



Association of Directors of
Anatomic and Surgical Pathology

2020 ADASP

Annual Meeting

February 29, 2020

Los Angeles Convention Center





Association of Directors of
Anatomic and Surgical Pathology

Conversations that Matter: From Conflict to Collaboration

Katherine A. Greenwood, JD, PhD, CO-OP

Office of the Ombuds

University of Southern California

katherine.greenwood@usc.edu

2020 ADASP

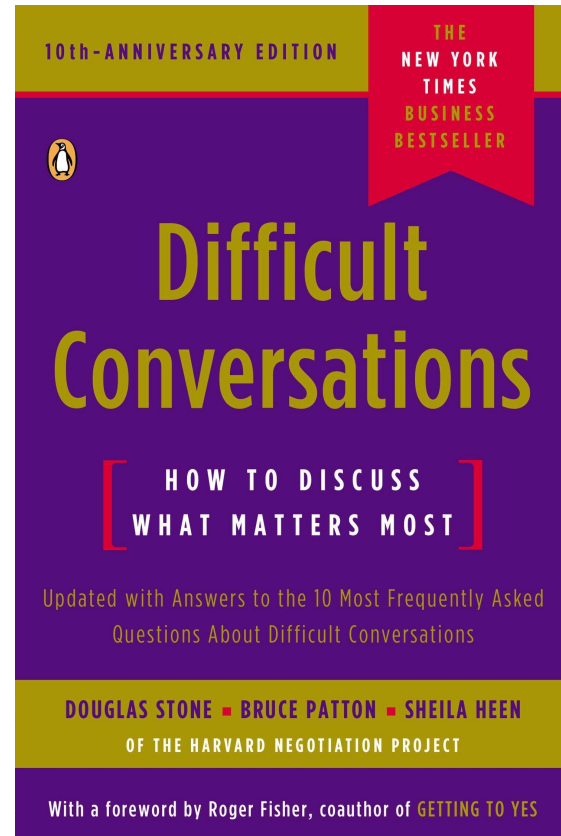
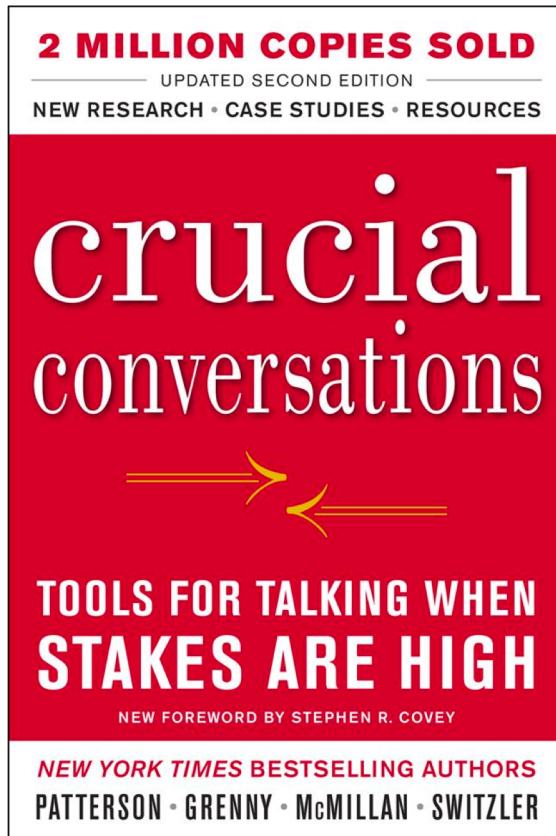
Annual Meeting



A Question for Reflection:

In your workplace, what conversations are not being held, or are being held poorly?





Additional Question for Reflection:

- What makes conversations difficult?
- What is the difference between difficult conversations and crucial conversations?



According to the authors of Difficult Conversations: How to Discuss What Matters Most

A difficult conversation
is anything that you find
hard to talk about.



When is a conversation “crucial”?

