LEADERSHIP IN PRACTICE | MODULE 07

Difficult conversations, feedback and development

Prepare for important conversations so that the issue is clear, the person is respected and the next step is usable.

- ✓ 16 min reading
- ✓ Full teaching, practical next steps and reflection
- ✓ Six practice questions with answers and explanations
- ✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

A useful difficult conversation is timely, private, evidence-based and specific. Describe what happened and its impact, listen to context, agree what must change and record proportionately.

Three next actions

- Write the purpose of the conversation in one neutral sentence.
- Separate observed facts from assumptions about motive.
- Prepare the standard, support and follow-up you can genuinely offer.

Learning objectives

- Choose the correct route for a difficult issue before beginning the conversation.
- Use specific evidence, fair process and clear standards without avoidable harm.
- Distinguish feedback, coaching, mentoring, sponsorship and supervision.

Why this matters

Difficult conversations are often delayed because leaders fear damaging a relationship, saying the wrong thing or triggering a formal process. Delay can be harmful too. The person loses an opportunity to understand the concern, colleagues continue to experience the effect and frustration accumulates until the eventual discussion becomes broader and less fair.

A useful conversation is not defined by confidence or eloquence. It has a clear purpose, an appropriate route, specific evidence, genuine listening, a relevant standard and an agreed next step. The aim is to address the work while preserving dignity and due process.

Different problems need different routes

Before arranging the meeting, determine what kind of issue is present. A misunderstanding may need clarification. A learning need may require supervision or coaching. Repeated performance concerns may need a supported capability process. Alleged misconduct, bullying, discrimination, health concerns or patient-safety risk may require formal advice and a defined organisational route.

Do not disguise a formal concern as friendly feedback if the information may later be used in a process. Equally, do not escalate every imperfect interaction into misconduct. Obtain appropriate HR, educational, safeguarding or governance advice when the route is uncertain, while taking immediate action if anyone remains at risk.

Evidence before adjective

Words such as difficult, rude, weak, defensive or unprofessional are conclusions. Begin with the observable event: what was said or done, when, in what context and with what effect. Distinguish direct observation from information reported by others. Check whether the concern represents one event or a pattern.

Specific evidence is fairer and more useful. 'You interrupted the nurse three times while she was explaining the deterioration, and the escalation information was not completed' can be examined. 'You are disrespectful' invites argument about identity and intention. Evidence should still be handled proportionately and confidentially.

Prepare the purpose and conditions

Write the purpose in one neutral sentence. Decide what must be understood, what standard applies and what outcome is possible at this stage. Choose a private setting, allow enough time and avoid beginning an important discussion when either person is responsible for immediate clinical work.

Consider power before the meeting. The other person may reasonably fear consequences even if you describe the discussion as informal. Explain your role, the status of the conversation, confidentiality limits and whether notes will be kept. If representation or formal support may be required, follow the relevant process.

Open clearly, listen fully, retain the standard

Begin with the purpose and specific evidence. Describe the effect and invite the person's account. Listen for information that could change the response: workload, unclear instructions, capability, health, discrimination, team conflict or a system failure. Asking does not prejudge the explanation as sufficient; it

ensures the decision uses relevant context.

Then return to the standard. State what must change and why it matters. Compassion is not served by leaving the person uncertain about the concern. Accountability is not served by humiliation. A measured conversation can acknowledge emotion, pause when necessary and remain clear about patient care, professional conduct or team expectations.

Finish with action and review

Agree specific actions, support, ownership and a review date. 'Communicate better' is not an action. A useful plan may include observed practice, supervision, training, workload change, a defined behaviour to stop or a requirement to use a formal route. Check that both people understand what will be recorded and shared.

Follow-up is part of the original conversation. Review evidence, recognise improvement and address continued concern. Do not introduce unrelated historic complaints later unless they are relevant and properly examined. If the issue has moved beyond the agreed informal route, say so clearly and seek appropriate advice.

Choose the right development relationship

Feedback provides information about behaviour and effect. Coaching helps a person think through goals and choices. Mentoring offers perspective from relevant experience. Sponsorship uses influence to create legitimate opportunity. Supervision carries responsibility for safe practice, oversight and escalation. These relationships make different promises and should not be blurred.

A supervisor cannot rely on coaching questions alone when immediate safety requires direction. A mentor should not present personal preference as a required standard. A sponsor should use transparent criteria rather than patronage. Contract the relationship: purpose, boundaries, confidentiality, review and what happens if a concern emerges.

