

CONFLICT RESOLUTION ON THE PHONE

MODULE: COMMUNICATION SKILLS AND PROFESSIONAL CONDUCT

TARGET: PSYCHIATRY TRAINEES ST4-6

BACKGROUND:

Professionals are expected to communicate effectively with colleagues on the telephone throughout their career. The telephone can be a particularly difficult medium as there is no opportunity to assess body language and all communication has to be conveyed through the voice. People may behave differently on the telephone due to the distancing effect. This scenario allows trainees to experience a difficult telephone conversation with a senior colleague as the basis for an educational session exploring conflict resolution, de-escalation, liaising effectively with senior colleagues and managing emotions. The session can also include linked concepts such as how to manage complaints.

RELEVANT AREAS OF THE CURRICULUM

Curriculum	Details
ILO 4 Assess and Manage Risk	Demonstrate expertise in applying the principles of crisis intervention in emergency situations Make care plans in urgent situations where information may be incomplete
ILO 9 Work effectively with colleagues	Competently manage a service, or a part of the service, alongside consultant trainer Show competence in supervised autonomous working Use effective negotiation skills Manage divergent opinions on patient treatment or intervention Manage complaints made about services
ILO 17 Act in a professional manner at all times	Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty Support and advise colleagues in dealing with complex professional interactions Recognise own limitations

INFORMATION FOR FACULTY

LEARNING OBJECTIVES / INTENTIONS

- Greater confidence dealing with difficult phone calls
- A framework for managing these situations
- An understanding of the concepts and issues underlying these situations
- A framework for managing complaints

SCENE SETTING

Location: Training room, simulation suite
 Expected duration of scenario: 5-10 mins
 Expected duration of debriefing: 10 mins individual feedback or 20 minutes in group setting

EQUIPMENT AND CONSUMABLES

Table, Telephone, Speakerphone (if applicable)
 Video camera and TV monitor (if applicable)

PERSONNEL-IN-SCENARIO

ED Consultant
 (if observing scenario) Trainee doctor

PARTICIPANT BRIEFING

You are the on-call Registrar for Psychiatry. You cover a large geographical area and your out-of-hours role generally involves undertaking Mental Health Act assessments in police stations and providing telephone advice to other professionals and the core trainees. There is a core trainee doctor who is responsible for ward work and admissions and will undertake assessments in the Emergency Department out-of-hours if the Crisis team ask them to.

You have just finished your clinic and started your on-call. You receive a call at 5.01pm from the Emergency Department Consultant.

Instructions

Speak to the Consultant and address their concerns

FACULTY BRIEFING

The role of the faculty depends on the method chosen for using the scenario. If trainees are taking part in the simulation the role of the facilitator is to co-ordinate the room changes, support the trainees who are listening to the conversation, and facilitate the feedback, although this will predominantly be from the other trainees and the actor. The facilitator will also ensure that the actor or faculty playing the role knows their brief and parameters.

If the scenario is a forum theatre observed simulation the facilitator's role is to set the scene for the scenario, ensure the actors are adequately briefed, then interrupt at key points to allow the trainees to reflect on what they have seen/heard and offer their interpretations. The facilitator is not teaching as such, nor imposing specific learning objectives, but allowing time for trainees to learn from each other through practicing and observing.

Notes for facilitators

Allay anxiety

Make the environment one of mutual learning. No-one is perfect, we can all improve

'VOICE OF THE MANIKIN' BRIEFING

No manikin

IN-SCENARIO PERSONNEL BRIEFING – 'ED CONSULTANT'

You are Dr Khan, a Consultant in Emergency Medicine. You have been working lates all week and have hardly been home or seen your family in that time. You are the Clinical Director and are finding this role increasingly frustrating and impossible. You have had a particularly difficult shift including the death of a young boy and an incident involving an aggressive patient where the police had to come and arrest them.