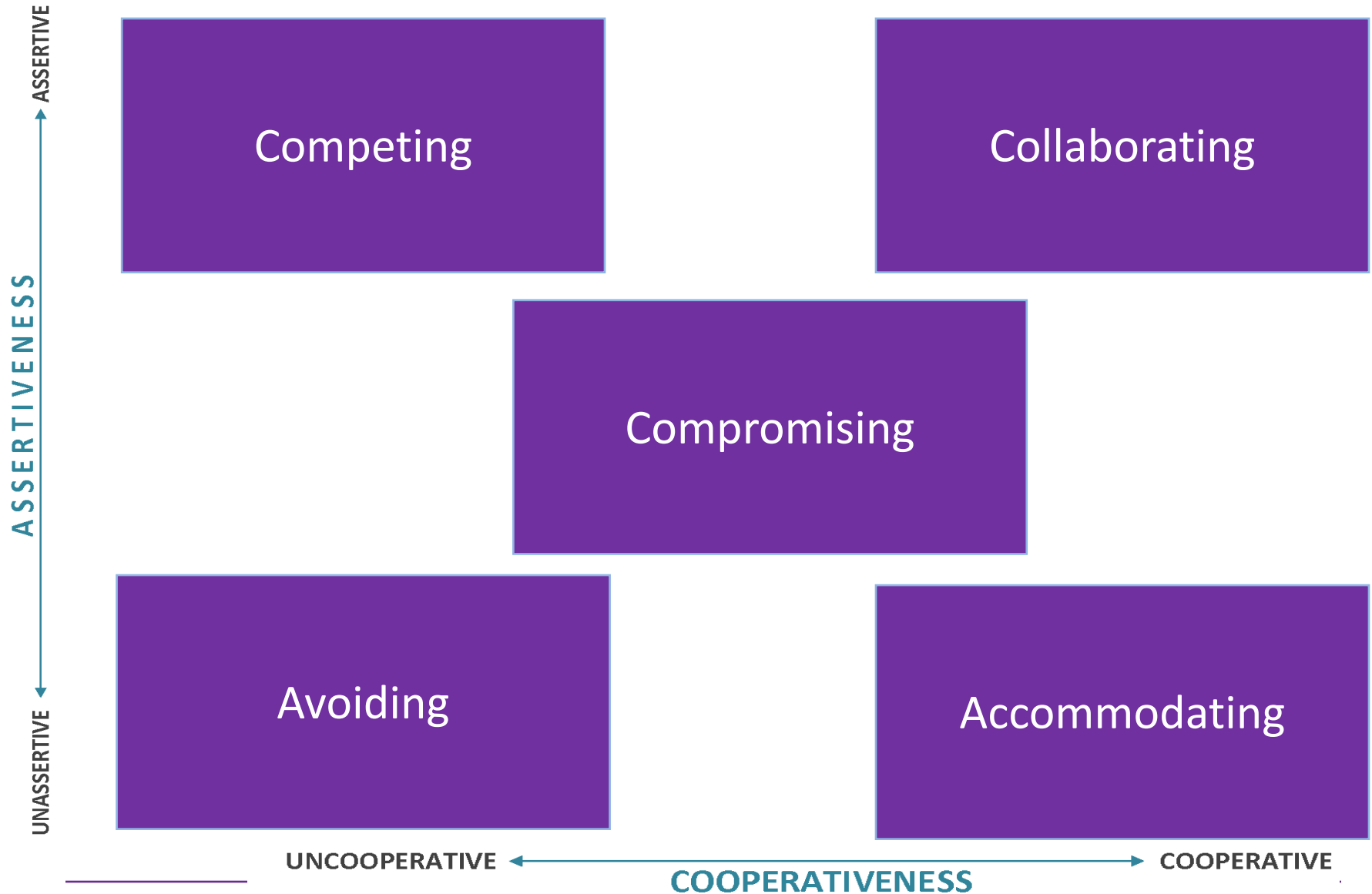
- Are the stakes high?
- Do opinions differ?
- Are emotions strong?



Why are people sometimes reluctant to have a conversation where opinions may differ?



Thomas-Kilmann Conflict Mode Instrument



According to the authors of Crucial Conversations:

