

Communicating Effectively Through Crisis: Up, Down, and Across Hierarchy

Laura A Kirk, MSPAS, PA-C, CPXP, DFAAPA, FACH
Assistant Director of Advanced Practice Providers
Ambulatory Services
University of Texas Southwestern Medical Center

Disclosures

No financial disclosures.

Volunteer board position with the Society of PAs in Otorhinolaryngology (SPAO)

Volunteer board position with the Academy of Communication in Healthcare (ACH)









https://www.discprofile.com/fac-sup/fac-tips/model

"Trust is earned and trust takes time."
- Denise Davis, MD



Group Agreements

Speak for self; be mindful of others

Confidentiality

Engaged attention: devices aside / silenced, keep interruptions short

Share the air

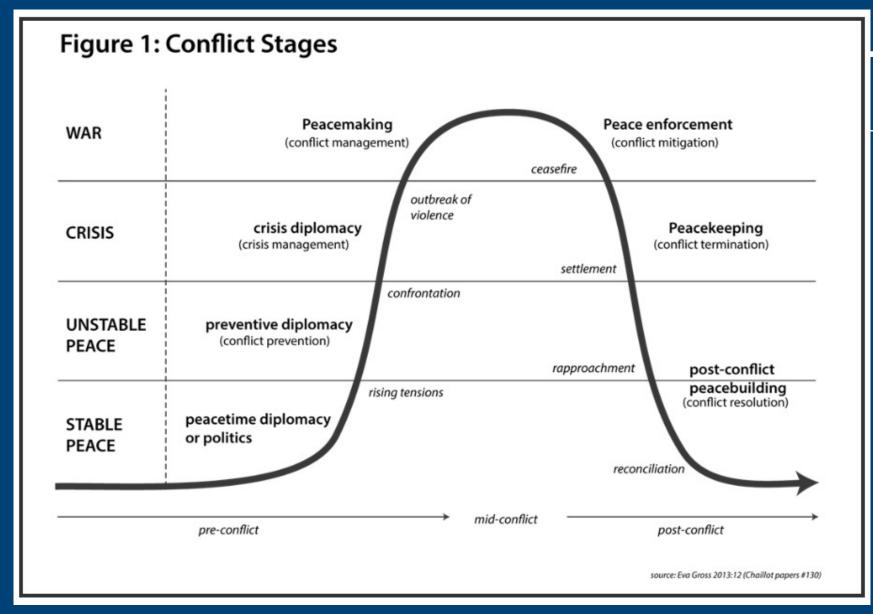
Everyone has meaningful experience already, and we are all here to learn





Learning Objectives

- 1. Identify key contributors to healthcare team conflicts & crises.
- 2. Reflect on personal strengths & hot buttons in crisis at work and apply tools for engaging with skill.
- 3. Consider hierarchy within healthcare teams and learn strategies for effective partnerships up/down/across.
- 4. Apply skills for exploring perspectives in order to gain context, create alignment, and facilitate buy-in.
- 5. Leverage relationship-centered strategies to make a compelling ask.
- 6. Apply effective leadership skills for conflict to participants' own cases.



conflict noun

con·flict | \'kän-ˌflikt • \

// an armed conflict

2 a : competitive or opposing action of incompatibles: antagonistic state or action (as of divergent ideas, interests, or persons)

// a conflict of principles

b : mental struggle resulting from <u>incompatible</u> or opposing needs, drives, wishes, or external or internal demands

// His conscience was in *conflict* with his duty.

Common Sources of Healthcare Team Conflict

UTSouthwesternMedical Center

- Environment
- Task
- Process
- Role
- Relationship

Current Healthcare Crisis: Macro to micro

UTSouthwestern Medical Center

- Emphasis on downstream intervention vs prevention
- Ineffective coordination & non-transparency
- Incomplete training
- Opioid epidemic
- Inequities
- Regulatory burden
- Inadequate in astructure



Positional Hierarchy

Personality

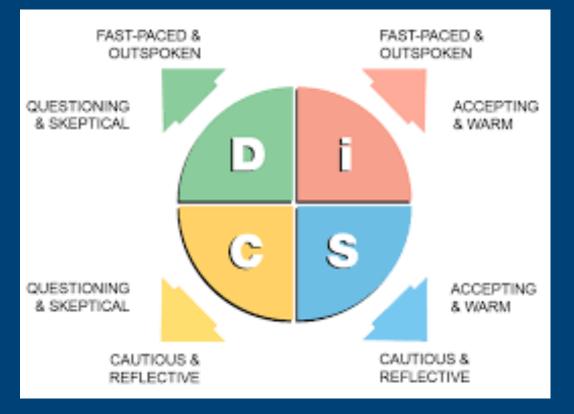
- Intra/Extraversion
- DISC
 - Task vs People
 - Slower vs Faster
- Skepticism/Optimism

