13.17 Describe the approach that governs the management of interdisciplinary conflict, including a description of the most recent use of this approach and resulting outcomes thereof.

Every 12-18 months, the Staff Perceptions of the Professional Practice Environment Survey (Force 1.4, RD 6 and OOD 16) is administered to clinicians across Patient Care Services. One of the organizational characteristics that is measured by this survey tool is conflict management.

Staff completing the survey are asked to rate the following questions on a four-point Likert Scale regarding conflict management from 1 (Strongly Disagree) to 4 (Strongly Agree). The questions are written with positive and negative wording to counterbalance the assessment. The specific questions are:

1. When staff on my unit disagree, they ignore the issue, pretending it will “go away.”
2. Staff on my unit withdraw from conflict.
3. On my unit, all points of view are carefully considered in arriving at the best solution for the problem.
4. All staff on my unit work hard to arrive at the best possible solution.
5. On my unit, staff involved in a disagreement or conflict do not settle the dispute until all are satisfied with the decision.
6. Everyone on my unit contributes from their experience and expertise to produce a high quality solution for a conflict.
7. On my unit, disagreements between staff are ignored or avoided.
8. Staff involved in a disagreement or conflict settle the dispute by consensus.

The table below presents mean scores from 2002 through 2006 for the Department of Nursing in aggregate. The mean score for conflict management has consistently measured at 2.7 in a scale from 1-4. Conflict is inherent in patient care. Across the years, leadership and staff have requested education and coaching to learn tools to better equip them to handle conflict situations. A wide array of programming on this topic is offered at MGH through the MGH Leadership Academy, MGH Training and Workforce Development, the MGH Nursing Leadership Academy, and The Norman Knight Nursing Center for Clinical & Professional Development (see Force 14.14 for detailed listing of conflict resolution programs).
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2002 Mean Scores N=705</th>
<th>2003 Mean Scores N=763</th>
<th>2005 Mean Scores N=1128</th>
<th>2006 Mean Scores N=1608</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy* **</td>
<td>3.1</td>
<td>3.2</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>Clinician/MD Relationships* **</td>
<td>3.0</td>
<td>3.1</td>
<td>3.1</td>
<td>3.0</td>
</tr>
<tr>
<td>Control Over Practice* ** ***</td>
<td>2.9</td>
<td>3.0</td>
<td>3.1</td>
<td>3.0</td>
</tr>
<tr>
<td>Communication* **</td>
<td>2.9</td>
<td>3.1</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Teamwork/Leadership* **</td>
<td>2.8</td>
<td>2.9</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Conflict Management NS</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>Internal Motivation* **</td>
<td>3.4</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Cultural Sensitivity* **</td>
<td>3.1</td>
<td>3.2</td>
<td>3.2</td>
<td>3.2</td>
</tr>
</tbody>
</table>

* = p<.05 between 2002 & 2003
** = p<.05 between 2002 & 2005
*** = p<.05 between 2003 & 2005

There isn’t a sole approach employed at MGH to address interdisciplinary conflict. Based upon the individuals involved, extent of the conflict, and urgency of the issue, different interventions are used. The following are examples of interventions used in a variety of practice settings.

**Crucial Conversations for the Cardiac Surgical Staff**

The Cardiac Surgical Staff (across disciplines) recognized the need for learning and skill development in the areas of communication and conflict management. This need and interest was validated in the report of the 2006 Staff Perceptions of the Professional Practice Environment Survey. The purpose of the program was to offer cardiac surgical leadership and staff:

♦ The skills and tools to help with communication in the fast-paced, high stress, cardiac environment.
♦ With these skills and tools, ensure the most collaborative and supportive working environment possible.

The company Vital Signs, who administers a program called Crucial Conversations (refer to attachment 13.17.a for a schematic of the concepts taught in the program), was engaged to conduct an assessment beginning with the senior leadership across the disciplines in Cardiac Surgery. Gus Vlahakas, MD, Chief of Cardiac Surgery, Ed Avery, MD, Anesthesia, Dawn Tenney, RN, Associate Chief Nurse, Theresa Gallivan, RN, Associate Chief Nurse of the Heart...
Center, and Marion Freehan, RN, Nursing Director, Operating Rooms, were part of the initial interdisciplinary group team training on Crucial Conversations. After the executive leadership completed training, then a group of Staff Nurses, Anesthesiologists, Cardiac Surgeons, Physician Assistants and Perfusionists participated in a two-day workshop where they received Crucial Conversations training in its entirety. This began to open the door to move forward with training throughout Cardiac Surgery.

To roll-out the Crucial Conversations education, each member of the Cardiac Surgical Staff received a letter of explanation and invitation to participate in the program (attachment 13.17.b). Approximately 250 cardiac surgical staff were invited to complete a 16-hour (2-day) workshop over a 4-month period from May to August 2007.

