COMMENTARY

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The Art of the Deal: Negotiating Consult Conflict

"Calling a consult," where one specialty asks another for clinical guidance, is a cornerstone in clinical medicine. Although most consults are synergistic and collaborative, some lack harmony and are characterized by disagreement over the best path forward to address a patient's health concern or issue. Clinicians often struggle with the resulting conflict because of the threat to professional relationships, the need to maintain clinical efficiency, and unspoken hierarchies. When conflict is ignored or mismanaged, it can lead to animosity between colleagues, interspecialty acrimony, and poor patient outcomes.

While many clinicians may self-identify as either a "consulting" or "consultant" physician, all practitioners seek the assistance or guidance of other doctors, and thus, play both roles throughout their careers. In this article, we discuss how clinicians can constructively engage with "consult conflict" in a way that improves patient care while also strengthening the relationship between physicians.

SOURCES OF CONFLICT

Consult conflict may arise from a variety of reasons. Brief or uninformative communication between colleagues—for example, conveying the "what" without including the "why"—is a common factor. Another is a perceived misalignment between a consultant's recommendations and a patient's preferences or values, as understood by the physician requesting the consult. Often, the underlying uncertainty of medicine can exacerbate consult conflict. For instance, when there is clinical equipoise in the evidence base (eg, the provision of nonsteroidal anti-inflammatory drugs instead of antibiotics for uncomplicated diverticulitis), one physician may not be familiar with the latest literature, another may not trust the quality of the evidence, and a third may feel that it does not apply in the current clinical situation.

Consult conflict can be further complicated by a societal deference to hierarchy and specialization, as many stakeholders in health care—physicians, patients, payers, administrators, and lawyers—believe that specialist decision-making supersedes that of generalists. Specialists almost always have superior domain knowledge and experience (that is why they are consulted in the first place). But that does not ensure that the consultant's decision-making is more evidence based, more aligned with a patient's values, or is more immune to cognitive or affective biases. Nevertheless, the primacy of a knowledge gradient can compel the requesting physician to comply with a recommendation even when they have reservations. Furthermore, if the clinician does not enact the consultant's plan and there is an adverse outcome, it may be the same consultant who ultimately needs to "rescue" the patient (eg, perform an emergency procedure). Clinicians who foresee this possibility may reluctantly follow the consultant's recommendation.

STYLES OF CONFLICT RESOLUTION

Organizational psychologists have conceptualized five styles of conflict resolution that are commonly utilized by negotiating parties: avoidance, accommodation, competition, compromise, and collaboration.[1] A*voidance* is when both parties ignore the situation and steer clear of any conflict; this can be pragmatic when issues are trivial. An *accommodating* style forsakes one individual's preferences in exchange for the other party's position. This style can be appropriate if a clinician does not feel strongly about an issue, or if maintaining harmony between parties is a high priority. *Competition* occurs when individuals take a strong stance or refuse to see the perspective of the other party. This approach is commonly employed when a decision is emergent; however, this path may come at the expense of the relationship. *Compromise* attempts to find a solution that will partially satisfy the two actors, but often leads to neither party achieving its goal.

The most effective style, *collaboration*, is both assertive and cooperative. In this approach, both parties clarify their understanding of the patient's goals and elaborate the logic

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of their proposed approach. This requires the development of a shared mental model and an exchange of ideas and learning to forge a path forward. While this approach takes time, the investment in a collaborative conversation can pay dividends through long-term relationship building, which will facilitate open dialogue when future consult conflict inevitably arises.

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Several phrases can help each party navigate consult conflict (Table)[2]. The initial consideration is making sure you hold the discussion in the correct format. Parlamis et al[3] showed that individuals who negotiated through e-mail were less likely to reach an agreement, were less satisfied with the quality of the interactions during the negotiation, and reported less rapport and trust compared with those who negotiated face-to-face. Although texting, e-mail, or chart discussions may minimize discomfort and be convenient, verbal interactions (e.g., in person or phone) outperform digital, asynchronous ones.

Discussions around clinical disagreement often have uncomfortable moments and negative emotions. Losada and Heaphy[4] demonstrated that high-functioning business teams do not shy away from moments of critique or conflict; rather, they embrace them by employing positive interactions to offset negative ones at a ratio of 5:1. Clinicians striving for collaboration in consult conflict should monitor the climate and conversation and insert moments of offsetting positive communication (eg, respect, inquiry, gratitude, praise, humor) as the discussion unfolds. Similarly, the habit of finding moments of positive communication over the long term andoutside of a clinical negotiations can strengthen the relationship in advance of future consult conflict.

Consult conflict can leave either party unsettled. After the negotiated plan is implemented, clinicians should check in to reflect upon both the outcome of the decision and the communication process; for example, "I hope it was ok for me to request we speak face-to-face, even though it took extra time."

Successfully managed consult conflict accomplishes more than optimal care for one patient. Each negotiation is an opportunity for supervising attendings to teach trainees not only how to communicate differences of opinion, but also how to communicate about uncertainty with colleagues and patients. The best supervisors model communication that places the goals of the patient at the center of the discussion and ahead of the scientific debate. Strong professional relationships can be as rewarding as patient−physician relationships, and may improve physician well-being and reduce burnout.[5]

Ultimately, consult conflict is not a zero-sum game with winners and losers. Instead, these discussions are opportunities to combine the skills and insights of each clinician and specialty. In his book, *Range*,[6] David Epstein emphasizes how the focused expertise of a specialized professional combined with the lateral thinking of a generalist who is connected to a bigger picture often leads to the best decisions and outcomes in a wide variety of fields. While conflict in consultative medicine is inevitable, poorly managed conflict is not. Stepping into the tension with a collaborative approach will yield opportunities for colleagues to grow, learn, and improve care for their shared patient—and all the ones that follow.

Table Strategies and Tools to Navigate Consult Conflict

Skill	Principle	Example
Identify a shared goal	Before outlining your questions, concerns, or positions about the medical details, focus on the professional relationship and the larger goal.	"Thanks for providing recommendations for Mr. M's antibiotics. Getting the right prescription will help him get home to his family."
Ask permission to open a dialogue	Opening with a question instead of a position or challenge prepares your colleague for the discussion.	"Would you mind if I asked a few questions about your antibiotic recommendations?"
Ask in order to learn	Seeking to understand your colleague's thoughts, interests, and concerns shows respect for their expertise and sets the stage for collaboration.	"For my own knowledge and education, could you clarify why you recommended six weeks of i.v. antibiotics?"
Confirm your understanding of your colleague's position and goals	Repeating back important information enhances the effectiveness of the communication and ensures that all parties are on the same page.	"So it sounds like you favor six weeks of antibiotics because you think it will prevent spread of the infection?"
State your viewpoint with clarity and humility	Articulating your position as an informed opinion rather than a fact demonstrates curiosity about others' views.	"Given the recently updated guidelines , I thought two weeks would be sufficient. What do you think?"

Recommendations adapted from Gallo.[2]

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