Foundations of Emergency Medicine
Foundations III: Guided Small Group Experience

Session 12 : "Team Leadership and Conflict Resolution"
Unit: Non-Clinical Skills

❖ **Agenda and Learning Objectives**

- **Case Part 1 -** Teamwork (10 min)
  - Identify phrases that encourage collaborative input
  - Outline a plan of care
  - Describe situations necessary for team "buy in"

- **Case Part II -** Supervising and working with advance practice providers (15 min)
  - Discuss the knowledge base of a physician assistant and nurse practitioners
  - Define tasks suitable for mid-level providers
  - Describe four methods of coaching mid-level providers

- **Case Part III -** Conflict Resolution (15 min)
  - Discuss sources of conflict in a medical environment
  - Define 5 styles of conflict resolution and their relative strengths/weaknesses
  - Apply 1 style of conflict resolution to a hypothetical case

- **Case Conclusion and Teaching Points** (10 min)
  - Review Session Teaching Points

❖ **Note to Facilitators**

This session is a facilitator guided large group discussion. In preparation, please read the facilitator guide. It may also be useful to review your state's regulations on the oversight of advanced practice providers in your state (APP) as these regulations vary greatly state by state. The session does not require any outside materials.

❖ **Case Part I - Effective Communication with the ED team (10 min)**

JR is a 95-year-old retired petroleum executive with advanced dementia, comes to the emergency department accompanied by his 57-year-old daughter. She brought her dad in today because he's been acting differently for the last 24 hours, and although she knows that he has dementia, his behavior seemed off. As you walk into the room, the nurse and tech have been in there for several minutes, the patient is already hooked up and vital signs are on the monitor, and the tech hands you a fresh EKG, which has sinus tachycardia at a rate of 124 bpm but is otherwise unremarkable. The nurse informs you that the rectal temperature for the patient is 102.8 degrees. Blood pressure is 118/74, Respiratory rate is 22.

- **Discussion Questions with Teaching Points**
  - **What are some basic skills of a good team leader?**
    - Effective leadership of a team requires several key skills:
      - Self-awareness
      - Situational awareness
      - Respectful communication
      - Understanding and encouraging feedback
      - Modeling professional behavior

    - **Self-awareness** begins with understanding your mood, and how you present yourself. It will include your demeanor, your cultural biases and your non-verbal messages. While working in the emergency department, you are always on display. It is often referred to as a "fishbowl", and every comment that you make, gesture that you use or joke that you tell will be overheard and sometimes repeated.
    - **Situational awareness** refers to sizing up a patient's room, a family interaction, the department, or even a mass-casualty incident. It will include being aware of the skill sets of people that you work with, knowing where to get new resources with different skills and understanding your own skill set as it applies to each situation.
    - **Respectful communication** values the input from everyone on the team. Learning names, and using them, will raise your merit among the staff. Not interrupting will go a long ways toward actually getting done sooner, and with fewer headaches. Also, spending a few minutes at the beginning of a shift to learn who you are working with will make the rest of the day go much easier.
    - **Understanding and encouraging feedback** is one of the most important skills that you can master. Over the course of the shift, you will seek information many times, and will make decisions on the basis of your understanding of each patient and their communicated complaints. If you include the staff around you in your discussions, they will already have processed some of the information that you need, and the entire team is much faster to solve a problem, or arrives at a better conclusion because of the sharing of the information.
    - **Modeling professional behavior** will be a key contributor to your success in your career. While self -awareness is a part of it, courteous behavior, active listening, empathy, and humanity assist in understanding the situation patients are in and the difficulties that your colleagues may have. As a professional, you also need to be an expert in your field, so this should prompt your continued learning.

  - **What is collaborative input? Are there ways to communicate that can encourage collaborative input?**
    - First off - what is meant by collaborative input?
      - Asking others to provide an assessment or recommendation in a situation
      - Listening and processing those suggestions
      - Encouraging people who see something to say something

    - Example phrases:
      - "What have you learned so far?"
      - "What has the patient shared with you?"
      - "What did EMS tell you?" (More specific and less collaborative)

- Can you identify some difficulties with this type of communication?
    - May be awkward at first for people not used to it
    - May require notification of the patient about your intent: "So you don't have to repeat yourself, I'm going to hear what my nursing colleague has already learned…"
- When you receive input, learn to paraphrase the information
- If you do not agree with a suggestion, explain why it may not work:
    - "120 mEq Potassium Chloride may help restore the serum level, but If we give that much potassium orally, I'm concerned that the patient may throw up."

