

A nighttime photograph of the Golden Gate Bridge in San Francisco, with the city lights visible in the background. The bridge's suspension cables and towers are illuminated, and the city lights reflect on the water. The sky is a deep blue with some light clouds.

# Beyond Fight and Flight: Mitigating Interpersonal Conflict With Skilled Communication

October 17, 2019

**Diane Sliwka, MD**

Professor of Medicine, UCSF SOM

Director, Center for Enhancement of Communication in Healthcare

Executive Medical Director, Patient Experience

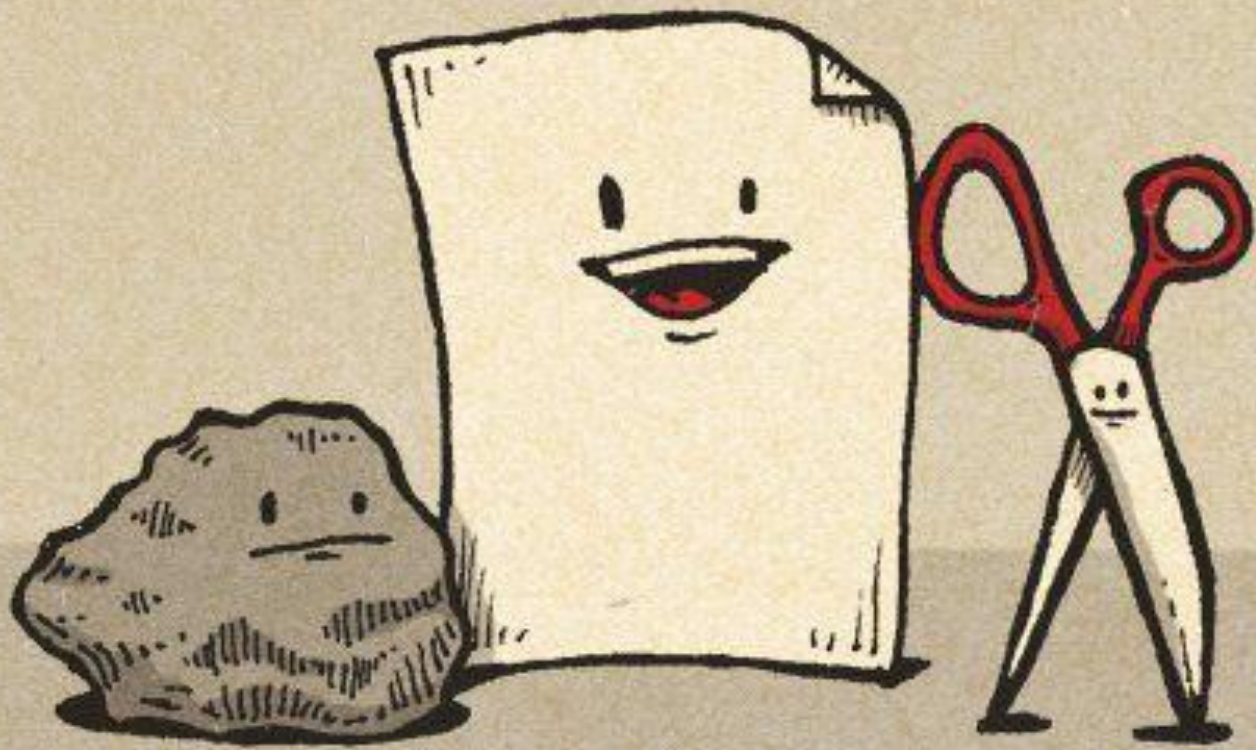
Chief Physician Experience Officer

UCSF Health

Faculty, Academy of Communication in Healthcare



Can't we all just get along?



BRAINLESS TALES.com

# 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<sup>1</sup>

Senior medical professionals interviewed at 2 tertiary care teaching hospitals estimated that half of MD time is spent *in conflict*<sup>2</sup>

1. MacDonald O. Disruptive Physician Behavior. American College of Physician Executives. May 2011.

2. Anderson CJ, D'Antonio LL. A participatory approach to understanding conflict in health care. Georgia State University Law Review. Summer 2005;4:824

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

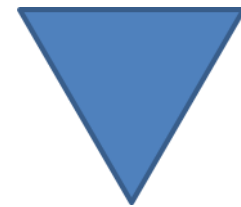
1. Reactivity/Emotions
2. Assumptions
3. Positions
4. Thinking the person is the problem

## 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.”

“Nobody is listening to me.”

“In the past, IV dilaudid has worked best for me.”



Personal Awareness:

What are you really feeling?

How can you prepare yourself?

