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Change Is Good: The HARD and REDCAR Strategies

Robert Buckman

I'm going to be talking about, literally, "change is good so why doesn't everybody just do as I say." In some respects I want to underline the word *everybody* because I'm very aware who I'm talking to. The Million Dollar Round Table is the crème de la crème and the Top of the Table is the crème de la crème, de la crème, de la crème. In some respects you, more than anybody else, are used to getting most people to do things the way, to buy in as it were, to the way you see it.

What I'm going to show you is how to increase that even more. Like 95 percent of the time you get people to do things the way you want them to. I'm going to show you actually how to make it 98 percent, maybe even 99 percent. It's quite possible. The secret is, just as Kevin illustrated, the secret is emotion. Basically, the simple fact of the matter is you have to act knowledge emotion.

You know, doctors are like that. We press the button and after a time we begin to see our next slide anyway. It has a hallucinogenic effect.

I would like to propose to you that, in some respects, good process affects outcome. It is very much what you were hearing from Seth. I'm building on to what you heard from Seth. But, in some respects, you have got to be the purple cow. I would like to say that the purple cow is the one who actually responds to the other person, not with a cut-and-dried speech align, but actually responds to the other person. And the secret to doing that is responding to the way they are feeling. Underline all of those words. Respond to the way they are feeling. Acknowledge their emotion. You don't have to feel it yourself, but you do have to acknowledge it. This is the slide that sets it up. This slide is the empathic response.

The empathic response is something I've been teaching for 30 years to medical students and, honestly, if medical students can get it, anyone can get it. It's that simple. The empathic response, very simple.

Number one, you identify one of the emotions that the person is feeling, and there are many. All emotions are mixed so it might be in the anger, sadness, disappointment, shock, fear, whatever, anything. Any of those emotions they are actually feeling. Then identify the source of the emotion and then you respond in a way that shows you made the connection between one and two. That's the empathic response.

I've been interviewing medical students for the last few of years, people who want to be medical students, and I thought I would build it into the interview. I thought this was an interesting lesson. So, for the last few years, at the end of the interview, we have one hour with the potential medical student. I built into this little thing. I said, "Imagine I'm an old man in your clinic." None of them having any difficulty imagining I'm an old man actually. I say, "I've had chest pain and you've done an ECG and you've seen a small heart attack and you say, you've had a small heart attack. I'm going to react and I want you to respond to my reaction." And I showed them the empathic response and said do that.

You just told me a small heart attack. “Oh no, that’s terrible.” And most of the candidates for medical school said something like, “That’s obviously a shock to you.” Now that’s a damn good empathic response. Or, “This is obviously very upsetting for you.” Or, “This is awful for you,” or any of those words. Those are all good empathic responses. Acknowledge one of the emotions. Acknowledge the source of the emotion and respond in a way that shows you’ve made the connection between one and two.

One potential medical student, I said, “Imagine you’ve told me I had a small heart attack. I said, ‘Oh, no that’s terrible.’” She leaned forward to me and she said, “I did say it was a small heart attack you know.” Yes, only a little touch of rigor mortis, in other words, you’re only slightly pregnant. I said to her, “You are quite correct; factually you’re correct. You did say it was a small heart attack, but I wanted you to acknowledge the emotion.” I reminded her of it and literally 12 seconds later, I said, “We’ll do it again. ‘Oh no, that’s terrible.’” And I just reminded her of the nature of the empathic response and this time she said, “Oh that’s obviously very upsetting for you.” She had learned the empathic response in 12 seconds. That’s the important thing about the empathic response. You’ve just learned it.

The important thing is if you want to make good process. If you want to show that you are somebody that the other person can come back to, if you want to be on their speed dial list for the future, you can do it just by acknowledging the emotion. Actually saying, giving a word to, what they feel. If you don’t know what they feel, ask, explore. If you do know what they feel, make an empathic response. If you don’t know what they feel, say, “How does that make you feel?” Empathic light is a validating response, something a lot of people would feel.

I’m going to take one example. I am an oncologist not an economist. I don’t know anything about money at all. I’m just going to grab an example from John Nicola this morning. Suppose he said to a client, the returns on this are 6 percent. I thought whatever it is, 6 percent doesn’t sound bad at all. But suppose the other person says, “Oh, oh, oh, 6 percent. That’s awful.” Now, he might be thinking that the average is 1.4 percent, so 6 percent is very good. I think I’ve got the hang of this right. So he could say, “Oh, that’s awful.” He could say, “Oh, it’s not at all bad, you idiot. Actually, if you go to the people down the road they’ll give you 1.4 percent.” But, if John Nicola wanted to make an empathic response, he would say, “I realize that sounds disappointing but,” and then go on to the 1.4 percent. “I think I also saw a negative 7 percent, which generally is worse still.”

