

**CONFLICT RESOLUTION SKILLS  
FOR ETHICS COMMITTEE MEMBERS**


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**DISCLOSURE:**

DR. MORREIM IS PRINCIPAL,  
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IN HEALTHCARE LLC



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**CONFLICT: IT PERMEATES HEALTHCARE**



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**CONFLICT:  
IT PERMEATES HEALTHCARE**

ADMINISTRATION  
PHYSICIANS  
NURSING  
SOCIAL WORK  
OT, RT, PHARMACY  
PATIENTS, FAMILIES  
SECURITY  
ETHICS CONSULTS . . .

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**CONFLICT RESOLUTION: GROWING INTEREST**

- AN OFFICIAL ATS/AACN/ACCP/ESICM/SCCM POLICY STATEMENT: "RESPONDING TO REQUESTS FOR POTENTIALLY INAPPROPRIATE TREATMENTS IN INTENSIVE CARE UNITS" 2015
- "[M]ost disagreements in ICUs arise not from intractable value conflicts but from **breakdowns in communication** that are amenable to communication interventions."
- "Clinicians should generally seek the assistance of consultants skilled in mediation and conflict resolution."

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**COMMUNICATIONS TRAINING  
FOR HEALTHCARE**

- This approach: limited number of communication skills
- Then practice . . .

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*"For the things we have to  
learn before we can do them,  
we learn by doing them."  
— Aristotle*

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#### LANGUAGES OF CONFLICT

- **POWER:** ability to require others to concede to one's wishes; compliance through coercion
  - Resident: "I'm the doctor! She's just a nurse."
  - Nurse manager: "Nurse A will do this, and Nurse B will do that. There now, it's settled!"
- **RIGHTS:** standards of fairness, claims of entitlement; often a counterbalance to power
  - Patient: "You can't make me agree to that! I have my rights!"

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#### LANGUAGES OF CONFLICT

- **POWER:** ability to require others to concede to one's wishes; compliance through coercion
- **RIGHTS:** standards of fairness, claims of entitlement; often a counterbalance to power
- However: there's another language available for responding to conflict . . .

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#### BETTER RESPONSES TO CONFLICT

- **Interests:** Underlying needs, fears, goals, concerns
- **Unmet needs:** a key to conflict
- If underlying interests are not addressed, contests between power and rights tend to spiral upward, unproductively
- Attention to interests and unmet needs promotes dialogue, collaboration, problem-solving

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#### The Importance of Earning Trust

- Why is it important to earn trust in healthcare or in ethics consults?

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But ...

How do we elicit trust?

expect it?

earn it?

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### "The Name of the Dog" JAMA 2018

- Newly minted MD rounding on patient just admitted for chest pain while walking his dog
- Attending to intern: "What's the name of the dog?"
- Intern: Uh ... "
- Intern later went back to patient's room
- Asking about the dog led to wide-ranging conversation in which intern learned more in those few additional minutes than he had learned the entire previous day during admission
- Trust grows when the other person believes you actually care
- And then, trust opens doors to information not otherwise likely available

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### Earning Trust

- A few tools for your toolbox



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### Tool #1: Start Slow to Go Fast

- The shortest distance between two points is not always a straight line
- "Yes" is not always the quickest route to yes

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### Tool #1: Start Slow to Go Fast

- The shortest distance between two points is not always a straight line
- "Yes" is not always the quickest route to yes
- Examples:
  - "If your heart stops, do you want us to start it again?"
  - Family "agrees" to a DNR, then "they changed their mind!!"
  - Oldie but a goodie: on average, physicians interrupt the patient within 17 seconds after patient begins describing the problem

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### Tool #2: Active Listening

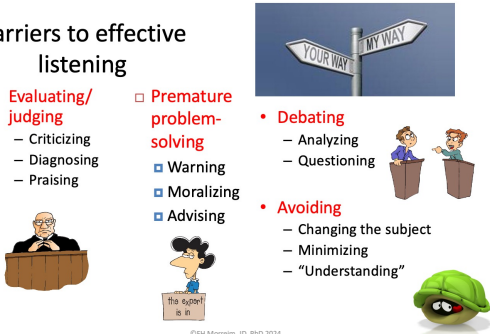
- Basics:
  - Repeat back to the other person what we understand s/he has said
  - Inquire further about what is behind that message
  - Acknowledge his/her position, statements

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### Barriers to effective listening

- **Evaluating/judging**
  - Criticizing
  - Diagnosing
  - Praising
- **Premature problem-solving**
  - ▣ Warning
  - ▣ Moralizing
  - ▣ Advising
- **Debating**
  - Analyzing
  - Questioning
- **Avoiding**
  - Changing the subject
  - Minimizing
  - "Understanding"



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## Tool #2: Active Listening

- Summarize
- Detect, adjust for parallel meanings
- Drill down for details
- Nonverbal elements

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## Tool #2: Active Listening

- **Summarizing**
  - Concisely paraphrase, to organize disparate facts, ideas
  - Builds trust by showing you're really paying attention
  - Permits people to reflect, correct what they/you have said
  - Neutral language
- Detect, adjust for parallel meanings
- Drill down for details
- Nonverbal elements

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## Tool #2: Active Listening

- Summarize
- **Detect, adjust for parallel meanings**
- Drill down for details
- Nonverbal elements

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## Tool #2: Active Listening

- Parallel meanings
- "I want antibiotics!"
- Department secretary who'd just come back from doctor visit:  
"Well, the doctor said it was a virus and so there wasn't much he could do about it. But he did give me these antibiotics for the nausea . . ."

