Tranformative Communication

Presenter: Presenter: Robin Arthur, PsyD

Welcome. I'm so glad you're here. Communication is something we do every day. And yet in healthcare, the stakes are even higher than almost anywhere else. Every word, every pause, every gesture can mean the difference between clarity and confusion, trust and mistrust, safety and error.

Imagine this. Every patient, every colleague, in even every family member leaves a conversation with you feeling heard, respected and more hopeful. That's the promise of transformative communication.

Here's a little bit about me and I'm sure you have my bio. These are the disclosures and these are the limitations and risks for today's course.

Here are learning outcomes for today, and let's jump in.

So Nelson Mandela said, if you talk to a man in a language he understands, that goes to his head. If you talk to him in his own language, that goes to his heart. In healthcare, we want to do both. And that's what we're going to be working towards today.

Communication in healthcare has been researched for decades and there's a large body of evidence to demonstrate that the need for excellence in communication in healthcare, both with patients, when we work on a team and when we provide supervision to others, it's critical. Recent qualitative and mixed method studies from healthcare context underscore that communication is not a mere auxiliary score, but it is a central mechanism by which patient care, supervision, collaboration and professional development are enacted. Also, trust, clarity and responsiveness defined supervision, patient care, and they reduce burnout.

Additionally, team communication is directly linked to to patient outcomes and continuity of care. These studies make it clear that investing in robust communication skills is foundational. It is not optional for high functioning healthcare environments, safe supervision and optimal patient care, which is what

we're all looking to achieve.

So I'm going to browse through these research studies that are the most recent ones I found and let you read them on your own as well. But I found studies from 1920 and up to 25 and they all were showing that communication is very, very important. This one in particular showed that for telehealth training, which a lot of us are doing telehealth now, that it's very important that not only are we in the screen with the patient, we, we have to be even better at our communication. So the authors of this study highlighted that empathy, listening and validation in virtual sessions drives patient engagement and satisfaction. So all telehealth training should explicitly incorporate interpersonal communication modules as well.

They also did some simulations and showed that the inclusion of simulation based communication training in continuing education for healthcare teams is necessary.

And this study basically taught us that healthcare Providers need a sophisticated communication model to enhance trust, respect and dialogue.

This study showed us that the results emphasizes psychological safety and mutual respect are vital for effective feedback in team development. And we know in healthcare we all work in teams and they're not always optimal with communication. So that communication framework encourages us and helps us to not burn out as well.

When we talk about communication, we often think about words alone. But communication is much broader. It's an entire process of exchanging information, ideas and meaning. And it is, it can be one way you talking at someone, or it can be transactional, you and several people talking, or potentially you and one other person talking. And it may focus on tasks or it may focus on data.

It also varies in clarity, tone and impact. Transformative communication, on the other hand, creates connection, trust and meaning. It actively shapes perspectives and outcomes. It balances facts with empathy and respect. And it encourages collaboration, resilience and growth.

In healthcare, all of these modes are at play all of the time. So communication occurs in multiple forms. We know that it can be verbal, spoken, it can be nonverbal, tone, body language, facial expression. In fact, we know that only 7% of what we actually convey to other people, communicate to other people is what is our words. All the rest is our body language, our facial expression, the tone of our voice.

Communication can be written, email, notes, documentation. It can be very formal or it can be very informal, like in your break room. And lastly, you can have interpersonal communication or mass communication. You can be talking to just a couple people, or you could be talking to the entire hospital if you're in a hospital setting.

So when we think about communication, one of the ways I look at this is, is that when we are communicating with others, there are three things happening in that communication at all times. And until I really kind of learned this, it's, it's a little bit adapted from Marsha Linehan's model of dialectical behavior therapy. And she talks about so many things going on in communications as well. When I first learned that, I thought, wow, I never even thought of the author, all the things happening in communication, because I was just busy communicating. So let me show you these, and hopefully that's going to help you in the future.

One of the first things that we're looking to do in communication is gain something we want. So it's task or outcome goals. And there's a lot of evidence that says we really need to work on those. Here's a couple of the studies.

When we're trying to just get an outcome, a goal in our communication, what we're going to focus on is to be sure that our language is clear. We stick to the matter at hand. Even if someone is trying to deter us from it or dismiss you, you stay focused on what it is you need that goal. Okay, so if a nurse uses an sbar, which is Situation Background Assessment Recommendation for those of you who may not know what the SBAR is, again, it's Situation Background Assessment recommendation. If a nurse uses an SBAR to request a medication change, that's clear structure and it leads to safe immediate adjustments.

So that clarity, that goal. Okay? Think of a time when you asked for something at work. Did you state it clearly and directly or did the request get lost? So the second thing that's happening when you're communicating with someone is that you're trying to strengthen the connection.

Okay? So communication builds trust and cohesion and positive team relationships reduce conflict and increase job satisfaction. So when we have good relationships at work, we're going to be happier at work as well. So if a patient disagrees with a parent about the frequency of therapy, instead of arguing, the therapist validates the parents concerns, co creates a plan and and preserves trust. So we know that it's important if we're treating a patient and there's parents involved, that communication and that relationship with those parents is vital for continuity of care for the patient.

So consider the last difficult conversation you had with a patient or a colleague and what did you do to keep the relationship intact, even if you disagreed?

We want to make sure to be collaborative, to not be aggressive and to be friendly. And you want the other person to think positively about you when the interaction is finished.

The third aim of our conversations and our communications is preserving integrity. Preserving your integrity in particular. So here's some research about preserving integrity and how important it is. And I

want you to think about a school IEP meeting. A speech therapist calmly advocates for therapy hours despite the administrative pushback.

She preserves her professional integrity even if compromises are made. Or a physical therapist is in a team conference and discharge planning meeting and the physician recommends sending the patient home the next day. But the physical therapist is concerned because the patient's not yet safe to walk or to transfer. So the physical therapist says, based on today's assessment, the patient still requires minimal assistance for transfers. I recommend continuing inpatient therapy for two more days to reduce that fall risk.

They then add, I understand we're all trying to move patients through safely and efficiently, and I respect the physician's focus on medical stability. But my concern is the mobility safety. We share the same goal of preventing readmissions. And if pressured, the physical therapist remains firm and says, as the therapist responsible for functional safety, I need to advocate for discharge. Tomorrow would be unsafe without further progress.

You can see in that conversation, there was a goal, there were relationships to be kept, and there was integrity of the physical therapist. That my opinion here, clinical opinion matters just as much, and we all need to be listened to. And what happens is the team recognizes the physical therapist experience, the discharge plan gets adjusted, and the trust across all the disciplines is insured. So it's really important that sometimes when we're in communication, one of these three things, the goal, the relationship, or the integrity is most important. Like if you're in an emergency room and a trauma patient comes in, the most important thing there is that the physician gives an order for what is needed.

