Conflict Workshop Evaluation

1. How would you rate your **knowledge** of conflict?

BEFORE COURSE	AFTER COURSE
1 2 3 4 5 6 7 Minimal Expert	1 2 3 4 5 6 7 Minimal Expert

2. How would you rate your **confidence** with managing conflict?

BEFORE COURSE	AFTER COURSE
1 2 3 4 5 6 7 Minimal Expert	1 2 3 4 5 6 7 Minimal Expert

3. How would you rate your conflict management **skills**?

BEFORE COURSE	AFTER COURSE
1 2 3 4 5 6 7 Minimal Expert	1 2 3 4 5 6 7 Minimal Expert

4. How likely are you to apply what you learned in this course?
   Circle: 1 2 3 4 5 6 7

5. What is your overall satisfaction of the workshop?
   Circle: 1 2 3 4 5 6 7

6. How much would you recommend this workshop to others?
   Circle: 1 2 3 4 5 6 7

7. What did you value about this course? (Free response)

8. How could we improve the conflict curriculum? (Free response)

Thank you for your participation!

Please note: This evaluation will be submitted as the final step of the day. No need to detach it yet.

FROM CONFLICT TO CONNECTION

Northwestern University Feinberg School of Medicine

Fall 2026

STUDENT HANDOUT PACKET

Name: _____

@sustaineddialoguenetwork

@sustaindialogue

@sustaineddialogue

@sustained-dialogue-institute

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AAMC's Core Entrustable Professional Activities for Entering Residency

EPA 9: Collaborate as a Member of an Interprofessional Team

Key Functions with Related Competencies	Behaviors Requiring Corrective Response	→ Developing Behaviors → (Learner may be at different levels within a row.)		Expected Behaviors for an Entrustable Learner
Identify team members' roles and responsibilities and seek help from other members of the team to optimize health care delivery IPC2 SBP2 ICS3	Does not acknowledge other members of the interdisciplinary team as important Displays little initiative to interact with team members	Identifies roles of other team members but does not know how or when to use them Acts independently of input from team members, patients, and families	Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these recommendations into practice	Effectively partners as an integrated member of the team Articulates the unique contributions and roles of other health care professionals Actively engages with the patient and other team members to coordinate care and provide for seamless care transition
Include team members, listen attentively, and adjust communication content and style to align with team-member needs ICS2/IPC3 IPC1 ICS7 P1	Dismisses input from professionals other than physicians	Communication is largely unidirectional, in response to prompts, or template driven Has limited participation in team discussion	Listens actively and elicits ideas and opinions from other team members	Communicates bidirectionally; keeps team members informed and up to date Tailors communication strategy to the situation
Establish and maintain a climate of mutual respect, dignity, integrity, and trust Prioritize team needs over personal needs to optimize delivery of care Help team members in need P1 ICS7 IPC1 SBP2	Has disrespectful interactions or does not tell the truth Is unable to modify behavior Puts others in position of reminding, enforcing, and resolving interprofessional conflicts	Is typically a more passive member of the team Prioritizes own goals over those of the team	Integrates into team function, prioritizing team goals Demonstrates respectful interactions and tells the truth Remains professional and anticipates and manages emotional triggers	Supports other team members and communicates their value to the patient and family Anticipates, reads, and reacts to emotions to gain and maintain therapeutic alliances with others Prioritizes team's needs over personal needs

1 Brown, D, Gillespie, C, Warren, J, Obeso V, Brown D, Phillipi C, eds.; for Core EPAs for Entering Residency Pilot Program Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 20

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From Conflict to Connection with PIVOT

P

Pause & Prepare as time allows & Stay **Patient**-Centered

- Know your goals
- Your emotions
- Imagine their perspective generously – what is the most positive intent

Don't take it personally, use open body language, don't overexplain or express frustration, don't try to win.

I

List **Interests stated clearly** to show big picture and find shared goals, values and solutions

- "I'm noticing a difference in how we approached this."
- "I know we both want to resolve this in the interest of the patient receiving the best care."
- "I'd like to hear your perspective and share a little of what I saw. Is it ok to chat for a minute about this now?"
    - If no – "When would be a good time?"

V

Validate their perspective

- "I hear you and understand your concern about X."
- "Ah, I see your focus on X. I am still concerned about Y for the patient even with what you're sharing. I'm wondering what we can do to navigate that?"

- Share that you understand their interests, needs and limitations
- Validate their values and express if there are shared values
- Share which interests complement or converge with your own
- Acknowledge any suggestions they've made that might meet your interests

O

1) **Offer Solutions and Support**
2) **Open Ended Questions**

- "What do you recommend we do from here to resolve this?"
- "I think we're seeing X and a solution could be Y. What do you think about that?"

