



Medical Communication & Conflict Management

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Disclosures

Matthew Flanigan, MD

No relevant financial relationships to disclose.

I am a VitalTalk course facilitator

Megan Conroy, MD, MAEd, FCCP

No relevant financial relationships to disclose.

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*Communication methods in this presentation are adapted from VitalTalk.
This is not formal VitalTalk Mastering Tough Conversations curriculum (which we teach in other settings)*

Learning Objectives

After this presentation, participants will be able to:

- Recognize emotional and relational cues in difficult clinical encounters
- Apply NURSE, Ask–Tell–Ask, and Headlines to address emotion before information exchange
- Adapt a consistent framework across varying intensity of conflict from serious illness disclosure to interpersonal conflicts

A Note on Format

The best way to learn these skills is to practice them with real-time feedback, in a safe environment.

Both VitalTalk and the SILENCE communication elective at Ohio State rely on standardized patients. These are trained actors who portray emotionally complex scenarios so learners can practice without risk to real patients.

A recorded webcast can't replicate that. What we can do is show you the application of these skills via standardized patient encounters and use them as the basis for discussion.

Videos recorded with support from the OSU Clinical Skills Education and Assessment Center (CSEAC), a simulation and standardized patient training facility that supports medical education at the College of Medicine.

Encounters We All Recognize

- Patient frustration: delays or systems failures
- Delivery of unexpected or serious medical news
- Anger directed at the clinician or health system
- Conflict involving family members or surrogate decision-makers

What these share: emotion is present. Addressing it is not optional.

The Common Thread

What's present

Emotion
Unmet expectations
Fear or grief beneath the anger
Misalignment in understanding
or goals

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What we tend to do

Explain more
 Justify the clinical reasoning
 Move quickly to next steps
 Become defensive



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A SHARED APPROACH

Framework for Conversations

Three tools. One sequence. Any intensity.

Framework for Conversation

1

ASK

What does
the
patient
already
understand?

