

The Value of Conflict Identification & Management Skills in Creating High Functioning Residency Teams



2018 PDW Conference

Deborah Taylor, Ph.D.

&

Donald Woolever, MD

Central Maine Medical Center FMR



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Our Mission Today

- Recognize the residency as “petri dish”
- Understand the origins and influences of conflict on team process and function
- Embrace a systematic approach to recognizing and addressing conflict in common residency situations.

To Set the Stage about Team Conflict

<https://www.youtube.com/watch?v=L2ui97YPPsg>

<https://youtu.be/L2ui97YPPsg>

Free Association

What comes immediately to mind
when you hear the word

Conflict?

The Basics

divergence of opinion, incompatibility, clash, strife for mastery, a hostile encounter.....

- Why does conflict occur?
- What is a **major contributor** to the development and maintenance of conflict?
- Runs the gamut (minor irritation.....intense battle)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Common Misperceptions

MYTH: *Conflict is bad and to be avoided.*

REALITY:

Conflict is a normal part of relationships.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Common Misperceptions

MYTH: Ignore it, and it will go away.

REALITY:

Escalates because the issues go unresolved.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Common Misperceptions

MYTH: All Conflict can be resolved.

REALITY: Some conflicts have no acceptable resolution to both or all parties involved.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Benefits of Conflict

- **Solves** problems
- **Encourages** goal and mission re-evaluation
- **Stimulates** necessary changes in relationships and systems
- **Clarifies, builds and strengthens** relationships
- Highlight and hopefully **eliminates inequalities and injustices**

AMERICAN ACADEMY OF FAMILY PHYSICIANS

When Conflict Goes Unmanaged

- Consumes/**wastes** time and energy
- **Erodes** trust and mutual support
- **Breakdown** of effective communication
- **Fear, anger and vulnerability** drive decisions
- **Masks** creativity and innovation
- **Stalls or blocks** change

AMERICAN ACADEMY OF FAMILY PHYSICIANS

FAMILY FEUD

In which category does your family fall?

- I am afraid of conflict. In my family, conflict meant yelling and fighting which usually led to heartache or bad feelings.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

FAMILY FEUD

In which category does your family fall?

- In my family, we argued for fun. Outsiders often thought we were really fighting, but it was our way of showing that we cared about each other.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

FAMILY FEUD

In which category does your family fall?

- My parents rarely raised their voices to each other. I never knew that things were not going well until they announced they were getting a divorce.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

FAMILY FEUD

In which category does your family fall?

- The members of my family did not ever disagree until someone was **REALLY** angry. Then one little thing would put one or both of my parents into a screaming rage.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

FAMILY FEUD

In which category does your family fall?

- I grew up in the only non-dysfunctional family in our town. We always openly and freely discussed any issue that bothered us. Calm, respectful discussion was the norm.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

FRAMEWORKS FOR UNDERSTANDING AND RESPONDING TO CONFLICT



#2 Two Basic Types of Conflict *Task.....vs.....Relational*

- **Task Conflict**: arises from a difference in priorities or goals or expectations related to the task at hand.
- **Relational Conflict** arises from differences in work habits, values, communication styles & perception. Problem is power struggle, individual differences & history vs. the task at hand.



s for Relational Conflict

- The **issue** is obviously **not the real issue**
- **Irrational** or **counterproductive stands**
- **Unexplainable standoffs** occur
- Folks **sound** and **behave defensively**
- Willing to **risk entire relationship**
- If it comes up ***over and over again***....

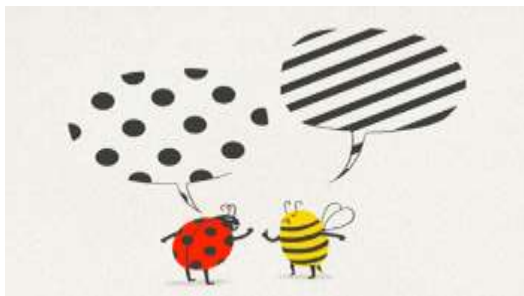
AMERICAN ACADEMY OF FAMILY PHYSICIANS



- Fatigue
- Anxiety
- Continuous Evaluative Environment
- Pressure Cooker
- Constant Change
- High ambiguity
- Need to make decisions quickly

AMERICAN ACADEMY OF FAMILY PHYSICIANS

6 Steps to Help Manage Conflict



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step **1** to Help Manage Conflict

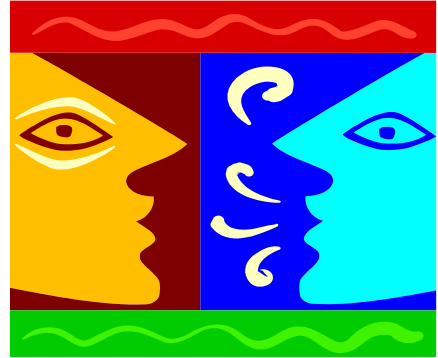
- Seek to understand



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step **2** to Help Manage Conflict

- Discuss face-to-face



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step **3** to Help Manage Conflict