Sometimes you may have to loop back to V with open ended questions to find a workable solution.

T

Take agreed action

Summarize and commit to a plan that works for both parties/assign relevant responsibility

- "As a way forward, I will do X and you will do Y. Are you in agreement with that plan?"

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Why use this tool?	• Rarely taught in Med schools – this puts you ahead of others starting intern year • AAMC EPA9 – "collaborate as member of interprofessional team" – core competency for entering residency • Interpersonal conflict is associated with decreased workplace satisfaction, reduced productivity and patient safety issues[1] • Conflicts do not go away when unaddressed[2] – in fact, they often grow • Interpersonal conflict is associated with decreased workplace satisfaction, reduced productivity and patient safety issues • Poor conflict management results in greater stress, poor general health, exhaustion, and higher rates of sickness absence.[3] • Poor conflict skills have a "negative impact on work relationships, team collaboration, communication efficiency, and process flow, all of which can adversely affect patient safety and quality of care."[4]
Conflicts require a human response	In a conflict, the only thing you can control is your behavior, not the reaction of others, nor your feelings about the stress occurring. We are neurobiologically wired to do conflict poorly: 1. Fight 2. Flight 3. Freeze 4. Fawn Humans have the capacity to interrupt this instinctual response and can work to 5. Follow an algorithm
Following an algorithm: Reframing not Judging	Conflict transformation requires reducing the threat response for all involved Avoid triggering fight/flight: Reframe "you" statements that shame or blame • **Don't:** "You always …. you must …. You don't understand" Replace with "I" perspective • FEELINGS – I am feeling • OBSERVATIONS – I notice…. • INTENTIONS – "I mention this with the intent to… • INTERESTS – "I want to make sure we get to … "

[1] *Jehn KA, Bendersky C. Intragroup conflict in organizations: a contingency perspective on the conflict-outcome relationship. Res Organ Behav. 2003;25:187-242. http://doi.org/10.1016/S0191-3085(03)25005-X*

[2] *Vandevliert, E., Huismans, S. E., & Euwema, M. C. (1995). Managing-conflict with a subordinate or a superior—Effectiveness of conglomerated behavior. Journal of Applied Psychology, 80(2), 271–281.*

[3] *Martin Hyde et. Al..* Workplace conflict resolution and the health of employees in the Swedish and Finnish units of industrial companies. *Social Science and Medicine. 2006; 63: 2218-2227.* *https://www.sciencedirect.com/science/article/abs/pii/S0277953606002619?via%3Dihub*

[4] Alan H. Rosenstein, MD, MBA. *The Quality and Economic Impact of Disruptive Behaviors on Clinical Outcomes of Patient Care.* American Journal of Medical Quality. 26(5) 372–379. http://www.sagepub.com/journalsPermissions.nav

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From Conflict to Connection with PIVOT - WORKSHEET

P

Pause & Prepare as time allows & Stay **Patient**-Centered

Your goals:

Your emotions:

Their possible, positive intent:

I

List **Interests stated clearly** to show big picture and find shared goals, values and solutions

Yours

1.

2.

3.

Theirs

1.

2.

3.

V

Validate their perspective

1.

2.

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O	**1) Offer solutions and support** 1. 2. 3 **2) Open Ended Questions** 1. 2. 3
T	**Take agreed action** Summarize and commit to a plan that works for both parties/assign relevant responsibility 1.

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Teaching Scenario: MRI Request Conflict

Setting:
Radiology reading room. The internal medicine intern (Kim) is calling the attending radiologist (Dr. Lovell) about an urgent MRI request.

P – Pause & Prepare

(Kim takes a deep breath before calling, reviewing the patient's chart and clarifying the reason for the scan.)

Kim (Intern):
(calm tone, open posture)
"Hi Dr. Lovell, thanks for taking my call. I'd like to discuss a patient on our service and get your perspective about the urgency of an MRI request. Is now a good time to talk?"

Dr. Lovell (Radiologist):
"Sure, go ahead. I just want to mention we're really backed up today, so I'll need to understand if this is truly emergent."

I – Interests Shared Clearly

Kim
"I understand how busy your department is, and I really appreciate you taking the time. I'm concerned because our patient has worsening chronic pain, fever, erythema and malaise for three weeks. I'm worried about possible osteomyelitis. I want to make sure we're not missing something urgent."

Dr. Lovell:
"I hear that. From my perspective, we've had several cases canceled recently, and we're trying to avoid displacing patients who have waited for months. I'm hearing that your patient has been having pain for three weeks and I just want to be sure this needs to happen today."