# Step 1. Personal Awareness

“Limbic Hijacking”



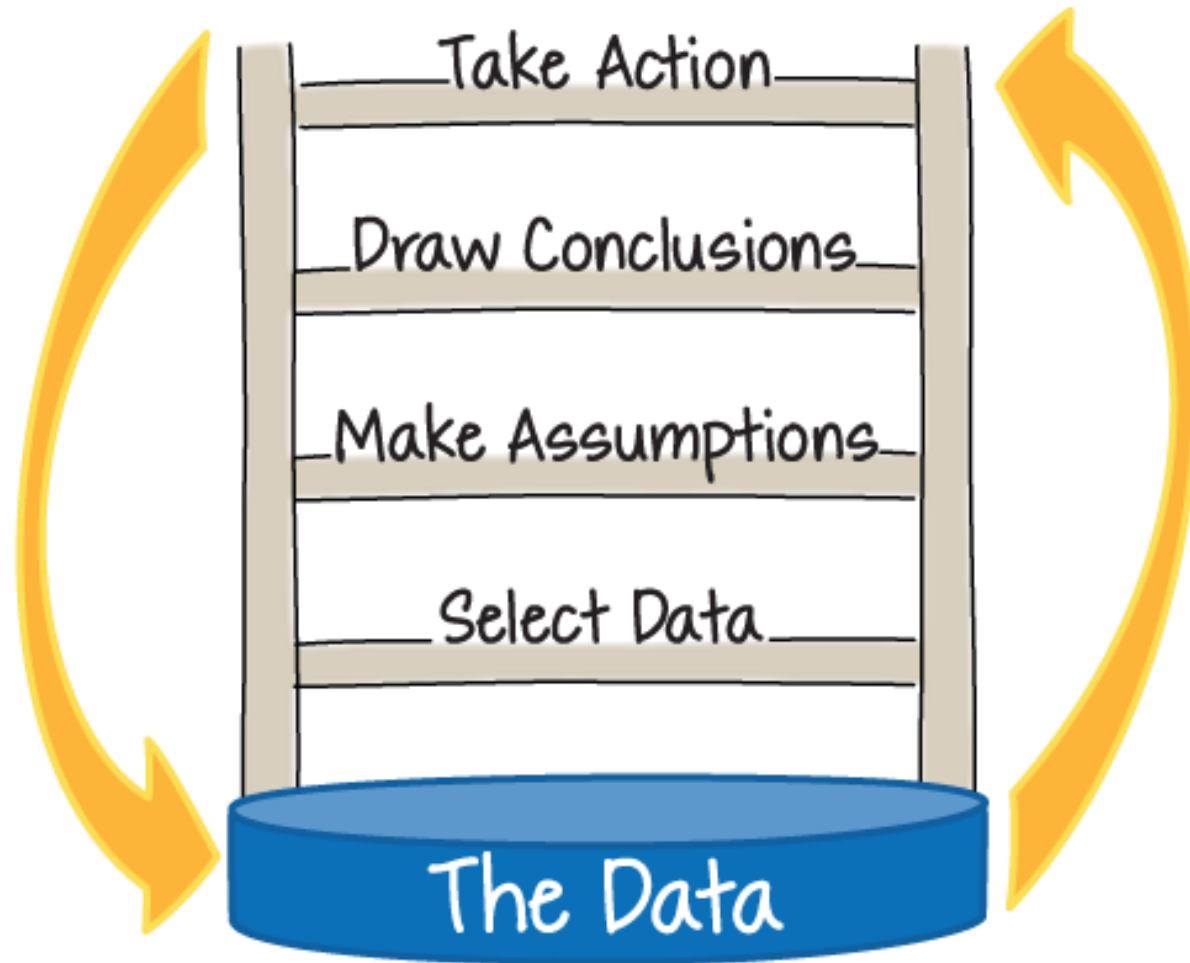
## **Pitfalls:**

Reactive Decisions  
Escalation of the conflict  
Emotional Outbursts

## **Tools:**

Name the Emotion  
Know Your “Triggers”  
Take a Time Out  
“Go to the Balcony”

