Beyond Fight and Flight:
Mitigating Interpersonal Conflict
With Skilled Communication
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Can’t we all just get along?
Conflict

Joint Commission ‘09 ~ 70% of sentinel events traced to a problem with communication

Physician survey (n= 840):

- More than 70% observed disruptive MD behavior at least monthly, 10% daily
- 99% stated conflict negatively impacted patient care\(^1\)

Senior medical professionals interviewed at 2 tertiary care teaching hospitals estimated that half of MD time is spent *in conflict*\(^2\)

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Consider a recent conflict with a patient or a colleague.

What’s so hard about conflict in our work?

What is your favorite conflict communication tip?
Pitfalls and Strategies

**Pitfalls**

1. Reactivity/Emotions
2. Assumptions
3. Positions
4. Thinking the person is the problem

**Strategies**

- Personal Awareness
- Climb Down the Ladder of Inference
- Interests vs. Positions
- Build relationship separate from the problem
Engaging Effectively in Conflict

- Personal Awareness
- Ladder of inference
- Interests vs. Positions
- Separating the person from the problem
Case: “Treat my Pain”
What would it take to have this go badly?
Case: “Treat my Pain”
Strategy 1: Personal Awareness

“She is challenging.”
“I’m in 10/10 pain.”
“No body is listening to me.”
“I need dilaudid IV.”

Personal Awareness:
What are you really feeling?
How can you prepare yourself?
Step 1. Personal Awareness

“Limbic Hijacking”

Pitfalls:
Reactive Decisions
Escalation of the conflict
Emotional Outbursts

Tools:
Name the Emotion
Know Your “Triggers”
Take a Time Out
“Go to the Balcony”
I am home. My partner is not home. It is a Friday. We talked about going out for drinks. My partner likes to go out for beers with co-workers on Fridays. He doesn’t prioritize our relationship or care about my promotion. My partner is out for beers with his friends. My partner likes to go out for beers with co-workers on Fridays. I am home. My partner is not home. It is a Friday. We talked about going out for drinks.
Step 2. Climb Down the Ladder

Pitfalls:
- Misguided assumptions, judgments, conclusions.
- The other feels judged or not heard/understood.
- Relationship breaks down.

Tools:
- Climb down the ladder.
- Start with a blank slate.
- Consider, why would a reasonable person behave this way?
- Turn to curiosity: Tell me all about….
Unconditional Positive Regard
Your Case:

Ladder of Inference:

What is the data?

What assumptions might you be making?

Why might a reasonable person act that way?
Step 3. Positions vs. Interests

80:20 rule

Positions

Interests

Pitfalls
• Digging Heels In
• Taking Sides = basis for debate
• Polarizing

Tools
• Turn to Curiosity
• Asking about Motivations, Interests = Basis for dialogue

Case: “Treat my Pain”

Positions

“You want dilaudid. I can’t give you any more dilaudid.”

Interests:

- Tell me your thoughts about the dilaudid.
- Avoid “Why?”
  
  ie. Why didn’t you use the oral medication first?
- Offer interpretations tentatively. “I think I hear you saying….Did I get that right?”
Step 4: Separate the Person from the Problem

**Pitfalls**
- Confusing the challenge with the person. I.e. “You are difficult”
- Deterioration of Relationship

**Tools**
- Build Relationship While Discussing the Problem
- Empathic Statements
- Listen for the Other’s Perspective: Ideas, Concerns, Expectations

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Build Relationship

Open ended questions: Help me understand what’s been happening with your pain control.

Ask Perspective with “ICE” (Ideas, Concerns, Expectations) Questions: What Ideas do you have about why this pain regimen isn’t working? What Concerns you the most? Expectations: What are you hoping for with the pain control?

Empathize with “PEARLS”

Partnership: I want to work with you to get your pain under control.

Empathy: I can tell that this has been a challenging morning.

Apology: I’m sorry that we haven’t been able to get your pain under better control yet.

Respect: I appreciate your patience while we are adjusting the medications.

Legitimize: Anyone would be frustrated if they were in that much pain.
Share Your Perspective and Seek Solutions

- Ask permission to offer your perspective
  - *Would it be ok if I shared my thoughts now?*

- Use common ground to offer solutions
  - My goal, like yours, is to get your pain better controlled…

- Acknowledge the difficulty
  - *I know this conversation has been challenging…*

- Use **And** vs. **But** statements
  - *I know we want your pain controlled, *but*…*
  - *I know we want your pain controlled, *and* I am concerned about the slippery slope of dependence on opiate medications.*
Share Your Perspective and Seek Solutions

- Acknowledge their disappointment
  “I know this isn’t the answer you were hoping for…”

- Offer Commitment to the Relationship
  “I’m going to check back in a couple hours to be sure this is helping. The nurse can page me if needed in the meantime.”
What Do Patients Think?

“Patients responded in markedly different ways to similar physician treatment decisions about opioids. Some patients attributed limiting or denying opioids to physicians’ distrust or lack of caring. Others attributed these limitations to acting out of genuine concern for patients’ health.”

“Physicians might be able to improve communication by re-framing treatment discussions about opioids around external factors, such as benefits and harms, and engaging in communication that fosters a strong therapeutic alliance and emphasizes concern for the patient.”

Case 2: “Transfer this Patient”

The bedside nurse calls you with an abrupt tone.

“Mr. Smith really needs to be transferred to a higher level of care. He’s needed IV Ativan twice this morning already. His withdrawal is out of control.”

Meanwhile, you just saw the patient who looks light years better than on admission. You do not think he needs to go the ICU.
Case 2: Transfer This Patient

- Personal Awareness
- Ladder of inference
- Interests vs. Positions
- Separating the person from the problem
- Share your perspective and seek solutions
Commit to 1 Skill to Practice

- Step 1: Listen to Yourself
- Step 2: Climb Down the Ladder of Inference
- Step 3: Elucidate Interests vs. Positions
- Step 4: Build Relationship, Separate the Person from the Problem
  - Elicit Perspectives with ICE
  - Express Empathy with PEARLS

Share Your Perspective and Seek Solutions
Thank You