V – Validate

Kim:
"That makes sense. It sounds like you're trying to balance urgent requests with fairness to other patients who've been waiting a long time. I really respect that challenge. Can I share a bit more clinical detail to help you assess how urgent this might be?"

Dr. Lovell:
"Please do."

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Kim:
“The patient cannot walk due to severe pain. His inflammatory markers have risen, and there’s no responding to the antibiotics we started. We’re concerned that waiting could risk progression of infection. Specifically, we are worried about either osteomyelitis or an abscess that would need debridement or incision and drainage to heal. I want to make sure we’re prioritizing patient safety.”

Dr. Lovell:
“Thanks for explaining that. It’s helpful to know there’s no response to current therapy, elevated markers, and severe pain — that does raise concern for some acute worsening of the patient’s condition.”

O – Offer Solutions

Kim:
“I wonder if there’s a way to get this scan done today without severely disrupting your schedule. Maybe we could use an add-on slot or coordinate for later this evening?”

Dr. Lovell:
“That’s a reasonable suggestion. We do have one cancellation late this afternoon that I could use for urgent cases. If you can mark the order as ‘inability to ambulate--rule out osteomyelitis/abscess,’ that will help us justify it.”

T – Take Action

Kim:
“Perfect. I can update the order and include the relevant details, so your team has clear documentation.”

Dr. Lovell:
“So we’ll plan to scan the patient later today using that open slot. I’ll alert my techs to expect the case.”

Kim:
“Great — I’ll finalize the order, notify our team, and make sure the patient is ready and transported promptly. Thank you again for working with us on this.”

Dr. Lovell:
“Glad we could sort it out. I appreciate your thorough communication.”

- **Pause & Prepare:** The intern centers on patient safety before engaging; maintains calm tone.
- **Interests Shared Clearly:** Uses ownership language to express concern without blaming.
- **Validate:** Mutual acknowledgment of workload and urgency.
- **Offer Solutions:** Collaborative brainstorming replaces positional arguing.
- **Take Action:** Clear, shared plan and confirmation of responsibilities

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Hour 2 Participant Pre-Hot Seat Preparation FORM (complete page 1 before hot seat, and page 2 after)	
P	**Pause & Prepare** as time allows & Stay **Patient**-Centered Your goals (as articulated before scenario begins): Your emotions: The other party's possible, positive intent (as articulated before scenario begins):
I	List **Interests stated clearly** to show big picture and find shared goals, values and solutions **Yours**: 1. 2. **Other Party** (What do you think theirs are?): 1. 2.
	What do you want to focus on during hot seat? Note it here:

First Try: Note the learning point identified:

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Hour 2: Post Hot Seat Take away:

Reflecting on PIVOT, please note your takeaway from this experience.

P	I did this well	I want to work on this
I	I did this well	I want to work on this
V	I did this well	I want to work on this
O Offer solutions	I did this well	I want to work on this
OR Open Ended Questions	I did this well	I want to work on this
T	I did this well	I want to work on this

Note any other details to remember later:

Congratulations! **You did it! This can be tricky, so keep practicing in a variety of settings to hone your skills and build your confidence**

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Next page: Case Vignette #1

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Case Vignette #1: “Does She Need the ICU?”

You are the OB/GYN intern covering the postpartum floor overnight. You are called by the bedside nurse about Mrs. Thompson, a 29-year-old woman who underwent a cesarean delivery earlier today for preeclampsia with severe features. She is currently receiving a magnesium sulfate infusion for seizure prophylaxis.

The nurse reports that over the past several hours, Mrs. Thompson’s blood pressure has decreased to 88/54 mmHg, her heart rate is 105 beats per minute, her urine output has been borderline, and she appears more drowsy than earlier in the evening, although she is still easily arousable. The nurse is concerned that Mrs. Thompson’s condition is worsening and believes she may require transfer to the ICU. You feel that there may be opportunities to stabilize and further evaluate the patient on the postpartum unit before escalating her level of care.

Your task is to discuss the situation with the nurse and determine the next steps for Mrs. Thompson’s care.

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Next page: Case Vignette #2

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Case Vignette #2: Should the Dialysis Catheter Be Placed Today?

You are a pediatric intern rotating on the nephrology service. Your patient, Sarah, is a 10-year-old girl with acute kidney injury who is becoming increasingly volume overloaded. The nephrology team believes she should begin dialysis as soon as possible and has requested placement of a dialysis catheter today.

You are concerned about delaying dialysis and want to advocate for your patient. Your task is to discuss the situation with the anesthesiology attending and work to determine the safest plan for Sarah's care. You will start with introducing yourself to the anesthesia attending and telling them about Sarah and why she needs a dialysis catheter.

