



Practice Focus

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Series 4 Elite Practice Evolution

Session 10 Facilitating Patient Conflict Resolution

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1. Listen to the audio recording.
 2. Follow along with this transcript.
 3. Use the transcript to help complete your Team Activity: **key points are highlighted.**
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Hello, everyone. As promised, this month stands to be the most intense Practice Focus you have ever experienced, if you really get down to business and you rock this out. It also should, done properly, be one of the most pivotal and immediate results-driving activities you also have ever done that will lead to growth in every key success factor in your practice with the very next patient you interact with.

Now, let's quickly review what we've built over the past few months, so that it sets the table for where we are and what we are going to work on. In short, you should now be very much out of your own way of success from the blocks we broke down through, as well as most importantly, we got you out of the way of your patients, making sure you are not sabotaging yourself, or them, in any way anymore. These are things you should review continually in your weekly and monthly check-ins. They also should be things you bring up and course-correct on during end-of-day huddles and debriefs as well.

Ultimately, we arrived last month at building a comprehensive list of all the ways patients are getting in their own way one way or another, that is: with their thinking, their objections, their value, their own health, their understanding of what you're talking about. The best way to bring that list to life and make it more than just discussion points about what to do, is to practice actually doing it. You are familiar with our role-playing approach because we've been doing it together for years. Today, however, I want to challenge you to step it up and I want to tell you a story to express the most advanced way to role-play, and that actually is the most realistic structure possible that literally makes it as if it were real.

I have extrapolated my approach to this from something I learned very long ago. And the quick backstory is important to create the context for you and to put in your mind, in the right place, so you can do a great and effective job with this. Way back when I was in school, I don't even remember what grade, but I was very young, very young. You might think of this, I don't know, maybe middle school or something. I had this program the school adopted that was called Conflict Managers. The concept was very simple. It was a peer-facilitated conflict resolution program, because kids could empathize with kids and other kids would listen to kids more so than they would the teachers. It was a two-fold concept, teaching a leadership program to the conflict managers themselves, and then a peer-to-peer solution program for the lower-level conflict issues that would happen in a typical school.

I remember the constant role-playing we did in order to become approved and certified to be prepared for the conflicts that we were going to be dealing with. Of course, you hoped there weren't any, but you had to practice as though there were going to be. The idea, of course, was that you had to stay unbiased, unbiased with the two parties and you had to facilitate them working out their own issues. Listen to that again. You had to facilitate them working out their own issues. The goal and the training was exactly what we have always worked on: asking questions, listening and expressing empathy, and then suggesting both logical and emotional-connected ideas that overcome the obstacles and the conflict that's in the way. It was almost always done without a statement, instead, with a question. That's very important. Ask questions, listen, express empathy and suggest both logical and emotional-connected ideas that overcome obstacle and the conflict that's in the way.

It's almost always done without a statement and instead a question. "I'm curious how you feel if" ... "I wonder what you would think about" ... You get the idea. The key is not to lead, excuse me. The key is to lead, not to command, the people you're working with. To facilitate, not dictate. To resolve, not defend the patient to their own positive decision. It's the mastery

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of overcoming objections, and removing obstacles, and getting your patients out of their own way.

So to give you as much time as possible, let me explain what I want you to do. I want you to consider yourself not so much a conflict manager, but an opportunity or a health facilitator, which is what you are. And you are the advocate of the patient on both sides, so that you help them, the side that wants to do it and the side that resists doing it. You see, you have two people within one person. Patient wants to do something but resists doing it. So you're managing the conflict between actually one and the same. The patient is, of course, as you already know, as all humans are really, two-sided, two-faced, two people in one, at least two people, sometimes even crazier.

The other way to do this is just to play facilitator between the patient and another team member inside of like, such as, your triangle of trust. So you're helping move the patient to conclusions that you want, but using the other team member as the basis for reason and you as the cheerleader and advocate for patients, or vice versa, however you want to see it. Just the paradigm shift alone should help you overcome objections in and of itself.

So now, we're going to dive into the most effective role plan structure you've ever done and develop your muscle memory to help your patients make effective, smart, and successful decisions and drive your case acceptance to record levels on a daily basis. I want you to buddy up one-on-one and take turns with your team member. And I want you to tell them what you feel the biggest objections you get from your perspective on a daily basis, something where your patients are in their own way, something from your list that you created last month. And then work through the conflict in the patient's mind with one other team member playing patient and using the example of the conflict, and you working through it confidently and completely.

Then I want you to switch roles and play along. Doing this will allow everyone to get as much practice in as possible. Each role-playing should take a few to as many as five or even more minutes. If the patient, your team member, is actively playing the role and living into the patient's mind, and the conflict they feel, and their objections that get in their way of making the decision of what you know is best for them.

Now, as soon as you finish each interaction and role-play, the team member playing patient should provide specific feedback and advice. Then document your takeaways. I can't emphasize that enough. It's very important to do this right. Once you've finished the role-play, the person who played patient must give you feedback, whether it's eye contact, tone of voice. "You didn't ask enough questions. You didn't restate my comments." It's so important.

Now, the next round of this, maybe it takes twenty minutes or so, the next round, I want you to do it in triads. And I specifically want you to work on your triangles of trust, but using the patient's obstacles, conflicts and roadblocks that are in their way. You have three people, one plays patient, the other two, their connecting roles. And then you will alternate, so every team member in the triangle gets to play patient and you go around, getting in three objections or conflicts from each person's different perspective.

Done properly, this will take five minutes or so per person, another 20 to 30 minutes. And then it's time to come back together.

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As soon as you finish each interaction in role-play, remember, each team member playing patient should provide specific feedback and advice to both of their team members, and document your takeaways.

Now, come back together as a full team, and the last role-play is I want you to take it from A to Z, from phone call to follow through. But this time, I want you to give the next team member in the flow of the experience that you transition your patients to on a daily basis, the biggest roadblock and obstacle that you get all the way through. It's very important. That's kind of like that game, Telephone, except we're playing with a real patient experience, and each team member who turns around to the next team member is now playing patient in their perspective and in their role as you move forward.

In essence, and hopefully in reality, you will accomplish a complete patient experience, and listen to each other, and solve patient conflict by focusing on opportunity in health and being helpful to them as a facilitator. This will probably take a while, if you do it right. If you don't have time, you can come back to this very exercise and pick up the A to Z patient experience role-play concept the next time you're together.

The most important part of all of this, before you finish, please go through your takeaways and what insights you have gained from each other, and most of all, make sure you go through the list created last month, so you don't leave anything out that you wrote down and came up with in your intense Practice Focus in meaning and clarity. That's why we've two-stepped this.

Okay. It's time to get to work, my friends. Practice as if it were real and don't forget the core principle, providing feedback to each other after every role-play session interaction, whether again, it's eye contact, tone of voice, especially your use of questioning and listening, body language, everything of course, and also the substance of the actual discussion. It's your turn to facilitate your patients to yeses by helping them resolve the conflicts in their minds through your leadership.

Lastly, remember, focus on the person, the patient as a participant, not what, but the who. I will once again restate the most important premise and powerful principle I said earlier. This is the point and what will lead you to the most dramatic and consistent long-standing success. The key to all of this is to lead, not command. To facilitate, not dictate. To resolve, not defend the patient to their own positive decision. This is the mastery of overcoming objections, and removing obstacles, and getting your patients out of their own way.