In October 2003, forty-six concerned ESRD stakeholders from twenty-seven organizations met to begin discussing the causes of conflict in the dialysis clinic setting. The Decreasing Dialysis Patient-Provider Conflict (DPC) initiative is a continuation of that work. Its goal is to provide the dialysis community with resources to manage and decrease conflict.

DPC was generously funded by The Center for Medicare & Medicaid Services (CMS) and developed and led by The Forum of ESRD Networks under special study CMS contract # 500-03-NW14 with the ESRD Network of Texas, Inc. (H14)

With Special Thanks to:
- American Association of Kidney Patients (AAKP)
- American Nephrology Nurses Association (ANNA)
- Centers for Medicare and Medicaid Services (CMS)
- Council of Nephrology Social Workers (CNSW)
- Davita, Inc.
- Dialysis Clinic, Inc. (DCI)
- eSOURCE
- Forum of ESRD Networks
- Fresenius Medical Care North America (FMCNA)
- Gambro Healthcare U.S.
- National Association for Nephrology Technicians (NANT)
- National Kidney Foundation (NKF)
- National Renal Administrators’ Association (NRAA)
- Renal Care Group (RCG)
- Renal Physician’s Association (RPA)
- University of Houston Health Law and Policy Institute
- Washington University School of Medicine
Assess the situation. Does the conflict need immediate attention or can you meet with the patient after the dialysis treatment?

Hold a care conference and enlist family members, friends, staff, or other individuals whom the patient trusts in an effort to openly discuss and solve the problem.

Understand how you react to conflict. If conflict makes you feel feelings you are experiencing because of the conflict.

Avoid using your authority as a health care professional to impose a different race, age, gender, religion, or culture than you.

Avoid using remarks toward the patient that are blaming, threatening, or those that project guilt.

Understand your values and beliefs about people who might be of the physical surroundings, as well as the thoughts and feelings you are experiencing because of the conflict.

Avoid being defensive.

Recognize and accept that a patient has the right to disagree, question, or refuse a medical recommendation, even though you may believe that the patient is making a “poor” decision.

Remember that many factors affect how people handle conflict, including culture, age, race, gender, economic status, family upbringing, and education level.

Listen closely to what the person is telling you about the complaint or concern. Avoid being defensive.

Show that you are trying to understand what the other individual is saying about the conflict. Ask questions and clarify with the patient what has been said.

Recognize a willingness to address the conflict. Do this by ceasing any other activity, listening to what the patient is saying, and telling the patient that you are committed to addressing his or her concerns.

Maintain focus on the agreed upon issue. If other complaints enter the conversation, indicate to the patient you will address those issues at a later time once the initial complaint has been discussed.

When conflict occurs, there is a tendency to lose sight of the issue that started the disagreement. For example, in the dialysis clinic, what starts out as a concern about a dialysis timing start can quickly become a disagreement about the facility staff, the clinic operations, or the physician care.

Use positive communication skills, including repeating or clarifying what has been said in an effort to understand what the conflict is about.

Seek patient agreement on what the conflict is about.

Demonstrate a willingness to address the conflict. Do this by ceasing any other activity, listening to what the patient is saying, and telling the patient that you are committed to addressing his or her concerns.

Maintain focus on the agreed upon issue. If other complaints enter the conversation, indicate to the patient you will address those issues at a later time once the initial complaint has been discussed.

When a conflict occurs, it is important for you to maintain an objective and professional approach as you address the conflict. Keep in mind that words exchanged in the heat of an argument are often not intended as personal attacks.

Understand how you react to conflict. If conflict makes you uncomfortable, it becomes more difficult to maintain a professional approach.

Avoid using remarks toward the patient that are blaming, threatening, or those that project guilt.

Understand your values and beliefs about people who might be of the physical surroundings, as well as the thoughts and feelings you are experiencing because of the conflict.

Avoid using your authority as a health care professional to impose a different race, age, gender, religion, or culture than you.

Avoid using your authority as a health care professional to impose your beliefs on a patient. Rather, seek collaboration and shared decision making with the patient.

Make no assumptions about a patient’s ability to understand or comprehend what you are trying to communicate.

Dialysis patient-provider conflict (DPC) is a difficult task that requires training, practice, and experience. The information in this brochure is designed with you, the dialysis professional, in mind to improve your ability to manage conflict.

Not all conflicts can be resolved nor are all conflicts based on valid complaints. But, working in collaboration with the patient will improve the likelihood of a positive outcome.

Brainstorm possible solutions with the patient. Ask the patient what he or she hopes to accomplish.

Hold a care conference and enlist family members, friends, staff, or other individuals whom the patient trusts in an effort to openly discuss and solve the problem.

Be creative and flexible. Consider all available options to resolve the conflict.

Let the patient know that even if the entire problem cannot be fixed, there are parts of the conflict that can be resolved.

Only make promises you can keep.

Ensure that the skills used in addressing the conflict are easily resolved and that you may have to repeat some of the steps in this model. Remember that not satisfying someone does not mean that your attempt to resolve the conflict has failed.

If it is evident that the conflict is continuing, consider the use of an independent third party to help mediate the conflict.

Effective resolution of a conflict requires follow-up communication. This will allow you to monitor the progress being made, and will demonstrate to the patient your commitment to resolving the conflict.

Set a specific timeframe (i.e., 1 week, 10 days, 30 days) to sit down with the patient again to look at the changes that were made and to evaluate the effectiveness of the changes.

Be open and ready to deal with the fact that not all conflict is easily resolved and that you may have to repeat some of the steps in this model. Remember that not satisfying someone does not mean that your attempt to resolve the conflict has failed.

If it is evident that the conflict is continuing, consider the use of an independent third party to help mediate the conflict.

Handling a conflict, like successfully performing dialysis-related tasks, requires practice, understanding, education, and monitoring. Regardless of the degree of seriousness, reviewing the steps used in addressing the conflict will be beneficial.

Meet with other staff members to discuss other possible ways of responding to the conflict.

Seek additional training in communication skills, crisis intervention, professionalism, boundary setting, or other topics you think will improve your ability to manage conflict.

Take a close look at the role you played in the conflict. Ask yourself if you might have been able to defuse the conflict by responding in a different manner.

Evaluate and understand the root of the conflict. It might be related to clinic policies or practices that could be changed to help prevent future conflicts.