

Navigating Difficult Conversations:

From Enforcer to Influential Governance Leader



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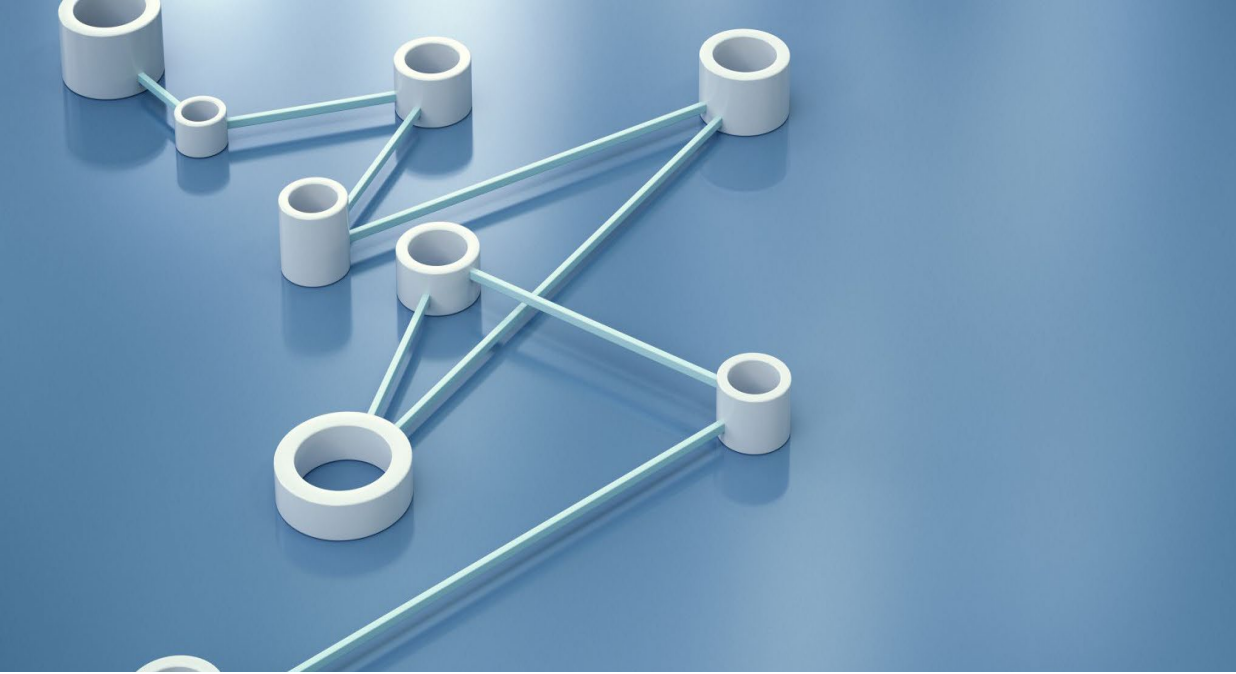
Key Objectives

Feel equipped to promote and foster a culture of open and respectful communication

Demonstrate structured communication strategies when engaging in difficult conversations with physicians and department leadership regarding credentialing, privileging, compliance, and performance concerns

Apply emotional intelligence and boundary-setting techniques when navigating interdepartmental tensions, including conversations between Medical Staff Professionals and clinical teams such as nursing, quality, and operations.

Identify role-based sensitivities within Medical Staff Offices and implement communication approaches that promote mutual respect, clarify professional scope, and protect organizational and regulatory integrity.