Identities

- Age/generation
- Gender
- Race / ethnicity
- Background
- Sexual orientation
- Political affiliation



UTSouthwesternMedical Center

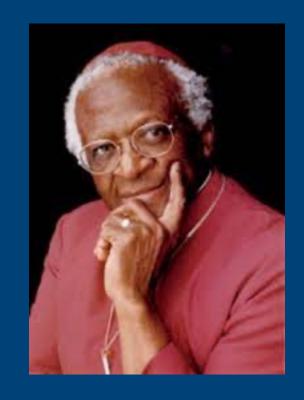




www.Discprofile.com

Differences are not intended to separate, to alienate. We are different precisely in order to realize our need of one another.

— Desmond Tutu —

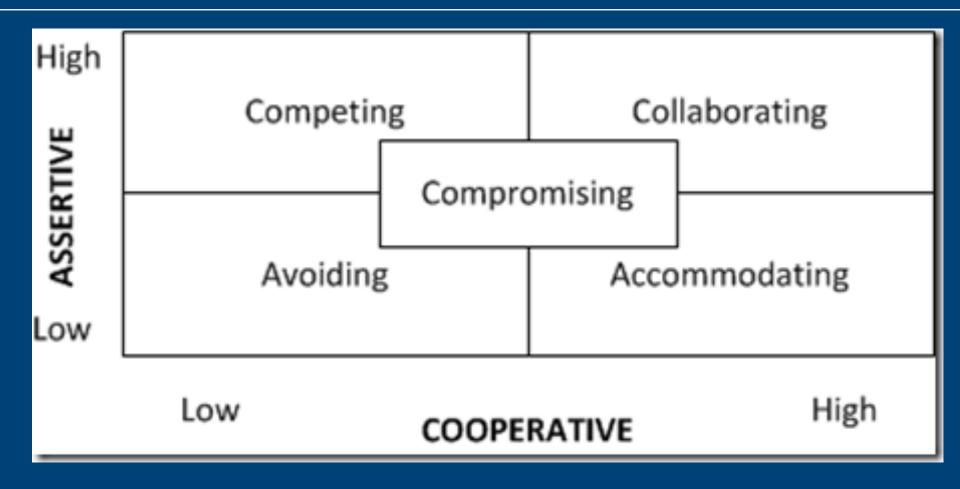


NOTICE

JUST REMEMBER WHEREVER YOU GO THERE YOU ARE

Reorder: ONE-33764 www.ComplianceSigns.com

Conflict Styles



Pause to consider the recent conflict you were involved in at work...

- What is your position within that team hierarchy?
- What apparent identities were present (yours / others')?
 - Race/ethnicity, gender, age/generation, etc
- What personalities do you think were present?
 - DiSC slow/fast, task/people, open/cautious
- What were the apparent default work conflict styles?
 - Avoiding Accommodating Compromising Competing Collaborating



Amygdala hijack

UTSouthwestern Medical Center

Understand your own anger +/- other feelings **before** engaging in a difficult conversation

Ask yourself:

- How is this conflict making me feel?
- What assumptions am I making?
- What story am I telling myself about their intentions?



D. Goleman. *Emotional Intelligence, Why it Can Matter More than IQ.* 1995.

I don't trust Rashmi anymore. I am ctions curt with her and I don't include her in future projects. Since Rashmi is unwilling and Beliets irresponsible, I must not trust her ut the wor and avoid giving her any additional responsibilities in future. I draw Conclusions The reflexive Rashmi is not interested in taking up 1 make additional responsibilities. She is Assumptions based on also very irresponsible. the meanings ladded next time) I add Rashmi faked illness and lied. She Meanings was not interested in the assignment. (cultura) and personal Rashmi deliberately took leave to get L Select away from the assignment. She 'Data avoided talking to me as well. Observable Rashmi misses a deadline for the "data" and experiences assignment. She gives no apology or explanation and goes on sick leave. (Source: The Fifth Discipline By Peter Senge)

UTSouthwestern Medical Center

Ladder of Inference

C. Argyris. Overcoming Organizational Defenses: Facilitating Organizational Learning, 1990



Burton, John. (ed.) 1990: Conflict: Human Needs Theory

UTSouthwesternMedical Center

20%

"I can't work past 5:30p today so don't even ask."

80%

"If I am late to pick up my son one more time, I will get fined \$150."

