SIMULATED INTERACTION

Challenging Conversation with a Distrustful Client: Advocating

Overview

The objectives of this activity are to provide workshop participants an opportunity to analyze a real-time interaction between a clinic administrator and a distrustful client. Based on concepts and discussions from the Workplace Communication workshops, participants will debrief using strategies to identify signs of distrust and de-escalate the conversation, while also recognizing how the administrator can advocate for herself and her role in a professional, assertive manner.

In this interaction there will be two Simulated Clients:

- **SC1** – Tracy (Clinic Administrator)
- **SC2** – Morgan (Client)

There will be two interactions demonstrated:

- **Interaction #1** – Modelling what not to do
- **Interaction #2** – Modelling a better approach

Each interaction should last between five to seven minutes.

Communication Issue

After Interaction 1, participants will debrief via small-group discussions to:

- Identify and address signs of client distrust in an impartial and professional manner
- Recognize early signs of microaggression and communication breakdown, and apply strategies that help de-escalate a conversation while maintaining professional boundaries

The participants will then watch Interaction 2 and observe how Tracy (Clinic Administrator) handles the conversation with a different approach. Again, they will debrief before engaging in their own role-play practice.

The following are success indicators for Interaction 2:

1. De-escalate

- Be diplomatic and slow down the conversation
- Acknowledge or validate the client's concerns and perspective
- Clarify and confirm the context and purpose of the client's concerns before responding
- Engage in small talk and foster rapport to build and strengthen the relationship

2. Maintain boundaries:

- Build trust through transparency: share honestly what you do and don't know

- Know how to say no politely, using softening language (e.g., “Unfortunately…”, “I'm afraid that…”)

3. Advocate for oneself

- Use assertive phrases to advocate for yourself and your role professionally
- Come to a point of mutual understanding or appreciation

Challenging Conversation: Distrust and Trust-Building

OVERVIEW

Tracy is new to a family health clinic, working as the clinic administrator. According to clinic policy, all new staff introduce themselves to clients when possible.

Morgan, a client at this clinic, has called in virtually to speak with his regular doctor about an insulin prescription refill. Unfortunately, the doctor has been delayed with another patient, so the receptionist has asked Tracy to take the virtual call with Morgan until the doctor becomes available.

Tracy introduces herself and manages any concerns Morgan might have. Over the course of the conversation, Morgan grows increasingly distrustful of Tracy's role and questions her ability to help him, including comments that reflect microaggression. Tracy needs to de-escalate Morgan's concerns while also advocating for herself and the limits of her role, e.g. she cannot authorize a prescription refill herself, but she can help Morgan in other ways.

Tracy

You are relatively new to this clinic, having started a few weeks ago as the clinic administrator. You value professionalism and take pride in being thorough and dependable, even though you're still learning the ropes. When the receptionist asks you to take Morgan's call while the doctor is delayed, you're glad for the chance to introduce yourself and help.

You quickly sense that Morgan doesn't trust you. At first, you think he's simply confused about who you are, but as the call goes on, he begins questioning your role, your experience, and even where you're from. You feel your professionalism is being challenged, and you have to decide how to hold your ground without escalating the tension, especially since Morgan is also asking you to do something you don't have the authority to do.

Morgan

You have been a patient at this family health clinic for several years. You have Type 1 Diabetes and take insulin; you've called today to arrange a refill. You are a financial advisor with an MBA, and you keep a disciplined routine around your diet, exercise, and care. You've been told you're picky, but you don't see it that way — you're just particular about your care and how you like to live your life. It matters to you who is involved in your healthcare team.

When Tracy appears on the call instead of your doctor, you're confused and a little annoyed as you weren't told anyone else would be handling this. Once Tracy introduces herself, you're initially receptive, though you quickly begin to question whether an administrator is really the right person to be

handling something related to your medication. You want to be reassured that Tracy is competent, trustworthy, and taking your care seriously. You wouldn't trust someone who is too meek any more than someone who is overconfident. You're looking for someone who listens, responds honestly, and inspires confidence.

BACKGROUND

Behaviour, Demeanour and Appearance

- **Tracy:** earnest, a little nervous, professional
    - You want to make a good impression since you're still new, but you also want to be respected
- **Morgan:** skeptical, guarded, direct
    - You carry yourself confidently and don't hold back your opinions, even if they can come across as blunt or entitled

Attire

- **Both:** Business casual/professional attire appropriate for a virtual clinic call

Starting Position

- Both SCs will be facing the camera. Note: The facilitator will set the scene before the simulation. Participants should treat this as a virtual consultation, with Tracy at the clinic's front desk and Morgan calling in from home.

