Teaching conflict resolution on the road to milestone attainment: Lessons from business, diplomacy, and theatre

Introduction
This workshop utilizes the materials below to illustrate and practice the important themes that underlie good communication, teamwork, and resolution of disagreements. These are modular materials that can be combined, altered, or used à la carte as needed.

Small Group Conflict Scenarios
1. Topic selection and conducting the small group exercise ........................................ page 2
2. Sample Scenario #1: The Death Treatment ............................................................ page 4
3. Sample Scenario #2: Team Care Conference ....................................................... page 5
4. Sample Scenario #3: When a Family Requests a White Doctor ................................ page 6
5. Sample Scenario #4: Conflict in Continuity Clinic ................................................. page 7
6. Sample Scenario #5: Inpatient Chain of Command .............................................. page 8

Conflicts Resolution Style Assessments ................................................................. page 9

Nonverbal Communication Exercises
1. Group review of nonverbal cues in diplomacy (use Google image search to find examples; see also reference #4 on page 15) page 10
2. Counting exercise ................................................................................................ page 10
3. Tongue twisters ................................................................................................... page 11
4. Longitudinal reflective exercise for learners ....................................................... page 13
   a. Facilitator instructions for longitudinal reflective exercise ...................... page 14

Readings and References ....................................................................................... page 15
TOPIC SELECTION AND CONDUCTING THE SMALL GROUP EXERCISE

Goal: The purpose of this exercise is for learners in small groups to experience a planned conflict, attempt to negotiate a solution, and reflect on their approaches to conflict prior to a large group discussion of conflict resolution strategies.

Time: This exercise should take approximately 25 minutes: 15 minutes for small group discussion, 5 minutes for groups to report, and 5 minutes for reflection.

1. Identify a topic. The ideal topic is one that can be presented in an open-ended, neutral way, leave much open to interpretation, and reliably provoke disagreement among different small group members. Consider items in the recent literature or news, or issues that have arisen locally. Select a topic that does not have an obvious or “right” answer, and one on which team members will intellectually, culturally, or emotionally disagree.
   a. Medical topics. Ethical dilemmas work well. For sample scenarios, see Scenarios #1-3 on the following pages. Other possible topics include:
      i. Euthanasia.
      ii. Medical futility hospital policies and laws.
      iii. Decisions to resuscitate or not resuscitate preterm neonates at the margins of viability.
      iv. Discharging or barring vaccine-refusing families from pediatric practices.
      vi. Disagreement between a resident or fellow and attending physician.
   b. Non-medical topics. Political and social topics are often timely. Examples include:
      i. Upcoming political primary or election candidates or issues.
      ii. Recent referenda or legal decisions, e.g., relating to same-sex marriage, abortion, contraception, affirmative action, gun control.

2. Structure the question. After selecting the topic for discussion, neutrally phrase it as an open-ended question or task. For medical topics, you may assign pre-reading to provide context to learners or offer a case scenario that sets the proper tone for discussion (see sample Scenarios below). Briefer examples include:
   a. Your team has been asked to outline a hospital policy regarding resuscitation of extremely preterm infants following a neonatologist’s recent choice to aggressively resuscitate a 22-week preterm boy who subsequently lived for 16 hours before dying of pulmonary hemorrhage.
   b. A pregnant 41-year-old woman carrying a fetus with Trisomy 21 has told a member of your practice that she plans to have an elective abortion because of the possible disabilities he will face. What is your team’s response to her plan?
   c. How do you feel about the presidential candidates for the upcoming election?
   d. Describe the characteristics most important for the next Supreme Court justice.

   a. Break out the large group into small groups of 4-8 people.
   b. Provide the discussion task/question either as a handout or projected as a slide.
   c. Instructions: In 15 minutes of discussion, the group must produce a written response to the task/question. The response must be by consensus, meaning that every member of the group agrees completely with the response.
d. After the group discussion, each group will have 1-2 minutes to describe their consensus response, any challenges they faced, and any strategies they employed to overcome the challenges.

4. **Notes to facilitator.**
   a. The intent of the exercise is to provoke disagreement or conflict between small group members. It is possible, and acceptable, that some groups may not reach a consensus response in the allotted time.
   b. Groups may choose to interpret the task/question or define its terms in such a way that all members agree on a response.
   c. Groups may choose to assign roles to members (e.g., leader, recorder, timekeeper, etc.).