## Step 2: The Ladder of Inference



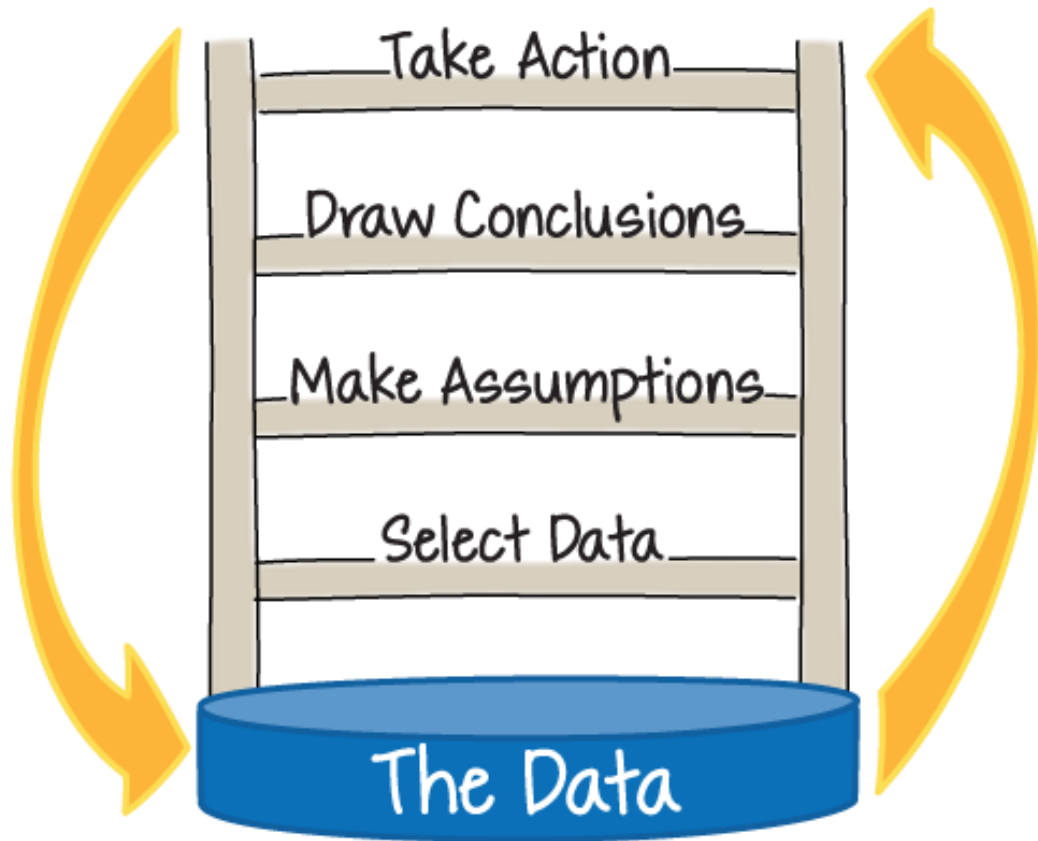
He doesn't prioritize our relationship or care about my promotion.

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



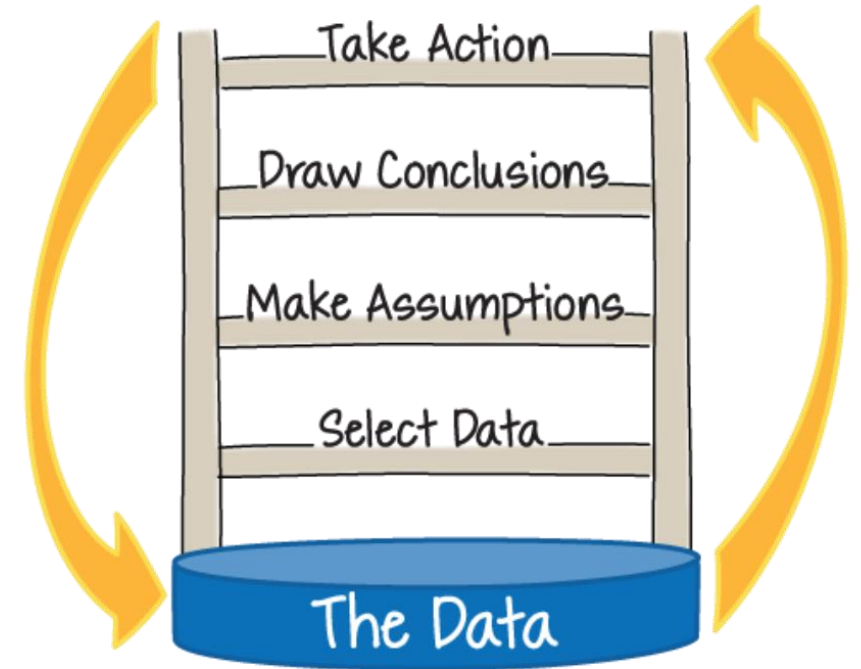
### Pitfalls:

- 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....

# Case: “Treat my Pain”



What is the data?

What assumptions might you be making?

Why might a reasonable person act that way?