They may not be paying attention to the relationship of everyone around them, but the goal is necessary to be achieved. So when we're in conversation with other people, I want you to keep in mind, is my goal the most important thing? Is my relationship the most important thing? Or is keeping my

personal integrity the most important thing? And sometimes it's one and sometimes it's all of them.

So when integrity is most important, you have to remember your values and morals are important.

So dialogue means free flow of meaning. The point isn't to win or to dominate, but to create that shared understanding. And in healthcare, this matters because loss of trust, tension and errors happen when we are not in a good dialogue. So we want to shift from debate to dialogue, and we're going to talk about this. These skills are not innate, and sometimes we have to learn them.

So we want to create that meaning and understanding.

But learning these things is not always easy. They're not always easy to do.

So let's talk about when is good dialogue difficult. When does it get hard to continue dialogue, especially in a really stressful environment. So it's easiest when the stakes are low, when the issue is really important, it's much harder. And the truth is that conversations that matter the most are the hardest ones to have. I think we all can agree on that.

They're difficult when the issue is important. They're also difficult when opinions vary. So like we heard in a couple of the scenarios already, sometimes opinions are varied, so emotions might run higher. In healthcare, these conditions, the issue is important, opinions vary, and strong emotions are involved, is frequently present. But when good dialogue exists and all opinions can be heard, things improve.

I call that productive discourse. Discourse may be seen by some people as a Negative. It's not. It's productive discourse that we're looking for. It's not about winning an argument.

It's about creating space where all perspectives, can be heard. When done well, it leads to diverse expertise, it highlights blind spots. It leads to safer and more effective patient care. Also, when we have productive discourse, productive discussions, we save time on issues that are very important and we're more efficient. Instead of rehashing conflicts over later and repeating mistakes, issues are addressed directly and constructively.

Lastly, and importantly, when people feel heard, respected meetings become more engaging and collaborative. People leave with a sense of shared ownership of what's happening. So let's take a care planning meeting for a patient with a chronic heart failure who has been readmitted several times already.

The nurse practitioner shares that the patient is struggling with medications at home. The social worker adds the financial stress of trying to get to the office is making it hard for the patient to keep their appointments. The cardiologist emphasizes the need for tighter medication management. So you can see there's multiple viewpoints here being expressed. But instead of debating whose issue is most important, the team quickly identifies the critical barrier.

The patient doesn't have reliable transportation for follow up visits. From there, the nurse practitioners suggest a practical solution. Let's arrange home healthcare nursing so that they can get nursing right away. And let's make sure there's a medication delivery so the medication happens in a timely manner as well. The meeting's friendly, it's collaborative and it's efficient.

And everyone leaves feeling aligned and a clear plan that supports the patient and reduces another admission for that patient. That's what productive discourse makes possible. But again, what might deter that in our settings?

While productive discourse has clear benefits, there are common barriers that derail it. One is that single voice, the one that dominates the conversation. And then others hesitate to share their valuable insights or critical information gets lost.

Another is emotion escalation. So when your emotions go up, what happens in the room is we shift from problem solving to conflict. And then a lot of times what's happening with the patient gets lost disrespect. So if you're not respecting one another, whether it is subtle or overt, undermines trust and makes people less likely to engage openly. And finally, unclear goals or structure, so that causes confusion.

We waste time and our issues may still be unresolved.

Let's look at ourselves personally. What are some things individually that impair communication? Sometimes it's lack of skills. So if you've never been taught how to communicate on a level other than Just exchanging words. You haven't been taught a more sophisticated way to communicate, then you may not know how to deeply listen or regulate your emotions or deliver clear feedback.

And I mean, many of us do not get this training while we're even studying to become psychologists every once in a while. So we get a lot of the nuts and bolts. But developing ourselves in our communication is sometimes lost. That's why it's important that you take a course like this. And so I'm glad all of you are here.

Also, if the goal is not clear, people are talking, but they are not aligned with what they're trying to achieve. So if you're not sure what you're trying to achieve individually, you're not going to be as clear in your communication as well. And again, the emotions. So when you personally become emotionally overloaded with stress, frustration, fatigue, that can leak into our words and derail our message. So this is us at an individual level.

We also see impairments when we focus on the immediate goals instead of longer term needs. And sometimes we do that when we're emotionally overloaded.

And lastly, if we are in a disruptive or distracting environment, it's very hard for us individually to be able to communicate effectively. So the environment matters. If it's loud, if it's rushed, if it's chaotic, it's going to make it harder to connect and be understood.

So when you think about a scenario in this, if you go back to the insufficient training, it might be that you're in a meeting with someone, maybe even a junior person in the setting, who has not learned communication skills, and they just start talking about what the patient needs. And then that also creates an unclear purpose or objective. And if the other team members are trying to figure out what this person is saying, all of a sudden things get lost. Sometimes another member of the team doesn't like it. They become impatient because someone is not skilled effectively in communication and they get angry or upset.

And we can see each one of these things is moving us from what's really important here. Maybe one of the people focus on what is the need right then and there, rather than what is the need long term. Like if you're a speech and language person and you're working on swallowing for a patient and that's all you're concentrating on rather than what they need in discharge. And if you're having a meeting in a room where people are coming in and out, like we all know happens in patient rooms, especially then the family might get upset also. So we really want to concentrate on these things for ourselves personally and make sure we do have training, that we do have a clear purpose, that we are keeping our emotions under control, that we are focusing on the long term goals and and that we are making sure we're communicating in an environment that will allow communication to freely flow.

So here's the difference between debate and dialogue. When you are debating, your goal is to win, to persuade, to prove a point. When you're listening, you are waiting to reply, to refute, to persuade the other person. Your focus is about positioning who's winning, who's losing, who's right, who's wrong. And your tone can become defensive and competitive and the outcome is one side wins and trust will weaken.

We want to look for both sides winning. So in dialogue our goal is understand, connect, co create meaning. You're listening to learn and explore. You're focusing on all the interests and shared values, your tone is curious and respectful. And the outcome is shared understanding and stronger trust.

So as we move forward and learn a model of communication, we're going to be moving from debate to dialogue.

So before we move on, let's look at a few models of communication. So across US healthcare systems and leadership programs in businesses, several evidence based communication frameworks have become kind of standard practice. We talked about the sbar. So the SBAR is Situation Background Assessment Recommendation was developed to standardize clinical communication and it has dramatically improved patient safety outcomes. Then there's the TeamSTEPPS that was developed by the Agency for Healthcare Research and Quality.