The point is that you make your empathic response before you reply. When there are issues and emotions, deal with the emotions first. It may be 6 seconds. “I realize that sounds very disappointing. I realize you are shocked by the knowledge of a heart attack, but it’s actually a very small one. Only 1.4 percent of your heart has been affected and it could have been 6 percent.” I’m just making this up as I go along.

That’s the empathic response, and that’s really the key thing that I want you to absolutely lock onto. Now I’m going to teach you very, very quickly how to spot a crisis that’s coming and how to change your own mood. And this is really difficult, important and difficult. Change your own mood when you actually feel like throttling the other person, when you actually feel like

punching them on the nose. I'm going to show you how to learn not to punch them on the nose, which is a very good thing.

The first protocol I want to teach you is crisis recognition. The storm is brewing. It's on the way. We can all recognize it in the dark clouds when we're looking outside and we see lightning flashes. Emotionally when we're having interviews, we don't see the dark clouds. We do in the cartoons but we don't in real life. A person doesn't walk in with clouds over their head and lightning flashes. They might be frowning, but maybe they always frown, maybe it's bright sunlight.

What I'm going to teach you is how to recognize crisis and then I'm going to show you how to change your own mood. The HARD crisis recognition and dealing with it is actually a very valuable thing. It's not published yet, but it's coming out in June in a book, and you won't be the least bit interested in this because it's a book for physicians and medical students. It's called "Practical Plans for Difficult Conversations in Medicine." This is a protocol that seems to be very, very useful indeed. HARD, hazard recognition, acknowledgement rules, which is really boundaries but doctors understand it much better as rules, and then de-escalate. I'll just go through that very quickly in a few seconds.

Hazard warning. There are several things that militate, that build up and the thunder clouds. When you're hurried, when you're harried, when you're hassled (we're looking for H words here) and when there are high emotions and high stakes. I just want to make this point to you: High stakes is *what they think of as high stakes*, not what you think of as high stakes. The same is true of emotions, it's their high emotions.

I might actually have a situation in which I think that medically things are going very well, but the patient is very upset by something or other. I have to take seriously her high emotion and what she regards as a high stake, even though, medically, I might actually think, "What is she really worried about?" I don't say, "Oh, the way you're talking, you'd think you'd be dead by Friday lunchtime. That's nonsense, you'll be fine. You'll be alive at least next Monday." I don't ever do that. I promise you I don't do that. Take seriously their emotions, what they regard as high stakes.

This is the key, acknowledge it twice. Acknowledge it in your own brain. Acknowledge it in your own mind. This is a difficult situation. I'm hurried, I'm hassled or there are high stakes or things aren't going really well. Do your own alert. Alert yourself and then acknowledge it to the other person. Acknowledgement can be as simple as, "This is a tricky situation". It doesn't need to be a complete long essay or discussion. It can be as simple as, "This is a tricky situation." Or, "This is very difficult for both of us." Anything like that.

And then rules. The rules probably are less important in your area than in mine. In mine they're very important. In medicine, they're very important because, obviously, patients can be threatening and they can be dangerous. Actually it was quite interesting. I just really started teaching communications skills back in 1985 after a case in which a relative started picking up a chair and smashing it down on the floor and getting really, really aggressive. I thought: I have no idea what to do. He was getting very angry and, this is a technical word that you won't

understand, he was drunk, which is permissible. He was an adult (mostly). He started banging the chair down and my first thought was, "I have to phone security," which is a very good thing to do. My second thought was, "Oh, he's standing between me and the phone," which is absolutely true.

What I did, and I think it was very smart indeed, is I pulled my chair toward him and I undid my lab coat so that I really looked relaxed although I was not feeling relaxed I have to say. I'll use technical terms you won't understand: I was quite scared. It's what we called "a brown trousers moment." I was really a little bit jumpy there. At least he wasn't carrying a gun, because this is Canada, and so I thought: I've got to handle this. Actually what I did was move closer to him. I got my shoulders down so I looked more and more relaxed and sort of nodded away. Actually it really worked. It ended up, very seriously, we actually bonded. It was a terrible situation with his wife's cancer going very badly indeed and he was very, very upset. We actually bonded under very difficult circumstances. What I did is I actually did the rules. I said to him, very gently, "I realize you're upset," good empathic response. "I realize you're upset, but we have to, as it were, stick to the rules. I'm going to ask you please to come and sit down next to me and let's talk." And that's exactly what he did.