Earlier today one of your juniors told you about a young girl they had seen who had taken an overdose and was threatening to kill herself if she did not get admitted to hospital. The junior said she was otherwise well and appeared fully alert and calm. Her obs were all normal. They were asking if they should refer directly to the mental health team and you told them that they should as this sort of patient was their responsibility and should not be taking up a bed in the ED, especially when the department was so busy. The junior asked if they should do a full assessment and you told them just to write 'referred to psychiatry' in their notes and get on with seeing other patients. Some time later the junior came back to say they had referred her but the Crisis Team were not going to come until her paracetamol level was back. The junior said the patient was refusing to have a blood test and asked what to do next.

You then called the Crisis team back yourself and they said they would come and assess the patient. Some time later when the patient was close to breaching the 4 hour waiting time you called the Crisis Team again and were told they were going home now and would have to hand over to the on-call doctor. You asked if the doctor was experienced and was told it was an F2.

You decide to call the on-call senior, hoping it will be the Consultant. You are put through to the Registrar on call and are not happy about that. You demand to have them sort out the situation. You threaten to call the Medical Director at home to complain about the inadequate mental health service which is going to lead to your department being financially penalised. You do not see why the mental health services cannot be organised sufficiently well to ensure patients do not need to present to the ED. You do not think they are proper 'emergency' patients and feel you are doing someone else's job by seeing them.

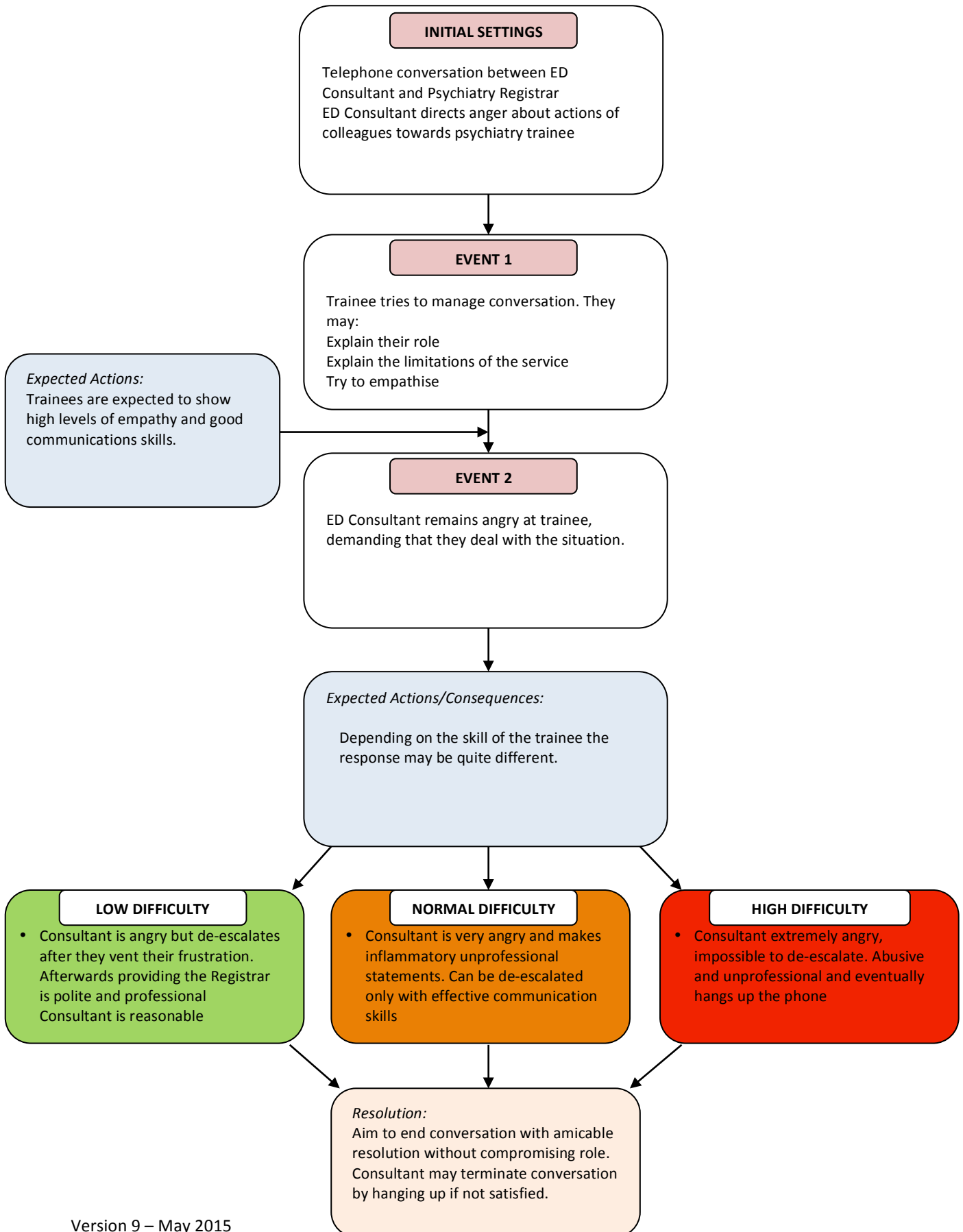
ADDITIONAL INFORMATION

Example draft script for scenario and suggested pause points and prompts for facilitator.

Dr Khan Consultant	Finally someone answers the phone! This patient has been waiting in my emergency room entirely inappropriately for over four hours now because none of you lot have come to see them. They have now breached – do you have any idea how serious the consequences of that are for us? They are not an emergency department patient. So what are you going to do about it?"
Dr Boyn Spr	Well I've only just come on call and I only heard about the patient a moment ago. Can I just take some details?
Dr Khan	I have given all the details to your colleagues already. I am fed up of being fobbed off like this. This patient is taking up a bed which could we need for someone who is actually sick. I am telling you to come and deal with this or I am going to make a formal complaint.
Dr Boyn	I am sorry you feel you have been fobbed off but I would remind you that I have only just become aware of this situation although I will do my best to help now. Would you mind telling me a bit about what has happened?
Dr Khan	Your Crisis team told me they wouldn't come up until we had done bloods and medically cleared the patient. But the patient has refused all that so then they said they were coming to see them but they never did and when I tried to call them back just now I hear they have all gone home. So I need you to come right now and sort this situation out. Our department is jammed and it is not our job to deal with psychiatric patients just because you can't provide a service.

	STOP (if observing simulated scenario)
Facilitator Suggestions	What do people feel right now? How would you respond to this? How can we recognise and manage our emotions?
Dr Boyn	I am sorry about what has happened with your patient. There must have been some kind of misunderstanding. Let me just take a couple of details. What problems is the patient actually presenting with?
Dr Khan	She arrived saying she had taken an overdose but has refused bloods. There is nothing more we can do for her.
Dr Boyn	So is she depressed? Do you think she has capacity?
Dr Khan	I have no idea. It is not the job of either myself or my juniors to be psychiatrists. We should not be doing your job.
Dr Boyn	Well actually all doctors should be able to do a mental state examination and make an assessment of capacity, it's not just the role of the psychiatrist.
	STOP
Facilitator Suggestions	We are going to pause the scene there and discuss What do people feel about that conversation? What good communication techniques were illustrated? What have you seen in the scenario that you think you could use more of in your own practice?
Scenario conclusions	<p>In one version of the scenario, whatever the doctor says to the consultant is not enough to de-escalate him and eventually he just hangs up the phone. This leaves the trainee feeling cheated as they were not given the opportunity to resolve the situation.</p> <p>In another version of the scenario the trainees communication skills eventually manage to reduce the tension in the conversation and the consultant appears calmer and more reasonable. They form a sensible plan together and part amicably with thanks for understanding on both sides.</p>