# Unconditional Positive Regard



# Your Case:



Ladder of Inference:

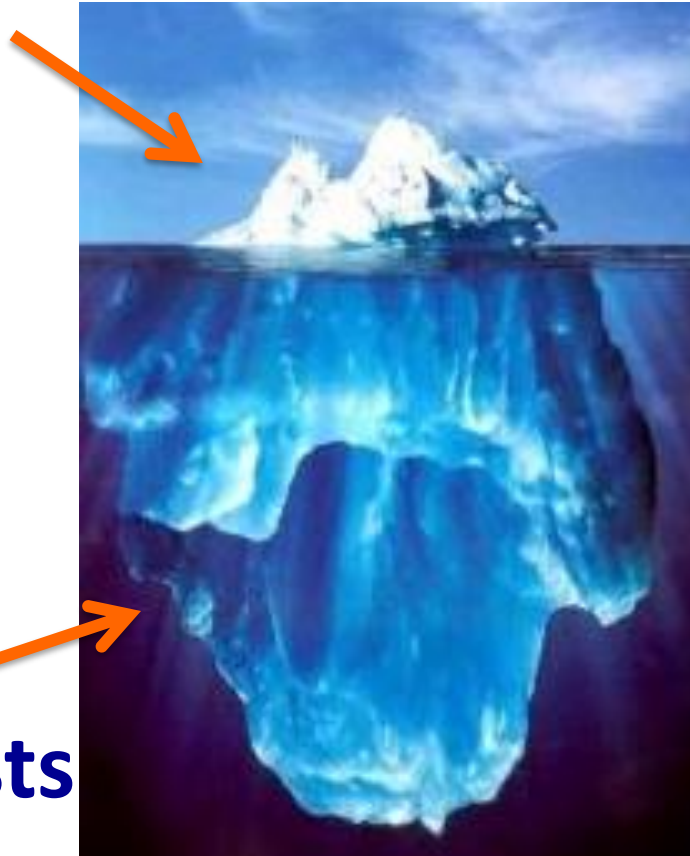
What is the data?

What assumptions might you be making?

Why might a reasonable person act that way?