- **Besides encouraging collaborative input, what else can you do to ensure that the entire team works toward a common goal for the patient?**

    - This is where you outline a plan of care
        - Restate the patient's chief complaint or concern for the visit
        - Identify the components to address separately:
            - "For nausea, let's give Ondansetron 4 mg IV."
            - "For pain, etc…"
            - "Let's check a urinalysis to see if you have an infection."
        - And why/how each component is being addressed, this is especially true early on when developing relationships with staff

- **Discuss why it is important to give the staff the "whys" instead of just a list of tasks**
    - Establishes priorities
    - Levels the playing field among team members
    - Helps to educate the staff
    - Allows staff to answer the patient's questions - which can reduce your workload
    - Establishes for the patient that it is a "team" taking care of them
    - Team members can provide an early warning for new information: "The CT result is back…"

- **Can you identify specific situations in the Emergency department when leading a team effectively necessitates getting team buy in?**
    - Dealing with an agitated patient that requires a "take down"
    - Wrapping up a difficult resuscitation "Does anyone have any other suggestions? Are you comfortable if we stop?"

❖ **Case Part I Concludes**

As suspected, JR has a urinary tract infection. After appropriate discussion with the family, he is admitted to the hospital for antibiotics and rehabilitation. After the patient is admitted the nurse comes to you and thanks you for your clear communication stating "it really helped me update the family about the care plan because it was totally clear to me. I hope this was able to help save you some time because I felt like I could answer more of their questions instead of having to

ask you again or have you go in the room". You assure her that this was very helpful and are reminded how important communication skills can be to providing effective, and efficient, ED care.

❖ **Case II –** Supervising Advanced Practice Providers (15 min)

The Physician's Assistant working in triage tells you about a 3 year-old girl that is brought in by their parents for a fever. The child is described as "tired, and not hungry" by the mother, and is noted to have the following vitals: T 38.6 C, P 145, RR 42, Sat 92%. The physician's assistant assures you that the child looks well, and they feel that they just have a virus. The plan is to have them discharged to follow up with their pediatrician 48 hours.

Changing gears, part of the team in the emergency department will often be a "Mid-level provider" or "Advanced Practice Clinician - APC", or "Physician-extender". Regardless of the title used, these professional clinicians work with you to reduce your workload and process patients. They typically have a Master's level education and can be very skilled in technical tasks. This person has the ability to help your workload, and serve as a set of skilled hands and brain in assessing the emergency department patient.

- These providers have studied for years to work alongside you
- Their prescription ability is limited
- Their interpretation ability may be limited by education
- You have liability for their actions, and agree to supervise them
- You have an obligation for their education - their training is 1/4 to 1/3 yours

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- **What is meant by the term Advanced Practice Providers (APPs)? How is this different than mid-levels?**
  - Advance Practice Providers, Advanced Practice Clinicians and mid-levels refer to medical providers with advanced training but not an MD → many providers prefer APP or APC over mid-level
  - There are two typical pathways (see below) → those that begin with nursing degrees and those that begin with physician assistant schooling
  - These providers usually have a master's degree and can be very technically skilled

- **What is the education that Advanced Practice Clinicians working in the Emergency Department have?**
  - APPs in the ED generally come in two types, advanced nurse practitioners (ANP) or physician assistants (PAs)
  - PAs go to 4 years of PA school after obtaining a bachelor's degree followed by an optional residency

