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3Hroy

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Conflict with Families and Colleagues: The Art of Negotiation and Apology

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No $ disclosures to reveal

Learning Objectives

- Learn the strategic approach to managing conflict while instituting a patient/clinician partnership
- Understand how to effectively use the 5 stages of negotiation
- Acquire new tools for resolving controversial conversations

Lecture Outline

- Intro: Negotiating with families
- Discuss 5 stages of negotiation
- Professional interactions with colleagues
- Why and how to say “I’m sorry…”
- Personal vignettes and stories

Negotiation Introduction

- Frequently discussed in relationship to finances or material goods
- Medical World: Patient/caregiver may not understand medical management, disease processes, etc.
- Consequence may be refusal of treatment, procedure or surgery
- Clinician must “negotiate,” educate or even compromise. More than communication; it’s a series of negotiation steps

Introduction (con't)

- Clinicians need to address challenges/issues and determine how best to move in a positive direction
- Determine the best comprehensive, and agreed upon solution regarding patient care
- Utilize 5 stages of negotiation (convening, opening, communication, negotiation, closing)

Convening

- Plan by determining openness to talk, past behavior and strategies for the meeting
- Determine the best resources needed for a positive interaction
- Solve and understand the nature of the problem and who can best make the interaction streamlined and acceptable

Convening (con't)

- Obtain past medical history; what was successful and what went wrong
- Plan the interaction steps, "tone" of the visit, and what role the team members will play
- Understand that every medical visit = potential conflict. Determine patterns that lead to success (Plsek 2001)
- Always interact with cultural, ethnic, social, and gender sensitivity…

Opening

- Although responses from health care workers may be “typical,” be bold, creative and understand the environment
- Display a positive attitude and body language. Non-verbal cues are often misunderstood or misinterpreted
- Set ground-rules for the interaction, verify confidentiality, gain trust and set goals
- Gain understanding of the patient/family attitudes and emotions and build rapport, “I’m here to do everything I can to help you.”

Opening (con't)

- Function from the perspective of the clinician and patient/family (Botelho 1992). Show empathy, ("My-test!")
- Create an atmosphere of hope and safety
- Accentuate the positive, and find common ground
- Show commitment, reciprocity and "kind" authority
- Avoid ego, power and control

Opening (con't)

- Botelho suggests 3 stages in a physician – patient negotiation
  - Context: Full details of the illness/injury and its ramifications
  - Relationship: Autonomy, power, control and responsibility
  - Problem-solving: Interchange that leads to relationship building, agenda setting, problem clarification and solutions

Communication

- A skilled negotiator should focus on words, intentions, thoughts, and meaning

- The Triangle of Satisfaction demonstrates the interplay between Procedural (how people talk), Emotional (how people feel) and Substantive (those things that people negotiate or make decisions about (Furlong 2005)

- An outstanding communicator must be effectual, influential, thought-provoking, accommodating, perceptive, understanding and decisive

Communication (con't)

- Riskin's Grid: Evaluative – give opinions or Facilitative – open, less directed (Riskin 1996)
- Rely on verbal and non-verbal cues. Understand how you appear and sound to others. Consider using humor!
- Interact with patients with confidence, yet openness. People appreciate clinicians having humility and vulnerabilities (Wright 2011)
- Convey a healthy relationship by demonstrating respect, having a genuine demeanor, accepting individuality, showing self-awareness and by being empathic (Helming 2013)

Negotiation

- The relationship may be filled with friction, differences of opinion, emotional vs rational understanding, interest discontinuity, fear, nervousness and ambivalence
- Insufficient medical knowledge, unrealistic ideas of treatment or negative views of medical providers may alter collaboration
- The clinician (master negotiator) must set goals, be whole-heartedly committed and conduct a thorough and thoughtful exchange. Step-wise approach is essential!
- Interplay between disease specific knowledge, communication, emotions, resistance, perception of life (and death), disability, social-demographics, religion and personal beliefs

Negotiation (con't)

- Joint commission emphasizes the need for conflict resolution in a medical setting (Joint 2011)
- If conflict occurs, develop an approach that takes into consideration present and future goals, INTERESTS of the parties (not position) in order to lessen risks
- A FACILITATIVE approach emphasizing compromise and collaboration, whereby trust and empathy, validation, and concessionary behavior is evident
- A shared approach enhances communication, relies on common goals, leading to a narrowing of the bargaining range

Negotiation (con't)