HISTORY OF PRESENT PROBLEM

Tracy

This is one of the first calls you've handled largely on your own since starting. You want to prove you're capable, but you're also aware you're new and don't yet know all of the clinic's regular clients. When Morgan starts questioning your background (experience, training, where you're from) you feel frustrated. You know you shouldn't take it personally, but it's hard not to. You remind yourself that you are qualified for your role and that you don't need to justify your presence to prove that. At the same time, you know Morgan is asking for something (an immediate refill) that you genuinely cannot authorize, and you're nervous about how to say no without making things worse.

Morgan

You feel you deserve excellent care, and it matters to you who is involved in it. You've worked with subpar healthcare professionals before and you're not interested in repeating that experience. Once you learn that Tracy is “just” the administrator, you start to wonder whether she actually understands anything about your file, and whether she can be trusted to take your request seriously. You ask pointed questions because you feel these are fair, even if they don't always land that way.

Both Tracy and Morgan

Both Tracy and Morgan want the same basic thing: for Morgan's insulin refill to be handled properly and without unnecessary delay. Both are also, in their own way, anxious about being taken seriously — Tracy as someone new to her role, and Morgan as someone who has learned to advocate loudly for his own care because he doesn't always trust that others will do it for him. Neither of them is against the other; they are both trying to protect something that matters to them. This shared ground is what Tracy can draw on in Interaction #2.

AIM FOR THE PARTICIPANTS WATCHING THE INTERACTION

- To recognize how distrust and microaggressions can surface in a workplace interaction, and to identify strategies a staff member can use to de-escalate a client's concerns while still advocating for their own role and limits.

Interaction #1 (What Not to Do)

Morgan is on the call already, arms crossed, sitting at his home office desk.

Morgan: *"Hi, I'm calling for Dr. Shaw."*

Tracy joins the call, smiling, a little rushed.

Tracy: *"Hi there! Um, Dr. Shaw is actually running behind today, so I'm just going to, um, get started with you. I'm Tracy, I'm new here, I just started a few—"*

Morgan: *"Wait, who are you? I don't know you."*

Tracy: *"Oh! Sorry, yes, I'm Tracy, I'm the new Clinic Administra-*

Morgan: *"Administrator? So you're not even going to be handling my file?"*

Tracy: *"Well, I'm the administrator, so I do handle files, just, not medically."*

Morgan: *"Okay… well, I called about my insulin refill. Can you just process that for me?"*

Tracy: *"Um, I can't to do that without Dr. Shaw, but, um, let me see what I can do."*

Morgan: *"How long have you even been working there?"*

Tracy: *"Just a few weeks. But I've been trained really well, I promise."*

Morgan: *"A few weeks. Great. And where did you train for this, exactly?"*

Tracy: *"Um, I did a (…program), and actually, I'm an internationally-trained healthcare professional"*

Morgan: *"I've had issues with my diabetes before. I have to be really particular. Are you even going to understand what I need?"*

Tracy: *"Yes, I'll try my best."*

[Morgan sighs loudly.]

Morgan: *"What's your background, like, culturally? I'm just wondering because I never really understood why clinics hire so many people from outside the country for jobs like this."*

Tracy: *[flustered, laughs nervously] "Oh — um, well, my family's from — I mean, I don't think that really — sorry, did you still want the refill?"*

Morgan: *"Yes, I want the refill, and I want it today, not whenever Dr. Shaw feels like calling me back."*

Tracy: *"Okay — okay, um, I'll just process it myself, I'm sure it'll be fine."*

Morgan: *"You just said you weren't allowed to do that."*

Tracy: *"I know, I know, but I don't want you to be without your insulin, so I'll just — I'll figure it out."*

Morgan: *"That doesn't exactly fill me with confidence. Honestly, can I just talk to someone else?"*

Tracy: *[voice wavering] "Oh — um, I can try to find someone, I'm sorry, I didn't mean to—"*

Morgan: *"Forget it. I'll call back later."*

***Morgan** ends the call abruptly. **Tracy i**s left sitting there, visibly shaken.*

Tracy: *"That went really badly…"*

Tracy *turns off her camera. End of interaction.*

Whole Class Debrief (10 minutes)

Interaction #2 (A Better Approach)

Morgan is on the call already, arms crossed, sitting at his home office desk.

Morgan: *"Hi, I'm calling for Dr. Shaw."*

Tracy joins the call, calm and prepared.