It builds on the SBAR and it integrates teamwork, leadership and mutual support as essential safety tools. The DESC or CUS tools help clinicians to team members express concerns assertively and resolve conflicts respectfully. So these two models empower professionals to speak up and protect patient safety. And nonviolent communication is used both in the private sector as well as in health care. And it teaches strategies to manage that high stakes, emotionally charged conversations with respect and intention.

A few more. So the I think it's adat from the student group has become central to patient care experience initiatives. And it helps clinicians connect with patients through structured introductions, clear expectations and gratitude. And hopefully we're all experiencing this when we see our own providers as well and we're doing this for patients. The PEARLS framework encourages empathy, apology, respect, legitimization, support.

It promotes empathy and rapport. And then the crucial conversations model, which is the one a lot of people hear about, especially in the business environment. Crucial communications and nonviolent communication teach strategies to manage those high stakes, emotionally charged environments. And is one of the go to models. So you might ask, so why did I create a new model?

So in the leadership work that I do, I work with organizations, healthcare environments, the business community, and it was very common all through my career to be asked to do communication training. But many organizations either cannot afford those other models, some of them, or they also can't let their employees be off work for two to five days. So some of these trainings last two to five days. So instead I looked at all of these models and my consulting company created what we're about to learn and it takes less intensive time, it's more affordable and it's easily learned by individuals and groups. Additionally, it is based on our many years of practice and it's evidence based research that goes into this model.

Okay, so let's look at a couple scenarios before we get into the model. I'm going to break here for just a second, Kimberly, and take a drink.

No problem.

We should be at about 30 minutes. Is that true?

Okay, first, let's look at a couple scenarios in healthcare so it's about 4:45pm On a busy Friday at Riverside Rehabilitation Hospital. Sarah, the nurse practitioner, has been fielding calls from Mrs. Jones family all afternoon. They've been waiting for hours for discharge. They are frustrated, and so is Sarah. She walks briskly towards the office where Jamal, the physical therapist, is charting.

Jamal, she snaps, why isn't Mrs. Jones discharged yet? I've been waiting on this all day. Jamal looks up, caught off guard. I still have to finish my notes. I had eight patients today.

And Sarah interrupts, we're all busy. We could have finished documentation earlier if you'd managed your time better. The family is furious and I'm the one dealing with it. Jamal's face tightens. You're not the only one under pressure, Sarah.

Maybe if you checked the pharmacy earlier, we wouldn't be in this situation. Sarah folds her arms. That's not the issue. The problem is your delay. Jamal sighs, muttering, you always make it sound like therapy doesn't matter.

We're just supposed to rush the patient out. The tension grows. Neither is listening. Both feel defensive and disrespected, and Sarah says, fine, I'll tell the family to wait another hour. And Jamal says, do whatever you want.

Sarah leaves. Both are frustrated and demoralized. The patients are still anxious. Their family. The documentation gets rushed and the relationship between Sarah and Jamal deteriorates further.

Let me give you one more.

In a busy afternoon at an outpatient rehabilitation clinic, Alex, the occupational therapist, is running behind schedule. His next patient, Mrs. Lopez, is recovering from a wrist fracture and has attending

therapy for six weeks. As Alex greets her, Mrs. Lopez crosses her arms. This isn't helping me. I can't fold laundry, I can't cook, and I'm in pain all the time.

Maybe the therapy is not working, alex sighs, glancing at the clock. You have to give it time. You're not doing the home exercises often enough. That's probably the problem. Mrs. Lopez frowns and says, I'm doing them.

You're not listening to me. I hurt, Alex replies defensively. Pain is part of recovery. You have to push through it. Mrs. Lopez goes quiet.

She finishes the session and mechanically and leaves early. Later that day, she cancels her next two appointments. Alex feels frustrated, thinking some patients just don't want to do the work. But what really happened was there was a breakdown in communication. No validation, no shared goals, and no effort to understand the emotional experience.

Those two scenarios are what we want to not have happen in our healthcare environments. And while they seem really dramatic, I know, having worked in healthcare since I was 21, that these kinds of things happen frequently. And by working on our communication, we will be able to offset these mistakes that have been made in those two scenarios. So let's look at the model that we're going to work through today.

It's called the Connect model. Connect is both a reminder and a roadmap. So C is control your emotions, O is offer respect, N is name the facts. N note the response.

E explain your position. C common goals, and lastly, T test assumptions. So when you look at this model, it looks really long. It looks like, wow, there's way too many steps. I'm never going to remember those, but we've been using this for years, and I can tell you that each of these letters kind of overlap a

little bit.

So as we go through the model, you'll see that, oh, that one is very similar to this one. So it's not this, this, this. They flow together and that's what we're going to be working towards as we move forward here. So let's jump in.

C Control your emotions. So emotions run high in health care. Stress, urgency, human suffering are all part of our daily landscape. In health care. Controlling your emotions means recognizing what you're feeling, regulating your reactions, and responding in a way that maintains safety and trust.

Controlling your emotions means that you control your emotions instead of them controlling you. So effective behaviors would be pausing before responding, using a calm tone of voice, acknowledging your feelings without letting them dictate your words. Ineffective behaviors are Things like snapping at a colleague, sighing in frustration at a patient, or just shutting down and disengaging. Let's consider a physical therapist in a hospital who feels irritated when family members repeatedly challenge the treatment plan. Instead of snapping back, she pauses, she breathes and she says, I hear this is overwhelming.

Let me walk you through what's happening. In that moment, her self control of her emotions transformed the communication. That little micro practice of pausing before responding, taking a slow breath, changed the whole environment.

Let's look at some of the research quickly. So we know that emotions have an evolutionary action tendency. All of our emotions are good. There are no bad emotions. There are only negative ways we express our emotions.

We also know that our interpretation, not just the event, shapes those emotions. And emotion regulation done correctly improves safety and performance in healthcare. So while we all work in healthcare to control our emotions, sometimes it doesn't work as well as others because this is not always easy. Right? Okay, what makes it hard?

Why is it not always easy? Controlling your emotions becomes very difficult when you have what we call vulnerability factors. Those include things like when you're sleep deprived. We all know how cranky we get when we're sleep deprived. Also illness, if you're going to sick and you're not feeling particularly well, which is not uncommon in health care, you're not going to control your emotions as well either if you're hungry.

So in health care, I know because I've worked in healthcare many years, you often skip meals. We don't get a lunch break a lot of times now. It's gotten better over the years, but we frequently are hungry in healthcare or we're eating things that are not healthy for us. And we also know that foods like sugar and caffeine help us to not control our emotions very well. And lastly, intoxication.

Now, let's hope that not any of us are coming to work intoxicated or somebody's making a sleeve, but in your everyday life, I wanted to also point out that things like intoxication are a vulnerability factor that will make it difficult for you to control your emotions.