Hierarchy: Mitigating Negative Impact

Small talk before big talk

How has your day been going?

Is now an ok time to talk?

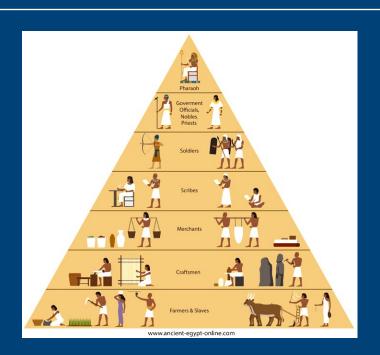
Collaborative agenda setting

I'd like to discuss... What is on your list?

Of those, what can we accomplish in the time we have?

- Explore Perspectives through dialogue: <u>ask</u> and tell
- State your commitment to relationship & shared goals

I know we both want to see our team succeed



"Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen"

- Winston Churchill





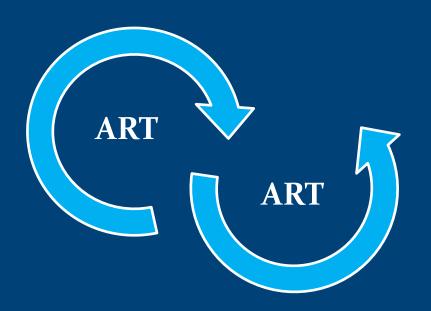
"While language is a gift, Listening is a responsibility."

- Nikki Giovanni



ARTfully

Approaching Conflict



The ART ©

Ask
Seek perspective
Open-ended question(s)

Respond
Depends on active listening
Reflect back to ensure
understanding

Tell
Your own perspective
Stay near the bottom of the ladder

ASK

UTSouthwestern Medical Center

Active Listening:

Listening to Understand Without Judgment

"Tell me more..."

"Help me understand..."

Avoid thinking about:

Reloading Correcting Rebuttal



ASK



Seek Perspective

Ideas

What **ideas** do you have about the challenges with our current

workflow?

Concerns

Could you tell me your

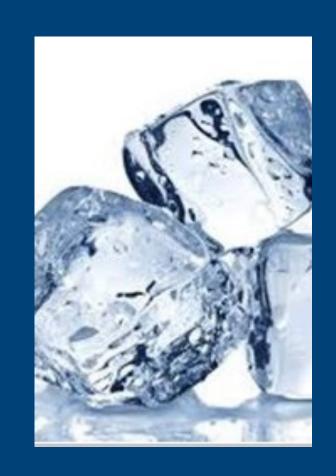
concerns about moving to a

new office?

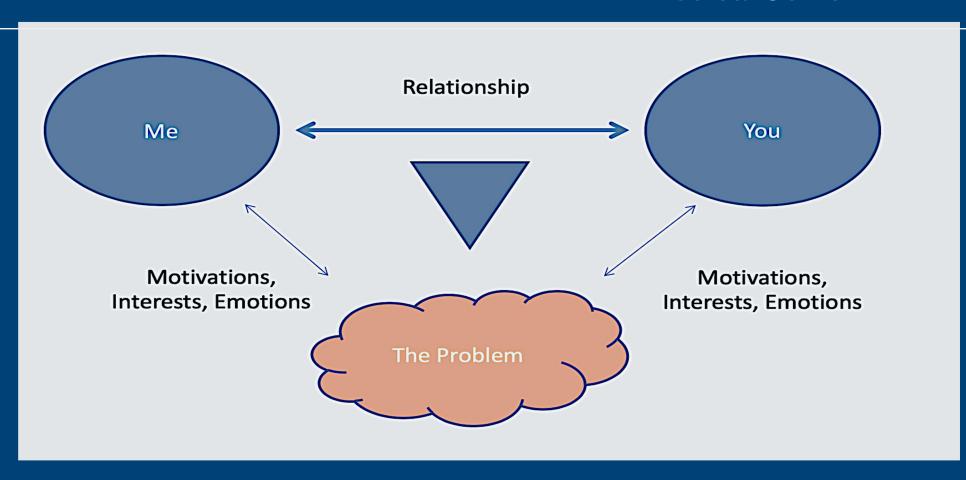
Expectations

What are your hopes for your

schedule next year?



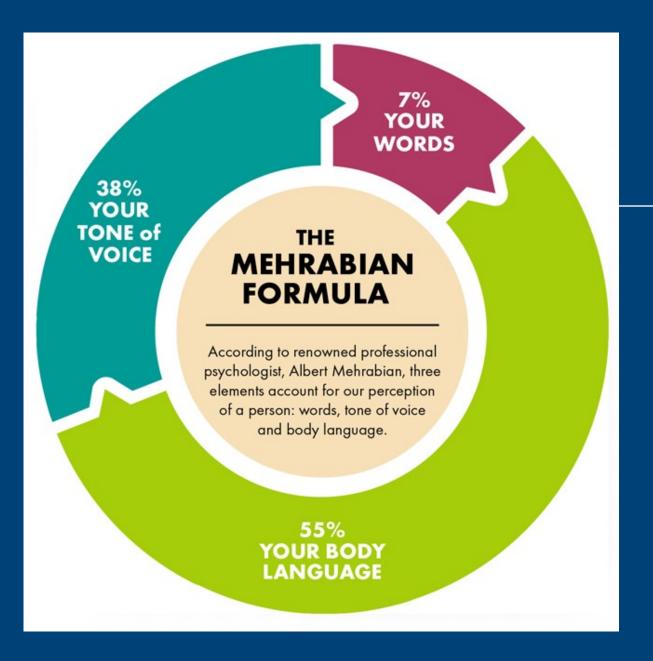
Separate
the
PERSON
from the
PROBLEM



"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

- Maya Angelou





Nonverbal communication matters





RESPOND with

PEARLS©

(before Tell)

Partnership

E Emotion

Acknowledgement

R Respect

Legitimization

Support

I'll work with you to meet your goals.

This sounds very overwhelming.

I'm sorry that you've had this challenging experience.

I respect your commitment to the team through all of this.

I think anyone in your position might feel this way.

I'm here for you and I want you to succeed.



TELL
your
perspective

Transition statement - ask permission "Would it be ok if I share my thoughts?"

State Commitment to Relationship and/or Shared Goals "I appreciate how hard you have worked to advance this project.

And I know it's important to both of us that we stay budget neutral this FY."

Tell your perspective using "I" statements
"I am concerned that completely eliminating the budget for
professional development this year will deeply impact
morale and result in higher turnover.
That will be more expensive in the long run."

Recall their interests Consider your own interests Name aligned goals/values

"It sounds like we both want patients to get the care they need and for staff to feel their schedule is respected."

Shared Decision-Making

Consider what you feel and your needs

"It feels disrespectful to me and to our patients when staff leave for the day before checking in to see if I need any support. I would like to find a solution that ensures staff coverage until the last patient's needs for that encounter are clear."

Inquire / Offer a mutually-beneficial pathway

"Would it be possible to have a rotating late shift so that staff have a predicable schedule and patients and providers have staff support at all times?"

Burton, John. (ed.) 1990: Conflict: Human Needs Theory

Rosenberg, M. Nonviolent Communication

Fisher, R. Ury, W. Getting to Yes: Negotating Agreement without Giving In

Hierarchy: Mitigating Negative Impact

Small talk before big talk

How has your day been going?

Is now an ok time to talk?

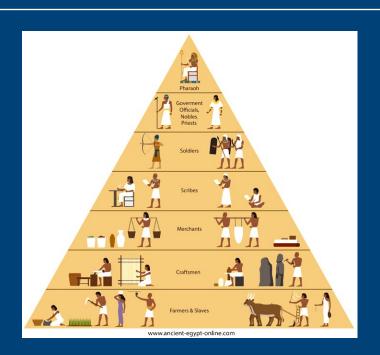
Collaborative agenda setting

I'd like to discuss... What is on your list?

Of those, what can we accomplish in the time we have?

- Explore Perspectives through dialogue: <u>ask</u> and tell
- State your commitment to relationship & shared goals

I know we both want to see our team succeed







A few more tips...



→ AND...



"Tell more more..."

Gittell., JH. 2006 Cordero and Davis. *J Patient Exp.* 2020. Davis and Chou. *J Gen Int Med.* 2019.

- "What would you want me to know about you to help us be even more effective in our future work together?"
- "I wish that bias didn't exist in healthcare or in our teams.

 Unfortunately, it does. There may be ways you've already experienced inequity in our work together, and I want to know. I will be checking in, because I want to do better."

Session Summary

Consider relative values in the crisis (relationship, task)

Know your baseline conflict style's strengths and consider which is optimal for each particular situation

Check in with yourself first

- Get out of amygdala hijack
- Climb down the ladder of inference
- Consider what hierarchy & identities might be relevant

Ask for the other person's perspective

- Interests –vs- Positions
- ICE open-ended questions

Separate the person from the problem

- Listen to understand
- Reflect back with empathy PEARLS

Tell your perspective and seek solutions

- Start with a commitment to relationship and/or shared goals

UTSouthwestern

Medical Center





Questions?

Laura.Kirk@UTSouthwestern.edu