# Step 3. Positions vs. Interests

**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”

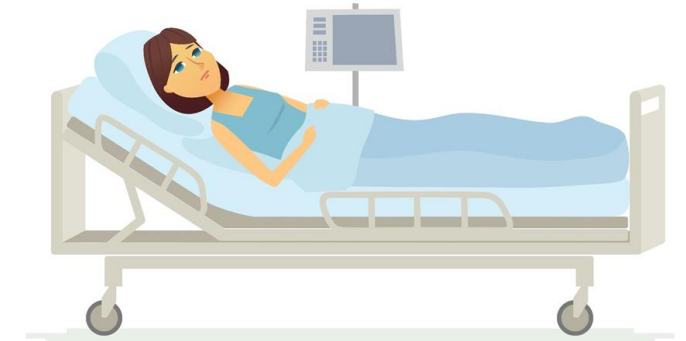


## Positions

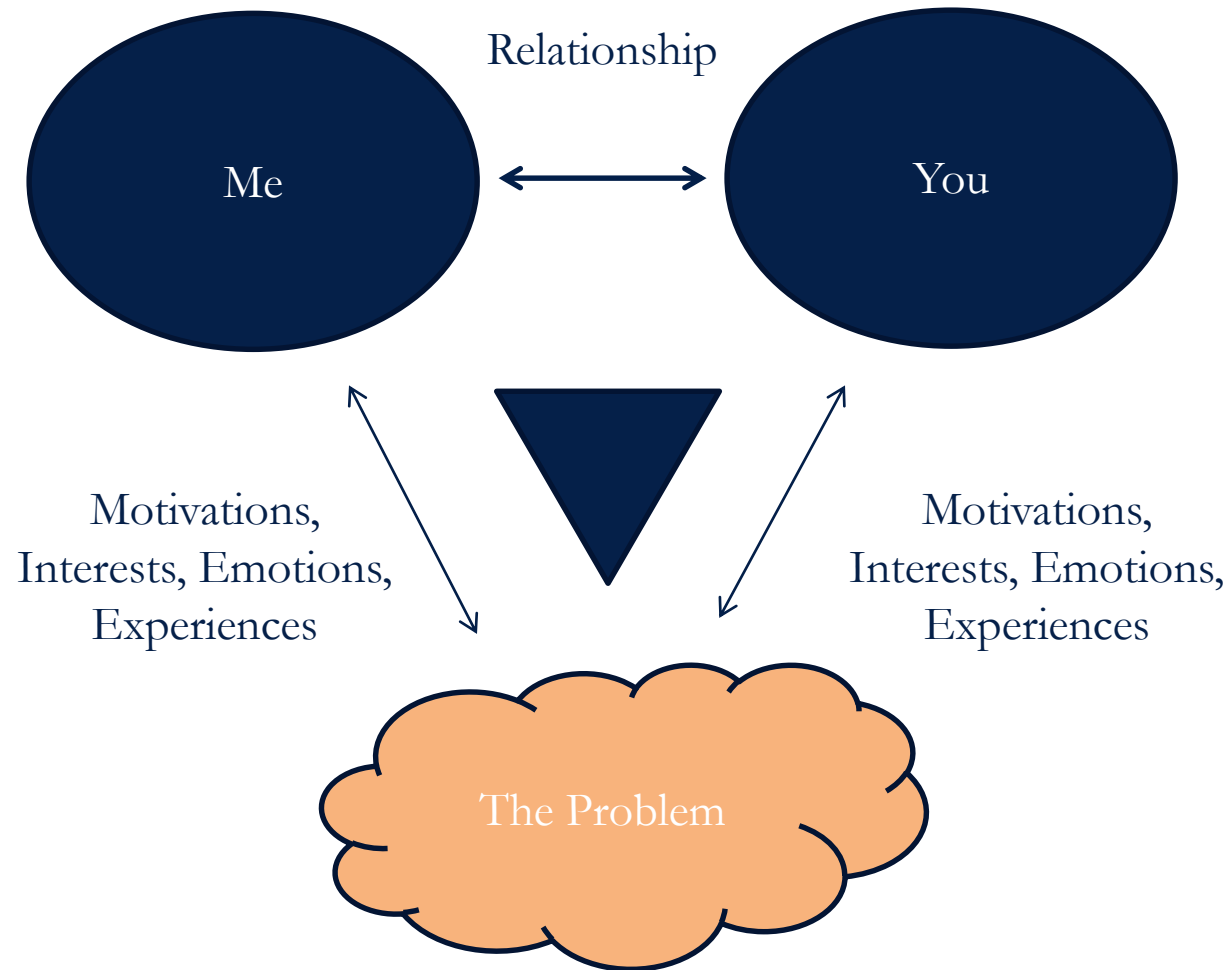
“You want dilaudid. I can’t give you any more dilaudid.”

## Interests:

- Tell me about your pain and how the medication is working
- 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



# Case: “Treat my Pain”



## 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.

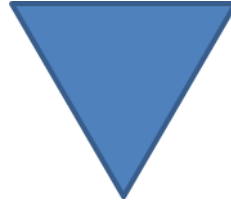
**Apology:** I’m sorry that we haven’t been able to get your pain under better control yet.

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

**Legitimize:** Anyone would be frustrated if they were in that much pain.



# Your Case:



What questions might you ask the person with whom you are in conflict to better understand their interests, rationale or motivations?

What empathic statement might you make to validate their perspective?

# 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...”

- Share your own ICE: Ideas, Concerns, Expectations

- I have some ideas about medications and other treatments that help to boost the pain control you get with dilaudid.
- We may not be able to get your pain to zero today, but I’m hoping that we can get it much better than it is right now.
- I am ok with using IV dilaudid while you are having this severe of pain and when you need something quickly. My request to you is to use the tablet form of the medication earlier, when you start to feel the pain rising.



# Hierarchy and And vs. But



- In a **hierarchy** where you have the power, giving the person some control goes a long way.

*“Your pain control seems much better now with this regimen. In the next day, we will need to begin the transition to using only the pill form of the Dilaudid. What thoughts do you have about how you’d like to go about reducing your IV dose?”*

- Use **And** vs. **But** statements

- *“I agree, we both want your pain controlled, but...”*
- *“I agree, we both want your pain controlled, and I am concerned about...*
  - *the slippery slope of dependence on opiate medications.”*
  - *relying on opiate medications alone to treat your pain.”*
  - *how sleepy you have been on this medication.”*

# Share Your Perspective and Seek Solutions

- When breaking bad news, acknowledge their disappointment

*“I know this isn’t the answer you were hoping for...”*

- Acknowledge the difficulty, if present

- *I know this conversation has been challenging...*

- 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.”*



# Your Case: Sharing Your Perspective

How might you share your perspective using **I**deas, **C**oncerns and **E**xpectations Statements?

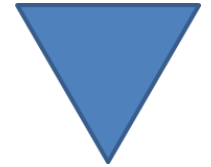
# What Do Patients Think?

“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.”

# What Do Patients Think?

“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.”

# 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