So emotions are hardwired. They're not good or bad. Left unchecked, they will escalate our behavior. Emotions motivate us for action and communicate meaning to other people. And again, I said this earlier, only 7% of what we communicate are our words.

Tone and body language do the rest. And when we regulate our emotions, it protects that clarity, empathy and trust.

And putting your feelings into words reduces emotional reactivity. The important part about this, and when I Teach patients, executive coaching clients and teams that when you're feeling something, you need to give it words. If you don't, it sits in there and it percolates. Okay. I tell people emotions love themselves.

So if you're in fear, fear will continue to grow because fear loves fear. So we need to say, I'm feeling fearful about something right now. The minute you take that feeling and put it into words and name the emotion, you're able to control it much more effectively. So working to feel your emotions in your body, like a lot of times we feel fear in our stomach or we feel love in our heart, we feel tension maybe throughout our entire body. It's important for us to give voice to that.

And not everyone has learned that if I'm feeling it in my body, it's an emotion that of some kind. But when you do learn that, you can regulate it more effectively. So if you can name it, you can tame it. So keep that in mind. Name it and tame it.

Next, our emotions don't appear out of nowhere. They follow a predictable chain that happens. So first, an event happens. Our interpretation of that event shapes our. Our emotional response to it.

So we use the appraisal theory. So our interpretation, not the event, drives our emotions. Okay, so we need to keep that in mind. Then each emotion has its own action tendency, and emotion prepares us to behave in a prescribed way. So if I'm feeling fear primally, it prepares me to run or hide, fight or flight.

If I'm feeling anger primally, it makes me want to lash out. Okay, we want to make sure we feel that emotion, name that emotion, and change our reaction at times, because often that action tendency is incompatible with your goals. So we don't want to yell at somebody.

In healthcare outcomes, nurse leaders with high emotion regulation scores demonstrate fewer safety incidents. So let's look at a patient care assistant who has been working all day long. And a patient yells at the patient care assistant for their long wait. The event is verbal aggression. The interpretation could be, the patient is disrespecting me.

The emotion is probably anger, and the action tendency is to snap back defensively. But snapping back will escalate and not get to your goal. So instead, that patient care assistant pauses. They reinterpret, maybe this patient is scared. And then a new action is to acknowledge that fear or that frustration and to reassure the patient that they are going to be taken care of.

That preserves safety and trust in that relationship. So keep in mind that an event happens. You interpret that event, you then have an emotion, and then you have an action tendency.

So when emotions rise, the skill again, is not to suppress them, it's to feel them. So evaluate your interpretations. Do I know for certain that this interpretation is accurate? Is there evidence to support my interpretation?

Are there other possible interpretations I should be looking at? And if you go through this, then you defy your action response. You let your goals determine your behavior. And as a leader, this is one of your most valuable assets, learning to control your emotions. So effective professionals let their goals, not impulses, guide their behavior.

So a speech therapist feels dismissed when a teacher interrupts an IEP meeting. The immediate action tendency is defensiveness. But by pausing, reappraising, she could say, the teacher's under pressure to get through so many cases. And then the therapist redirects their behavior to collaborate instead of cause a conflict. Or, let's say, a personal example.

You're at a family dinner and your sister makes a critical remark toward you about how much you work. And we never see you. You feel like you're irritated. Why don't they understand me? But you pause before reacting.

You take a deep breath, and you recognize the emotional trigger because she said, we don't see you enough. So you say, it sounds like you're frustrated and you miss seeing me more. By controlling your emotions, you shift from defensiveness to connection with your sister.

So one of the things you can do in your work environment is to Pause, breathe, take 10 seconds before responding in a really stressful moment. Now, this is clearly when it's not an emergency or urgent, but you can take that 10 seconds and think it through. Okay. And then pause in a much more effective manner to get your goal met. Another thing you can do is mood tracking.

So you could write down one word for your emotion three times a day. No. Okay, I know you're all thinking, when do I have time to do that in healthcare? Don't do it while you're at work. Do it when you're off work.

Write down one word for your emotion three times a day and start keeping track of your emotions and what they are. And then you start learning, what are the emotions I have most frequently that I may need to work on changing.

Viktor Frankl said, between the stimulus and the response, there's a space. In that space, we have the power to choose our response. Viktor Frankl was a Holocaust survivor and a psychiatrist. His work underscores that the human ability to choose between meaning and response, even under extreme stress, is within our control. Okay, let's move on to the O.

Respect is the foundation of trust. Offering respect means signaling to patients, families and colleagues that their perspective matters even when you don't agree. That's important even when you don't agree.

So effective behaviors would include things like listening without interrupting, using respectful titles, especially in a work situation, and validating the other person's contribution. Ineffective behaviors would be eye rolling, dismissive language, or talking over others, or the silent treatment.

Picture a physical therapist in a private practice who listens to the patient insist on unrealistic recovery times. I want to be walking without a walker in two weeks rather than shutting the patient down, she says. I admire your motivation. Let's map out what's a safe and achievable goal together. So she offered that respect to the client or in your personal life, let's say.

Maria's teenage son rolls his eyes when she reminds him to do the homework. Her instinct is to scold him for being rude or disrespectful, but instead she pauses and says, I get that you're tired after practice, let's make a plan that works for both of us. She offers respect to him by addressing his frustration, not the disrespect. Now, I know that's always. That might not be easy as a parent, but respect does not mean agreement.

It means preserving dignity for you and for the other person.

So when you're in your work environment or even at home, I want you to consciously use one phrase of respect, such as I appreciate your input or thank you for raising that concern. And then watch how the dynamic changes in your conversation with that person. I think you'll see they take a deep breath also.

So respect is one of the most powerful tools we have in communication and in high stress environments. Respect doesn't mean agreement. It means acknowledgment. Respect communicates. I see you, I hear you, and I hear your perspective.

It improves patient adherence and satisfaction. It builds team trust and reduces errors, and it buffers stress and reduces burnout. Okay, so when we validate that other person's core beliefs, that they are competent, they are likable, they are fundamentally good. We protect dignity and promote trust.

So acknowledge the other person, validate their perspective, and reaffirm their core beliefs. I am likable, competent, and good. And also for yourself. Showing your self respect is just as important. Acknowledge your own opinion, validate yourself, and say to yourself, I am likable, competent, and good.

Chances are, if we're offering our self respect, we're also offering it to other people. It's a good skill to learn. Let's look at the nurse who disagrees with a resident's treatment plan. Instead of dismissing the resident's plan outright, the nurse says, I see where you're going with this, and I respect your reasoning. May I share an alternative concern?

