in our class role plays. Although it may seem kinder to obfuscate the key message, whether discussion of a serious diagnosis, a medical error, or an ethical lapse, it is not. What is called for is a direct, frank, and kindly delivered assessment of the situation.

**Offer hope and comfort**

We are not suggesting underplaying the potential gravity of the situation. We believe that offering hope and support for what can be done to alleviate pain and disappointment will be comforting.

Defining the path forward is a key component of a difficult conversation.

**Be calm and calming**

It is vital to control the emotional temperature in the room. Remaining calm under verbal attack and setting a comforting, rather than an accusatory, dismissive, or condescending tone are critical in diffusing a heated exchange.

**Be an active listener**

Listening intently to the other participant without interrupting is essential. This demonstrates that one is interested in that person's experience. Focused attention will also show empathy. Occasionally, it is useful to paraphrase what has been said. Doing so is a gesture of respect.

**Pauses are your friend**

One must not attempt to deliver the entire message in one burst. It is more effective to speak slowly and clearly, with constant attention to the listener's reaction. Occasional pauses and periods of silence show respect and allow each party to comprehend what has been said.

**Stages of a Difficult Conversation**

The reverse side of the pocket card we developed for our course outlines our proposed 3 stages of a difficult conversation (Chart 1). These stages are not meant to be rigid divisions, but rather to serve as a framework to consider when planning, beginning, and conducting the conversation. We developed these stages to facilitate our in-class discussions.

We aim to emphasize that, in addition to practice, improvement in managing difficult conversations over time depends on careful preparation and thoughtful reflection on performance.

**Planning the conversation**

Providing adequate time to prepare for a difficult conversation is essential, as are defining one's goals and creating an outline of logical talking points. Anticipating possible questions and emotional responses is also useful. Reactions of disbelief, doubt, and anger are normal. This is true whether informing someone of a serious medical diagnosis, a poor performance review, or a job termination. Finally, practicing what one plans to say and speaking the words out loud are excellent exercises to find one's voice. Practice may not make perfect, but it certainly can add smoothness and sensitivity. Developing talking points and putting them into words are 2 entirely different propositions.

**Beginning the conversation**

Choosing an appropriate physical setting for the conversation, such as a private, quiet room, is important to avoid being interrupted or overheard. To help the other person feel comfortable, it is a good practice to sit beside them rather than behind a desk. One should get directly to the point; a lot of preamble or polite chit-chat serves no purpose and is likely to raise the level of anxiety. It is more effective to state the goal for the conversation clearly and follow a logical and planned approach, detecting and addressing any information asymmetry.

**Conducting the conversation**

One should be sure to check in and pause frequently, asking open-ended questions and intently listening to the answers, without interruption. At the conclusion of the conversation, one ought to provide a summary of

## Chart 1

**Stages of a Difficult Conversation<sup>a</sup>**

Before	Begin	Conduct
Identify clear goals	Choose setting	Ask open-ended questions
Assess recipient's emotional state	Address information asymmetry	Check in frequently
Prepare outline	Get directly to the point	Use frequent pauses
Find your voice	State goal clearly	Outline next steps
Anticipate questions	Follow logical approach	Reflect immediately after
Practice		

<sup>a</sup>Side of a pocket card used in the interprofessional graduate course Managing Difficult Conversations at Stanford University.

key messages and the other person's responses, including an outline of any next steps that are planned, and an offer to have a follow-up meeting, if appropriate. After the conversation, it is essential to reflect on what went well and what could have been improved.

## Conclusion

Demands to conduct difficult conversations arise frequently, and because they are often dreaded, they are often postponed or avoided. This results in unaddressed issues with potentially escalating negative consequences.<sup>3,4,6</sup> Managing difficult conversations is an essential skill for effective, humane professionals and business leaders. Addressing areas of poor performance, workplace disagreements, conflict resolution, and disturbing news is a common challenge in health care, academia, and business. As one's professional responsibility grows, the frequency and intensity of difficult conversations predictably increase.

No single communication style suits all, but the resources we discussed

from our Managing Difficult Conversations course can help with navigating such conversations, including the 12 guiding principles in List 1. Importantly, communications must "be nonjudgmental," "avoid misleading information," and "not mistake vagueness with compassion." Developing a framework for preparing and conducting these conversations (Chart 1) will also enhance one's effectiveness and optimize success. As with any high-stakes activity, preparation is critically important.

Like with any skill, managing difficult conversations will improve with ongoing practice. The primary goal in a difficult conversation is to convey the necessary information with professionalism, directness, clarity, empathy, and warmth. Unsettling news will always be difficult to receive, but the method of delivery should be a source of comfort and hope, not one of discomfort and pain.

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