- ANP training tends to be more variable with differing numbers or course requirements and hours of practical training based on the state and school
- Experience in an emergency department in order to apply to the program
- Basic college anatomy and physiology
- Around 2000 Clinical Hours (equivalent to a full-time year) seeing patients in a learning environment - often a Family Practice or Emergency Department
- They may have completed an Emergency Medicine Physician's Assistant Residency or a specialty training program as a Nurse Practitioner
- Specific training for various procedural skills depending on their training course or hospital certifications → these can vary hugely so it is important to ask your department what procedural scope your APPSs have, this may vary by provider or be a departmental policy

- **Given the education of the advanced practice clinician, what do you think would be a suitable task for these providers?**
  - In general, the tasks that should be done by advanced practice clinicians have several characteristics. These tasks should be:
    - relatively low complexity
    - relatively low risk
    - repetitive
    - lend themselves well to an algorithmic approach
  - Typical tasks are the assessment and repair of lacerations, examination and diagnosis of extremity injuries, and assessment of simple URIs → ie staffing fast-track

- **In the case presented above, does the assessment of the child in this case match what you feel is an appropriate task for your physician extender? Why, or why not?**
  - The abnormal vitals of the child, including the saturation of 92%, are concerning for an underlying physiologic abnormality that will require further assessment
  - This case illustrates one of the concerns that you may have when working with an advanced practice clinician → while many cases can be well-managed by a advanced practice clinician, recognizing cases which have a particularly high risk or abnormality and having your assisting clinician bring these to your attention will be important for successful collaborative practice

- **What strategies might be helpful when starting to work with APPs?**
  - There are several strategies that may be helpful when you work with advanced practice clinicians:
    - Go see all of their patients until you are comfortable with their assessment skills
    - See all of their patients with abnormal vital signs
    - If they ask you to see patient, consider that in their professional judgment, they may be concerned that they do not recognize a particular illness or have a plan for diagnosing it → it is not only courteous to go see the patient, but it is imperative for your own practice safety
      - You are 100% liable for each patient that an advanced practice clinician sees under your supervision.
    - Spend time educating the advanced practice clinicians that you work with so that they can recognize the dangerous cases, or understand a little more medicine → they will be grateful and your practice environment will improve.

- **What are some techniques that you can use to coach the Advanced Practice Clinicians that you work with?**

  Many of these skills are similar to those we will teach in the "Residents as Educators" Session 21

  - **Be approachable**
    - Being the supervising physician carries responsibility and in some cases, can be a little intimidating
    - Work with your staff so that everyone knows that you can be approached and asked questions
    - Treat each question as if it is important, and answer as directly and concisely as you can → if you are unsure of the answer to a question, say so, and look it up with your assisting clinician. This demonstrates both your willingness to address their question and your acknowledgement of the vastness of medicine
    - See all patients they ask you to see and do it nicely.
  - **Review cases that have been seen**
    - This can be in a Morbidity and Mortality format, or a "Great Save" format, depending upon the case
    - This willingness to learn is an illustration of a core value in medicine: continuous learning is key to success
  - **Build time into the day for interesting cases**
    - Pull the APC aside for an interesting finding or the management of a more complex patient
      - For example, an x-ray with the apical cap of a dissection may be identifiable by you, but may represent a finding that is not ever noticed until it is taught
  - **Incorporate your advanced practice clinicians in the follow up process or QI processes.**
    - Calling a patient who has visited recently allows them to see the natural progression of a disease
    - Understanding the important lessons in a 72-hour return can help prevent a future error

- **What are your state's regulations for APP supervision by a MD in the Emergency Department?**
  Note to facilitators: It may be useful to review these regulations before the session if you are not familiar with your state's regulations.

❖ **Case II Conclusion**

The child is examined, is using some accessory muscles to breathe and on x-ray has a lingular infiltrate. After discussions with the parents, who are visiting the area from out of town and do not have family nearby, the decision is made to observe the child overnight on the pediatric floor. About midnight, the child requires oxygen and albuterol, but perks up and goes home in 24 hours.