Tracy: *"Hi, thanks so much for waiting. My name is Tracy. I'm the clinic administrator here. Dr. Shaw is running a bit behind with another patient, so she's asked me to start with you and see how I can help in the meantime."*

Morgan: *"Oh. Okay. It's nice to meet you… sorry, you said you're the receptionist?"*

Tracy: *[pleasantly] "Close — I'm actually the clinic administrator, so I help manage things like appointments and requests behind the scenes. What can I help you with today?"*

Morgan: *"I called about my insulin refill. Can you process that for me?"*

Tracy: *[acknowledging] "Of course — I can definitely help get that moving for you. Unfortunately, prescription changes like a refill have to be authorized directly by Dr. Shaw, so it's not something I'm able to process myself. What I can do is flag it as urgent right now, so it's the first thing she sees when she's free."*

Morgan: *"How long have you even been working there?"*

Tracy: *[calmly] "Just a few weeks, actually — I'm still getting to know everyone. I did want to introduce myself properly, since it's clinic policy for new staff to do that when there's time."*

Morgan: *"A few weeks. And where did you train for this?"*

Tracy: *"I completed a (health administration diploma) before starting here. And I'm an internationally-trained healthcare professional. I know I'm still new, which is fair to point out — is there something specific you're concerned about?"*

Morgan: *"I've had issues with my diabetes before. I have to be really particular about my care. How do I know you're going to take that seriously?"*

Tracy: *[acknowledging] "That makes sense. Insulin isn't something you want to leave to chance, and I understand why you'd want to make sure whoever's helping you actually gets that. I can't make medical decisions myself, but I can make sure Dr. Shaw has the full picture, including that this is time-sensitive for you."*

Morgan: *[pause] "What's your background, like, culturally? I'm just wondering…I never really understood why clinics hire so many people from outside the country for jobs like this."*

Tracy: *[steady, not flustered] "I want to make sure I'm helping you with your refill, so let's stay focused on your care for now. [However, honestly, comments like that feel like they're about more than my qualifications, and I'd rather you feel confident in me because of how I do my job."]*

Morgan: *[a little taken aback] "…Fair enough."*

Tracy: *"I think we both want the same thing here, for you to get your insulin without unnecessary delay. Let's see if we can make that happen as quickly as possible."*

Morgan: *"Okay… I guess that's fair. I just don't love being handed off to someone I've never met."*

Tracy: *[validating] "That's a completely reasonable thing to feel unsettled about, especially with something like insulin. I'd feel the same way. Here's what I can do: I'll send Dr. Shaw a flagged message right now, and I'll personally call you back within the hour to confirm it's been taken care of, even if she hasn't reached you directly yet."*

Morgan: *"You'd actually call me back?"*

Tracy: *"Yes. I'll follow up myself. I want you to be able to trust that this is being handled, even though I know I'm still new here."*

Morgan: *[softening] "Okay. I appreciate that. I'm sorry if I came on a little strong. I've just had some bad experiences with new staff not really knowing what they're doing."*

Tracy: *"I understand. And I appreciate you telling me that. It helps me understand where you're coming from."*

Morgan: *"Thank you. I do feel a bit better about this."*

Tracy *and* ***Morgan*** *end the call. End of interaction.*

Whole Class Debrief (10 minutes)

Followed by Role-play practice (20 minutes)

De-escalating: lowers the emotional nature of the conversation by validating Morgan's feelings and concerns as legitimate, even when his behavior is difficult. This keeps him from feeling dismissed, which is what allows him to soften over the course of the call.

"That makes sense..."
"Let's stay focused on….for now…."
"That's a completely reasonable thing to feel unsettled about..."
"I understand... it helps me understand where you're coming from."

Maintaining boundaries clarifies what Tracy is and isn't able to do without having to justify or over-explain herself; redirects to offer a concrete solution. This protects the clinic's policy and Tracy's own position without leaving Morgan stranded.

"Unfortunately... it's not something I'm able to process myself."
"I can't make medical decisions myself."
"What I can do is…right now..."

Advocating for oneself: asserts Tracy's legitimacy and professionalism in the face of questions about her experience, background, and competence, without becoming defensive or apologetic. This is what allows her to be assertive and to be taken seriously, rather than being dismissed by Morgan's distrust.

"I wanted to introduce myself properly..."
"I know I'm still new, which is fair to point out..."
"…let's stay focused on your care for now."
"I want you to be able to trust that this is being handled..."