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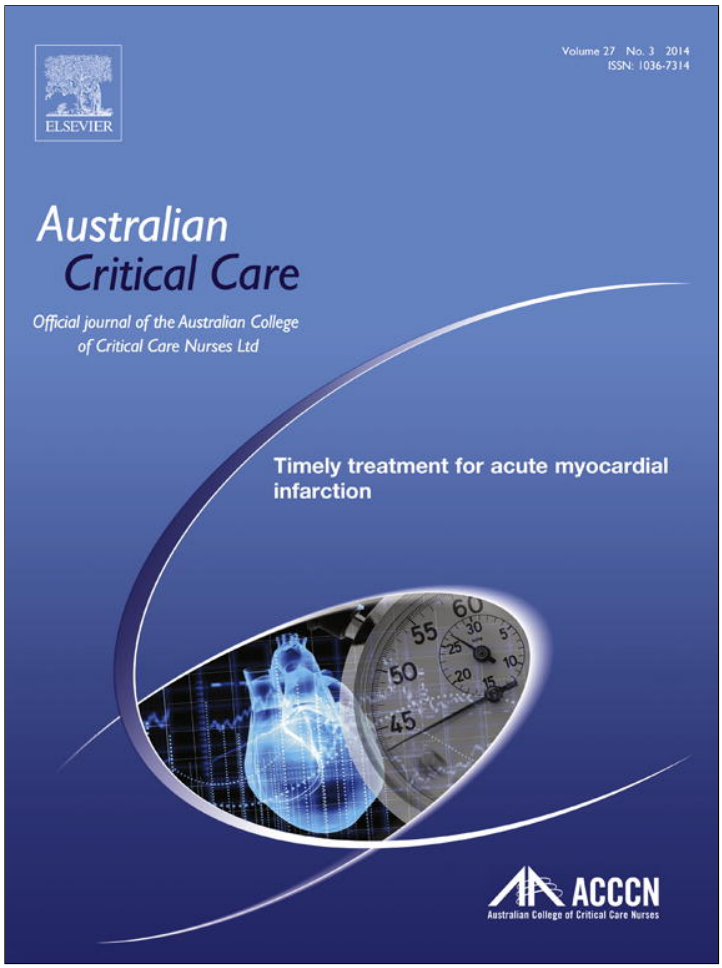

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Guest editorial

Courage, brains and heart: Lessons from the Wizard of Oz for difficult healthcare conversations

Difficult conversations abound in healthcare; they simply go with the territory. Quintessential challenging conversations often relate to conveying serious, unexpected news to patients and their families. On any given day, critical care practitioners can find themselves engaged in conversations ranging from sharing tragic news to parents of previously healthy children, explaining complex diagnoses and treatment approaches, addressing complications of invasive treatments, acknowledging uncertainty, raising the spectre of maltreatment, disclosing adverse medical outcomes, to helping families broach decisions related to withdrawal of life support treatments. Initiating and holding difficult conversations can be a challenging area of practice for clinicians who often feel unprepared, yet learning opportunities are limited.

The first conversation is often the beginning in a cascade of conversations, especially when serious illness has been diagnosed. As difficult as the first conversation might be, subsequent conversations can be even more challenging and dreaded by clinicians, as when the laboratory results are confirmed, the treatment has failed to bring about the hoped-for response, or when time has simply run out. Such conversations can be life altering for patients and families, and clinicians want to "get it right." Just when patients and families need their care providers most, clinicians' words and confidence can seemingly fail them. This yoke of perfection and pressure can amplify anxiety and erode confidence amongst practitioners. When clinicians try so hard during conversations, their genuineness and gestures of kindness can be diminished. Similarly, when clinicians hide behind medical jargon or cling to scripts, the treasured moments of real human connection with patients can be sacrificed, at a loss to both.

Even seasoned clinicians who are capable and confident in their areas of expertise can find themselves uncomfortable, at a loss for words, or even reluctant to seek out patients and their families. Practitioners also worry about their own display of emotions, plaguing themselves with second-guessing, self-doubt or admonitions to "be professional." Ironically, practitioners may know what not to do in these intimate conversations, but not exactly what to do or *how to be*. The myth prevails that there are some practitioners who are simply gifted in the art of holding difficult conversations; by comparison others might feel inadequate or not up to the task.

The Wizard of Oz

In our Program to Enhance Relational and Communication Skills (PERCS) workshops at the Institute for Professionalism and Ethical Practice[1–4] (www.ipepweb.org), we have found the story of the Wizard of Oz to be helpful and uplifting when teaching about communication and relational skills. The Wizard of Oz is a classic, enduring children's adventure fantasy first published in 1900 by L.F. Baum[5] and further popularised by the Metro-Goldwyn-Mayer film in 1939. The story has served as a useful metaphor for nursing, medicine and psychology practice.[6–10] By recalling images of the Lion, the Scarecrow, and the Tin Man, practitioners can be reminded of the essential balance of ingredients for difficult healthcare conversations namely courage, brains and heart. When we present the Wizard of Oz analogy in our workshops, most practitioners nod in affirmation of these enduring principles to guide healthcare conversations. The approach offers practitioners an advantage by focusing on generalisable principles rather than specific skills, being easy to recall "just in time," and promoting communicative and relational engagement.[11]

As the story goes, Dorothy finds herself lost in the mystical, unfamiliar Land of Oz, determined to find her way home. She is advised to "follow the yellow brick road" to Emerald City where resides the Wizard of Oz, reputed to have fantastic powers. Along the way, she meets her three trusty companions – Lion, Scarecrow and Tin Man, each with troubles of their own. They join in the journey in search of courage, brains and heart certain that the Wizard can bestow these timeless, fundamental qualities upon them.