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## Tool #2: Active Listening

- Parallel meanings
- Intern
- Resident
- Fellow
- Attending

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## Tool #2: Active Listening

- Summarize
- Detect, adjust for parallel meanings
- **Drilling down for details**
  - Details open new doors to problem-solving
  - "Tell me more"
  - "What would that look like?" (eg, "respect", "do everything", "quality of life")
  - → Avoid "why;" instead ask "what/how" questions: e.g. "what leads you to think that?"
- Nonverbal elements

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### Tool #2: Active Listening

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### Tool #2: Active Listening

- Summarizing
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### Tool #2: Active Listening

- Summarizing
- Detect, adjust for parallel meanings
- Drilling down for details
- **Nonverbal elements**
  - Attentiveness, respectfulness to convey interest and attention
  - Refrain from interrupting
  - Eye contact (where culturally appropriate)
  - Allow pauses in the conversation to provide opportunities for the speaker to remember, reflect and plan his/her next response

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### Tool #3: Modeling: Summoning the Mirror Neurons

- Slower pace of speech
- Lower pitch of voice
- Calm, open gestures
- [This requires conscious effort]
- A couple stories about modeling . . .
  - Running a code in the hospital
  - MedMal trial

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### Tool #4: Benefit of the Doubt . . . Genuine Curiosity

- Develop honest curiosity
- Give a genuine benefit of the doubt
  - Assume the other person has good reason for doing/saying what s/he did
  - → **Help this person find his/her clarity**
  - May require successive iterations, summarizations

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### CURIOSITY, BENEFIT OF THE DOUBT

- **Finding clarity** (example)
  - "My back pain is pretty bad. So they put in this pump, and it has wires going right to the pain spot . . ."

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### Tool #5: Sit Back and Hush Up

- The best response to a question is not always **An Answer**
- The best response to an error is not always **A Correction**
- Sometimes the best response is to . . . sit back and shut up
  - Let things happen
  - Let parties say what needs to be said
  - Glean hints of underlying information by listening intently
  - Especially useful in multi-party conversation
- Especially useful when multiple people are in heated conversation

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### Tool #6: Sometimes, You've Got to Let Them Throw Up

- A corollary of "Sit back and hush up" . . .
- Ordering an emotional person to "calm down!" or "relax!" is like saying "stop it!" in mid-vomit
- (Recall Tool #1: Start slow ...)



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### Tool #7: Affect Labeling

- One of the most difficult tools to learn, but one of the most powerful, for earning trust
- People can feel heard, understood to a level that few other tools can achieve

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### Tool #7: Affect Labeling

- **Affect labeling:** naming aloud the emotion you see the other person exhibiting
- Several levels, depending on the situation . . .
  - "You're frustrated"
  - "You seem/sound frustrated"; "It seems like this situation is pretty frustrating for you"
  - "In your situation I'd probably be pretty frustrated – do you feel that way?"
- Evidence from **fMRI**: language may help person transition from "**red**" zone (amygdala) to rational part of the brain (prefrontal cortex)
- Be comfortable with emotion in the room – it's usually not about you!

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### Tool #7: Affect Labeling: Atul Gawande ...

- M3 student, in ED, sent to see prisoner who had slashed his wrist, then swallowed half a razor blade; patient was hostile, antagonistic
- "I suddenly remembered a lesson a professor had taught about brain function. When people speak, they aren't just expressing their ideas; they are, even more, expressing their emotions. And it's the emotions that they really want heard. So I stopped listening to the man's words and tried to listen for the emotions.
- "**You seem really angry and like you feel disrespected,**" I said.
- "Yes," he said. "I am. I am **angry and disrespected.**"
- His voice changed. He told me that I have no idea what it was like inside. He'd been in solitary for two years straight. His eyes began to water. He calmed down. I did, too. For the next hour, I just sewed and listened, trying to hear the feelings behind his words."
- New Yorker, 5/18

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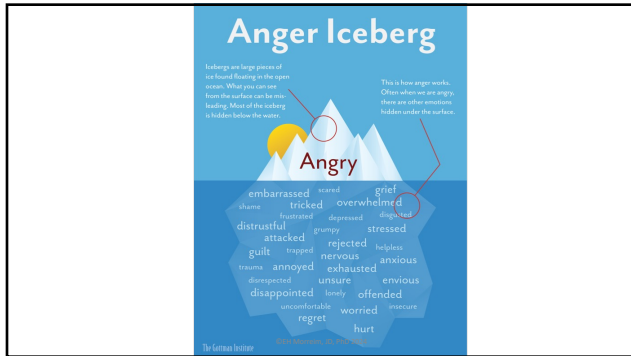
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### AFFECT LABELING: EXAMPLE

- Example:
- "I'm going to post on Facebook about this!"

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### "Terms of Endearment"

- Should affect labeling be attempted in that moment?
- After daughter's pain is eased, you enter the room. What sort of affect label(s) might be appropriate?
- Suppose someone enters the room and says "Now, I understand you were concerned, but you can't treat our staff that way!"

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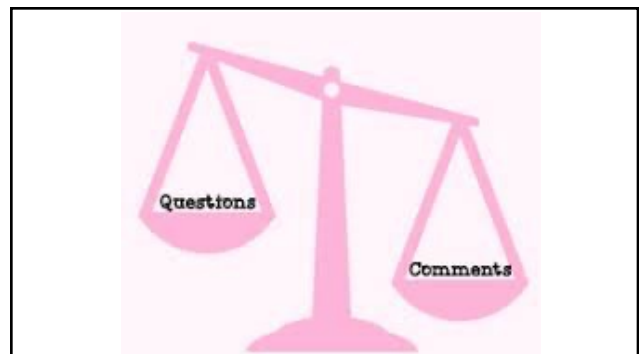
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### Conflict Resolution Skills

- Start slow to go fast
- Active listening
- Modeling
- Benefit of the doubt
- Sit back and hush up
- Let them throw up
- Affect labeling

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