

# Conflict of Clinical Opinion Guideline



Trust ref: C58/2022

## 1. Background

The impact that a culture which promotes open clinical discussions has on the quality of patient care is well recognised (NHS, online) and is reinforced by the Ockenden report (2022). Processes which support timely conflict resolution enhance patient safety in a culture where all staff are empowered to raise concerns without fear of blame or retaliation.

The purpose of this guideline is to ensure patients receive the best possible care by supporting healthcare professionals in resolving differences of clinical opinion. Many differences of clinical opinion are resolved easily through open conversations, resulting in better understanding and agreed outcomes. However, health professionals may need support to escalate and resolve their concerns for the benefit of patients.

This guideline applies to all healthcare professionals working with patients within the University Hospitals of Leicester Women's and Children's Clinical Management Group.

Organisations need formal written documents which communicate standard organisational ways of working. These help bring consistency to day to day practice and can improve the quality of work and increase the successful achievement of objectives. By definition, following a guideline is never mandatory. Reasons for deviation from the guideline are possible but must be fully justified and agreed with senior staff whose input must be sought in cases of any doubt (UHL Policies and Guidelines).

### **Related guidance**

This guidance is intended to support escalation and resolution of differences of opinion in any clinical situation and should be read in conjunction with the relevant clinical practice guidance for the specific situation.

### **Related documents:**

- **Incident and Accident Reporting UHL Policy** Trust ref: A10/2002
- **Policies and Guidelines (Policy for Policies) UHL Policy** Trust ref B16/2004
- **Freedom to Speak Up - Raising Concerns (Whistleblowing) UHL Policy** Trust ref: A15/2001
- **For resuscitation guidance please see [resus.org.uk](https://www.resus.org.uk) and [Resuscitation at Birth](#) UHL Neonatal Guideline** UHL Trust ref: B35/2008

## **2. Guideline Standards and Procedures**

### **Essential principles**

- **Time frame**

Whether the situation allows time for full discussion or the patient needs time critical care will influence the response taken. In every situation the health professionals involved should be empowered to speak up about any concerns they have

- **Multidisciplinary (MDT) approach**

An open discussion should take place with key members of the MDT which focuses on providing safe care for the patient

- **Be objective**

Differences in opinion can cause frustration and an emotional response. It is important to take a holistic view of the situation, using assessment tools where appropriate, identifying and communicating concerns clearly.

- **Involve the patient**

In many situations it is best practice to involve the patient/carer in decisions about their care

- **Communicate effectively**

This is key to escalating and resolving concerns

- **Documentation**

A summary should be clearly documented in the patient's medical records including: the concerns raised; the points discussed and who was involved; and the agreed plan.

- **Datix**

Datix should be completed where resolution is not achieved through immediate discussion between the professionals involved. This enables the difference of clinical opinion to be reviewed independently which supports learning both for the professionals involved and the wider organisation.

### **Informed Choice**

Rather than dictating a “one size fits all” rule, guidelines should provide information about different treatment options and their benefits based on an assessment of the current evidence. Health professionals have a responsibility to effectively interpret the evidence-based recommendations of guidelines and promote shared decision making with patients. This can also include parents, carers or patient advocates who may be involved in decision making for the patient.

Where there is a conflict of clinical opinion, health professionals should have open and honest discussions that include the patient/carer. This promotes shared decision making and empowers the patient in any discussions about their care. It may be appropriate to

discuss differences in opinion away from the patient before discussing choices in care with them; ensuring information is presented clearly and understood.

### **Tools to Support Objectivity**

There are many tools which support healthcare professionals to be objective when raising their concerns. For example, Early Warning Scores and the Sepsis 6 pathway. Assessment of the patient's condition with a recognised tool should be used in conjunction with professional judgement when communicating concerns.

Clinical practice guidelines relevant to the situation can also be useful, along with current research or national resources (for example NICE or speciality specific bodies), in presenting your concerns.

### **Effective Communication**

The SBAR communication tool is designed to structure information sharing between healthcare professions (NHSE&I 2021).