Courage

The Lion was fearful and overwhelmed with his own inadequacy, and in search of courage. Never underestimate the importance of courage, confidence, and leadership ability to convene and hold challenging conversations in healthcare. These qualities, in fact, are essential to holding conversations since, without them, the conversations might not occur at all. Even seasoned practitioners describe feelings of heightened anxiety prior to high-stakes conversations, but with courage they can steady themselves to push past the initial fear, hesitancy, and sense of inadequacy. Courage can be the catalyst to assure that the conversations get underway and are not unnecessarily delayed.[12] With the Lion's courage, practitioners can cultivate that ineffable calm, non-anxious presence so fundamental to healing and conducive to meaningful healthcare conversations. This is not to suggest that all anxiety on the part of practitioners should be eradicated. On the contrary, some anxiety is natural, prepares and primes practitioners to give their very best selves, and reflects the gravity of

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the clinical situation and conversations at hand. We encourage practitioners to recognise their anxieties, and to cultivate strategies and skills to quell and transform their apprehensions in a positive manner.[13] The goal is to move beyond being at the mercy of one's anxiety, to be energised, empowered, and focused during conversations. And remember, practice makes better.

Brains

The Scarecrow, made of straw, was convinced that he did not have a brain and, consequently, perceived himself at a big disadvantage in a world that values intellect, problem-solving ability, and knowledge. With respect to difficult healthcare conversations, patients and families highly value practitioners who can effectively bring to bear and communicate their full range of clinical knowledge, experience, decision-making processes, treatment recommendations, and accumulated wisdom. Ideally, these conversations involve mutual agenda setting, reciprocity, and exchange between practitioners and family members, thus promoting partnership and mutual understanding. Well-timed information can be enormously helpful when customised and titrated to the needs and preferences of patients and their families. In our workshops, practitioners enjoy learning directly from family faculty members and then practice during realistic enactments with professional actors.[1,14] Learners have the opportunity to view themselves on video playback and receive feedback across a range of parameters – word choice, clarity of explanations, use of drawings and educational visual supports, mutual problem-solving and decision-making, and the ability to adapt information that best meets the needs of families. Learners are encouraged to think creatively about ways to explain procedures and clinical situations that commonly arise in their practice. For example, one anaesthesiologist shared her approach to describing intubation as using a tool "like a shoehorn" rather than a blade. Practitioners learn and practice imparting medical information in a user-friendly and understandable manner.

Heart

Through a series of unfortunate mishaps, the Tin Woodsman had managed to amputate most of his limbs and his body had been gradually replaced by tin, now long-since rusted. The Tin Man's heart had been left out and he felt empty and incomplete, unable to experience or express emotions, or so he believed. Practitioners who bring their heart, compassion, and full humanity to healthcare conversations naturally enrich the therapeutic capacity of their professional relationships.[15] The willingness and ability of practitioners to make space for emotions and to express their genuine emotions make the difference between a good practitioner and a great one.[16] The relational learning pedagogy of our workshops encourages practitioners to take the time to sit down, to listen carefully for emotional cues and inquire gently, and to acknowledge the full range and complexity of emotional responses that can surface during challenging conversations – sadness, anxiety, guilt, frustration, anger. Practitioners are encouraged to adjust the rhythm of these conversations, calibrating their style to the patient and family's emotional needs and expressiveness. By slowing down the rate of speaking, honouring natural pauses, granting silence, and "speaking in sentences not paragraphs," practitioners can create favourable conversational conditions for healthy emotional expression. By recognizing patient's emotions such as, "I can see that you are disappointed with the latest test results," the practitioner effectively invites the patient to share his or her emotions, conveys the worthiness of emotional aspects of care, and creates "opportunity space" for patients to share according to their wishes. Asking patients and families to share what they are hoping for and what they are worried about can have profound influence not only on the conversation at hand, but on the relationship as well.[17,18]

Summary

The Wizard of Oz, the timeless children's classic, offers practitioners a helpful and easily remembered approach to the essential elements for holding difficult healthcare conversations – courage, brains and heart. As the Wizard revealed, these gifts and abilities typically lie within each of us, waiting to be discovered, fully realised and balanced. In the context of safe and creative learning experiences, these abilities and related skills can be further cultivated and refined making for capable and confident practitioners who can whole-heartedly serve their patients and families with distinction.

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