- An EVALUATIVE approach provides more direction, less choices, more mandates and less freedom for the patients'/family
- Typically, a less directive approach; open-ended questions, choices, brainstorming, negotiations and conflict-avoiding behavior tend to work better
- Impasse, or the inability to obtain agreement may occur. Strategies include: asking diagnostic questions, assessing medical knowledge, framing or reframing the issues, compromising on a solution, cost benefit, etc.
- Clinician should also use emotional/social intelligence, "the skills that enable an individual to understand social interactions or behavior in order to understand and engage in adaptive ways..." (Siegel 2012)

Negotiation Terms

- ZOPA = zone of potential agreement
- BATNA = best alternative to a negotiated agreement
- Distributive bargaining (integrative or interest-based negotiation) = balance in compromise so that clinician and family both obtain successes

Macy's Initiative

- Prepare for the interaction
- Open the dialogue
- Gather information
- Elicit and understand the patient's perspective
- Communicate during the exam
- Give education as you progress
- Negotiate and agree on a plan
- Provide authentic, sincere and realistic expectations (Macy 2001)

Closing

- As part of the concluding conversation, review and determine best path going forward and make sure messages were not misconstrued, misunderstood, mal-aligned or misdirected
- Give definitive and convincing feedback on challenging medical issues
- Make sure goals were addressed, friction dissipated, verbal and non-verbal messages were understood

Closing (con't)

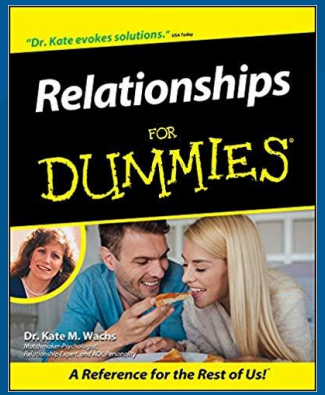
- Verify interaction accomplished all goals (present and future). Contingency planning if things change, or what to do if an emergency occurs
- Conclude by offering support, guidance and availability. Be sensitive to the needs of the patient/family. "I can appreciate the difficulty of your situation."
- Provide a confident handshake, smile, and verbal and non-verbal acknowledgement of the partnership. Final exchange is always lasting

Summary

- Medical circumstances are complex and interactions can be fraught with medical, psychosocial, ethical, etc., difficulties
- It is the obligation of the clinician to provide a healthy environment in order to achieve consensus
- Be flexible with negotiation phases; don't skip them or short-circuit the process
- Summary: Prepare and set goals, exchange and refine information, bargain, move toward closure, overcome impasse and create agreement

And now for a variation on a theme…

Communicating and resolving conflict with colleagues…



Conflict Introduction

- Many principles covered in negotiating with families applies effectively with colleagues
- Personality types and styles, the hurried nature of the environment, the stress associated with medicine/life impact interactions
- View collaboration with colleagues as negotiation with confounders, conflicting interests and perhaps even different end-points
- As with all negotiations, use patience, sensitivity, appropriate words/body language, calmness and professionalism, “Do onto others, as you would want done to you.”

Convening

- Before the interaction, either by phone or in person, practice it in your mind before it comes out your mouth
- Think about and rehearse the purpose, question, circumstances and even how you might respond professionally
- Also ponder, the what if questions:
  - What if he/she is a poor listener?
  - What if he/she is rude or doesn't listen?
  - What if he/she is too hurried and the information conveyed is not clear?
- How will the situation be remediated; there is a patient/family dependent on our information, answers and treatment. Don't leave the situation hanging!

Opening

- Introduce yourself and expect the same in return, i.e., name, title, etc. If need be, ask for spelling for documentation purposes
- Identify where you are calling from and articulate the question, issue or circumstances for the interaction. If there are complex circumstances, outline them clearly, upfront
- Questions may lead to more questions. Most strangers want to end conversations quickly

Communication

- Every encounter must be seen as potential conflict. Clinicians in medicine learn from each other, even bad or negative ways of doing things
- Be the agent of change; be open, honest, direct using appropriate words, expressions and be willing to politely and amicably disagree
- Use words with intention, thought and meaning. Focus, and be willing to refocus if necessary
- Messages can be in the form of an analogy or metaphor in order to convey meaning, influence and understanding
- Be respectful, professional, cooperative, genuine, warm and sensitive

Negotiation

- If the interaction is unsuccessful in part, or wholly, evaluate the component parts and dissect out the problematic issues, i.e., create differential diagnoses
- Determine what issues or diagnoses were at the core of the negative interaction. Proceed to develop understanding and role play (in your mind) and develop best streamlined strategy
- Think about options that may lead to congruence with the other party and configure options that will lead to success
- Options should be conveyed with humility, choice words, kindness, and conversation that is judgement-free

Negotiation (con't)

