Handling interprofessional conflict: Why bother?

- Isn’t interprofessional conflict ubiquitous, inevitable, persistent, intractable, . . . ???
Nurses Experiences with Disclosure of Health Care Errors

- Nurses often not included in pre-disclosure discussion or in actual disclosure
- This gap in communication with MD colleagues resulted in use of ethically compromised strategies to manage pt/family’s questions prior to actual disclosure such as avoidance, re-directing, silence, changing assignments, and rarely deception
- Lack of communication among team decreases the quality of error disclosures.


Handling interprofessional conflict: Why bother?

- Isn’t interprofessional conflict ubiquitous, inevitable, persistent, intractable, . . . ???

- What outcomes are affected by interprofessional conflict?
  - Provider job satisfaction?
  - Patient and family sensitive outcomes?

Does Nurse-Physician Collaboration Make a Difference?

- Prospective study of 3 ICUs in separate hospitals
- 97 attending physicians, 63 resident physicians, and 162 staff nurses
- Providers surveyed about collaboration in making transfer decisions for 1432 patients
- Nurse collaboration ratings associated positively with patient outcomes

Randomized Trial of Communication Strategy

Randomized 126 patients if attending believed “patient would die in a few days”

Intervention

- Proactive family conference using VALUE strategy
- Bereavement pamphlet for family

Lautrette, NEJM, 2007; 356:469

VALUE: 5-step Approach to Improving Communication in ICU with Families

- V... Value family statements
- A... Acknowledge family emotions
- L... Listen to the family
- U... Understand patient as a person
- E... Elicit family questions

Curtis, J Crit Care, 2002; 17:147

Family Member Outcomes: Clinically Significant Morbidity at 3 Months

% of family members

- Anxiety
- Depression
- PTSD

Control Intervention

Lautrette, NEJM, 2007; 356:469

Differences in Family Conferences

<table>
<thead>
<tr>
<th></th>
<th>Control (%)</th>
<th>Interven. (%)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt wish expressed</td>
<td>54</td>
<td>60</td>
<td>0.04</td>
</tr>
<tr>
<td>Nurse present</td>
<td>60</td>
<td>81</td>
<td>0.03</td>
</tr>
<tr>
<td>Family expressed em</td>
<td>75</td>
<td>95</td>
<td>0.03</td>
</tr>
<tr>
<td>(min.)</td>
<td>20</td>
<td>30</td>
<td>0.001</td>
</tr>
<tr>
<td>Duration of conf</td>
<td>20</td>
<td>30</td>
<td>0.001</td>
</tr>
<tr>
<td>Time family spoke</td>
<td>5</td>
<td>14</td>
<td>0.001</td>
</tr>
<tr>
<td>Time nurse spoke</td>
<td>1</td>
<td>3</td>
<td>0.006</td>
</tr>
</tbody>
</table>

Lautrette, NEJM, 2007; 356:469

Before-after Study of Proactive Palliative Care Consult in a Medical ICU

- Intervention: automatic palliative care consult for patients with
  - Anoxic encephalopathy after cardiac arrest
  - MODS: ≥3 organs for ≥3 days

- Goals of the consult:
  - Communicate prognosis to family
  - Identify patient preferences
  - Discuss treatment options with family
  - Implement palliative care strategies

Campbell, Chest 2003; 123:266

Results of Palliative Care Consult Intervention in Medical ICU

<table>
<thead>
<tr>
<th></th>
<th>Before (n=22)</th>
<th>After (n=21)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU LOS (days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anoxic enceph</td>
<td>7.1</td>
<td>3.7</td>
<td>0.01</td>
</tr>
<tr>
<td>MODS</td>
<td>10.7</td>
<td>10.4</td>
<td>0.74</td>
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<tr>
<td>ICU LOS from diag (days)</td>
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<td></td>
<td></td>
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<tr>
<td>Anoxic enceph</td>
<td>7.1</td>
<td>3.7</td>
<td>0.01</td>
</tr>
<tr>
<td>MODS</td>
<td>5.8</td>
<td>2.1</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Campbell, Chest 2003; 123:266
Physician-Nurse Collaboration in the ICU

- Increased survival
- Decreased length of stay
- Decreased ICU readmission rates
- Enhanced physician and nurse relationship
- Decreased job stress for nurses

Where is Interprofessional Communication Successful?

