### Upcoming Events

**Click here** for an at-a-glance view of our upcoming events for the next 3 months

## Conflict Management in Medical Education

Conflict, discord, struggle – whatever name by which we refer to it, we can recognize that this concept is something that exists within the realm of medical education. As educational leaders, faculty are tasked with navigating challenging conflicts with students, residents, staff, peers, superiors, and/or patients. Conflict within medical education and healthcare is a growing concern that is being addressed within many programs (Cochran, 2018). However, despite the development of learner programs focused on conflict management, many conflicts remain unsatisfactorily resolved (Saltman, 2006).

Disagreement and conflict are an inevitability among clinical teams given the fast-paced and high-stakes environment. When conflict persists, effective communication and workplace productivity are negatively impacted (Kaufman, 2011). Medical education and healthcare are hierarchical environments and conflicts often span different levels of the educational hierarchy, making it essential that conflict management approaches in these arenas should ensure the preservation of the critical interpersonal relationships (Saltman, 2006). While best practices for teaching conflict management skills in the clinical setting may not be standardized, there are several steps that experts suggest taking in preparation for navigating (and guiding learners to navigate) conflicts:

- Become aware of the different conflict management styles and recognize the value in each. Conflict resolution style and approach may vary among situations and relationships.
- Recognize the importance of both verbal and nonverbal communication as essential elements in conflict resolution.
- Identify sources of potential/real conflict and dynamics that can lead to conflict.
- Identify a structured approach to conflict resolution that emphasizes professionalism and preservation of relationships among the team.
- Separate interests (underlying goal or concern) from positions (statement or action).
- Recognize differences among the views of individuals embroiled in the conflict to help establish common goals, identify unmet needs, and identify creative solutions.
- Differentiate between intention and impact to help identify unanticipated negative impact of actions and reframe interactions.
- Encourage self-reflection to recognize internal biases, understand contributions to the conflict and identify potentially incorrect assumptions about the situation.

Last month, VTCSOM Dean Lee Learman led a Current Topics presentation on "Understanding and Managing Conflict in Medical Education." During the interactive session, Dean Learman reviewed causes of conflict and countermeasures, described individual styles for managing conflict, and shared insights into addressing real-world conflicts in medical education. If you are interested in learning more, please head over to the OCPD website to view this informative presentation about navigating conflict management in medical education! Click here to check it out!

Mariah Rudd

References:

Kaufman, J. (2011). Conflict management education in medicine: considerations for curriculum designers. Online Journal for Workforce Education and Development, 5(1), 6.

Saltman, D. C., O'dea, N. A., & Kidd, M. R. (2006). Conflict management: a primer for doctors in training. Postgraduate medical journal, 82(963), 9-12.

Wolfe, A. D., Hoang, K. B., & Denniston, S. F. (2018). Teaching conflict resolution in medicine: lessons from business, diplomacy, and theatre. MedEdPORTAL, 14.

*"Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen."*

*-Winston Churchill*

## Dean's Corner

This year the Dean's Corner will feature topics of relevance to educators working on curricular innovations associated with diversity, inclusion, and equity. One rapidly evolving topic is how to respond to microaggressions in the learning and working environment. Although this word was first coined by African-American psychiatrist Dr. Chester Pierce in 1970, it debuted in the Oxford English Dictionary much more recently, in June 2018, where it was defined as "a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination or prejudice against members of a marginalized group such as a racial minority."

Awareness of microaggressions alone will not improve the learning and working environment. Providing feedback to the person who made the microaggression is essential for creating insight and motivating behavior change. Achieving these outcomes requires skill development by the responder, i.e., the person who witnessed or received the microaggression. Here I will highlight a response framework called GRIT that was published last year (Warner NS, Njathi-Ori CW, O'Brien EK. The GRIT (Gather, Restate, Inquire, Talk It Out) Framework for Addressing Microaggressions. JAMA Surg. 2020;155(2):178-9).

• **Gather** your thoughts. Pause. Do not react with anger. Decide if it is the appropriate time or place to address the perceived microaggression.
• **Restate** the comment or ask the speaker to restate their comment. Allow the person to clarify or realize the potential negative impact of the words or action.
• **Inquire**. Dig deeper and seek clarification: "Please help me understand what you mean by that statement." Be nonjudgmental. Address the comment or action rather than making it about the person.
• **Talk it out**. Discuss the potential impact on others and your personal perception. "In my experience, that comment may perpetuate negative stereotypes."

The authors offer these key points for successful use of GRIT: (1) separate the person from the comment; (2) avoid personal attacks or "you" statements ("You are a racist" is accusatory. "That remark may be perceived as racially insensitive" may be eye-opening); (3) if you witness a microaggression, do not speak for the affected person. Avoid: "You are hurting his/her feelings." Instead consider, "This is how I perceived the comment."

As with any new skill, practice and feedback are essential for long-term success. Using GRIT optimally also requires responders to become aware of their anger, disappointment, sadness and frustration about the microaggression they witnessed or received. These emotions are important to acknowledge and to share with trusted friends and colleagues, but must be managed carefully when providing feedback to motivate behavior change.

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