



## Medical Communication & Conflict Management

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### Disclosures

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#### **Matthew Flanigan, MD**

No relevant financial relationships to disclose.  
 I am a VitalTalk course facilitator

#### **Megan Conroy, MD, MAEd, FCCP**

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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

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*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

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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.

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*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's present

- Emotion
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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

1

ASK

What does the patient already understand?

2

INFORM

Headline: plain language. Then stop.

Adapted from VitalTalk

Framework for Conversation

1

ASK

What does the patient already understand?

2

INFORM

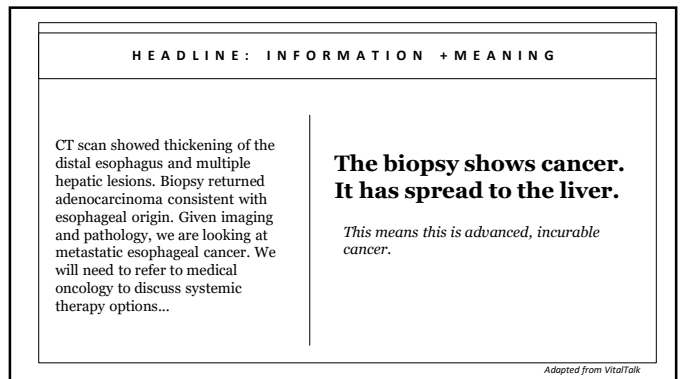
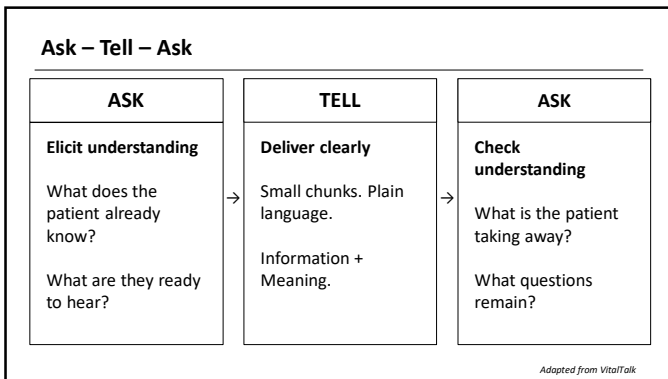
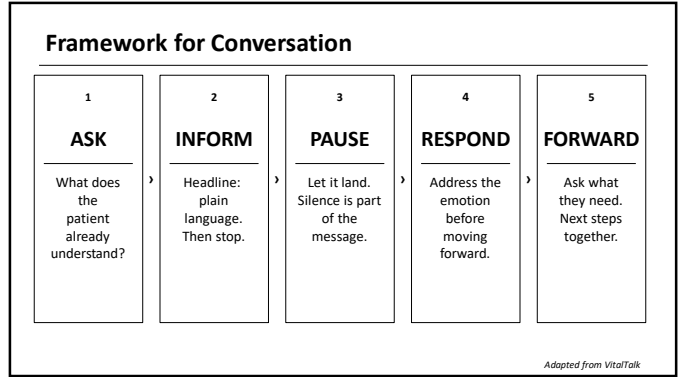
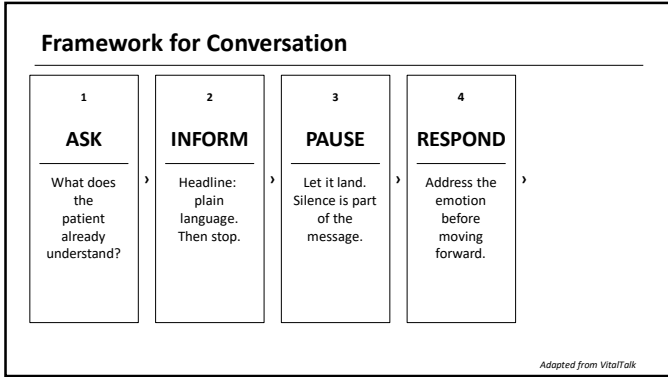
Headline: plain language. Then stop.

3

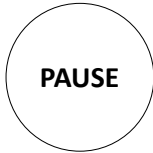
PAUSE

Let it land. Silence is part of the message.

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

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

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**NURSE: Responding to Emotion**

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Adapted from VitalTalk

**NURSE: Responding to Emotion**

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**R Respect** *"You have been so persistent in advocating for yourself."*

**S Support** *"I'm here with you; we'll work through this together."*

**E Explore** *"Tell me more about what's weighing on you most?"*

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.

**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.

**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?

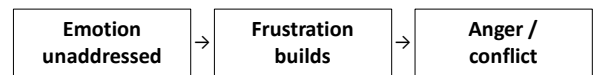
**Case 1 — Skills in Action**

- 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

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### 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:*

<b>Leads with information</b>	Technical information, long description, not clear to patient
<b>Defensive (with information)</b>	More information without addressing emotion
<b>"I understand" without empathy</b>	Names the feeling cognitively, without relational response
<b>Rushed to next steps</b>	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?**

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**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?**

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**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**

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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.


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**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?

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*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**

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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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**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.

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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**

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**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