CONDUCT OF SCENARIO



DEBRIEFING

Faculty:

When offering feedback to trainees or inviting feedback from their colleagues consider:

- Clear objective observation 'what they did'
- Make concern clear to learner 'why this is not ideal'
- Active listening – show you are interested in the learner and their experience. Don't be tempted to keep talking about them, imparting your wisdom. The real learning comes from the learner. Side with them, physically and metaphorically, to examine what they did and explore it together.
- Be curious about why they did something
- Quickly move to generalising the learning to others or they will switch off
- Facilitator can hardly say anything, unless the learners miss something key
- Application to practice

Managing conflict and anger on the phone

Consider:

- Apologise sincerely (but don't accept the blame unless it really is your fault)
- Be diplomatic, appear to be interested in resolving the issue
- Be professional at all times, don't rise to the bait or become emotional.
- Don't get defensive or into an argument
- Allow them to vent, just listen
- Use empathy – say you can see why there are upset
- Thank them for their response "Thanks for being so honest/flagging up the problem to me"
- Watch out for escalation – change in speed or tone of voice, going quiet
- Try to offer solutions
- Be aware how you come across. Impressions matters. Most of usual impression is formed from body language which you don't have available here, Try to convey enthusiasm, a genuine desire to help and cheerfulness, where appropriate
- Summarise and check you have understood the information
- Don't hang up
- Make sure you get their name and contact details
- Finish off positively, ideally by summarising the action plan.
- Some people feel the anonymity of the phone means they can be as rude as they like as they aren't face to face with a human. Try to counter this by introducing a human element like mentioning your kids or saying something like "I am not personally responsible for this situation but I will help to sort it out with you"
- Use repetition. Stick to your guns

POINTS FOR FURTHER DISCUSSION

Pitfalls

- Trainees may be drawn into acceding to an unreasonable request such as to go and assess the patient right now when they do not think this is clinically indicated or part of their role.
- Trainees may be drawn into criticising their colleagues or the service they operate within
- Trainees may become overly defensive and refuse to compromise at all

After a difficult phone call:

Make notes. These will serve to remind you of the details in the event of a complaint or if you want to raise the issue yourself

Pre-empt a complaint by raising the issue first. Either call the Consultant or senior duty person or write an account to send to the appropriate senior person as soon as you can.

If you think another healthcare worker has acted unprofessionally consider recording the details and reporting it to their manager.

DEBRIEFING RESOURCES

PSYCHIATRY – SCENARIO 13 - HANDOUT

INFORMATION FOR PARTICIPANTS

The telephone can be a particularly difficult medium for communication. This scenario allows trainees to experience a difficult telephone conversation with a senior colleague as the basis for an educational session exploring conflict resolution, de-escalation, liaising effectively with senior colleagues and managing emotions. The session can also include linked concepts such as how to manage complaints.

KEY POINTS

- Be reassured that everyone has difficult conversations like this in their careers
- Appreciate some of the basic advice for managing difficult phone conversations
- Have more confidence in dealing with these situations

RELEVANCE TO THE CURRICULUM

Curriculum	Details
ILO 4 Assess and Manage Risk	Demonstrate expertise in applying the principles of crisis intervention in emergency situations Make care plans in urgent situations where information may be incomplete
ILO 9 Work effectively with colleagues	Competently manage a service, or a part of the service, alongside consultant trainer Show competence in supervised autonomous working Use effective negotiation skills Manage divergent opinions on patient treatment or intervention Manage complaints made about services
ILO 17 Act in a professional manner at all times	Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty Support and advise colleagues in dealing with complex professional interactions Recognise own limitations

WORKPLACE-BASED ASSESSMENTS

Trainees rarely have the opportunity to be assessed managing a difficult phone conversation so simulation is a useful tool.

FURTHER RESOURCES

RCPsych On Dealing with Difficult Colleagues 2010

RCPsych Curriculum 2010 (updated 2012)

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.



FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?