- Interdisciplinary communication as the \textit{goal}
  - Outcome measures: improved attitudes among professionals (i.e., satisfaction)
  - Settings: ICU, med-surg acute care
  - Results: Mixed

Interdisciplinary collaboration remains an elusive goal; leadership remains in silos; focus is on the professional

Where is Interprofessional Communication Successful?

- Interdisciplinary communication as the \textit{means}
  - Outcome measures: improved patient/family care
  - Settings: hospice/palliative care, rehab, patient safety, ethics
  - Results: positive

Interdisciplinary collaboration is the norm; leadership is shared and seamless; focus is patient and family centered

Interprofessional Communication?

- Conflict among health care teams is common, but also associated with poor patient outcomes
- Many clinicians lack skills to handle conflict effectively, so they avoid it
- Avoiding conflict can lead to
  - Lack of recognition of patient issues and poor coordination of care
  - Chronic misunderstanding and simmering resentments

Challenges to Interprofessional Communication

- Power differentials within health care team makes handling conflict challenging
- In patient care, particularly at end of life, emotion and tension common
  - Learning to handle conflict well is an important component of good clinical care

Improving Clinician Communication Skills (ICCS)

Specific Aims

- Improve quality of end-of-life care for patients with life-limiting illness
- Demonstrate feasibility and effectiveness of a communication intervention

Improving Clinician Communication Skills
#### Communication Interventions

**CODE-Talk:**
*A Communication Intervention*

- 5 year randomized trial funded by NIH
- Interdisciplinary: Residents and NP students
- Clinic block (MD) or elective course (NP)
- Eight half-day sessions
  - Interactive seminar presentations
  - Communication skills practice
  - Reflective self-awareness

**Communication Topics**

- Breaking bad news
- Transitions to palliative care
- Advance care planning & DNR decisions
- Talking to families & family conferences
- Cultural & spiritual end-of-life issues
- Clinicians’ emotional reactions
- Team conflict and communication

#### Evaluation: Outcomes

- Baseline and post-intervention
- Evaluation by patients & families
  - 5 per trainee pre & 5 post intervention
  - In-person or mailed questionnaires
- Primary outcome: “Quality of Communication” survey
- Secondary outcomes:
  - Symptoms
  - Quality of end-of-life care
  - Satisfaction with care
  - Process outcome measure: standardized patient evaluation

**Efficacy of Communication Skills Training for Giving Bad News and Discussing Transitions to Palliative Care**

- Before-after study of a 4 day residential workshop for oncology fellows
- 115 fellows from 62 institutions
- Evaluated on SP stations and acquired
  - 5.4 “delivering bad news” skills
  - 4.4 “transition to palliative care” skills
- Used word cancer when giving diagnosis
  - Before: 16%; After: 54%

Back, Arch Intern Med 2007: 167;453

#### Oncotalk Results: Bad News

**Acquisition of bad news communication skills**

- Participants acquiring skill

Back, Arch Intern Med 2007: 167;453

#### CodeTalk: Structure for Effective Conversations around Conflicts

- **Set up**
  - Find a neutral starting point
- **Discussion of issue**
  - Align goals
  - Explore other’s perspective
  - Discuss your perspective
- **Summary**
  - Review plan and responsibilities
  - Affirm professional relationship
**CodeTalk**

**Pearls: Interprofessional Conflict**

1. Avoid unintended moral superiority
2. Recognize differences in power
3. Understand different professional meanings for seemingly common terms
   e.g. “patient advocate”
4. Acknowledge emotion

**Language that implies moral superiority**

- “Doctors cure; nurses care.”
- “The nurse is the patient's advocate.”
- “The nurse is the one at the bedside.”
- “Doctors write the orders to withdraw; but it’s the nurse who pulls the plug.”


**CodeTalk**

**Pitfalls: Interprofessional Conflict**

1. Trying to talk calmly when you are angry
2. Responding to moral superiority with your own
3. Making the other person’s emotions the focus
4. Using greater power to avoid hearing another’s opinions or concerns
5. Seeing yourself as the leader and everyone else as the team

**Summary**

- Improving interprofessional collaboration requires a change in focus
  - Focus is not on interprofessional collaboration
  - Focus is on improving care
- Interprofessional communication is a skill set that can be taught and learned