<b>S</b>	<b>Situation</b> – patient's /client's details, identify reason for this communication, describe your concern
<b>B</b>	<b>Background</b> – relating to the patient/ client, significant history, this may include medications, investigations/ treatments
<b>A</b>	<b>Assessment</b> – what is your assessment of the patient/ client or situation, this can include clinical impression/ concerns, vital signs/ early warning score
<b>R</b>	<b>Recommendations</b> – be specific, explain what you need, make suggestions, clarify expectations, confirm actions to be taken

The SBAR tool also supports professionals who are less confident or experienced in escalating their concerns through the need to state their recommendations. Healthcare professionals do not work in isolation and can ask for support and advice if they are unsure about any aspect of escalating their concerns.

Communication will be most effective if it includes the professionals who have the difference of opinion. If it is not possible to leave the patient, the SBAR tool can support escalation with accurate information.

## **Evaluation**

Ongoing clinical evaluation is an integral part of patient care. Assessing the patient should continue in line with the relevant clinical guidance to review the effectiveness of the agreed plan with further MDT discussion as required.

## **Reflection and Learning**

Conflicts of clinical opinion can feel stressful resulting in reflection after the event. It is important that we learn as individuals and as a team. Support available includes Professional Midwifery/Nurse Advocates, clinical supervisors, education team and AMICA. There may be a formal debrief session to support team members to understand each other's rationale for decision making during challenging clinical situations. Learning from differences in opinion may also result in the need to update clinical practice guidelines.

It may be that a professional recognises a difference of opinion on reflection following an event. It is never too late to have an open clinical discussion where any concern is highlighted.

**If you do not feel you have been treated with respect when you have shared your concerns, speak to your line manager, clinical supervisor or the UHL Freedom to Speak Up Guardian.**

## **Escalation Process**

Refer to Appendix 1 & 2.

The majority of situations will be resolved quickly at the time of the disagreement. When required, the appropriate person to escalate to will depend on the health professional's role and the clinical situation.

People you can escalate to for support in resolving differences of clinical opinion include (but not exclusive to):

- Senior Nurse/Midwife present in the clinical area
- Senior clinician present in the clinical area
- Bleep holder / co-ordinator
- Matron / Senior Nurse/Midwife
- Consultant / Heads of Service
- Other members of the multidisciplinary team involved in the patient's care
- Clinical duty manager
- Resuscitation / DART team

**Note:** Resolution is not about winning an argument; it is about understanding each other's clinical opinions and agreeing a safe plan of care for the patient. It may be that both points of view offer safe care options resulting in an opportunity to discuss choices with the patient.

## **Supporting a Resolution**

If you are asked to support staff to resolve a difference of clinical opinion, the key skill is in facilitating a respectful discussion.

### **Essential principles**

- Use a quiet area away from the patient and where the discussions cannot be overheard by other patients/visitors
- Refocus on the best outcome for the patient and the need to be objective
- Remind those involved of the need to respect one another (Trust Values). Facilitate the conversation so everyone has the opportunity to express their views and encourage them to listen and understand one another
- Use open questioning to support those involved to describe their concerns
- Invite others to join the conversation where appropriate. For example, a specialist clinical opinion may be useful if not already involved
- Be mindful of the wellbeing of those involved, signposting to additional support such as Professional Midwifery/Nurse Advocates, clinical supervisors, education team and AMICA

## **3. Education and Training**

The importance of escalating clinical concerns for patient safety is embedded within all clinical training programs in addition to being taught as part of pre-registration courses. Human factors and health and wellbeing is also being incorporated for all professionals. UHL supports the development of clinical leaders where courses focus on developing positive learning cultures.