5. **Large group debrief.** Bring the small groups together for further discussion lasting approximately 5 minutes. Topics to include in the discussion:
   a. Have each group summarize or read out its consensus response to the task/question.
   b. How did each group start the discussion? (e.g., Did each member state an opening opinion/position?)
   c. Was there an effort made to define, or re-define, the problem?
   d. What roles did different group members play? In hindsight, were there roles left unfilled?
   e. What difficulties did each group encounter during the discussion?
   f. Did the group identify a process for reaching agreement?

6. **Personal reflection.** Give each individual 5 minutes to write a reflection on the prior exercise. These are personal responses and do not need to be shared with the large group, although some brief discussion of the issues that arose would be appropriate. Topics to consider during reflection:
   a. What frustrations did you experience personally while having this discussion?
   b. Were there arguments?
   c. To what extent did you:
      i. Represent your beliefs?
      ii. Make compromises?
      iii. Get angry?
      iv. Listen to others?
**SCENARIO #1: THE DEATH TREATMENT**

**Reading:**  Aviv R. “The Death Treatment.” *The New Yorker*, 22 June 2015. Available at: http://www.newyorker.com/magazine/2015/06/22/the-death-treatment

**Case:**
Maribel is an 18-year-old patient who you have known in your primary care pediatrics practice for over 10 years. She suffers from depression, generalized anxiety, panic attacks, and chronic pain. Physical symptoms manifest as insomnia, fatigue, back and joint pain, anorexia with recent weight loss, and daily headaches. She graduated high school this summer and is enrolled at a small liberal arts college in upstate New York starting this coming fall.

Maribel came to clinic this morning for a pre-college physical. Her mother brought her, but she stayed in the waiting room during the visit. Maribel told you that she read the article “The Death Treatment” recently and was moved by it. She has decided that she will use her summer work savings to take a trip to Belgium during the fall break to get opinions from physicians there about the options for euthanasia as a result of her unremitting mental illness and physical symptoms. Despite this, she denied any suicidal ideations during your clinic visit.

Maribel has asked you to write a physician letter detailing her medical history that she may take to Belgium with her. She has asked you not to discuss this matter with her mother or any member of her family.

**Task:** [in 5-8 person groups]
As a group, decide on a course of action regarding this patient. The decision cannot simply be to hand the issue off to another entity (i.e., “ethics consult” is not allowed; you are the only “ethics committee” for the purposes of this exercise).

Your decision must be a **consensus**, i.e., every member of the group must agree with the entire plan of action. The consensus plan will be shared with the large group at the end of the discussion.
SCENARIO #2: TEAM CARE CONFERENCE

Case:
Andy is a 12-month-old boy with Trisomy 18, global delays, feeding difficulties, a large symptomatic A-V septal defect, and hypotonia. He has spent most of his life in the hospital with multiple pneumonias, prolonged PICU/IMC admissions, and frequent intubations.

Andy is currently mechanically ventilated, and the PICU has recommended tracheostomy due to prolonged ventilatory needs. He requires open surgical correction of his cardiac defect or he will die soon of heart failure. IV access is poor, and surgical central line placement has been suggested. Andy’s parents have repeatedly told the care team that they want “everything done” to prolong his life.

Andy’s parents are sitting down to a care conference with physicians from the PICU, hospitalist team, GI, cardiology, CT surgery, and pulmonology.

Task: [in small groups of 5-8]
Decide on a course of action regarding future steps for Andy. Consider the following questions:
- Is there any preparation you would like to do prior to meeting with the parents?
- How would you start this meeting? Should anyone else be present?
- What roles can we envision for the physicians and parents?
- What will be the decision-making process for Andy?
- What disagreements might arise? How can they be addressed?

Your group needs to write down your plan of care for Andy during this exercise. Your decision must be a consensus, i.e., every member of the group must agree with the entire plan of action. The consensus plan will be shared with the large group at the end of the discussion.
SCENARIO #3: WHEN A FAMILY REQUESTS A WHITE DOCTOR

Reading:  Note to instructor: Consider suggesting this reading after the case is discussed by the group, as it makes a strong ethical case for a “right” answer to approaching the scenario below.