Adapted from VitalTalk

Framework for Conversation



Adapted from VitalTalk

Framework for Conversation



Adapted from VitalTalk

Framework for Conversation



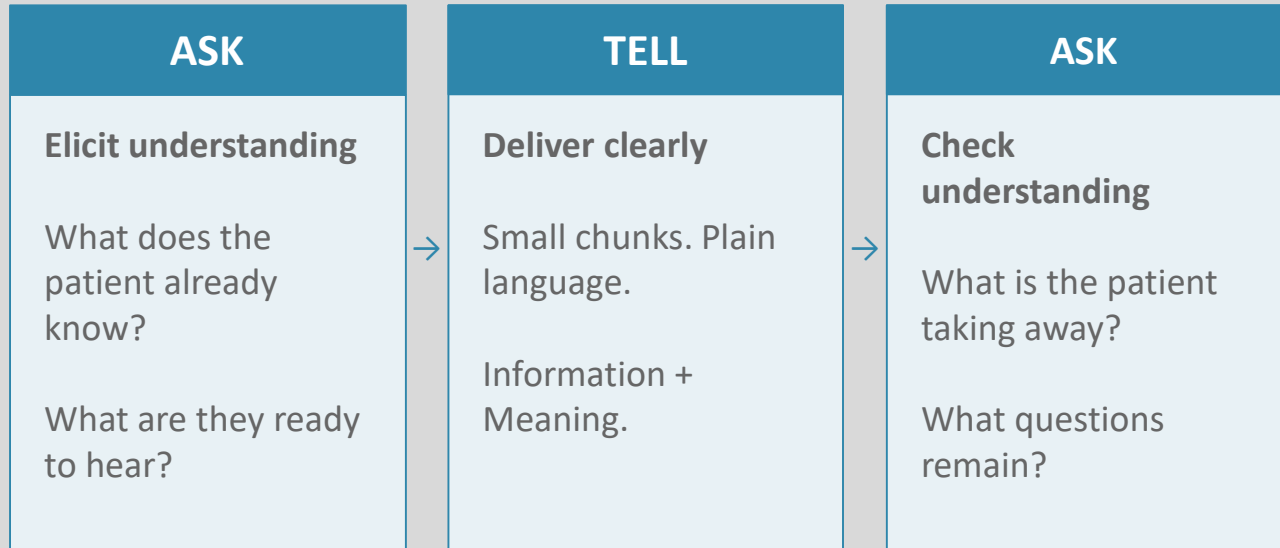
Adapted from VitalTalk

Framework for Conversation



Adapted from VitalTalk

Ask – Tell – Ask



Adapted from VitalTalk

HEADLINE: INFORMATION + MEANING

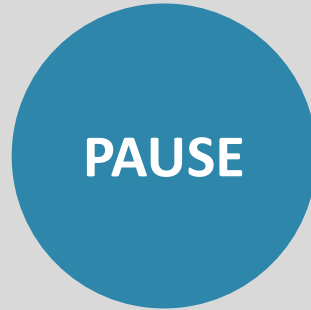
CT scan showed thickening of the distal esophagus and multiple hepatic lesions. Biopsy returned adenocarcinoma consistent with esophageal origin. Given imaging and pathology, we are looking at metastatic esophageal cancer. We will need to refer to medical oncology to discuss systemic therapy options...

The biopsy shows cancer. It has spread to the liver.

This means this is advanced, incurable cancer.

Adapted from VitalTalk

After the headline:



Let the information land before you say anything else.



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NURSE: Responding to Emotion

N Name *"It sounds like this has been really frightening."*

Adapted from VitalTalk

NURSE: Responding to Emotion

N Name *"It sounds like this has been really frightening."*

U Understand *"I can only imagine what you've been going through."*

Adapted from VitalTalk

NURSE: Responding to Emotion

- N** Name *"It sounds like this has been really frightening."*
- U** Understand *"I can only imagine what you've been going through."*
- R** Respect *"You have been so persistent in advocating for yourself."*

Adapted from VitalTalk

NURSE: Responding to Emotion

- N** Name *"It sounds like this has been really frightening."*
- U** Understand *"I can only imagine what you've been going through."*
- R** Respect *"You have been so persistent in advocating for yourself."*
- S** Support *"I'm here with you; we'll work through this together."*

Adapted from VitalTalk

NURSE: Responding to Emotion

N	Name	<i>"It sounds like this has been really frightening."</i>
U	Understand	<i>"I can only imagine what you've been going through."</i>
R	Respect	<i>"You have been so persistent in advocating for yourself."</i>
S	Support	<i>"I'm here with you; we'll work through this together."</i>
E	Explore	<i>"Tell me more about what's weighing on you most?"</i>

Adapted from VitalTalk



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CASE 1

Serious Illness Discussion

Case 1

42-year-old male admitted for abdominal pain. CT scan with multiple liver masses. Biopsy returns: adenocarcinoma, esophageal origin with liver metastases. Pain controlled; discharged. He is now presenting for his first outpatient follow-up. He does not recall being told the biopsy results.

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42-year-old male admitted for abdominal pain. CT scan with multiple liver masses. Biopsy returns: adenocarcinoma, esophageal origin with liver metastases. Pain controlled; discharged. He is now presenting for his first outpatient follow-up. He does not recall being told the biopsy results.

As you watch, notice:

- Where emotion first appears, and what form it takes
- How the clinician responds before moving to clinical content



VIDEO: Serious Illness Disclosure

Case 1 — Jamie Kitman

Case 1 — Debrief

Where did emotion first appear, and what cued you to it?

How did the clinician respond before moving to clinical information?

Where did you see elements of the sequence?

Ask, Headline, Pause, Respond?

What would you have done differently, or the same?

Case 1 — Skills in Action

Ask for understanding *"Tell me your understanding of the results"*

Permission *"Would it be okay to share with you my understanding?"*

Warning shot *"Unfortunately, it's news I wish I didn't have"*

Case 1 — Skills in Action

Headline

*"You have esophageal cancer spread to your liver. That means it is incurable" then **silence***

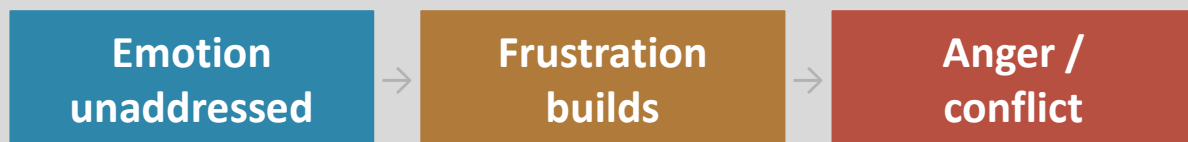
"I can only imagine what's going through your head" (understand)

NURSE

"This must be really shocking" (name)

"We are here to support you every step" (support)

What happens when emotion escalates?