If I had phoned security, I don't think he would have assaulted me, but he certainly would have smashed the chair and he would have made all kinds of fuss. Instead, establish the rules, and be as soft spoken as you possibly can in the circumstances. Basically, if you shout, they will shout louder. If you go softer, they will talk softer. Speak softly. Speak firmly in the content of what you're saying. "I realize you're very upset, but we have to stick to normal conversation. It's no use calling me that and because my mother wasn't that, or whatever it was." You're way ahead of me here. This is very helpful, this is good. Establish the rules and what I'm really saying is actually you're establishing the boundaries.

You're saying this is normal, the doctor and patient, or for insurance, agent and client, shouting and banging the chair is not. You're establishing boundaries, but I had to call it rules because HADB doesn't make a very good acronym, whereas HARD makes a good acronym. So, it's rules.

The important thing is, when you are establishing the rules, don't shout. Don't shout. Maybe it is Teddy Roosevelt who said, "Walk softly and carry a big stick." Maybe it is. Maybe the big stick is imaginary. The rules are a big stick, but speak softly, that's the important thing. And then de-escalate.

That top word might scare you. Please don't be scared. Retreat does not mean giving in. I do not mean capitulate. I mean retreat from an ultimatum. The problem with escalation, before you know where you are, you are into basically conflict.

An awful example is the First World War, which was a supreme example of idiocy on both sides. Each one escalated a little bit at a time. Before even a month had elapsed in the First World War, tens of thousands of men were dead. By the end of Christmas 1914, more than 100 thousand were dead and retreat was impossible. The important time to retreat was to retreat from the ultimatum. I think, for what it's worth, that international politics has actually gotten slightly

better at that in the last 20 years than in the first part of the 20th century. But that's a history lecture, and I've got a whole set of other slides which I can give you if you want and not if you don't want.

But the important thing is retreat from an ultimatum and then re-frame. Re-frame the facts. You don't need to alter the facts. Re-frame the situation, stating both sides: this is the way you see it, this is the way I see it. This is what 4 percent is, this is what 6 percent is, regroup and re-frame.

I have to say, you've got the absolute master at regrouping and re-framing in your President who I think is an absolute genius at re-phrasing things so that people can actually see the way in which they can actually buy into it. It's absolutely amazing. What is even more astounding is that President Obama can actually do that without having been to one of my lectures. I don't know how he does it, it's amazing. The man is a genius.

Retreat, reframe, re-group. Those as it were the ways of dealing with an incipient crisis. Then, the important thing is to change your own mood. Changing your own mood sounds easy, but it isn't.

I'm going to explain very, very quickly why it isn't. Your mood is basically in charge of a system inside your brain called the limbic system which is sort of down at the bottom part of the brain. The limbic system includes these little nuclei called the amygdala and the genius of the limbic system is it responds like that which is great. That's why we are such a brilliant species. Neanderthal humans, way back, had limbic systems like that and they could respond instantly with aggression. If they were threatened by a saber-toothed tiger or a woolly mammoth or something like that, they would snap into limbic system response, absolutely terrific.

Unfortunately, not everything that we don't like is a saber-toothed tiger or a woolly mammoth. We actually have to respond with our thinking part of the brain, and the thinking part of the brain (I don't know how they measure this) actually takes six seconds longer to kick in than your limbic system. The REDCAR strategy gives you something to do in those six seconds so that before you say, "Oh, shut up. Will you?" in a limbic kind of rage, you can actually say something much more intelligent in a REDCAR kind of a way. REDCAR is recognize, examine, diagnose or pinpoint, choose, act, and you see the act comes low down the list, and then reinforce when you get home that evening. Tell yourself what actually worked.

So first of all, recognize your own stressors: what you're like when you're stressed, when your pulse starts going up, when you get that churning, empty feeling (I don't know how you can have churning and empty at the same time), when your shoulders start to rise (that's what happens to me), when you fidget. When I'm really stressed with a patient, I tend to fidget a lot, my voice rises by an octave and a half or something like that. It's only up an octave up now, I'm doing brilliantly. Recognize your own as it were signs of somatic distress. What am I like when I'm stressed? Then examine.

Examine means what actually happened, why did I start becoming somewhat stressed. Then the really smart thing that helps me actually, coughing in sympathy actually helps a lot. Diagnose, what I really mean is pinpoint, find the exact moment and this is going to take you a second but

you've got a second. Take a second and say what exactly was it when he said I'm going to change my insurance broker. That was a really bad. It was that moment that I really started feeling very upset, that I had my bad experience.