Feedback across culture, language and unequal power

Communication is interpreted through culture, language, accent, gender, ethnicity, grade and prior expectation. Leaders should not avoid feedback because difference exists, but they must make the evidence and standard especially clear. Comments about confidence, tone or fit require examples and a demonstrated relationship to the work.

Invite the person's interpretation and consider whether similar behaviour is judged differently in others. Use professional language support where needed. Do not require a doctor to erase identity in order to appear acceptable. The purpose is safe and effective professional practice, not cloning the leader's personal style.

Difficult conversations upwards and beside you

Raising an issue with a more senior colleague requires the same discipline: purpose, observable evidence, impact and a specific request. Choose the route carefully and document material safety concerns. If direct discussion is unsafe or inappropriate, use the relevant governance, employment or speaking-up route.

A bystander also makes a leadership choice. They may interrupt incivility, check on the person affected, record what they observed or seek advice. Immediate public confrontation is not always safest, but silence should not be mistaken for neutrality. Select an action proportionate to risk, authority and the wishes of the person affected.

- What did I observe directly?
- What immediate risk exists?
- What outcome am I seeking?
- Which route protects fairness and safety?

Common mistake

Avoid this	Saving concerns for an annual review, or combining months of frustration into a judgement about the person’s character.

Pause and reflect

Could the person repeat back the issue, the expected change and the support available?

Takeaways

- Prepare purpose and evidence.
- Discuss behaviour, impact and standard.
- End with action and review.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. A manager has received an allegation of bullying. What should happen before presenting it as routine feedback?

A. Clarify the appropriate formal or informal route and seek relevant advice

B. Nothing; all concerns should remain informal

C. Wait until annual appraisal

D. Ask the alleged person to apologise immediately

2. Which opening is most evidence-based?

A. People think your attitude is poor

B. During yesterday's handover you spoke over two colleagues and the escalation plan was not completed

C. You are often difficult

D. You do not fit this team

3. Why should an apparently informal meeting explain its status and confidentiality limits?

A. Because power affects how voluntary and safe the conversation feels

B. To make the discussion more threatening

C. To prevent the person from asking questions

D. Because every discussion must be recorded as misconduct

4. What is the best response when context explains a problem but the safety standard still applies?

A. Acknowledge context, adjust support or conditions and restate the required standard

B. End the conversation without action

C. Remove the standard

D. Ignore the context

5. Which relationship carries direct responsibility for oversight and escalation of safe practice?

A. Informal networking

B. Supervision

C. Mentoring

D. Sponsorship

6. A colleague makes a demeaning remark in a meeting. Which statement is most accurate?

A. The intent of the remark makes impact irrelevant

B. A bystander should choose a proportionate action rather than treating silence as neutral

C. A bystander has no leadership role

D. Only immediate public confrontation is acceptable

Answers and explanations

1. A — Clarify the appropriate formal or informal route and seek relevant advice

The route affects fairness, support, confidentiality and how evidence may be used.

Review 'Different problems need different routes' and distinguish clarification, development, conduct and safety processes.

2. B — During yesterday's handover you spoke over two colleagues and the escalation plan was not completed

The statement describes an observable event and effect rather than judging character or motive.

Return to 'Evidence before adjective' and rewrite one concern using observable language.

3. A — Because power affects how voluntary and safe the conversation feels

Clarity about role, process and records protects fairness where authority is unequal.

Review how power and process should be addressed before the conversation.

4. A — Acknowledge context, adjust support or conditions and restate the required standard

Listening can change the response without abandoning a relevant safety or conduct expectation.

Review 'Open clearly, listen fully, retain the standard'.

5. B — Supervision

Supervision has governance responsibilities that should not be confused with other developmental relationships.

Review the different promises made by feedback, coaching, mentoring, sponsorship and supervision.

6. B — A bystander should choose a proportionate action rather than treating silence as neutral

Bystanders can interrupt, support, record or escalate according to risk and context.

Return to 'Difficult conversations upwards and beside you' and identify proportionate bystander options.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: Leadership and management guidance
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/leadership-and-management/about-this-guidance

NHS Leadership and Management Framework
England and Wales · https://www.england.nhs.uk/leaders/nhs-leadership-and-management-framework/

GMC: Leadership and management guidance
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/leadership-and-management/about-this-guidance

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-06. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

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