Case:
“Dr. Angela Rowe is a third-year pediatrics resident on her emergency medicine rotation. Approaching midnight, she walks into her next patient’s room and sees a well-appearing 3-year-old girl, a woman, and a man. She smiles and greets them, “Good evening everyone. I am Dr. Rowe, the resident who will be taking care of you this evening. Are you the mother and father?” The parents nod. As she typically does to begin a visit, she kneels down to engage the patient. Before she is able to stretch out her hand for a “high 5,” the patient’s dad says quietly, “I’m sorry. Please do not touch my daughter. We would prefer a different doctor.”

“Dr. Rowe is taken aback initially, but she figures there must be a religious or cultural reason that they prefer a male provider over a female one. “May I ask why?” she states in a calm voice, to confirm her suspicion. “We want a white doctor,” the father states calmly. Fearing she misheard him, Dr. Rowe asks, “Excuse me?” The father reiterates, “We would like a white doctor, please.” The father remains calm and is even pleasant.

“Dr. Rowe stumbles backward, bewildered and dumbfounded, and mumbles, “I'll be back in a minute.” She steps out of the room to collect her thoughts. She sees her attending, Dr. Lowry, standing nearby, so she walks over and tells him the situation. What should Dr. Lowry do?”

Task: [in 5-8 person groups]
As a group, decide on Dr. Lowry’s response to the situation. The decision cannot simply be to hand the issue off to another entity (i.e., “ethics consult” is not allowed; you are the only “ethics committee” for the purposes of this exercise).

Your decision must be a consensus, i.e., every member of the group must agree with the entire plan of action. The consensus plan will be shared with the large group at the end of the discussion.
SCENARIO #4: CONFLICT IN CONTINUITY CLINIC

Case:
Dr. Anderson is a PGY-2 pediatric resident seeing patients in continuity clinic. Her next patient is a 1-month-old baby girl coming in for an acute visit for a sore near her eye. The lesion appeared shortly after birth and has been expanding in size for at least 2 weeks. Dr. Anderson examines the patient. Based on the history and exam findings, she concludes that this is an infantile hemangioma.

Dr. Anderson reviews the available literature regarding infantile hemangioma. She concludes that the evidence supports starting therapy with propranolol for periorbital lesions. Her attending physician, Dr. Scott, has never used propranolol to treat infantile hemangioma. He knows that these lesions are likely to regress on their own, without intervention, after 1 year of age. Dr. Anderson presents the articles she has found to Dr. Scott and suggests that they either initiate propranolol therapy or refer the patient to a specialist.

Dr. Scott tells Dr. Anderson that he is uncomfortable using propranolol in infants and does not want to treat or refer this patient. Dr. Anderson nevertheless feels that the lesion will propagate in a way that could threaten the patient’s vision. Dr. Anderson reports Dr. Scott to the hospital Ethics Committee over this case.

Following an inquiry over the care of this patient, Dr. Scott notifies Dr. Anderson’s Residency Program Director that he will no longer see patients with Dr. Anderson, and she is no longer welcome in his clinic.

Task:
You are members of the Residency Executive Committee. Your group must decide how the leadership will respond to this situation.

Your decision must be a consensus, i.e., every member of the group must agree with the entire plan of action. The consensus plan will be shared with the large group at the end of the discussion.
Scenario #5: Inpatient Chain of Command

Case:
The following timeline of events occurred one morning on the Pediatric Hospital Medicine service:

0600: The resident night team hands off the service to the day team. Today’s handoff includes a newly-admitted 8-year-old boy with short gut syndrome who is TPN-dependent, admitted for fever. The overnight resident performed a brief exam and had no concerning findings. She signs out to PGY-1 Dr. Shah in the morning that the patient will likely be a short observation and discharge.

0620: Dr. Shah pre-rounds on the patient, who is febrile to 101°F but otherwise looks well. The patient is sleeping and she examines him in the dark.

0625: Dr. Shah proceeds to the rooms of her other 7 patients to pre-round.

0630: Bedside RN calls Dr. Shah concerned that the patient is tachypneic. Dr. Shah replies that she just saw the patient and he looks fine.

0729: Code Blue is called overhead. The patient was found unresponsive, hypotensive with marked respiratory distress in uncompensated shock.

0930: The patient is stable in the PICU after requiring 3 boluses, 2 pressors, endotracheal intubation and mechanical ventilation. Blood culture from the patient’s central line grows gram negative rods at 6 hours.

In post hoc discussion, it is revealed that the residents involved in this case were unaware of the patient’s central venous catheter. The attending supervising the resident team was not notified prior to the Code Blue. The original bedside RN files a hospital event report.

