

# Conflict Module

## Conflict Resolution “On the Fly”

McGaw Medical Center of Northwestern University

Residents and Teachers and Leaders (RATL)

The McGaw Medical Center of Northwestern University and The Feinberg School of Medicine are committed to a safe and healthy environment for all learners. Please review the policy and also the learning objectives for students rotating to your department. These steps set the foundation for productive student learning.



Based on module produced for *Residents as Teachers Task Force* of the  
Alliance of Academic Internal Medicine (AAIM)

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<http://www.im.org/toolbox/curriculum/residentsasteachers/Pages/default.aspx>



# Goals

- Obtain practical skills in Conflict Resolution

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# Case 1

- It is your first month on medicine wards as an R2. Your team consists of 1 medicine intern, 1 OB/GYN intern doing her medicine ward month, 2 MS3s, 1 medicine sub-intern, and 1 pharmacy student
- When you pick up the team from the prior R2, you note that the team morale seems low and that the OB/GYN intern speaks sharply to one of the third year students who is following 2 of her patients. She rolls her eyes after he is done trying to summarize one of the patient's events overnight.
- Between admissions on your first call night with your new team, the 2 third year students ask to speak with you.
- They are upset because the OB intern has “ordered” them to have all of their progress notes done before 8 a.m., even though their previous attending had told them it was inappropriate for a student to complete notes before major data was available for a given hospital day.

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# Case 1

- What are the conflicts in this situation?
- How would you attempt to resolve these conflicts?

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# Case 1

## More of the Story...

- You arrange to have lunch with the OB intern 2 days later. You ask her “for her side of the story” and she explains that OB/GYN is a “surgical” specialty and surgeons get their notes done early. She says she is just teaching the students “how to survive on the wards.”
- She also tells you she won’t be able to get out of the hospital by 11 a.m. on non-call days if she is “waiting around for the students to get their notes done.” She says she needs to have balance in her life or she won’t be a happy and productive intern.

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# Case 1

- How would you respond?
- What are your options?

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# Steps to Conflict Resolution

1. Listen (= Peel the Onion)
2. Build a Foundation of Respect and Trust
3. Establish a Common Goal
4. Identify the Problem
5. Give Reasons
6. Provide Choices

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# The Most Important Part of Conflict Resolution – Listening

- Effective negotiators and salespeople **listen** more than they talk
- **Listening** allows the speaker to defuse anger or frustration
- **Listening** broadens your perspective on the problem
- **Listening** increases the odds that the speaker will listen to you when you talk

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# Listening

- Listen (Peel the Onion)
  - Listen first, judge later
  - Listen first, react later
  - PEOPLE LIKE TO BE HEARD!
- Empathize
- After listening, summarize back what you understand to be the speaker's perspective without passing judgment on right/wrong

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# Getting Beneath the Iceberg

- Listen – What are the motives?
  - What was the OB intern's intention?
- Explain
  - What is the impact? How does this affect the students? Team? Work dynamic?
- Listen again
- Is the intern able to articulate back the unintended impact of her actions?
- Does she even have the same goals?

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# Give Reasons

- Even if you're explaining a rule, it helps to explain why the rule exists and what it is intended to achieve
- Emphasizing reasons *tends* to encourage flexibility and creativity
- Try a hypothetical role reversal –
  - “If you were me, how would you explain your pressure on the students about note writing to their Clerkship Director?”

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# Provide Choices

- People are more likely to cooperate if they feel like they have some power to decide or affect the outcome

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# Case 1

## More of the Story...

- One week after your lunch, one of the students take you aside and tells you that, earlier in the day, the OB intern yelled at the other student in front of nursing staff and threatened to “fail” him in her final evaluation if he didn’t “learn to get this notes done by 8 a.m.”

## What Now?

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# When Initial Attempts Fail

- Know your backup!
  - Chief Residents
  - Faculty
  - Program Directors
- Get advice from the experienced (you'll learn more...)
- Listen again...be curious about what went wrong after your first meeting
- Have a script
  - If conflicts continue, know what you're going to say in follow-up
- Try to appreciate the drama of working with people
- Maintain your sense of humor
  - If it weren't for people, we would have the easiest jobs in the world
  - But if it weren't for people, we wouldn't have jobs

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## Case 2

- You are an R2 and it is your first month of medicine. When you join the team you discover that your 2 interns have already mapped out their days off for the month. Several of these days fall on short and medium admitting days meaning that you will be short an intern on those days. One of the days also falls on your continuity clinic day. They have not scheduled any days off for your 3<sup>rd</sup> and 4<sup>th</sup> year students telling you that, “we left that for you to figure out since we didn’t want to step on your toes and we weren’t really sure whether the students are supposed to get any days off.”

## What Now?

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# Conflict Resolution

When it involves your own needs

- Beware the role of “victim” – you can always “suck it up” but this isn’t always the ideal approach.=
- Listen first!
- D-E-S
  - Describe the action causing conflict (“you have set up days off before we had a chance to talk about this”)
  - Express the impact of the action
  - Specify what would be the preferable approach (and why)

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## Case 3

- You are the R3 working with an intern on his last month of internship. He is “toxic.” The 2 of you are rounding with the 3<sup>rd</sup> year medical student on an elderly veteran with end stage COPD who had been admitted for placement. The patient is depressed, constipated, and withdrawn.
- After leaving the patient’s room the intern blows up, exclaiming that he can’t deal “with that whiny old man” and that “somebody needs to put that guy out of his misery!”

## What Now?

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# Case 3

## The rest of the story

- As it turns out, this intern, who was very brilliant, has had a number of issues throughout the year – some around anger management. At this point in the year he was quite “toxic” and the resident simply chose to give his intern as many days off as possible (including an entire weekend, which was unusual 15 years ago.) He also stopped calling the intern for admissions after 10pm, instead admitting with the sub-intern or by himself.

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## Case 3

- The resident didn't discuss the case with his chief residents or other program leadership but did vent regularly to a friend who was a co-resident.
- Why do residents frequently avoid conflict?
- What was wrong with this scenario?
- Can all conflict be resolved?
- How does one know when a wall has been struck?

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