This validates competence of the resident and raises critical input, preserving respect and safety. So Albert Einstein said that I speak to everyone in the same way, whether he is a garbage man or the president of a university. Einstein reminds us that respect is not about status, it's about human dignity. In health care, it is critical for our patients and our colleagues and if we're leading a healthcare environment for our employees and people we supervise. So let's not skip respect.

Here's another form of respect so the power of an apology when your behavioral is disrespectful, and it will be at times, none of us are perfect, it's important to apologize when your behavior is perceived as disrespectful, even if it's not intended, you still apologize. You can still share your perspective, intent. But without apology, your explanation sounds dismissive. So without an apology, explanations of intent are dismissive. And again, respect does not mean perfection.

In the pressure that we work in, we all say and do things that come across as disrespectful, whether we want to admit it or not. Critical skill is what happens afterwards. Apology is not a weakness. It builds the bridge back to trust. And research in healthcare communication shows us that apologies repair patient provider relationships.

They reduce legal risk, and they increase trust. So again, even if we did not intend harm, that perception matters. And without acknowledging that, we will become defensive and dismissive. So that simple apology followed by clarification restores.

Let's think about a community mental health setting. A therapist interrupts a patient mid sentence to keep the session on track. The patient feels dismissed. Unfortunately, the therapist notices the body language and responds, I'm sorry I cut you off. I really want to hear your whole thought.

Please go on. That apology acknowledged their impact and provided an explanation while preserving the relationship. So it's important for us to remember that for many of us, you haven't been taught to apologize or you feel shameful if you try to apologize. Apology keeps the shame out of the picture also. So apologies are not about fixing the past, they're about creating the future.

So Maya Angelou said, people will forget what you said. People will forget what you did, but people will never forget how you made them feel. And I think that's really important for the work that we do and for how, if we really thought about it ourselves, we would not want to make people feel badly, we would want them to feel valued. So each day, one of the things you can do is name a colleague or a family member who did something helpful for you or potentially for someone else and you saw it. You could send a quick text, an email, or a verbal thank you to them.

Okay, so that. And. And also in your next difficult conversation, because we know we all have those, try using phrases like, I see your point of view. That makes sense. Thank you for sharing that before

sharing your perspective.

So again, that's dialogue, not debate.

Next, we are moving to name the facts.

So naming the facts anchors the dialogue in objectivity. It means clearly stating observable information without judgment. So judgment is one of the quickest ways to end a conversation to make someone feel bad. Because the minute we put judgment into a conversation, someone has to be right and someone has to be wrong when we use judgment, and the reality is, most of the time, things are gray. So by taking judgment out of our language, we significantly improve our communication.

And when I teach this to people, they really think about it and they don't realize how judgmental they are at times. In fact, we live in a pretty judgmental society. So if we individually can stop the judgment, we're going to help that. Okay, so if we can change one thing about your communication, when it comes to naming the facts and taking the judgment out, you're going to be much more effective. So effective behaviors in naming the facts would be focusing on measurable facts, using neutral language, and separating data from interpretation or judgment.

Ineffective behaviors would be exaggerating, blaming, or selectively admitting facts. So imagine you're in a community mental health setting and a clinician is facing a frustrated team. Instead of saying, you're always skipping sessions, she says you've missed two of your last four appointments. Hopefully, she then pauses and allows the patient to respond. That will get you more information.

Facts reduce defensiveness, and they open space for problem solving. So especially if you can stop and leave the space for them to respond in your next conversation, replace judgmental language with neutral statement effects. For example, instead of saying you never followed instructions, you could say

the exercises weren't completed this week. Then pause and see if the patient responds. Chances are, because you didn't judge them, they are going to be more likely to tell you exactly why and not make up excuses or get angry with you.

So again, I'm going to go back to let's get judgment out of our dialogues, because it's never going to be helpful. And now that you've heard how we all are judgmental. You're going to be thinking of this as you move forward and hopefully you'll hear yourself and say, oh, that was a judgment. And then when I, when I'm teaching people this and then we're having a dialogue and they make a judgment statement, I say, okay, stop, that was a judgment. Make it a statement of fact.

And when they start doing that for themselves, they a become aware of their judgments and b, they start changing and being more aware and using facts. Sex will never ever get us in trouble. Keep that in mind in our relationships and in our correspondence. When conversations get difficult, one of the best ways to de escalate is again, return to the facts. Again, because facts are neutral, they provide common ground.

Their evidence based communication reduces error. So facts and the sbar improves clarity and safety. The Joint Commission gave research about that. All facts. In healthcare teams, naming the facts includes using I statements.

So when you name the facts, use I statements like I think, I feel, I think another one would be I feel attacked. That's a fact rather than you're hurting me. Okay? It's inarguable. So saying I feel overwhelmed when three new patients were admitted at once is different than you overloaded me the first.

The first is an arguable fact and you overloaded me. And the second is your experience. You can't argue with someone else's I statement experience. Okay? I statements are core of evidence based

conflict in management strategy.

So in a hospital setting, during a shift handoff, a nurse says, you didn't give me enough information. Blame and conflict versus I don't feel confident starting care without knowing the patient's allergies. Fact plus I statement is solution focused. Or in your personal life, if you have a roommate and your roommate forgets to pay the rent on time and you want to say you're so irresponsible, instead you say the rent was due on the first and now it's the fourth. Can we talk about what happened?

Naming the facts replaces judgment with clarity.

And Edward Deming is a pioneer in quality improvement. And we know in healthcare we're always looking for quality improvement. So he said that without data, you're just another person with an opinion.

Healthcare thrives on evidence and communication is no different. So in your next conversation, I want you to replace judgmental language with a neutral statement of fact and C, the power of sticking to facts and letting go of judgment.

Let's move on to the next. N note the response.

Communication is not one way. We know that the minute you walk in a room, you start communicating whether you're talking or not. So you walk in a room, people look at you, you might look at other people. That's a communication. Okay, it's not one way unless you're in a room all by yourself.

So after you share information with people, I want you to note how the other person responds, both verbally and non verbally. Again, learn to pause in the conversation. This will help the dialogue keep going rather than feeling like a debate because you want to rush forward. So when we're talking to

people, we want to note that response. We want to leave space for them to have a response.

So effective behaviors would be things like observing tone, observing body language, asking clarifying questions, and reflecting back exactly what you heard. Ineffective behaviors would be ignoring cues, pushing forward with your agenda no matter what, or assuming you've been understood. Now, these things happen. A lot of times when we're really in a hurry at work, a lot has to get finished and we're not even close. And a lot of times during that time is when we can become ineffective.

Or here's an example. You're in a school setting and a speech therapist explains progress to the teacher. But then she notices the teacher crossed her arms and has a skeptical tone. Instead of just continuing, she pauses and says, I sense some hesitation. Can you share your perspective?