Task:
You are the members of the hospital Peer Review Committee. Your group must decide what actions to recommend in response to this situation.

Your decision must be a consensus, i.e., every member of the group must agree with the entire plan of action. The consensus plan will be shared with the large group at the end of the discussion.
CONFlict RESolution Style ASSESSMENTS

Note: No specific assessment tool or commercial product is endorsed. These are different options that learners may complete independently to gain a sense of their basic approach to conflict. It is important to note that an individual’s approach to conflict and disagreement may change based on the relationships and settings for specific disagreements.

1. Free, brief self-assessment at University of Arizona website. This inventory scores the user based on all 5 dimensions of Compromising, Collaborating, Avoiding, Competing, and Accommodating, and explains the user’s responses in context of the spectra of assertiveness and cooperation. Derived from the Thomas-Kilmann Conflict Mode Instrument. Available at:

   academic.engr.arizona.edu/vjohnson/ConflictManagementQuestionnaire/ConflictManagementQuestionnaire.asp

2. Free, simplified self-assessment at Rice University Wellbeing website. This inventory scores the user based on the dimensions of Compromising, Competing, Avoiding, and Giving in. Available at:

   co1.qualtrics.com/SE/?SID=SV_aVlkbcK1potoRyB&Q_JFE=0&

3. For purchase, Thomas-Kilmann Conflict Mode Instrument, available from CPP at:

   www.cpp.com/Products/tki/tki_info.aspx
NONVERBAL COMMUNICATION: COUNTING EXERCISE

Goal: Group members learn to complete a task using only nonverbal communication.

Time: 10 minutes.

Instructions:
1. This exercise can be done with any size group; it becomes more difficult as groups become larger. The group needs to be either seated or standing in such a way that everyone can see all members of the group.
2. Task: The group is going to count to 20.
3. No one may speak except to say numbers.
4. Each person who counts must say the next number in sequence.
5. Start over at 1 if:
   a. Two or more people speak at once.
   b. One person says two consecutive numbers.
   c. Any non-number words are spoken.
   d. A number is repeated or skipped.

Notes to facilitator:
1. For small groups or groups that know each other well, this task should not be difficult.
2. Often, group members will discover that they can raise a hand or wave prior to counting the next number. This allows them to achieve the objective rapidly.
3. To make the exercise more difficult:
   a. Have several small groups join to form a larger group.
   b. Ask everyone to close their eyes and start again. Often, group members will then use a clap or tap on the table to indicate that they are next to count. This allows them to achieve the objective rapidly.
NONVERBAL COMMUNICATION: TONGUE TWISTERS

Goal: Group members pay attention to the precision of their speech irrespective of the content and understand the importance of slowing down to achieve clarity.

Time: 5 minutes (variable).

Instructions: Ask group members to recite tongue twisters together or repeat each phrase after the facilitator. To find additional examples, search Google for “tongue twisters acting warmup.”

Examples:

1. Peter Piper (standard)

   Peter Piper picked a peck of pickled peppers.
   A peck of pickled peppers did Peter Piper pick.
   If Peter Piper picked a peck of pickled peppers,
   Then where is the peck of pickled peppers
   that Peter Piper picked?

2. Peter Piper redux (harder – add Peter’s title “the Pickled Pepper Picker” to his name)

   Peter Piper, the Pickled Pepper Picker, picked a peck of pickled peppers.
   A peck of pickled peppers did Peter Piper, the Pickled Pepper Picker, pick.
   If Peter Piper, the Pickled Pepper Picker, picked a peck of pickled peppers,
   Then where is the peck of pickled peppers
   that Peter Piper, the Pickled Pepper Picker, picked?

3. About Socks (attributed to Dr. Seuss)

   Give me the gift of a grip-top sock,
   A clip drape shipshape tip top sock.
   Not your spinslick slapstick slipshod stock,
   But a plastic, elastic grip-top sock.
   None of your fantastic slack swap slop
   From a slap dash flash cash haberdash shop.
   Not a knick knack knitlock knockneed knickerbocker sock
   With a mock-shot blob-mottled trick-ticker top clock.
   Not a supersheet seersucker ruck sack sock,
   Not a spot-speckled frog-freckled cheap sheik's sock
   Off a hodge-podge moss-blotched scotch-botched block.
   Nothing slipshod drip drop flip flop or glip glop
   Tip me to a tip top grip top sock.
4. At a minute or two 'til two

   Oh what a to-do to die today at a minute or two 'til two
   A thing distinctly hard to say yet harder still to do
   For they'll beat a tattoo at twenty to two
   With a rattatta tattatta tattatta too
   And the dragon will come when he hears the drum
   At a minute or two 'til two today
   At a minute or two 'til two.

