TOP TEN REASONS WE AVOID TALKING WITH SOMEONE ABOUT A PROBLEM

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1. **I don’t want to be the bad guy**—*(No one does)*
   How will the person feel about things being said behind his/her back? This is a teaching opportunity; you are concerned about his/her performance.

2. **I don’t want to upset him/her**—*(You probably will—be prepared)*
   S/he will be even more upset to learn that you let him/her go on thinking everything was fine when you knew it wasn’t.

3. **I don’t want to make a big deal**—*(Medicine IS a big deal)*
   Stay focused on the immediate problem and what needs to be done to correct it. Sometimes the person’s response reveals an underlying difficulty.

4. **I don’t want to ruin his/her career**—*(You’re not that powerful)*
   You are not responsible for the person’s mistake. S/he can either correct the mistake or accept the consequences. Remember, sometimes people fail despite their best efforts and our efforts to help them.

5. **I don’t want to end up in court**—*(A legitimate concern, but a fairly remote possibility)*
   You are more likely to end up in a deposition for a malpractice suit. Just as in clinical practice, follow established procedures and policies that are educationally sound and legally defendable.

6. **I’m not sure how s/he will react**—*(You probably are)*
   You just don’t know to what degree. If you have serious concerns about his/her welfare—or your safety—you need to address them as well.

7. **I (or others) may have contributed to the problem**—*(That is a possibility)*
   If true, acknowledge it. Don’t compound the situation by using that as an excuse for not talking with the person. Ironically, past failures to address the mistake or problem often contribute to the current problem.

8. **S/he realizes it was wrong and will not do it again**—*(Unlikely)*
   Wishing, hoping, or thinking the problem will go away does not work—problems rarely resolve themselves spontaneously. Talking is more likely to succeed.

9. **It’s too late in the program or in the year**—*(Not really)*
   Address the mistake or problem when it occurs. A determination of whether action should be taken does not depend on when the problem occurs. It’s never too late to help another person improve.

10. **I don’t like confrontation**—*(No one does)*
    Confront the problem, not the person. View the interaction as a teaching opportunity—a time to help. Approach him/her as you approach a patient with bad news—in a caring, concerned, and compassionate manner.