Working with families and patients to manage conflict and build consensus: a collaborative framework:

Core principles of this framework:
• Communicate and share information with consistency and compassion
• Maintain an open and trusting relationship with child and family
• Recognise early warning signs of conflict in families and patients
• Identify actions to take to manage conflict and build consensus
• Support staff if conflicts arise.

Barriers to trust & shared decision-making:
• Failing to listen/respond to family or patient cues
• Focusing on solutions rather than exploring concerns
• Inappropriate language (e.g. getting child or patient name wrong, using medical jargon)
• Making assumptions about parents/patients (think ‘worried parent’ not ‘difficult’ parent)
• Giving parents/patients mixed messages about their treatment and care.

Potential consequence: early signs of conflict

STAGE 1: early signs of conflict
• Avoiding i.e. parents/carers/patients avoiding health care professionals
• “micro-managing” i.e. parents/patients recording conversations, questioning expertise of health professionals, demanding only certain health professionals look after them or their child. This may have its origins in previous conflict so essential to explore.
• Trusting/open communication compromised
NB: these signs can be subtle and are often missed or left unacknowledged

Actions to consider
• Nurse + doctor and/or AHP to talk to patient/parents as soon as possible. Prepare together beforehand.
• Refer to appropriate ethical frameworks for decision-making if appropriate eg LTV framework
• Agree record of discussion with parent at end of meeting. Inform Lead consultant if necessary.
• Put agreed record of discussion on EPR or in notes and ensure parent(s) have a copy.
• Ensure appropriate support for staff is in place
• Consider: Would clinical ethics cttee referral and/or 2nd opinion help? If yes, start process. Would a neutral facilitator help? If yes, consider internal or external mediation
• Keep under review. Note: Stage 1 can last for varying periods of time depending on individual circumstances Has this de-escalated the situation?

© Medical Mediation Foundation. Not to be used or reproduced without permission
Working with families and patients to manage conflict and build consensus: a collaborative framework:

Stage 2: To be used if conflict is escalating, attempts to reach consensus in Stage 1 have not been successful and:

- Communication between family/patient and treating team is breaking down
- Situation is compromising patient care & affecting staff wellbeing
- Behavior of family members/patient is considered unacceptable e.g. behaviour is frequently challenging or confrontational, staff are being frequently criticised or avoided, or parents/patient are refusing to allow treatment to be given

**ACTIONS**
- Consider who in senior team needs to be consulted
- Consider whether existing clinical team can manage or external mediator required.
- Meet with family/patient to explain escalation process and sign Acceptance of Responsibilities Agreement. Document if refusal to sign.
- Refusal to sign does not mean ARA is not active.
- If ethics and/or 2nd opinion required, do you have this? If not, start process.
- Document outcome of meeting. Agree timescale for review.
- Consider seeking support from specialist media/comms / healthcare lawyers. Is application to court required?

**Has this worked?**

**NO**

- Arrange meeting with family/patient & 2 senior staff members to give formal warning and letter.
- Inform Legal & safeguarding teams, Medical Director & Head of Nursing as appropriate.
- Update medical records
- Agree timescale for review.

**YES**

**At review:** is the formal warning helping to de-escalate the situation?

**NO**

**At review, ask team:** Has the final warning helped to de-escalate or resolve the situation?

**NO**

- Final warning letter given advising if no change, visits will be restricted or parents/patient excluded/discharged.
- Executive Director, Legal team, safeguarding & comms informed.
- Update notes. Agree timescale for review.
- Consider application to court.

**ACTIONS**

- Keep under review until patient discharged or case resolved.
- Update notes

**Monitor situation**

**YES**

**At review, ask team:** Has the final warning helped to de-escalate or resolve the situation?

**NO**

**ACTIONS**


© Medical Mediation Foundation. Not to be used or reproduced without permission