## **4. Monitoring Compliance**

None at present

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements

## **5. Supporting References**

NHS (online, updated annually) Patient Safety Strategy <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>

NHSE&I (2021) SBAR Communication Tool <https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-sbar-communication-tool.pdf>

Ockenden (2022) The Independent Review into Maternity Services  
[https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/final\\_independent\\_maternity\\_review\\_of\\_maternity\\_services\\_report.pdf](https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/final_independent_maternity_review_of_maternity_services_report.pdf)

## 6. **Key Words**

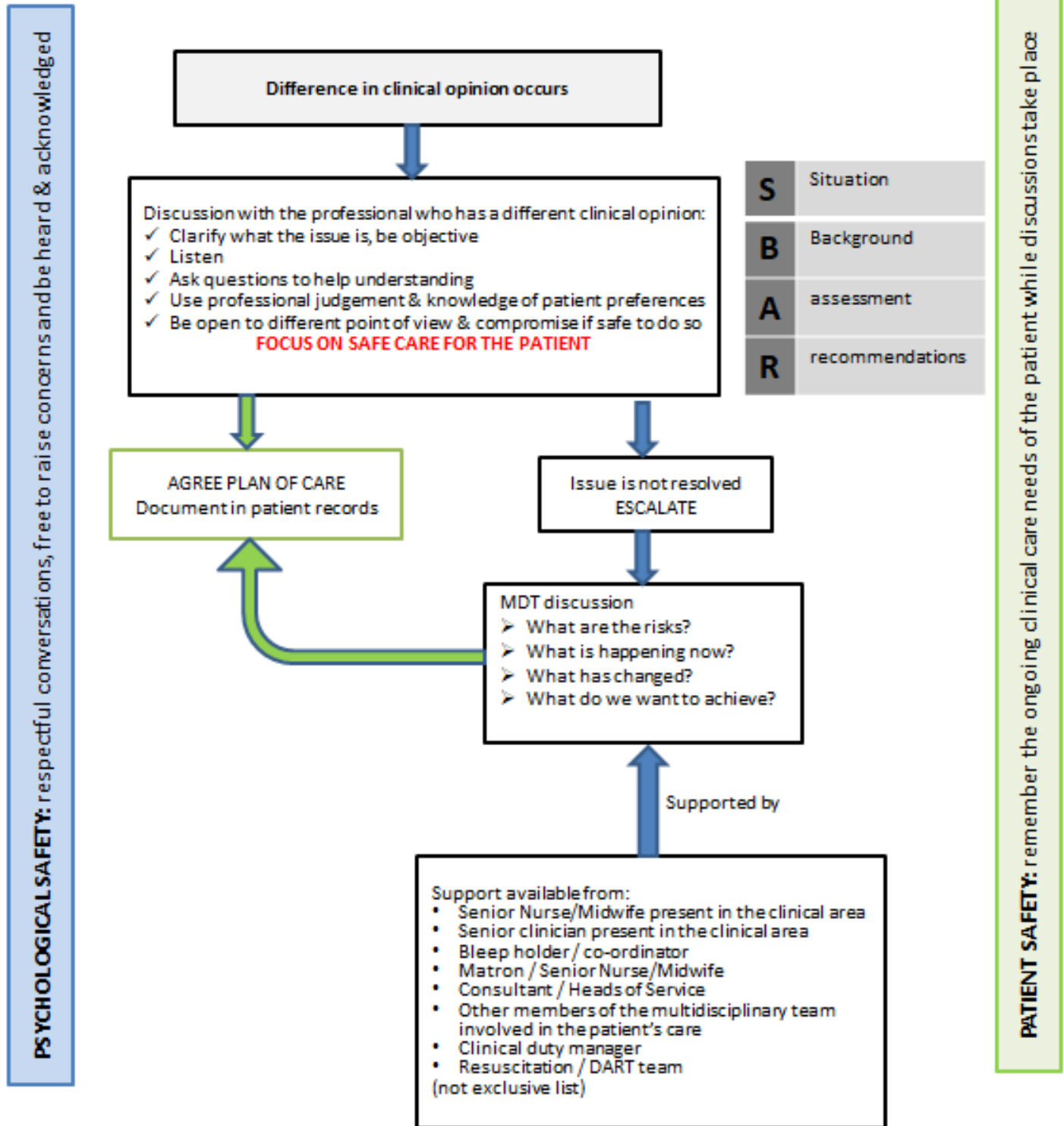
Escalating clinical concerns

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.  
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) L James – Senior project manager			Executive Lead Chief Nurse
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
September 2022	1		New guideline

## Resolving Conflicts of Clinical Opinion Appendix 1





## Resolving Conflicts of Clinical Opinion Appendix 2