Relevance and Interdependence

Establishing Alignment: Shared Organizational Goals

EFFECTIVE COMMUNICATION ESSENTIAL IN A HIGH-STAKES ENVIRONMENT
THERE ARE *GOALS AND EXPECTATIONS*

- ▶ DELIVER SAFE - EFFECTIVE - EXCELLENT - SAFE PATIENT CARE
- ▶ ENSURE PATIENTS HAVE A POSITIVE EXPERIENCE
- ▶ REMAIN PROFITABLE
- ▶ SAFE AND ENJOYABLE WORKPLACE ENVIRONMENT



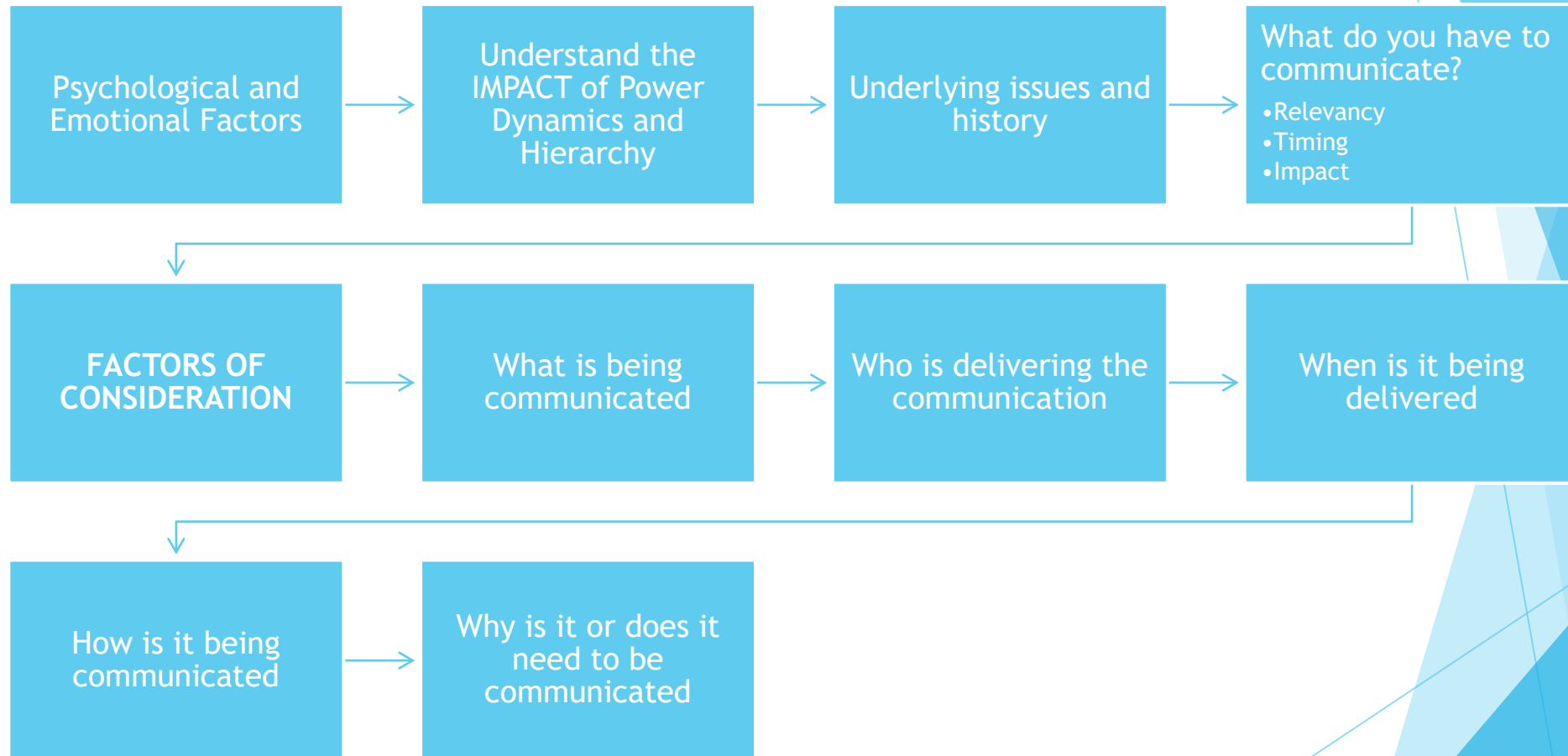
Why Do Difficult
Conversations Feel So
Hard?



