

# HELPFUL HINTS FOR COMPASSIONATE-BASED CONVERSATIONS

## I. Before going into the patient room:

1. Pause and consider what value this challenging conversation will be in the service of: Perhaps it is related to your commitment to practice safe medicine, to do no harm, to follow “best practices”, to be in alignment with the nation, your colleagues, community, and/or practices?
2. Have a plan for how you will manage the time and get on to your next patient e.g. “We have 10 min. left together, I have 3 important things I want to discuss and I am sure you have some things, who shall go first?”
3. Think in Micro Increments-as long as patient/others are not in eminent danger changes can unfold over time, chuck it up and plant seeds for future change. E.g. Say to the patient “No changes need to be made today”-it might keep the patient/family in their frontal lobes vs. brain stem survival mode.
4. Set an “exam room goal”-an outcome you hope to achieve when you walk out of the exam room e.g. introduce the topic of needing to change medications in the near future. If possible come up with at least three choices you can live with.
5. Decide if you will “hold the line” with your desired outcome. If the patient senses hesitation and/or ambivalence, the patient is likely to move into “negotiation”, which is lengthy and frustrating for all involved.
6. Have a plan for feeling and modeling discomfort. E.g. relaxing your hands, softening your jaw, deepening your breath. Mirror neurons are real and effective!

## II. While in the room with the patient:

1. Navigate the emotional landscape by using Reflection, Validation, and Support
2. Elicit patient perspective on how “chronic pain” care is going
3. Ask permission to share your perspective, share your concerns, framed around safety (consider having a prepared and practiced “elevator Speech” of the new, safe and effective opioid prescribing guidelines.
4. Deliver your message of desired outcome(s) by speaking slowly and keeping the messages simple
5. Validate any patient/family fears, check for understanding, clear up any misunderstandings, and give patient choices if possible
6. Identify a shared goal if possible, and/or agree to disagree on course of treatment. Have realistic expectations of a “positive outcome” (e.g. patient may leave angry/upset, etc.)
7. Set limits/clarify boundaries by focusing on what you are willing to do, rather than on what you refuse to do.

## III. Helpful Hints

- Speak slowly and keep it simple, brief explanations are usually preferred at least for initial conversations. Avoid the temptation to over explain or get into rationalizing/negotiating/arguing with the patient about anything. “Roll with Resistance”
- If your intent is to take something away, e.g. a taper or remove a medication, consider what you will offer your patient. It may be as simple as, “I will continue to be your healthcare provider as you move through these changes”. You may want to have some pre-ordered non-opioid treatment suggestions to give the patient at the end of the visit. It is common for patients to state that they have tried all such treatments to no avail and are not interested. The patient can have this response and you can give the patient the

information at the same time.

- When a patient becomes highly emotional (angry, desperate, tearful, etc.) it is unreasonable that you will be able to “talk the patient into being “ok” with the changes you are proposing.” Be prepared to leave the visit with the patient not agreeing to the changes and/or continuing to be highly emotional. As the medical provider, it is your charge, to make the changes in the name of “safe medicine”.
- It is highly recommended that you schedule a follow up appointment before the patient leaves the office. The patient may state they plan to find another provider, etc. and it is still recommended that an appointment be set and that a member of the medical team call the patient the following day to check in on the patient and remind them of their follow appointment.
- Don't be defensive, it escalates emotion, instead make a statement about the patients experience, e.g. “The look on your face tells me you are afraid, am I getting that right?”
- Share control, it models collaboration, and empowers patients to make changes (this is why offering three options are a good place to start as it gives the patient control over which option to choose).
- Focus on function not pain; it permits progress despite ongoing pain.
- Although it may seem obvious, it is very helpful to state how much you care for your patient and that you have confidence in their capacity to make the changes being proposed (even if you don't have high confidence right now, it will increase the more you make these changes and see the resilience of your patients).

## Resources

Visit [here](#) for more ideas on how to effectively talk to your patients on this topic.  
(<http://professional.oregonpainguidance.org/online-resources/difficultconversations>)

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