5. Medical tongue twister (available at: www.voiceoverxtra.com/article.htm?id=PHKATGJR)

   Bladder bladder gallbladder, kidney liver lungs
   Glands hands knees, and mouth shoulders knuckles and tongue.
   Anti-inflammatory, anti-enzymatic, anti-vaccination too;
   Arthroplasty, arterial duct, anti-bacterial blue.
   Dehydration medication patella tendinitis
   Metacarpals metatarsals branchial chronic bronchitis;
   Sacrum scapula sciatica
   Sacrum scapula sciatica
   Sacrum scapula sciatica.
CONFLICT RESOLUTION: REFLECTIVE EXERCISE

Instructions: Over the next 6 weeks, select one disagreement or conflict (professional or personal) that you negotiate. Make sure it is an experience you are willing to share and discuss with others. Please keep your answers to a single page.

1. Briefly describe the people involved and the nature of the conflict.

2. How did you approach resolving the conflict? Did you use GRPI or another strategy (specify)?

3. What was the resolution of the conflict?

4. From your perspective, what did you do well in negotiating the conflict?

5. What will you do differently next time?
LONGITUDINAL REFLECTIVE EXERCISE: FACILITATOR INSTRUCTIONS

Goal: Two months following the conflict resolution workshop, reflect on the lessons learned and identify further areas for improvement.

Time: 20-30 minutes.

1. Distribute the reflective exercise handout to learners at the conclusion of the workshop on conflict resolution (page 8 above).
2. Collect all responses within the allotted 6 weeks (or adjust the time to your needs).
3. Review all learner responses and look for themes. Themes that have arisen from our residents’ experiences include:
   a. Patient care
      i. Obesity discussion, physician trying to encourage too much change at one time.
      ii. Vaccine refusal.
      iii. Noncompliance with chronic illness management, e.g., diabetes mellitus, asthma, cystic fibrosis.
      iv. Upset or aggressive parent in acute setting, e.g., PICU, NICU, ED.
   b. Challenges facing trainees.
      i. Attending physician not following evidence-based guidelines as understood by learner.
      ii. Feeling intrusive in difficult conversations.
      iii. Observing a disagreement between attending physicians, not knowing whether to or how to intervene.
4. Identify areas for improvement in conflict resolution among the group. Ideas that have arisen from our residents’ experiences include:
   a. Listen to parent/family concerns and address them directly in conversation.
   b. Find compromises, when possible, with families that disagree with treatment recommendations. For example, a family that is concerned about pain medications may be willing to explore non-pharmacologic options and possibly less medication.
   c. Encourage change for families in small steps.
   d. Print items from literature to discuss with teaching faculty in order to clarify disagreement of standard of care.
5. Reconvene the learner group 6-8 weeks after the workshop experience to review and discuss the reflective responses. Discuss the themes and self-critiques that arise from your review of the handouts above.
6. Consider these additional questions for the group to discuss:
   a. Have you been attentive to using a structured approach to conflict resolution in clinical settings?
   b. Has this approach been helpful?
   c. How could we better prepare you to approach conflict situations more skillfully?
READINGS AND REFERENCES

1. Raue S, Tang S, Weiland C, Wenzlik C. The GRPI model – an approach for team development. 2013: Systemic Excellence Group. White paper describing the stages of team formation, GRPI hierarchy, and methods for using these tools to plan effective teamwork (Raue et al., 2013). Available under Creative Commons License at:


2. Johnson VR. Managing Conflict in a Small Team Setting. 2005. A different conflict resolution structure from GRPI, which also identifies incorrect information and value systems as possible sources of conflict, and proposes a different structured approach to identifying and resolving conflict. Brief article with external links available at:

   academic.engr.arizona.edu/vjohnson/Todays%20Engineer/Conflict%20Management.htm


4. For more examples (photo and video) regarding non-verbal communication, and detailed analysis, Dr. Jack Brown’s Body Language Success blog reviews many public events and evaluates them in academic ways. Available at:

   www.bodylanguagesuccess.com