Preparation and Mindset

- ▶ Power imbalance
- ▶ Revenue pressure
- ▶ Clinical ego
- ▶ Fear of conflict
- ▶ Fear of retaliation

Keep in Mind



How to Prepare the Mindset

- ▶ **Self Awareness and Emotional Intelligence**
- ▶ **Techniques for mental preparation and Staying / Remaining Calm**
- ▶ **Gather FACTS and Understand Perspectives**
- ▶ **Know and Establish your Role and Value**
- ▶ **Establish Authority - but do not be Authoritarian**



The Reality of the Medical Staff Office

High stakes

Physician autonomy

Regulatory pressure

Executive urgency

Interdepartmental friction

VALUE

MSP = The Risk Translator

Risk Translator



**TRANSLATE
STANDARDS INTO RISK**



**FRAME DISCUSSIONS
AROUND EXPOSURE**



**SPEAK EXECUTIVE
LANGUAGE**

Example: Expirable Notifications

Physician's board certification expired last month.

You say:

Your board certification expired.
Please provide an updated certificate.

They say:

"It's just paperwork." Check on the website

Establish - Value / Authority / Risk

Instead of:

"You're expired."

Say:

"Our bylaws require continuous certification. If we do not verify compliance, we risk survey findings and privileging challenges. If updated certificate(s) are not received, privileges may be relinquished until resolved."

Authority NOT Authoritarian

You don't have positional authority.

You have:

- ▶ **Policy authority**
- ▶ **Regulatory authority**
- ▶ **Process authority**
- ▶ **Governance authority**



Pushback?



Conflict?

Dynamics - Physicians: Identity vs Process



**“I’VE DONE THIS
20 YEARS.”**

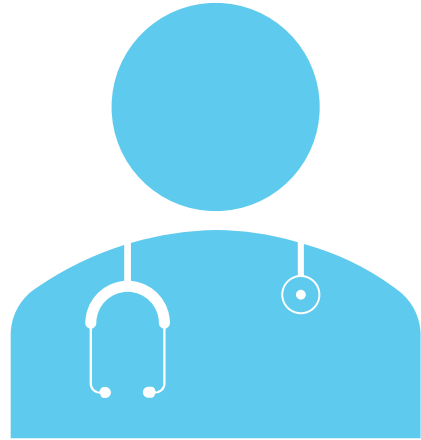


**“YOU DON’T
UNDERSTAND.”**



**“THIS IS SLOWING
ME DOWN.”**

Dynamics - Physicians



Stay Professional and Focus on Facts

Roles and Responsibilities

Active Listening

Offer Collaborative Solutions

Maintain Mutual Respect

De- Escalation Language Examples



Instead of:
“You’re missing documentation.”



Try:
“To complete review, we still need X. Once received, we can move forward.”



Instead of:
“You can’t have that privilege.”



Try:
“The criteria require documentation of training or case volume.”

Conflict Resolution Techniques



- ▶ Avoid Emotional Response
- ▶ Separate ego from enforcement.
- ▶ Identify and address conflicts / misunderstanding early
- ▶ Remain humble
- ▶ Realistic negotiation
- ▶ Find a common ground and collaborative approach to problem solve

Emotional Intelligence as Strategic Armor

Emotional Intelligence as Strategic Armor



Neutral tone with Regulated Response



No ego engagement - Validate Emotions



Restate Policy



Offer next steps

Superiors



Dynamics - Superior

- ▶ Be Well Prepared
 - ▶ Executive Language Transitions
- ▶ Stay Solution-Oriented
- ▶ Respect their Time
- ▶ Be Honest and Transparent
- ▶ Accept Constructive Feedback
- ▶ Focus on Compliance + Liability Risk

The growth moment:

**“This does not meet
criteria.”
“We cannot bypass
this step.”
“That requires MEC
review.”**

Courageous Communication

Saying “No” Professionally



**ACKNOWLEDGE
URGENCY**



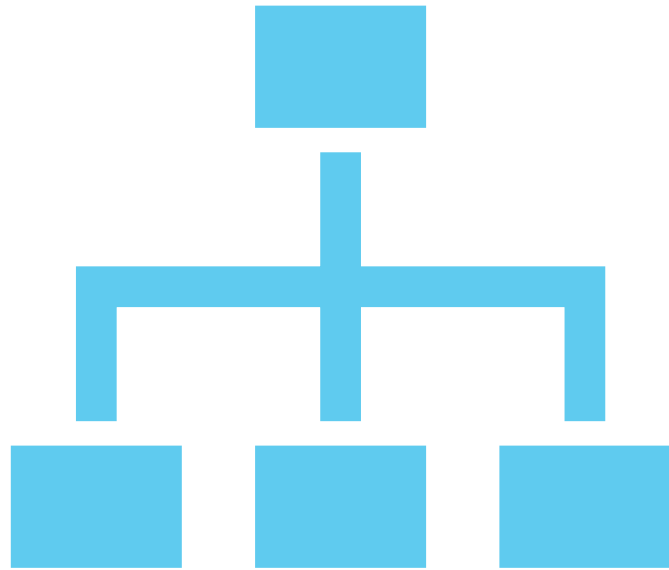
**STATE
REQUIREMENT**



EXPLAIN RISK



**OFFER
SOLUTION**



Subordinates

Dynamics - Subordinate

- ▶ Set a Calm and Supportive Tone
- ▶ Clarify Expectations
- ▶ Encourage Dialogue
- ▶ Offer Support and Resources
- ▶ Follow Up on Progress



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Effective Communication Strategies

**Treat others
the way you
would like
to be treated**

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- ▶ Active Listening
- ▶ Empathy
- ▶ Assertiveness without Aggression
- ▶ Structuring of the Conversation
- ▶ Respect
- ▶ Value
- ▶ Understand the interdependency

Responsibility does not only lie with GIVER but how do we RECEIVE the message?

- ▶ You cannot control or be responsible for others reactions

Nurses



From Tension to Dream Team

When Clinical Expertise & Governance Knowledge Align

Clinical Expertise

(Medical Staff & Nursing)

- ▶ Patient care delivery
- ▶ Clinical judgment
- ▶ Competency assessment
- ▶ Quality improvement initiatives
- ▶ Outcome interpretation

Governance & Regulatory Expertise (MSPs & Quality Professionals)

- ▶ Credentialing & privileging standards
- ▶ CMS / TJC compliance
- ▶ Bylaws enforcement
- ▶ Peer review process integrity
- ▶ Risk mitigation & documentation

When We Work Together:

Interdependency creates protection.
Alignment creates excellence.



Stronger OPPE / FPPE processes



Cleaner survey outcomes



Defensible privileging decisions



Clear documentation trails



Reduced liability exposure



Improved patient safety

The Dream Team: Clinical + Governance Excellence

CLINICAL KNOWLEDGE

(Medical Staff & Nursing)

- ✓ Direct patient care expertise
- ✓ Clinical competency evaluation
- ✓ Quality & outcome analysis
- ✓ Operational realities

GOVERNANCE KNOWLEDGE

(MSPs & Quality Professionals)

- ✓ Credentialing & privileging standards
- ✓ CMS / TJC / DNV compliance
- ✓ Bylaws & Rules enforcement
- ✓ Peer review process integrity
- ✓ Documentation & risk mitigation




★ ORGANIZATIONAL PROTECTION ★



VS





Supporting vs Informing Leadership

Are you:

▶ Supporting decisions?

OR

▶ Informing decisions?

Leadership shift.