- When ready, meet or talk again. Admit the difficulty, aim to apologize, forgive and reconcile, and move foreword positively
- Seeing the bigger picture helps! Ask open-ended questions, define more clearly the issues, identify miscommunications and incorrect assumptions
- Brainstorm and mutually discuss and strategize, normalize the "dance," extract concessions and encourage the opposition to look beyond self interests
- Maintain credibility in the face of adversity

Closing

- End the discussion calmly, respectfully and with future expectations (you never know when you will have an encounter with the same person again)
- Bargaining and negotiating are part of reality. Don't fear these processes - embrace them with compassion and honor
- Impasse may occur. Overcome it by being creative, collaborative, and by doing appropriate and professional verbal gymnastics
- Never fear the fact that apology usually goes a long way to a successful interaction. Don't be scared by it, practice and use it

Consult Education

CHLA Education Pod, Updated Sept-2019
Calling a consultant

This is an educational guide on the steps to calling a consult. You can also use this tool for preparing a consult and/or for evaluation. To use as an evaluation, you can self-assess and/or have a peer/preceptor observe the encounter.

Calling a consultant	Y	N	N/A, Other	Comments
Act in a professional manner (ex. avoid yelling, harsh or derogatory comments during and after the encounter)				
Give your name, role, and the patient's identifying info • "I'm <name>, a resident in the ED, calling you about pt <name>, a 6yo girl followed by your service for <condition>"				
Get the consultants name (or confirm from the call schedule)				
Identify and clearly communicate the clinical question for the consultant at the beginning (and again at the end) • "I'm calling for your recommendation for next steps" • "I'm calling you to review the ED course, and see if you have additional recommendations before we discharge." • "We need you to see a concerning pt with shunt, hypertension, bradycardia, but maintaining airway and mental status." • "We need your phone recommendations based on an xray"				
Present a focused (2-3 sentences when possible) background after stating the clinical question				
Restate the clinical question				
Anticipate key questions to present to the consultant (ideal goal is no need for clarifying questions from the consultant). If consultant has clarifying questions: have the answers or make a plan to get back to them				
Clarify next steps, & when they will occur. Agree on a plan for steps if it hasn't happened by that time • Ex. "Not to pressure you, but I don't want to bother you with unnecessary pages (and so I can update the family), what's the longest it might take for you to see the patient?" (if answer, "about 15-30 minutes") "Ok, thanks. If you haven't been able to come down in 30 minutes, I'll call you back to get an update?" • Ex. If you're waiting for a plan: "So, it sounds like you need to talk to your team. How about, if we haven't heard back in 30 minutes, our attending will call your attending to discuss the plan."				
Identify when you're not getting the desired outcome from the consultant (know your limitations) and troubleshoot by 1. Attempting to convince through facts 2. Getting at the heart of consultant's perspective 3. Elevating the call to ED attending or suggest that the attendings speak to one another				

_____ Person Consulting _____ Evaluator

Courtesy of:
Christine Cho, MD, MPH, MEd
Associate Professor of Clinical Pediatrics

Why Apologize?

- To save face during conflict
- To appear authentic and sincere
- To maintain the relationship
- To demonstrate humility and realism
- To diminish outside pressure
- To maintain a sense of value and trust
- Others…

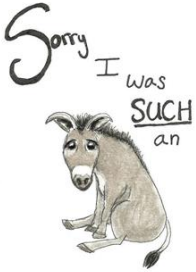
Apology Diagram

Apology Types

- Remorse – Confession that wrongful or hurtful behavior caused injury, and the offender is empathetic to the injured

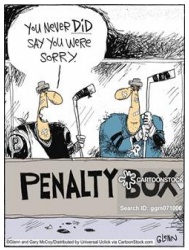
- Regret - Offender accepts that his/her behavior created harm, but believes the behavior was necessary and justified without accepting responsibility for the injury

- Empathy – Used to express compassion for another persons situation even though the circumstances are not your fault. “I am sorry you lost your job.”



Apology Types (con't)

- Social Harmony – Apology made for the well-being of the group. The apologizer feels more committed to the relationship than being right
- Externally Motivated – The motivation for the apology is external to the individual. A way to avoid potential retaliation by the accuser due to the appearance of the conduct to others
- Harmless Error – Person apologizing believes his/her behavior was hurtful or bad, but the person was not affected
- No Apology – Willingness to maintain conflict over the issues



Summary

- Colleague interactions can be fraught with challenges, but most are solvable
- View conflict as a series of negotiated interactions rather than impulsive communication
- Practice and become competent at: preparing and setting goals, enhancing interactions, exchanging and refining information, moving toward closure, overcoming impasse and creating agreement


obrigado
Dank U
Merci
mahalo
Köszi
спасибо
Grazie
Thank you
mauruuru
Takk
Gracias
Dziękuję
Děkuju
danke
Kiitos

Questions?