

The 6 steps seem to be a method to ground yourself in a sure fire strategy while having difficult conversations.

Those difficult conversations: engaging family doctors who haven't necessarily sought you out. In real life. I mentioned earlier that it necessitates "buying in" to the method. I'm not so sure of that. This 6 step process is likely a well established paradigm. A quick google search shows a plethora of 6-step strategic conversation outlines. To me, in this circumstance, that makes me think that this is merely a way to identify the steps necessary to reach a goal. No philosophy. Simply a memory-aid-framework.

If such is the case, then one might presume you can use this framework in other circumstances, with some adaptation, and expect to gain similar results. But, it might also mean that you can practice this methodology in various circumstances, to improve it as a skill. But, practice will definitely be needed. Probably lots of practice. Further, it might also be useful to ponder the method as a way to anticipate certain resistances and have a game-plan worked out for that already.

In our sessions, Tracy took on a role of a physician who's seen it all, is convinced docs will weather the storm like as has happened numerous times before. Nothing will be lost, and the only thing wasted will be energy expended to fight a boogeyman. That, in and of itself, presented a challenge I had not anticipated. Here I was talking to someone absolutely disinterested in my concern, and unwilling to identify any concerns of themselves. Last week, in the facilitator chat someone mentioned that everyone has a concern. I wonder what to do, when you can't find a concern for them. My best answer at this moment is to use them for practice.

But to recap, the 6 steps.

1) Identify who you are, and why this conversation is happening. Set the stage and identify the starting point. Establish the premises and assumptions of the debate, if you will

2) Find out how the introduced scenario (step 1) is having real effects on the interviewee. What are their concerns. Let them tell you. Encourage them to be as specific as possible. How do they think things should work? Draw comparisons between their ideal, and the real world. Try to understand their concerns to the point that you can mirror it back to them accurately. Let them lead the conversation, but be willing to re-direct to get details. Heck, maybe even FIFE them.

3) Once they have "dreamt aloud" how things could be better...then introduce how safety-in-numbers can get them to that dream. Touch on how lack-of-numbers gets them the status quo. Maybe this is where you get philosophical about "what power is", how growing actions leads to growing numbers, and loops upon itself. But this all takes involvement. Then describe what the current doorway to being involved is (is there a group letter, or an event, or a task at hand?)...this leads to the

4) the Ask. You've identified their issues (A), this led to identifying the benefits they would receive by addressing the issues (B). You've detailed how power of numbers is the only real way to achieve the goals (C), that being involved is paramount for having the numbers (D), and finally what it looks like today to get involved (E). Now, you have to ask, will they make that step. But...maybe....just before you ask them to make the next step...it might be strategic to get them to confirm that your logic is sound. Does A->E seem like solid logic? If it is....would you be willing to do E? If not, where does the logic break down? What was missed in stepping them through that? Can that be mitigated? Getting people to commit to action is difficult. And this is where you may need to have pauses while they work out A->E for themselves

5) inoculation, galvanizing. Similar to step 2, get them to do the talking. What do they think govt will do if A->E happens. Both for them, and for everyone that got through A->E. What's the plan to mitigate these risks? Do they have further ideas on how to mitigate the risks? Frame the possibilities in terms of "what the govt will do". Work concerns about CPSA/patients/AMA back to how this is all a result of govt retaliations. How is this mitigated (eg, discuss the stance of the CPSA as clarified in April's meeting). When possible, tease out from them the revelation that the govt is motivated by power and control, not that any of this is justified punishment of undeserving doctors.

6) They've committed to action. Get them to do the action if not already done, and then set the stage for follow up. "Great, you've signed this letter, now what do think we should do next to grow this momentum"? Discuss how this fits into the bigger plan, and modify as appropriate. Set up specific times. Also start making the contact lists. Who do they know, what do they know. Without even knowing it, you are now also starting to analyse the power structure within that care-delivery-setting. Hiding in here somewhere is an opportunity to practice "see one, do one, teach one".