Identity Shift

From:

Task processor

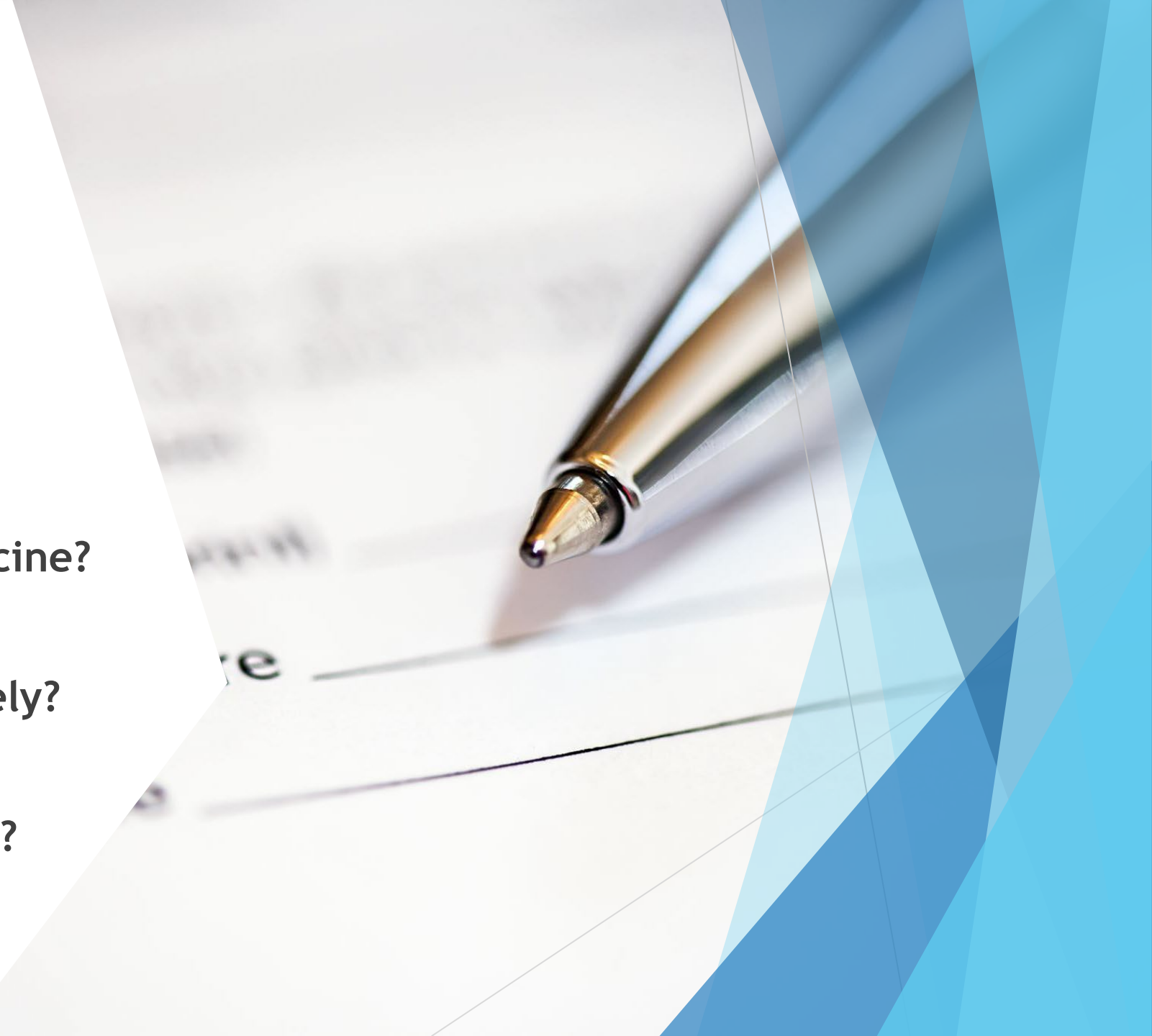
To:

**Risk translator
Governance advisor
Process guardian**

Risk Check

Ask yourself:

- ▶ Did I anchor to bylaws?
- ▶ Did I avoid practicing medicine?
- ▶ Did I document appropriately?
- ▶ Did I protect patient safety?



Post-Conversation Goals



TRUST



ADDRESS
ONGOING
CONCERN



MONITORING
PROCESS



CULTURE OF OPEN
AND RESPECTFUL
COMMUNICATION



EDUCATE VS
IRRITATE



SUCCESS

practice
instruction
training
learning

Become a Leader and Part of the Success

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