Here's another example. Maybe in your personal life. So your partner goes quiet after an argument, and you usually fill that silence. But this time I want you to pause and note the response. I can see you've shut down.

It seems like this is hard for you to talk about right now. Recognizing that emotional cue keeps the door open for repair. Okay, so one of the things you can do in your interactions with others is consciously pause after delivering information and check the other person's response. Ask yourself, what am I noticing here in this response? Sometimes the most influential thing we can do is just listen.

You can also do an exercise called the meeting countdown. So when you're in a meeting, you can write down three key points before responding. Okay, so note the response, ask the other person's perspective. Listen, actively validate, and don't challenge. Again, an example.

I feel like therapy is always pushed to the end of the day response. That's just how schedules work. It's dismissive. Response number two, noting the response, I hear you concern therapy delays impact

outcomes. That was validating.

Let's build on this a little bit.

So we're going to talk about validation now for a few minutes. And one of the reasons I am going to give you as much information as I'm going to give you about validation is because it is critical in all of our interactions. One of the therapies that I do both in my clinical setting and I've extrapolated into the business world when I'm doing executive coaching or when I'm working with teams, is teaching them how to validate. And I learned validation from a form of therapy I do called dialectical behavior therapy. It's abbreviated DBT and it was created by Dr. Marshall Linehan.

She's a psychologist. And it's a phenomenal form of therapy. In fact, I think it's all skills based. And I think the skills, my personal opinion only should be taught in every ninth grade class in America. And one of the skills is validation.

And so the information I'm about to share with you is adapted from some of the information that I gained in that training and other as well. But it's such an important skill to learn. And even myself personally, when I learned how to validate effectively, because I didn't grow up with a family who taught me how to validate, we didn't sit around validating each other in my family. And when I started seeing the changes that validation can make, it is one of the most critical things I'm teaching you here today. So validation means recognizing that another person's thoughts, emotions and actions are understandable in their context.

In health, health care, this skill can prevent conflict from escalating by showing patients and colleagues that their perspective makes sense. So if a nurse says, I feel like no one is listening during rounds, you might respond, it makes sense that you'd feel that way. There are so many voices in the room. You validated her. Instead of potentially saying, well, I hear, or whatever, this does not mean you agree with

everything, but it means you respect the internal experience.

Validation is one of the most misunderstood and powerful things we can learn. It doesn't mean you agree. It means you acknowledge the other person's reality. You're saying, I see why you feel that way, given your experience is very different than I agree with you. Okay, it's critical that we use validation, our job to acknowledge before we redirect.

So again, the definition of validation is finding that little bit of truth, just that little piece of information that you can find in the other person's perspective. And boy, I totally understand that sometimes that is very, very difficult to do.

It's acknowledging that those thoughts, emotional emotions and feelings are all understandable and it's not agreement. So when a family member says, you're not doing enough for my loved one. You could say, we're doing everything we can. The doctor is doing everything they can. Or you could say, I can see how terrifying this is for you.

It makes sense you'd want every treatment possible. Okay, two responses. Totally different.

Think of a time when someone validated your feelings without agreeing with you. How did it feel just to be validated?

Marsha Linehan, the creator of Dialectical Behavior Therapy, said, validation is recognizing that your internal experience is understandable and makes sense given the circumstances. And even we need to validate ourselves. So when she teaches validation, which she does in very, very intensive training, part of it is validation of yourself.

So it's not a soft skill. It has hard outcomes. When we validate, we reduce the pressure in the room. People no longer feel. Feel like they have to fight to be heard.

In healthcare teams, invalidation looks like this. It could be cutting someone off, dismissing concerns, or minimizing feelings. The impact is profound. The trusty roads and people are unhappy in the environment.

So we want to make sure that psychological safety is available to prevent burnout as well.

Validation matters. It improves relationships by showing we listen and we understand.

It facilitates problem solving, closeness, and support. And it reduces the pressure to prove who is right and who is wrong. And it decreases negative reactivity and anger. An occupational therapist who says, I'm overwhelmed by the constant schedule changes. If you invalidate them, you would say, it's just part of the job.

Or you could say, I can see how stressful these changes are. And it makes sense that you feel overwhelmed. You've built trust with that person.

So Marshall Linehan said, there's intensities of validation. The first is just be present. Don't be talking on the phone or texting or doing anything else. When you're talking to people, be present with them. Okay?

Reflect, repeat, paraphrase what you heard, read between the lines, notice that unspoken emotion, and normalize showing that feelings make sense.

Okay, so step one, that tune in fully undivided attention. Okay? That's really, really important.

Mirror, paraphrase. Show that you get it. So you said you didn't want to come home right now. Is that or. I can't keep up with all the admits.

You're feeling overwhelmed with the admission pace. No one cares about my pain response. It sounds like your feelings aren't being taken seriously. My caseload is doubled this week. You're stressed because your workload has increased so much.

So let me show you these. I'm going to pull them all up so you can see the Whole slide. Step three is look for what's not being said. So if a colleague sighs heavily during rounds, you can validate it by says, I can tell this is exhausting for you today. So it makes sense because of their body language.

And on step four, understand based on the context and history of this person. So if a patient says, I don't think rehab will help me, your validation could be, you've had a hard time with rehab before, so it makes sense that you'd be skeptical about this time.

Then there's two more that show deeper respect. Okay. The first is acknowledging that valid doesn't mean agreeing. It means showing the other person's feelings make light and light make sense in light of the fact that. And showing equality is particularly important in healthcare teams.

Whether you're a physician, nurse, therapist, or aide, communication works best when there's a deep mutual respect. So if a patient is frustrated by slow recovery from a stroke, I hear how discouraging this feels. You've been working hard and progress takes time. Let's look together about how we can do this. Or if the patient is.

If the physical therapist is frustrated by delayed orders, you can validate by saying, I see why you're upset. You've been waiting a long time for this. So again, when the person is frustrated, I just said this. So these two are like a deeper level of communication and validation that we can use. So.

So validation collapses the hierarchy and emphasizes shared goals rather than the rank of the person.

So again, we're going to move on to explain your position. The e. So respect and facts matters. We've just talked about those, but so does your perspective. Explaining your position means clearly and calmly stating your reasoning concerns without defensiveness. So effective behaviors would be things like linking reasoning to evidence and being really concise with your I statements.

Ineffective behaviors would be over explaining using jargon to assert authority or avoiding sharing your view. So if you're in a large hospital team huddle and the physician proposes an aggressive discharge plan, the nurse, instead of staying silent, says, I'm concerned about discharging today because the patient's oxygen level has dropped twice overnight. I Recommend monitoring another 24 hours. It's clear, it's respectful, and it's evidence based. Or potentially in your personal life.

