

Conflict Resolution

DukeMedicine Kevin W. Sowers MSN, RN, FAAN
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You receive an angry page from one of the discharge planning nurses. She has been asking your intern for the discharge paperwork for this patient since yesterday, and is furious that the intern has been rude and dismissive.

She wants you to “deal with it”. There have been “issues” with this intern before...

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What the heck does that mean?

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You get three emails sent for three consecutive days by a resident upset about her schedule. She reports that everyone else got more golden weekends than she did .

She wishes to discuss....

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A resident mentions to you that he is concerned about a fellow resident who seems overwhelmed . Says his colleague is not sleeping and is skipping meals.

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“C'mon, c'mon—it's either one or the other.”

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Conflict Resolution: The Role of the Chief Resident

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graph TD; CR[Chief Resident] --> PA[Patient Advocate  
Faculty Advocate  
Staff Advocate]; CR --> RA[Resident Advocate];
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Conflict Resolution: A Survival Guide

Rule #1

“Always get the whole story...”

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Rule # 2

“...from a *first hand* account of all sides”

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Rule # 3

“Identify the real issues”

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Conflict Resolution: A Survival Guide

- Listen
- Listen
- Listen
- Don't take sides
- It's usually a communication thing...

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Conflict Resolution: A Survival Guide

- Not every battle has to be your battle
- Do not confuse “venting” with “real issues”
- Take notes
- BE FAIR
- BE CONSISTENT

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The Six Ds of Secondary Causes of Poor Performance

- Depression
- Distraction
- Deprivation (of) Sleep, food, social interaction
- Drugs
- Disordered Personality
- Disability

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Systematic Approach to Mental Health Crises

- Step 1 ASSESS the severity
- Step 2 DIAGNOSE the problem
- Step 3 INTERVENE appropriately
- Step 4 FOLLOW UP

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References

- A Textbook for Today's Chief Medical Resident, 22nd edition(The Toolkit series) 2013.by Frederick K.Williams
- Handout by Kerilyn Gwisdalla 2009 from AAIM website

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Conflict Resolution: A Survival Guide

“Do the right thing for the patient”

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Questions?

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