



Conflict Resolution - Learner Guide

Conflict resolution learning objectives:

- Analyse and discuss main reasons for conflict in the ED – resources, psychological needs and values.
- Describe the repercussions of conflict for both staff and patients.
- Analyse your own current approach to conflict using the Thomas and Kilmann matrix (assertiveness vs cooperativeness) applied to a theoretical situation.
- Demonstrate use of Marco and Smith’s model for conflict resolution in the ED, using the cases provided (1-3)

Cases for discussion

Case 1:

Jane is a 2nd year advanced trainee and she has recently moved to a new department. She is on the floor with an older male consultant called Richard who has seemed a bit grumpy on previous occasions. She felt a bit nervous but being generally pretty confident she carried on doing her job as normal. A few hours into the shift there was a patient with a large spontaneous ICH, who Jane felt should be palliated, but did not want to make the decision herself and she went to seek Richard's help. She explained the case and asked Richard what he thought. He frowned and said "you are not very clever are you? It is pretty obvious what needs to be done." He walked away muttering about how useless all the new registrars were. Jane was shocked and had no idea what to do, as he was the only consultant on the floor at the time.

- How could Jane approach this situation?

Case 2:

Emma is the registrar on a night shift in the ED and her intern Joanna comes to her in tears because she has just called the surgical registrar about a 34-year-old male who has presented with right sided abdominal pain and fevers and anorexia which you think is most likely appendicitis. The surgical registrar had asked the intern "why on earth she is calling prior to a CT to confirm the diagnosis" he had been very rude and recommended admission to SSU and an USS in the morning before he sees the patient. Joanna tried to tell him that it was clinically very likely to be appendicitis. However, the surgical registrar had already hung up on her. Emma has no empty beds in SSU, as she has had to put 3 female patients with abdominal pain in there overnight awaiting USS's in the morning.

- What could be the reasons for this situation?
- How could Emma approach this situation?

Case 3:

Nathan is a registrar in the Emergency Department and he has been looking after a 45-year-old female (Sarah) who has come in with lower abdominal pain. She is known to have endometriosis and has had multiple presentations to the ED with lower abdominal pain. As he is walking to the cubicle the nurse rolls her eyes and tells Nathan she is a drug seeker. He walks into the cubicle and is met by a very upset Sarah who is in tears. When he asks what happened, she says no one cares, and tells Nathan to F*** off if he is going to be the same as everyone else and tell her there is nothing wrong with her. She says she is in severe pain and finds it unacceptable that no one has given her any pain relief. She reports the pain is much worse than normal and has been so for the last 4 days. She reports associated nausea. She is writhing around the bed in pain. She demands IV analgesia.

- How should Nathan approach the situation?
- What words could he use?

Marco-Smiths model for conflict resolution

- **Establish common goals**
- **Communicate effectively**
- **Don't take it personally**
- **Avoid accusations and public confrontations**
- **Compromise**
- **Establish specific commitments and expectations**
- **Accept differences of opinion**
- **Utilize ongoing communications**
- **Consider the use of a neutral mediator**
- **Be pleasant!**