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Next page: Case Vignette #3

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Case Vignette #3: “Whose Job Is It?”

You are the cross-covering intern on the general medicine ward during the evening shift. Mr. Rodriguez is a 67-year-old patient with advanced heart failure who has been hospitalized for 10 days. Today, his condition has worsened, and his family is anxious and has many questions about the current plan of care.

The bedside nurse, who has developed a strong relationship with the patient and family during the hospitalization, asks you to speak with the family. However, you have never met Mr. Rodriguez before and are unfamiliar with the details of the discussions and decisions made by the primary team.

You are concerned about providing inaccurate information but also recognize that the family is distressed and needs support. Your task is to discuss the situation with the nurse and work to determine the best way to address the family’s needs.

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Next page: Case Vignette #4

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Case Vignette #4: “Is This Patient Safe for Overnight Cross-Cover?

You are the night intern covering the internal medicine floor. During evening sign-out, you receive handoff on Ms. Green, a 72-year-old patient with pneumonia and sepsis who is on hospital day two.

The day intern reports that Ms. Green remains febrile (38.8°C) with a heart rate of 115 beats per minute, blood pressure of 88/54 mmHg despite receiving 2 liters of IV fluids, and an oxygen saturation of 91% on 3 L nasal cannula. Her lactate has improved from 4.1 to 3.2, but remains elevated. She is receiving broad-spectrum antibiotics and repeat lactate testing and blood cultures are still pending.

During sign-out, you learn that no ICU consultation has occurred and that the patient does not yet have a central line. The day intern believes the patient can be safely monitored overnight and asks you to continue to observe her and provide additional fluids if needed.

You are concerned that Ms. Green may still be unstable and worry that accepting the handoff without a clearer plan could put the patient at risk. Your task is to discuss your concerns with the day intern and work to develop a safe overnight plan.

(final hot seat case, hot seats repeat scenarios from here)

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SOLO PRACTICE ONLY: Case #5

Case #5: Agitation on the Edge (Not for hot seat use, SPs not prepared to use)

You are the ICU intern on night duty. Concerned about the risk of sedating a patient with a head injury. Ms. Davis, a 46-year-old woman, was admitted to the ICU after a fall down the stairs. She has a history of alcohol use disorder and sustained a head injury with a small subdural hematoma. She's being monitored closely. Overnight, she has become increasingly restless: pulling at her lines, yelling, and trying to climb out of bed. ICU Nurse Jordan is caring for Ms. Davis on the night shift. Nuse Jordan is worried about alcohol withdrawal and patient safety.

Imagine the conversation starts this way:

Nurse (Jordan):
"Casey, Ms. Davis is getting more agitated. She's pulling at her IVs and yelling, and I think she might be going into alcohol withdrawal. Can you order Ativan before this escalates?"

Intern (you):
"I hear you, but I'm not sure Ativan is the safest option. She's got that head injury — sedation could mask a neuro change, and we could miss something important."

Nurse (Jordan):
"I get that, but I'm really worried about her safety. She's trying to get out of bed, and if she falls or rips out her lines, that's going to cause more harm. I've seen withdrawal come on fast, and this looks like it to me."

Intern (you):
"I'm not saying you're wrong — it might be withdrawal. But it could also be her head injury making her confused and restless. If I sedate her and she deteriorates neurologically, we could miss it."

Nurse (Jordan):
"So what do you want me to do in the meantime? Just sit here and watch her get more agitated? That doesn't feel safe for her or for us."

What would you say to use the skills from today to advocate for your patient?

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NOTES

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HOT SEAT Observer Feedback Form

Please write legibly as this document will be given to participants

NAME of participant:

P – PAUSE & PREPARE, stay PATIENT-CENTERED

What were the participant's goals before the scenario?	What emotions might the participant be feeling?	What is the other party's possible positive intent?

What does the student want to focus on during the hot seat?

I – INTERESTS stated clearly

Did the participant share their interests? Yes / No
If not, suggested statement:

Did the other party share their interests? Yes / No
If not, what could student have done:

V – VALIDATE

Did the participant validate the other party? Yes / No
Suggested validation statements:

O – OFFER SOLUTIONS

Did the participant offer solutions? Yes / No
If not, suggested statement:

O – OPEN ENDED QUESTIONS

Did they use open-ended questions? Yes / No
If not, suggested question:

T – TAKE AGREED ACTION

Was agreed action or clear roles established? Yes / No
If not, suggested statement:

FINAL REFLECTION

First Try: Note something the student did well:

Replay: Note one adjustment made and how it improved the situation:

Hour 2 Hot Seat Observer Form to be handed to _____ (hot seat participant name)

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