If a spouse says, we're going on vacation and you never do what I want, the other responds, I get why you feel that way. From my perspective, I'm worried about cost this year. So by explaining their position instead of counter attacking, they move from blame to understanding. And clarity matters. When explaining your position.

So emotional intelligence will enhance these skills. If you ever take my emotional intelligence training, so notice the difference between you're not prioritizing discharges correctly. Okay? So when you express perspective, not the truth, you, Honor, don't dismiss the other perspective. And you are respectful in that framing.

Use I statements. From my perspective, my concern is, so here's an example. The colleague, instead of you're not prioritizing discharge correctly, says, from my perspective, I'm concerned that delayed discharges are impacting patient flow. The second one is assertive, but it doesn't shut down the

dialogue. So instead you could say you're non compliant with therapy, or you could say, I'm worried that missing sessions may slow recovery.

What's making this difficult?

So with patients, instead of labeling people non compliant, we can reframe into I'm worried what's happening here. This approach respects the patient's lived experiences and makes them a partner in the care. Kind of sounds a little bit like validation also, doesn't it? Evidence shows that balancing advocacy with inquiry improves decision making and decreases conflict. So the goal here is not debate.

The goal here is dialogue. We're thinking to what we looked at earlier. We want to move from debate to dialogue. So think about a time when you held back an opinion in a clinical and interaction. And we've all done it at times.

How could you have reframed that into an I statement and still expressed your concerns? This is where assertiveness meets empathy.

Let's move to the C. When we focus on common goals, we transform conflict into collaboration. In healthcare, this means remembering that while perspectives differ, everyone is working towards the same endpoint. It's effective patient care and supportive team culture. Common goals create alignment in high stress settings like hospitals, where siloed perspectives easily escalate into conflict. So we want to use effective behaviors like sharing objectives, inviting collaboration, and using inclusive language.

We want to stay away from ineffective behaviors like focusing only on your own personal priorities or using divisive paraphrasing like my way versus your way. So imagine a disagreement comes up with an occupational therapist and a parent because of a therapy frequency. Instead of debating the schedules, the therapist says, we both want your child to be independent with daily tasks. Let's find the best plan to

achieve that. So the common goal is the child becoming independent or in your personal life, where two partners agree about the dishes piling up.

One says, you never clean up, the other reframes. We both want a calmer evening routine. How can we divide this so it feels fair? Common goals turn conflict into teamwork.

So the key principles of common goals are to respect both parties, to acknowledge both perspectives, to promise collab, promote congress. Sorry. Promote collaboration, not comparison. And to reduce defensiveness. Here's an example.

Instead of you're not following the discharge plan correctly, you could say, we both want the patient discharged safely and on time. How can we align our approach to make that happen? Or you're not cooperating with therapy would be better. We both want you to regain independence as quickly as possible. Let's talk about what makes this manageable for you.

Test assumptions. So this is the end of our connect. And I, I think you've probably seen where things kind of chain together to make this model and overlap in each category. So our last one is T test assumptions. So take a look at this lion.

He looks calm, maybe even sleepy. But if you're walking across the savannah, your brain would not register peacefulness. It would instantly sense danger. That's the negativity bias. The negativity bias is a psychological tendency to notice and remember negative experiences more strongly than positive ones.

Even when positive and negative events are equal in intensity, the negative ones have greater impact on our emotions, our memory and decision making. So this is why we will remember negative things quicker, because it's emotional for us. From an evolutionary standpoint, this bias had a survival value to

us. If you ran across that lion, you needed to run. But today that bias can distort our perspectives.

For example, if you a leader receives 10 compliments and one criticism, you know that criticism dominates their thinking. In health care, a single negative patient interaction will outweigh multiple positives. And we know when you're looking at patient satisfaction, you always know which patient might give you a dissatisfactory thing because one thing went wrong. Okay, but this means that leaders and clinicians need to be very mindful. Left unchecked, this bias can increase our stress, our conflict, and our burnout.

However, by intentionally noticing positive feedback, reframing our setbacks, and balancing our perspective, we can protect ourselves and our teams. So this is where it's really important in our teams and to one another and to patients to be giving a lot of positive feedback. It can help to calm that negativity bias. So please put positive feedback into your everyday so testing assumptions. Key principles are to ensure that you have all the information and avoid the either or trap.

We want to go for both. And because most of the time things are both and not either or, we also want to look for creative solutions together. That's really important in health care. Sometimes we have to get very creative and we want to check on our connection. Connection is very important in healthcare.

So here's your examples. A colleague, instead of assuming that they're making a delay and that they're being careless, you say to yourself, I want to check is there a medication safety issue before discharge and that's what's delaying it. Or a patient, instead of assuming non attendance is lack of motivation, you say, huh? Is it cost? Is it scheduling or something else that's making it difficult for this person to attend?

Now that concludes our connect model. Okay, you can see how each piece has a little bit of the other ones inside of it as well. So while it's a long model, I think it will be easy to start incorporating. Let's go back to those two scenarios I read earlier about people who did not use the connect skills and let's see

how different it looks now. So we're back in the clinic.

It's 4:45pm on a busy Friday at Riverside Rehabilitation Hospital. Sarah, the nurse practitioner, has been trying to communicate discharge with Mr. Jones, a stroke patient. The physical therapist, Jamal, just informed her that therapy documentation isn't complete and it's going to delay discharge. Sarah feels the frustration rising. This delay means she'll have to talk to the family again and stay later to finish paperwork.

But before she speaks, Sarah takes a breath. She controls her emotions. She silently reminds herself, my goal is safe, smooth discharge, not this argument. Her tone softens and she approaches Jamal. Hey Jamal, I know it's been a hectic day.

She begins, making an effort to offer respect through her tone and demeanor. You've been running non stop and I appreciate how thorough you are with your patients. Jamal exhales. He is visibly relaxing. Thanks Sarah.

It's been back to back all day long. I haven't had a chance to finish my notes and I don't want to rush them. Sarah nods and names the facts. Right now the chart still shows incomplete therapy documentation, which means I can't process discharge orders. That's what's holding us up.

She pauses to note the response, giving space for Jamal's perspective. It sounds like you're trying to make sure everything's accurate before the patient leaves. I completely get that. He nods. Exactly.

I just want to make sure his home care plan is clear in the notes. Sarah then explains her position. From my perspective, I'm concerned because the family's been waiting since noon. The delay is stressful for everyone. I want to balance safety and efficiency.

She shifts to finding common goals. We both want Mr. Jones to have a safe discharge and feel confident about the plan. What if we document just what is essential and finish the other note later? Jamal smiles. That would work.