Then, and this is the important thing, and this is probably like two seconds of work, *choose*. Think what you can do. I can tell him yes, find another insurance broker. I can slam the phone down in anger. If you're on hold for example, when they say your call is "important to us," and actually it isn't that important to us so bloody well listen to this music while we do something else with somebody important. Right? They don't say that do they? "Your call is really important to us, we really love you whoever you are." So choose. You can hang up, but then if you hang up, you've lost your place and have to dial again. On the other hand, if you hang up, maybe you can do something else and dial again in five minutes. That's a reasonable choice. If you're in a real hurry, you may want to hang on for the extra 90 seconds. So, choose and look at each of the actions, the consequences of each of those choices and then make your action.

The point that I'm making is a really valuable point. In the REDCAR strategy you're acting as a result of choosing. It may be that you're going to do exactly the same thing. Maybe you are going to hang up rather than stay on hold, but this time you are hanging up because you choose to hang up.

I've got another hour-long lecture that I can give about the thing that nobody can ever take away from you is your ability to choose how you react. If any of you have time, the book is called "Man's Search for Meaning," by Viktor Frankl. It just epitomizes it brilliantly. It was written in 1946, but it's still a superb book and it tells you exactly what I'm trying to summarize in that slide. You act, not react, because you're acting as a result of what your cerebral cortex has chosen, not what your limbic system has told you is the only option.

And then that night, when you get into bed that evening or at coffee break, go over it. Do a little sort of rerun of it and say what worked. Well, when he said he was going to change brokers, I didn't panic. I didn't curse him out. I said. "Obviously that's your option. I obviously can't stop you, but I know how disappointed you are. Wouldn't it be better if we ..." (Whatever it is, I don't know what the correct thing is.) "Maybe if I call you tomorrow morning or something like that. Sit and think about it. Or if I e-mail you the results of our fund compared to everybody else's fund." I'm just making this up. I have no idea what I'm talking about, but of course I have no idea what I'm talking about, I'm a doctor. So that's all right.

The central rule is three really important principles that will help you do exactly what Seth was telling you this morning and was illustrated by John Nicola very neatly. How to make yourself the standout, how to offer a service that other people can't match. I would say to you that acknowledging emotions is something that vast numbers of people do not do well. I'm speaking as a physician. Physicians don't do it well. Some appalling studies within the last two years have actually shown that physicians respond to emotions, this is in cancer clinics, 22 percent of the time. The rest of the time, 76 percent of the time, we say, "Oh, I'm going to change the treatment" or "I'll do the x-ray again" or "there's a phase-one study" or something like that. In 22 percent of the time only, we actually say this is terrible for you.

I would like to say maybe that the physicians who do this are actually becoming purple cows. Actually for what it's worth, it was 22 percent in the general oncology clinic then in another paper last year actually showed that in a lung cancer clinic it was 11 percent, even more depressing. Eighty-nine percent of the time they didn't respond to the emotion.

So number one, acknowledge all emotions. Number two, and I bet you all do this all the time so I'm just telling you what you already know, is basically take what's right before you cross what's wrong. You want to say no you've got it wrong, say you are right in that but you've got it wrong. And thirdly, you can use humor. It occasionally works. Not everybody has a sense of humor but you only use humor after you have taken them seriously. So, you acknowledge the emotions, and then you can use humor.

Do remember that not everybody has humor, humor in a graph is about 2 percent of the world has an amazing sense of humor today, everything funny. Ninety-six percent of the world is in the middle and two percent of the people have no sense of humor at all. Psychiatrists have a special term for people who have no sense of humor. The sense of humor was removed from the brain after the third day of birth. In the complex jargon of interpersonal social psychodynamics, psychiatrists call these people Scottish. I apologize. I think I better get off the stage very quickly.

I want to end with just two important quotes, respond to the emotions before the issues and this is a quote from Benjamin Jarrett, and I know this, I really know this. And you know it too. "You will get much more done if you share the credit."

Okay, now you're 2 percent of a winning team. You only get 2 percent of the glory, but you could be 100 percent of the losing team. Be 2 percent of the winning team. I really believe that, and it works in medicine.

I'm going to end with my last quote, which is from W.H. Auden. "We are all here on earth to help others; what on earth the others are here for, I have no idea." Thank you very much indeed.

Robert Buckman, M.D. has honed his communication skills in some of the most challenging settings imaginable. As a medical oncologist, Buckman has to share difficult health news with his patients. His communication techniques are taught at hospitals and medical schools around the world. In recent years, Buckman's abilities have been showcased in a series of successful television and video projects, including a medical training series with friend John Cleese of Monty Python fame and the award-winning Discovery program, "Human Wildlife." His latest book, "Cancer Is a Word, Not a Sentence," offers a comprehensive look at coping with a diagnosis and moving on with life.

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