Faculty Development Committee  
Professional Development Series  
April 13 2017; 7:00 am – 9:00 am  
Fluno Center  

Conflict and Negotiation

Purpose:
- To learn the fundamentals about conflict and how it shows up in practice;
- To learn how to resolve conflict using a needs/interest based approach;
- To practice conflict resolution skills by working on three clinical examples.

6:45 am BREAKFAST

7:00 am Welcome
David Abbott
- Introduction of presenter, morning’s activities, takeaway card, eval form
- Video (for FDC webpage access) will stop when engagement activities start

7:02 am Importance to Department
Laurel Rice
Describe/frame issue/opportunity: WHY IS THIS IMPORTANT?

7:05 am Conflict Resolution Primer
Harry Webne-Behrman
- Overview of conflict, steps in conflict resolution and examples
- To be presented via power point; includes 8 steps in conflict resolution process (see handout for draft of presentation)
- Focus Question: What is conflict, and how is it managed in a clinical setting?

8:00 am Engagement Activities:  
Harry Webne-Behrman/All
- Review of case study #1 and triad group work
- Reflections and learning follows
- Reviews of case studies #2 and #3 will follow the same process
- Case outlines are on the next page

8:55 am Close
Laurel Rice
- Close, evaluation form
Conflict Resolution in OB/Gyn
Case Studies from the Clinic

For each case: Break into Triads ONLY.

Case Study #1: Conflict with Patient
Ob/Gyn clinician is verbally attacked by the patient yet has to remain professional.

Two of the three select a role to play and one person is the assigned observer.

Case Study #2: Consult with Sub-Specialist
Ob/Gyn clinician requests an infectious disease (ID) consult with a specialist for a patient with persistent, recurring urinary tract infection. The specialist physician refuses to do this consult.

Two of the three select a role to play and one person is the assigned observer.

Case Study #3. Scheduling in the Clinic
Walking down the hall, an Ob/Gyn clinician walks straight past two members of the clinic team having a heated exchange. One insists that they must have a shift covered. The other, who created the shift schedule, does not wish to change the schedule because it will require lots of extra work to find a substitute. The physician is expected to intervene and resolve, but they don’t have the authority to hold either of the parties accountable for engaging in a solution.

All three play roles. Two are in the conflict as participants, one is the Ob/Gyn clinician who walks down the hall and happens upon the conflict.