❖ **Case III –** Conflict Resolution in the ED (15 min

A 45-year-old male is brought to the ED with a small-caliber gunshot wound to the thigh, awake and alert, without vascular compromise of the limb. Vitals are T 37.4 C
P 104, R 18, O2 Sat 97%. He is evaluated, has no fracture, no neurological or vascular compromise, and the bullet fragment is shown on x-ray to be deeply imbedded in the vastus

lateralis. You are the junior resident on the trauma service, and the senior resident tells you to remove the bullet. A seasoned trauma nurse states: "That bullet should just be left where it is! You'll do more harm then good digging in his thigh!" You are not sure of the best course of action. The senior resident is obviously annoyed at the nurse's comment.

- **Define conflict:**
  - When two parties have differing desires or concerns.

- **What are the sources of conflict that commonly occur in medicine?**
  - Disparities in education leading to a differing priority or viewpoint
  - Differences in power or perceived power
  - Time constraints
  - Poor communication skills

- **What are two major competing themes in conflict resolution?**
  - Assertiveness – what do I feel is important?
  - Cooperativeness – what can we accomplish jointly?

- **What are the 5 styles of conflict resolution?**
  - **Accommodating** – not assertive, very cooperative, does not allow you to have a say in the outcome. Quick. May result in you acquiescing in the future.
  - **Avoiding** - Not assertive, not cooperative. May be useful to buy time or on issues of low importance. Potentially useful as a "cooling off" technique
  - **Compromising** – Middle of the pack in assertiveness and cooperativeness. Will require that the issues are moderately important, not extreme. Requires that you assess the value of your desired outcome.
  - **Competing** – Very assertive, but not cooperative. May be useful for a quick decision but requires that you are willing to stand your ground and assert your position.
  - **Collaborating** – Assertive and cooperative. Allows two sides to integrate solutions, can improve relationships. Requires a significant time commitment and skillful listening, nonthreatening mannerisms.

- **Discuss what particular phrases or tactics that have worked for you in the past to resolve conflict.**

- **How do the skills in team building and team leadership apply to conflict resolution?**
  - Conflict resolution requires recognizing that a conflict is occurring – situational awareness
  - Deciding how to resolve the conflict involves understanding the stakes involved, respectful communication, skillful listening and professional behavior

❖ **Case Part III Conclusion**

Since you are unsure of the best course of action, you ask your senior resident what the concerns are that they have in removing the bullet today. They explain that it appears that the bullet went through dirty clothing, and removal of the bullet and local exploration may have the wound heal better. The senior resident asks the trauma nurse why they feel that the bullet should be left in place, and the nurse explains that the last gunshot to the thigh that they saw had a local exploration done, the femoral artery was nicked and the patient ended up receiving two units of blood and going to the

OR. After this discussion, the OR was booked and the patient was taken to the OR where the bullet and part of the patient's jeans were removed from a location adjacent to the popliteal artery.

❖ **Session Teaching Points Summary**

- Team leadership requires self-awareness, situational awareness, open communication, and feedback loops
- Every member of a team in the emergency department has a brain and can contribute to the well-being of the patient
- Maintaining your professional demeanor requires active monitoring of your speech, language and interactions → dropping this demeanor can result in other members of the team not making you aware of patient information that may be crucial for the best outcome of the patient
- Illustrate active engagement in furthering your education and the education of the rest of your team, knowing that "all ships rise together"
- Learning key phrases that convey respect and collaboration is worth your effort, and promotes better care
- Active listening to the nurses and techs will mean that they make you aware of findings or situations early, and this can save a patient or you from a lawsuit
- Sometimes, everyone needs to be on the same page for safety or social reasons: get them there
- When working with advanced practice clinicians, value and respect their input and questions
- When working with advanced practice clinicians, monitor their skills, assign appropriate patients, and educate them so that your patients have the best outcomes
- Remember that you are ultimately responsible for the safety of the patient, the functioning of your diagnostic team, and the diagnosis for each patient → teach your advanced practice clinician and they will respect you, and assist you
- Conflict is an inevitable part of medical care: high stakes, high stress and highly educated individuals function as a temporary team in the care of each patient
- Understanding the differing modes of conflict resolution, and thoughtful application of the mode appropriate to the situation can result in less stress and a better outcome for everyone

❖ **References**

- **Authors:** Dean E. Johnson, MD, MS and Carol W. Johnson, RN, MSN
- **Editor:** Natasha Wheaton, MD
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