Teaching Conflict Resolution on the Road to Milestone Attainment: Lessons From Business, Diplomacy, And Theatre

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Objectives

1. Identify sources of conflict that may impact resident or fellow performance and prevent maximal milestone progression along communication and professionalism subcompetencies

2. Discuss team dynamics that can lead to conflict

3. Employ a structured approach to teach conflict resolution to learners that emphasizes professionalism and relationships

4. Demonstrate exercises to improve trainee awareness of nonverbal cues in communication
Agenda

- Team dynamics
- Conflict resolution hierarchy
- Themes that underlie conflict
- Conflict resolution styles
- Nonverbal communication
- Discussion & evaluation
Subcompetencies and Milestones

• Milestone content relevant to communication
  • ICS1, ICS2
  • PBLI4
  • PROF1, PROF2, PROF3
  • SBP1, SBP2

Bogetz et al., 2017

Look here for relevant subcompetencies
Small groups: Conflict in Continuity Clinic

• 1 mo girl presents for propagating right periorbital hemangioma
• PGY-2 resident reviews evidence, plans to start propranolol
• Attending has not done this before, knows the lesion is likely to regress
• Resident presents literature, suggests treatment vs. referral
• Attending describes discomfort using propranolol in infants, does not want to treat or refer
• Resident feels lesion will propagate in a way that could threaten vision
• Resident reports concern to hospital ethics committee
• Attending notifies Program Director that this resident is no longer welcome in this clinic

You are the Residency Executive Committee:
• Come to consensus on how to respond
• Consensus = every group member agrees with the entire response
• Write down your response
Debrief & Reflection

• How did your group start the discussion?
• Was there an effort made to define the problem?
• What roles did different group members play?
• What difficulties did you encounter during the discussion?
• Did you identify a process for reaching agreement?
Team dynamics & Conflict resolution hierarchy
Phases of team development

- FORMING:
  - High motivation
  - Low performance
  - Flesh out goals
  - Identify roles
  - Develop processes
  - Develop relationships

- STORMING:
  - Members collide or disagree
  - Conflicts impede performance

- NORMING:
  - Responsibilities accepted
  - Work accomplished
  - Relationships solid
  - Goals clear
  - Roles clear
  - Processes clear

- PERFORMING:
  - Trust
  - Cooperation
  - Peak performance

Tuckman, 1965; Raue et al. (2013): Systemic Excellence Group.

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• Direction is clear
• Values are shared
• Purpose is shared

• Responsibilities are defined
• Everyone understands each other’s role

• Communication is clear
• Decision making authority is established
• Rules exist for resolution of disputes

• Trust is established
• Members support each other
• Interactions are friendly

Using GRPI to identify source of conflict

GOALS (80%)

ROLES (16%)

PROCESSES (3.2%)

INTERACTIONS (0.8%)

PERFORMANCE

Tichy, 2002; Raue et al., 2013.

SBP1, SBP3, PROF2, ICS2

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Small groups

Identify at least 1 example of conflict in medicine or medical education for each category:

- **Goals** disagreement
- **Roles** disagreement
- **Process** disagreement
- **Interpersonal interactions**
Conflict resolution styles
Conflict resolution styles

Compete (Defeat)
Be a winner at any cost

Withdraw (Avoid)
Take whatever you can get

Compromise
Split the difference

Collaborate
Problem solve creatively so everyone wins

Accommodate (Give in)
Build friendly relationships


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Where do you fall?

- Conflict instruments
  (based off of Thomas-Kilmann)

- In the starting exercise?
- In collegial relationships?
- In personal relationships?
- In patient/family relationships?

Defeat
Be a winner at any cost

Withdraw
Take whatever you can get

Accommodate
Build friendly relationships

Compromise
Split the difference

Collaborate
Problem solve creatively so everyone wins
Small groups: Inpatient Chain of Command

- **0600**: Handoff - 8 yo boy with short gut, TPN-dependent, admitted for fever, overnight resident signs out patient looks great & likely discharge
- **0620**: Intern pre-rounds on patient, febrile to 101, patient sleeping, examined in the dark but looks well other than fever
- **0625**: Intern proceeds to other 7 patients to pre-round
- **0630**: RN calls intern concerned, patient is tachypneic, intern tells RN that she just saw the patient and he looks fine
- **0729**: Code Blue called, patient hypotensive, respiratory distress, shock
- **Later in ICU**: Patient stable s/p 3 boluses, 2 pressors, intubation, blood culture from central line grows GNR at 6 hours
- **Post hoc**: Residents unaware of CVC, attending not notified prior to Code, original RN files event report
  - You are the Peer Review Committee:
    - Come to consensus on how to respond
    - Consensus = every group member agrees with the entire response
    - Write down your response
Debrief & Reflection

• Was this scenario easier or harder than the first one?
• Did you try to employ a strategy (e.g., GRPI) for addressing disagreement?
  • Was it helpful?
• What problems arose during this scenario?
• Which conflict resolution styles did you exhibit/observe?
Nonverbal communication
The things we don’t say

NON-VERBAL COMMUNICATION

- Sounds (e.g., laughing)
- Eye movements (e.g., winking)
- Facial expression (e.g., smile, frown)
- Ways of talking (e.g., pauses, stress on words)
- Posture (e.g., slouching)
- Appearance (e.g., tidiness)
- Head movements (e.g., nodding)
- Hand movements (e.g., waving)
- Body contact (e.g., shaking hands, hugging)
- Closeness (e.g., nearness, invading space)
Nonverbal communication: What are they saying?
Nonverbal cues exercise

• We’re going to count to 20
• Rules
  • You may not speak except to say numbers
  • You must say the next number in sequence
  • Start over at 1 if:
    • More than one person speaks at once
    • One person says two consecutive numbers
    • Any non-number words are spoken
    • A number is repeated or skipped
That was easy

• If you use this exercise with learners:
  • Now close your eyes and try it again
Personal reflection:
Have trainees try this at home

- What personal frustrations did you experience during a recent conflict or disagreement?
- Was there an argument?
- Did you employ a strategy (e.g., GRPI) to attempt to resolve the disagreement?
- To what extent did you:
  - Represent your beliefs?
  - Make compromises?
  - Get angry?
  - Listen to others?
Handouts:

- All of the topics/tools we discussed today
- Pocket card: GRPI and styles
- Additional scenarios and tools for teaching conflict resolution
- 8 pediatric subcompetencies with milestones highlighted

Contact us!

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