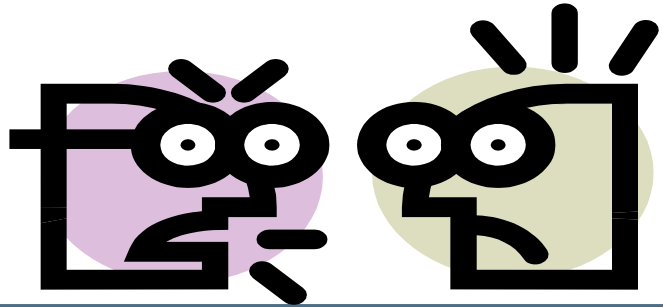
- Stick to the issues



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step 4 to Help Manage Conflict

- Check your emotions & attitudes



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step 5 to Help Manage Conflict

- Speak for yourself



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step **6** to Help Manage Conflict

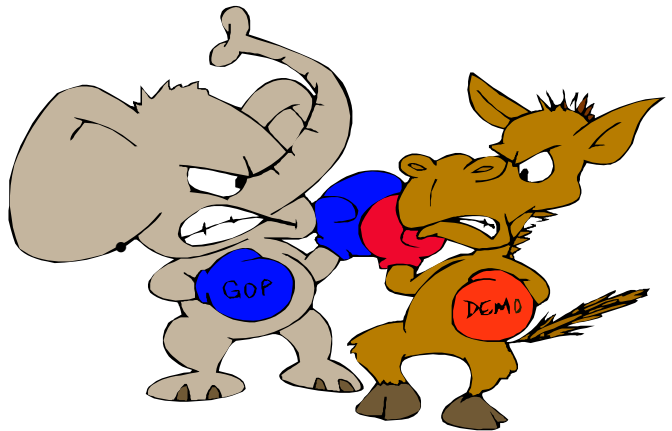
- Use time to mutual advantage



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Skills – Time to Exercise Them

- Seek to understand
- Discuss face-to-face
- Stick to the issues
- Check your emotions & attitudes
- Speak for yourself
- Use time to mutual advantage



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Large Group Exercise

*some “hypothetical” situations for
you to ponder.....*

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Scenario #1

Exercise: 1. Gut Response - Task or Relational

2. What factors influenced your
response?

3. Run through the six steps

- You have been on call for 24 hours and are expecting Matt to relieve you at 0700 – he arrives in at 0740.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Scenario #2

Exercise: 1. Gut Response - Task or Relational

2. What factors influenced your response?

3. Run through the six steps

- Mary admits one of your favorite and prized patients while on night call. You have been working for months to get his HTN and diabetes under better control with good success. She signs out that she has changed all of your patient's meds.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Scenario #3

Exercise: 1. Gut Response - Task or Relational

2. What factors influenced your response?

3. Run through the six steps

- Maude, your Practice Mgr, instructs the scheduler to double book all of your acute slots since you have a high no-show rate.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Scenarios #4

Exercise: 1. Gut Response - Task or Relational

2. What factors influenced your response?

3. Run through the six steps

- The Program Director calls you into his office to discuss information s/he has just received from the Maternity Care nurses about you.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Scenario #5

Exercise: 1. Gut Response - Task or Relational

2. What factors influenced your response?

3. Run through the six steps

- You are on the senior resident on the Fam Med inpatient service. Your spouse sends you an e-mail at work expressing a desire to sit down and talk about some troubling relationship issues (like the fact that you are never home).

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Scenario #6

Exercise: 1. Gut Response - Task or Relational

2. What factors influenced your response?

3. Run through the six steps

- Your child is in her first recital – you are on call that night. An e-mail sent to resident colleagues about trading yields no offers of help.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Small Group Exercise

(to also transport home to use)

- First, make a list of examples of **task-type** conflicts and **relational-type** conflicts in your residency program (*yours or your knowledge of others*)
- Break into **small groups** (2-4 people)
- Share these with each other (*with the expectation of confidentiality attached*)
- **Observations?** Differences...Similarities?
Prepare a **short report** to the larger group.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Leading Change Ingredients

Vision	Skills	Incentives	Resources	Action Plan	Success
missing	Skills	Incentives	Resources	Action Plan	Confusion
Vision	missing	Incentives	Resources	Action Plan	Anxiety
Vision	Skills	missing	Resources	Action Plan	Frustration
Vision	Skills	Incentives	missing	Action Plan	False Starts
Vision	Skills	Incentives	Resources	missing	Slow Change



Source: T. Knoster (1991)

SUDERMAN SOLUTIONS

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Summary

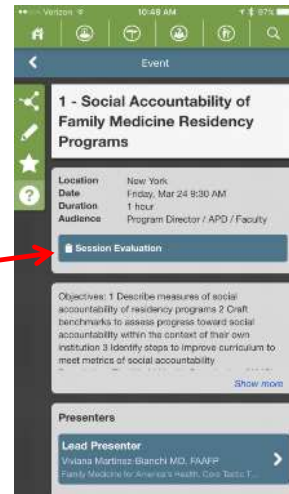


- Residency = **petri dish**
- You bring your **family** with you
- **Task** or **relational** conflict
- **6 steps** to help you manage conflict

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Please
complete the
session evaluation.

Thank you.



THANKS FOR COMING



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA