KUBLER-ROSS STAGES APPLIED TO RESIDENT EVALUATIONS

Any negative evaluation is certain to cause some degree of discomfort and embarrassment, which, in turn, will elicit highly emotional responses. In fact, one way to understand the nature of the event is to conceptualize it in terms of the Kubler-Ross stages (or modifications of them) that patients pass through when they are given medical "bad news." Challenges should be anticipated and may be a way of ascertaining that the feedback has been heard. This explains the statement, "If the interaction goes smoothly, then it did not go well."

1. DENIAL (Expect it—it's a normal response to pain)

Criticism stings. The person will try to protect him/herself emotionally.

STRATEGY:

- 1. Describe the mistake or problem in clear, succinct, and specific behavioral terms.
- 2. Describe what needs to be done to correct the mistake.
- 3. Describe what will happen if the mistake is corrected and what will happen if the mistake is not corrected.

Monitor your own frustration level. You can expect it to rise as the person continues to deny the mistake or problem. If you don't seem to be getting through, repeat Steps 1–3. If you fail to break through the denial, call a time-out for a brief period, or stop and schedule another meeting.

2. ANGER/ UPSET (Acknowledge the feeling, not the comments)

When the denial wall (i.e., excuses) comes tumbling down, the person will very likely become angry or upset. Remember, these feelings are inner-focused but outer-directed.

STRATEGY:

1. Stay focused on the mistake or problem and do not get distracted by any lashing out, tone, or other comments—don't bite the bait.

2. State that it is okay to be angry or upset. But remember that the goal is to help him/her recognize and correct the mistake or problem.

3. Resist the tendency to feel that you have to justify your position or your actions—repeat Steps 1–3 in Stage 1.

4. Watch the person's reactions and call a time-out if the person becomes too upset to continue, or appears threatening. Give the person time to regain composure or cool off.

5. If the person becomes unable to continue the conversation, make a date for a follow-up meeting or seek consultation from a behavioral specialist. The person may need to be evaluated.

6. Consider including in the instructive feedback session a faculty member the resident perceives as a mentor or advocate

NOTE: With some individuals, you might not progress through Stage 1 or Stage 2!

Taken from the LIFE Curriculum (Learning to Address Impairment and Fatigue to Enhance Patient Safety) <u>https://sites.duke.edu/thelifecurriculum/2014/05/08/the-life-curriculum/</u>

3. UNDERSTANDING (if possible the resident should be able to articulate the issue in his/her own language)

The key to correcting the mistake or resolving the problem is getting the person to "own up" and take responsibility.

STRATEGY:

1. Watch for verbal and nonverbal signs that the person understands the nature of the mistake/ problem and the necessary corrective steps.

2. Ask the person to tell you in his/her own words what the problem is, what must be done to correct it, and what the consequences will be if it is (or is not) corrected.

3. Take notes as the person tells you the problem, the corrective steps, and consequences— this will serve as a record of the interaction. Writing notes is an especially useful technique if the interaction gets heated or if there is a major problem. Be careful—sometimes the person will revert back to Stage 1 and start to deny the problem or its seriousness, upon realizing he/she is in a difficult situation. If the person begins to deny the problem, repeat Steps 1–3 from Stage 1 and reiterate that your goal is to HELP resolve the problem.

4. BARGAINING (Know what is within your authority or control)

The goal is to correct the mistake or solve the problem, not minimize it.

STRATEGY:

1. Remind the person (and yourself) that your goal is to help him/her correct the mistake or solve the problem.

2. Repeat the corrective actions described during Stage 1. Some individuals will try to negotiate different corrective steps or consequences.

3. Decide whether there is room for negotiation and what YOU are willing (or unwilling) to negotiate. Remember—only negotiate changes that are within your authority or control.

4. Don't be afraid to say, "Sorry, this is NOT NEGOTIABLE."

NOTE: If you are unsure whether something is within your authority, be candid and say, "Let me check with...and I will get back to you."

5. ACCEPTANCE/AGREEMENT (Written or oral)

At this point, the goal is to reaffirm the person's responsibility to correct the mistake or problem and your willingness to help.

STRATEGY:

1. Conclude the interaction by recognizing the effort involved in reaching this final stage. Acknowledge the person's professionalism.

2. State the corrective steps to be taken and the consequences for achieving (or failing to achieve) them.

NOTE: General guideline: as the "seriousness" of the problem increases, so does the need for a written record a formal remediation plan—signed by both parties.

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