

Understanding and Managing Conflict



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Disclosures



- No financial or other disclosures

Objectives



- At the end of this presentation, you will be able to:
 - Understand sources of conflict, discussing conflict, and managing conflict
 - In groups, apply these themes to a series of scenarios and share with the broader group

Conflict is...



Traditional View

- caused by troublemakers
- bad
- should be avoided
- must be suppressed

Contemporary view

- inevitable between humans
- often beneficial
- natural result of change
- can and should be managed

Desirability of conflict



- Eliminates or reduces likelihood of groupthink.
- A moderate level of conflict across tasks within a group results in increased group performance
 - Dooley and Fryxell (1999) found that it was good to have conflict of ideas at the early stage of decision making.
 - At a later stage when the ideas actually had to be implemented – conflicting ideas were more troublesome

Downfall of Conflict



- Some conflicts are hard to keep under control
 - There can be a trend toward escalation and polarization.
 - In settings where conflicts go unresolved and escalation continues, conflict almost always yields negative results:
 - Low morale, poor performance, hard feelings
 - Frequent personality conflict results in lower performance (Peterson & Behfar, 2003)



Sources of conflict

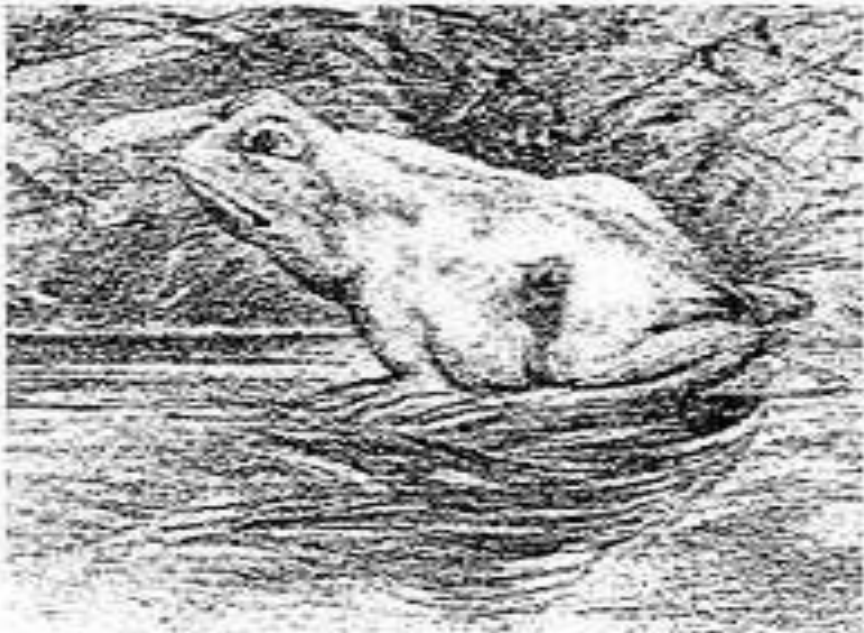
1. **Facts/Data** – Easy to solve (sometimes!)
2. **Limited Resources** – Money, time, people
3. **Politics/Power**-- Autocratic boss, coalitions
4. **Values / Beliefs**--History, principles culture
5. **Personalities** – often due to past / unresolved fear, pain
6. **Tolerance:** The ability of any individual, team, or system to tolerate change (capacity or desire to change)

Frame of reference matters



Horse or Frog ?

Turn the picture sideways and you decide.



Discussing or raising
conflict is often more
difficult than resolving
it.

Discussing/Raising conflict



WHEN conflict comes to a your attention, a crucial skill is knowing how to raise / follow up and to know/identify your role.

Raising conflict could mean one or more:

- 1) discuss with others,
- 2) monitor and discuss again with key person/s,
- 3) keep notes about the conflict, what was known/
what was done.

Six factors to consider...

Raising Conflict



1. Timing

- *“What do you think you should do...*
- *when do you think you should do it?”*
- *Consider both your and their timing*

Raising Conflict



1. Timing
2. **Depersonalize**
 - Don't attack
 - Don't defend
 - Neutral, simple, direct
 - Avoid “you” and “should”

Raising Conflict



1. Timing
2. Depersonalize
3. **Focus on behavior / Not blame**
 - Is this a pattern?
 - Drill down to specifics (saw, heard, sensory)

Raising Conflict



1. Timing
2. Depersonalize
3. Focus on behavior
4. **Forget being right**
 - **No rights, no wrongs**
 - **Not a debate or trial**
 - **Fairness & respect**

Raising Conflict



1. Timing
2. Depersonalize
3. Focus on behavior
4. Forget being right
5. **Focus on the future**
 - Don't try and solve others' problems
 - Shared goals... *"What is the thing that both sides want to achieve... and how can we get that?"*

Raising Conflict



1. Timing
2. De-personalize
3. Focus on behavior
4. Forget being right
5. Focus on the future
6. **Be prepared to listen**
 - Listening may help / it's a great skill
 - Invite / involve others

Raising Conflict



What you (might) get:

Outbursts, rage, yelling, stomping, throwing, crying, withdrawal, threats, proclamations, meltdowns, withdrawal, demonization

What you'll (hopefully) do:

Respond with calm patience.

Listen.

Take measured action.

Conflict *resolution* is the ideal.

Conflict *management* is the reality.

We discussed several themes about conflict that are likely to be useful as a resident (and medical student):

What conflict is and how it should be viewed

Common sources of conflict

Six factors to consider when discussing/raising conflict

We explored these themes using case scenarios

Any thoughts or questions?

Case 1: “Too Much Time Off”



Frank, a resident in your same class, has called out sick four times in the last three months, in addition to using several pre-approved vacation and CME days. Their absences frequently occur before or after weekends. On short notice, other residents, including yourself, have had to cover call and inpatient shifts, leading to simmering resentment among the class.

Case 2: “The Condescending Attending”



Dr. Grumpster, a family medicine faculty attending on OB and inpatient, frequently makes dismissive remarks during rounds (“I’ll fix your note,” “Why would you do that?”) and during a recent family discussion about the care of a sick patient on your service, your co-intern said they felt publicly humiliated by Dr. Grumpster and left the team room distraught. Other residents, including yourself, are now reluctant to ask questions when this attending is on and feel a dreadful anxiety when presenting.

Case 3: “The Overloaded Peer”



Carly, a PGY-3, is seen as dependable and high-performing. As a result, the team often relies on her to pick up extra work or help others finish notes. She hasn't spoken up, but during a recent informal check-in, she expressed feeling close to burnout.

Case 4: “The Chronically Dissatisfied Resident”



Jordan, a PGY-2, frequently voices frustration about their clinic experience: they don't feel supported, they think the workflow is inefficient, the M.A.s take too long to room their patients and they feel that feedback from preceptors is inconsistent or unfairly targets them. This has become a recurring theme in group settings, where it often derails meetings or frustrates others who see the complaints as excessive or unproductive.

Final Takeaways



- Conflict is normal, and managing it well at the peer level is part of being a professional teammate.
- Focus on **behaviors and impact**, not personalities or blame.
- **Direct, respectful conversations** often work better than group complaints.
- **Know your lane**: Not every conflict is yours to solve—sometimes the right move is to support peers and, if needed, involve leadership.

Additional references



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