*"If you don't talk it out,
you'll act it out"*

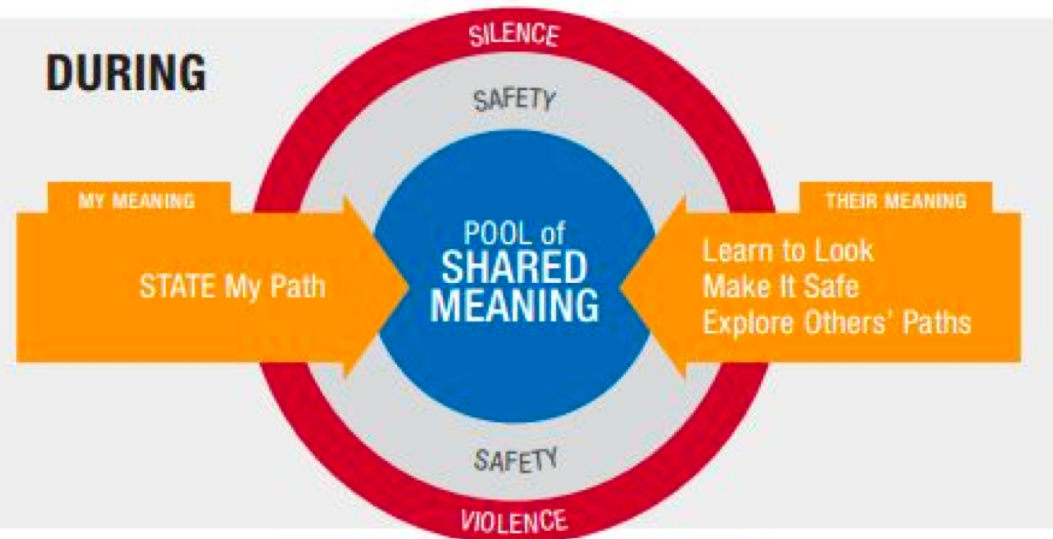


BEFORE

WORK ON ME FIRST

Get Unstuck
Start with Heart
Master My Stories

DURING



AFTER

MOVE TO ACTION

Who does What by When
Follow up

Choose a place to start: CPR

- C Content or an isolated incident
- P Pattern or a recurring problem
- R Relationship concern



Start with Heart

Q: What do I want for:

- Myself
- Others
- Relationship



Self reflection for a crucial conversation:

- Ask:
 - How am I behaving?
 - How would I behave if I really wanted a specific outcome?
 - What are my motives? (to be right; to look good; win; or to learn, to produce results, to strengthen bonds)
 - What emotions am I experiencing?
 - What stories am I telling myself?
 - What are facts and what are my interpretations?
 - What is my style under stress?



Separate Facts from Stories

We often believe that the stories we tell ourselves are fact. It is often helpful to open our minds to alternative stories.

Facts are actual occurrences, observations, measurements
Stories are judgments, conclusions, and attributions



Facts vs. Stories

Exercise 1

- Recall a time when you were working with a colleague on a project and things were not going well, possibly because of this other person's attitude.
- What “story” did you have about this person's attitude or behavior?



Facts & Stories

Exercise 2

Describe four or five observable behaviors might you use to share FACTS, about the three stories below:

- *Arrogant*
- *Closed-minded*
- *Disorganized*



Facts vs. Stories

Exercise 3

- *List the top two types of people that you find difficult or annoying (ex: loud, defensive, lazy).*
- *Think of one or two specific people in your life that are difficult or annoying and describe their attributes and actions.*



Look for 3 Clever Stories

Victim Stories – I am the innocent sufferer

Q: What is my role in this?

Q: What am I pretending not to know?

Hints: “*This is not my fault.*” “*I am the innocent one.*” “*I didn’t start this.*”

Villain Stories – I assume the worst motives for others

Q: Why would a reasonable, rational person do this?

Hints: blaming, judging, attributing bad motives to others, justifying own behaviors

Helpless Stories – I am stuck and powerless

Q: What is one thing that I can do right now?

Hints: “*There isn’t anything that I can do.*”



S-T-A-T-E Skills

- **S** – Share your facts (“I noticed that...” “The last 3 times we spoke...”)
- **T** – Tell your story (explain your conclusions based on these facts)
- **A** – Ask for other paths [their facts and their stories].
(Ask open-ended questions: “What’s your view?” / “Do you see this differently?”)
- **T** – Talk tentatively (“I get the impressions that...” / “From my perspective....”)
- **E** – Encourage testing (“What if I have this wrong?”/“What if the opposite is true?”)