Use the skills described to address emotion, even in escalating conflict



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CASE 2

Conflict & Anger

Case 2 — Elena Li

52-year-old woman with months of abdominal symptoms prior attributed to IBS and anxiety. Recent ED visit shows ovarian mass and ascites. Paracentesis cytology showed malignant cells consistent with ovarian origin.

She presents for ED follow up.

We will watch two versions of this encounter:

Part 1 — A common approach: what goes wrong, and why

Part 2 — Using this communication framework



VIDEO: Conflict Case — Part 1

A common response — what goes wrong, and why

Part 1 — Where Did It Break Down?

Identify the breakdown points before moving on:

Leads with information

Technical information, long description,
not clear to patient

**Defensive (with
information)**

More information without addressing emotion

**"I understand"
without empathy**

Names the feeling cognitively,
without relational response

Rushed to next steps

Moved to oncology referral before she felt heard



VIDEO: Conflict Case — Part 2

Early recognition, de-escalation, forward movement

Version 2: what was different?

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Ask for understanding

"share with me how you are putting together what they have told you"

Permission

"Would it be okay to share with you what I know from the testing?"

Warning shot

"Unfortunately, I wish that it were different news"

Version 2: what was different?

Headline

"The CT scan and fluid show there is ovarian cancer that has spread into the belly"

then silence

"this means it is stage 4, even with treatments we are looking at months to years. We can't cure it"

then silence

Version 2: what was different?

NURSE

"I can only imagine all the things going through your mind" (explore)

"This is shocking" (name)

"We are here to support you every step" (support)

"I wonder what you're worried about most right now?" (explore)

"We're here to support you and your family, we will move forward"

When Conflict Comes From the Family

Conflict doesn't always originate with the patient. Family members and surrogates bring their own fears, grief, guilt, and expectations, and can direct intense emotion at the clinical team.

Diagnosing the disconnect:

What does this person understand about the clinical situation?

What are they most afraid of? Losing control, being excluded, or something else?

Is the conflict about information, values, or trust?

The same framework applies: find the emotion, name it, and respond to it before any attempt to solve or explain.



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SYNTHESIS

The Same Framework

Across both cases. Across all intensities.

One Framework, Two Intensities

Case 1: Serious Illness

Ask for understanding first

Warning shot → Headline → Pause

NURSE to name and validate

Permission before each new step

Shared plan aligned to patient
values

One Framework, Two Intensities

Case 1: Serious Illness

Ask for understanding first

Warning shot → Headline → Pause

NURSE to name and validate

Permission before each new step

Shared plan aligned to patient values

Case 2: Conflict & Anger

Acknowledge emotion before any clinical content

Headline still used, then immediate NURSE response

NURSE to de-escalate, explore, and repair

Permission and pacing throughout

Shared plan built after exploring what matters most

Key Principles

1

Emotion must be addressed before effective information exchange can happen.

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2

The same core skills apply across settings. The adaptation is in pace and depth, not in approach.

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1

Emotion must be addressed before effective information exchange can happen.

2

The same core skills apply across settings. The adaptation is in pace and depth, not in approach.

3

Being heard does not erase grief or anger, but it makes the conversation safer for both people in the room.



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Language You Can Use Today

When emotion appears:

"I can hear how frightening this is."

"I can only imagine how you're feeling "

"Tell me more"

Before delivering difficult news:

"Before I share the results, can you tell me what you already know?"

"This is news I wish were different."

CHUNK Information, clear language.

Then PAUSE

When Conflict Escalates- Resist the urge to explain first

Information doesn't solve until emotion is lessened

Name the emotion directly

"I can see you're angry, and I want to understand why."

Don't defend. Acknowledge.

"I hear that this wasn't what you expected."

Explore what's underneath

"What are you most worried about right now?"

Key Takeaways

Emotion before information, always

NURSE, Ask–Tell–Ask, and Headlines apply across every level of intensity

Addressing emotion does not resolve problems, it creates the conditions for resolution