I can chart the essentials in the next 10 minutes. And as they finalize the plan, Sarah remembers to test assumptions. Just to check. Was there anything preventing discharge besides your note? I didn't want to assume.

And Jamal replies, actually, I think the pharmacy still needs one thing verified. Sarah thanks him, quickly calls the pharmacy, and within 20 minutes everything is resolved. Mr. Jones leaves safely and both providers feel respected. So by controlling her emotions, offering respect, naming the facts, noting responses, you can see how much better this went. Let's go back to Mrs. Lopez.

Okay. This time, Alex takes a deep breath before the appointment to control his emotions. He reminds himself that frustration is always a patient's way of expressing fear and discouragement. When Mrs. Lopez says, this isn't helping. I can't cook or fold laundry without pain.

Alex offers respect in a calm, empathetic tone. I can hear how discouraging this must feel after all of your effort. He then names the facts. You've been coming twice a week for six weeks and you've worked hard on your exercises. He pauses to note the response, giving her space to share.

Mrs. Lopez sighs, it just hurts too much. So sometimes I stop and Alex nods. That makes sense. Pain can be exhausting, validating her. He explains, my concern is that if we stop every time it hurts, stiffness will increase and stop your recovery.

He leans forward, finding common goals. We both want you to get back to cooking and doing the things you love without pain. What if we adjust the exercises? And Mrs. Lopez smiles and says that would

help. I don't want to make things worse.

Alex tests assumptions. Can I check something and make sure that you don't hurt? Mrs. Lopez says, I'm mostly sore, but it wasn't too bad. And together they clarify what's pain versus harmful pain. And the session ends with everyone feeling understood, respected, and motivated.

So again, there's your connect model that totally changed the two scenarios we had before learning all of these skills. Now let's take a look at a few other things that might harm our transformative communication. And then we go to challenging cases.

So we're always going to have challenging cases. So even though we feel like we've got this whole connect model down pat, you've been rehearsing it, you're practicing it, Things are going great. You're feeling really good about yourself because you took Transformative Communities communication training. But sometimes an unexpected conversation will happen and you don't have time to prepare for it. That's going to derail things a little bit.

Or maybe the subject matter is deeply sensitive. That's going to make it harder. Or maybe the feedback is going to be upsetting and you know that going to be hard to give or hard to hear. That's going to be more challenging. Or the other person is simply not open.

They're defensive or they're stubborn. In these moments, your temptation is going to be to abandon the structure of your connect skills and react. But research tells us if we stay with our structured model, we will be most effective. Maybe you need to take a step back before you do these things so you can stick to your model. So the model helps you slow down, regulate your emotions and bring the dialogue back to respect and collaboration.

And healthcare is high stakes. We want to stay with our model. Emotion regulation and difficult dialogues is linked to decreased burnout and improved quality, safety and adherence.

Here's an example. So pause and control your emotions before reacting. Honor both perspectives. I hear your concern. Reframe around the patient, shared safety, and then test assumptions and clarify goals.

All right, so I'm going to teach you something really quickly called in the moment reframe. So when you notice a moment of conflict or irritation, you want to reframe that in the moment to keep you from getting emotionally upset. So the first thing you're going to do is you're going to notice your irritation. It could be with a colleague, a patient, or even internal frustration, like your technology is not working. Then catch your automatic thought.

So as soon as you feel that irritation, name it. The doctor never listens. Step back, pause for five seconds, take a breath, and then reframe it in real time. So ask yourself what else could be true here? An example.

He may be rushing because he has three emergencies all at one time. Then you can respond productively. So choose one small constructive action in the moment. This is what we call a reframe in the moment Reframe. And what that will do is it'll reduce conflict.

Now I want you to take a look at these destructive responses. So this slide highlights common, unhelpful reactions that derail communication, damage relationships, and reduce team effectiveness. These are all natural under stress. Okay? But we want to work hard to not use these.

We want to recognize warning signs. And rather than escalate, we want to de escalate. So if you read through these, we can all know. I know which ones of these I will use when I'm not practicing my

transformative Communication. When you see the ones you will use, you want to look at your connect skills.

And again, this is not a list about blame. It's about awareness. Just us becoming aware of of destructive responses. And on the other hand, here's a list of productive responses. You'll see them in the connect skill as you move along.

Okay, so pick these, the things you really want to work on as well and add them in. So the power of transformative communication is it notices all of these things and over time it becomes automatic. And lastly, a couple more additional tips for challenging cases is that manage your flood of emotions, assume your fair share of responsibility, find tricks and strategies that work for you, and if helpful, remove yourself from the situation like I just said. And lastly, practice, practice, practice. Okay, so if we learn all of these skills but we don't go out and use them, we're not going to get better at our communication.

So you took this training and now I want you to say, which ones of these will I practice when? Which ones of all of these things in the connect skill am I not really good at and I really have to work harder on? So make sure you're making time in your everyday life to practice some of these skills. Second, the process becomes automatic because of your practice. We all know that they say a habit takes 28 to 30 days to put into effect.

So maybe you can't do one a week. Pick one for next month. Which part of the connect skill will I work on just next month?

And you model the behavior for others as well. So let's say your colleagues haven't taken transformative communication, but you're going to start using it and they're going to start noticing or your family members, they will notice your communication changing and then you can tell them where

you learn these skills and hopefully they pick up on them from you as well. And keep in mind that good dialogue promotes trust and we're always looking to build our trust in health care. Okay? So I absolutely applaud you for taking the time to learn transformative communication continually take trainings on communication myself, because I think it's something we should be improving throughout our lives.

So again, I applaud you for being here and doing this. So let's pull it together as we close. I want to say that communication in healthcare is not about information, it's about connection. And that is probably just as, if not more important sometimes than, than the actual information. Every interaction you have with a patient, a family or colleague, is an opportunity to build stress, to build trust and reduce stress the connect model is more than a framework.

It's a discipline. It's a way to pause, respect, validate, and collaborate, even in the hardest moments. And when we practice it, we change the culture. So think of the stories that you've lived in your own practices. When a patient needed you to listen, a colleague needed your respect.

The moment when you calmed and changed the direction of a conversation. These are not small victories, they're huge. They're building blocks to safer, healthier teams. And remember what Maya Angelou said. People will never forget how you made them feel.

So as you leave today, I encourage you to take these skills with you and try one a month. Maybe practice validation phrase with a patient, a colleague, or at home. When we connect with respect and validation, our communication stops being a task. It becomes a tool that transforms us and our care. So thank you again for the work that you do every single day.

It's so important. Healthcare is a hard environment, but a very, very rewarding environment as well, so we can transform our conversations and health care in the future. So again, thank you for being with me here with me today.