Notice when Safety is at Risk-

Learn to look for emotional, behavioral, and physiological cues

■ SILENCE

- *Withdrawing*
- *Changing the topic or avoiding the subject*
- *Masking: sugarcoating, playing down opinions*

■ VIOLENCE

- *Attacking: intimidating or ridiculing others*
- *Using absolute terms, “always” and “never”*
- *Name-calling or labeling*
- *Pressuring others to adopt your point-of-view; interrupting; dominating*



Make it Safe to Dialogue and to Share

Safety is at risk when there is a lack of:

- **Mutual Respect**
 - Identify what you respect about the person
 - Respect their humanity
- **Mutual Purpose**
 - Ask others what they want (purpose)
 - Ask others why they want what they want (strategy)
 - Discover a mutual purpose or invent one (“yes, and”)



Safety Strategies during the Conversation

OFFER AN APOLOGY WHEN APPROPRIATE

- Apologize if you have made a mistake that has had a negative impact

UTILIZE A CONTRASTING STATEMENT to prevent or remedy a misunderstanding

- 1st Explain what you don't intend
- 2nd Explain what you do intend & clarify your purpose
 - Example: *"I don't want you to think that I am trying to take over this project. I do want you to know that I respect and value your analytic skills and am looking forward to exploring how best to proceed on this project."*



The Crucial Conversation

- When the time comes to have the conversation, ensure proper timing and environment.
- Be fully present
- Share your objective, views, questions
- Listen carefully and with curiosity
- Dialogue respectfully
- Arrive at a plan of action
- Follow up



Crucial Conversation Review

- Determine if the conversation is “Crucial”
- CPR – Content, Pattern, Relationship
- Start with Heart – what you want for self, others, relationships
- Be aware of Fool’s Choice –flight or fight/silence or violence
- Look for 3 Clever Stories – Victim, Villain, Helpless
- Discern the Facts from your Story
- Use STATE Skills
- Make it Safe – Mutual Purpose and Mutual Respect
- Look for Safety – Silence or Violence
- Strategies for Misunderstanding – Apologize and/or Contrasting Statements
- Conclude and Move to Action



Extra Tips:

- Disentangle Intent from Impact
- WIFM
- The power of a request
- “I don’t have time for this”

*Spend seven minutes now
and*

Save seven hours later



Case Study – Conflicts Between Senior Level Physician Pathologists

- Is this a difficult conversation?
- Is this a crucial conversation?
- What new conversation skills might the pathologists use?



Case Study – Conflicts Between Senior Level Physician Pathologists

Four full time pathologists work a lab that operates 5 days a week. All but one of the pathologists remain at work until they finish their work. The majority of the caseload work is distributed by 8:00 am. Work continues to flow in until 2:00pm. Daily, work is distributed evenly by specimens (not accessions) to negate problems with perceptions of unfairness. A consensus conference takes place daily at 2:30pm and runs for 45 minutes. Pathologists are encouraged to bring 5 or less cases to the working conference.

The pathologists generally work these hours:

Dr. Acer, age 55. Experienced. Works 9:00am – 6:00pm.

Dr. Bravo, age 37. Experienced. Works 10:00am – 4:30pm.

Dr. Carp, age 45. Experienced. Also has administrative duties. Works 9:00am – 8:00pm.

Dr. Door, age 32. Two years post-fellowship sign out experience. Works 11:00am – 10:00pm.



Case Study – Conflicts Between Senior Level Physician Pathologists

At a meeting, Dr. Bravo proposes moving the consensus conference time to earlier in the day. She is a mother of three young children and wants to be able to go to pick up her kids from daycare at 4:00pm.

Dr. Acer objects to the proposal because she wants to make sure that she has reviewed the majority of her cases before conference in order to deal with potentially problem cases. To her, 2:30 pm is ok, but not any earlier. She then raises an issue about compensation concerns. Since she is not paid extra when one of the other pathologists is out ill or on vacation, and she covers part of their cases, she feels that she is doing extra unpaid work.

Dr. Carp is happy with the conference at 2:30pm, but now raises issues about how his time is eaten up because of the administrative tasks, which he blames on the constant interruptions by the other pathologists. He also expresses frustration that his caseload goes up when one of his colleagues is out on vacation or takes parental leave. He raises another matter, he feels that Dr. Door takes too much time to show his cases at conference. Dr. Carp comments that most of Door's cases are often diagnostically easy for the other pathologists and shouldn't be brought to conference, and because he brings double the number of cases, it slows everyone else down.

Dr. Door, wants to move the case conference to 3:30pm. He often has trouble finishing his cases on a daily basis and frequently brings 10 or more cases to the conference. He also shares the opinion that it is annoying to take on extra work when someone is out of the office, because he can't finish the cases that he already has.





Association of Directors of
Anatomic and Surgical Pathology

Questions?

Thank you!

2020 ADASP Annual Meeting