To facilitate multiple offerings, nine designated MGH trainers completed a 4-day certification program on-site. Logistical and administrative supports are provided to the training by The Norman Knight Nursing Center for Clinical & Professional Development including: registration, booking conference rooms, AV support, catering and marketing. MGH Trainers include:

- Melanie Cassamas, Project Manager, Service Improvement
- Stephanie Cooper, Training Specialist, The Norman Knight Nursing Center
- Mary Cunningham, Director, Service Improvement
- Suzanne O’Connor, Clinical Nurse Specialist, Emergency Department
- Tricia Sheehan, Human Resources
- Sandra St. Fleur, Senior Organizational Development Specialist, Service Improvement
- Cynthia Sprogis, Senior Project Specialist, Service Improvement
- Joan Strauss, Senior Project Specialist, Service Improvement
- Rosalie Tyrrell, RN, Professional Development Coordinator, The Norman Knight Nursing Center

This program has been AACN approved to provide 14.5 contact hours to nursing participants. The Crucial Conversations two-day course is comprised of 10 modules:

- Module 1: Get Unstuck (2 hours)
- Module 2: Start with Heart (1.5 hours)
- Module 3: Learn to Look (2 hours)
- Module 4: Make it Safe I (1 hour, 25 minutes)
- Module 5: Make it Safe II (55 minutes)
♦ Module 6: Master My Stories I (2 hours)
♦ Module 7: Master My Stories II (55 minutes)
♦ Module 8: State My Path (1 hour, 45 minutes)
♦ Module 9: Explore Others’ Paths (1 hour, 5 minutes)
♦ Module 10: Move to Action (55 minutes)

To demonstrate leadership commitment, in addition to speaking about the purpose of this effort at various staff meetings and other forums, Theresa Gallivan, RN, MS, Associate Chief Nurse, Dawn Tenney, RN, MSN, Associate Chief Nurse and Adele Keeley, RN, MA, Nursing Director, are present to speak with each group on Day 1 of the program. They greet and welcome the participants, and encourage an open dialogue responding to concerns, feedback, and questions.

Once staff have completed the program, they are registered to take an web-based Mastery Mission program designed to reinforce the course curriculum. They are sent the e-mail in attachment 13.17.c.

As of August 29, 2007, the target audience with scheduled roll-out timeline has been achieved. Sixteen two-day sessions (one per week over the past four months) have been offered.
♦ 193 Cardiac Surgery staff completed the program.
♦ Approximately 20 staff were unable to attend for personal/professional reasons.
♦ A one-day modified program for USA staff with limited proficiency in English will be offered October 4, 2007.

In an effort to hold the gains from the initial training, the following strategies are in place:
♦ Initiated virtual learning: 52 participants have enrolled in the web-based "Mastery Mission" after completion of the program. This is a self-paced program to review the skills learned and to help build confidence in individual ability hold crucial conversations.
♦ Developed a model for transfer of new knowledge and skills to the clinical setting. This has been achieved by Nurse Leaders, Trainers and Peter Anlyn from VitalSmarts.

1. Determine a desired Mutual Purpose that is achievable and measurable or that can be tracked, for the cardiac surgery team (for example, establishing an end-of-life patient care plan).
2. Identify Vital Behaviors that will enable the result (what everyday behaviors must be practiced to achieve the desired Mutual Purpose?)
3. Practice the Crucial Conversation skills to hold all accountable for the behaviors (for example, if I see someone practice a behavior that is counterproductive to the Mutual
Purpose, perhaps taking a shortcut, what Crucial Conversation skill(s) can I use to safely enter dialogue to hold my colleague accountable for our Mutual Purpose?)

Other elements in discussion for sustainability are booster training sessions for the leadership and staff (that would be conducted in part by staff), weekly themes, posters, emails, reminders to complete mastery mission, shared success stories, updates and building a team of champions.

The Nursing Directors across Cardiac Surgery (Operating Rooms and inpatient care units) use the tools learned at the program in conducting staff meetings, in day-to-day conflict resolution and in coaching staff. The staff have used the tools in their day-to-day work with each other and with other members of the healthcare team, including the cardiac surgeons. It has been helpful focusing the entire Cardiac Surgery team on common goals and ensuring that the patient remains in the center of the work of patient care.

Neuroscience ICU

John Murphy, RN, MS, Nursing Director, Blake 12 Neuroscience ICU, noted that the conflict management and collaborative relationships with physicians scores on the Staff Perceptions of the Professional Practice Environment Survey as reported by his staff were average. To facilitate dialogue and relationship building across the Blake 12 Neuroscience ICU interdisciplinary team, particular between nurses and physicians, he established a networking lunch held at noon on the second Tuesday of each month.

Examples of topics discussed in this lunch forum are: reviewing the organ donation process; coordinating end-of-life care; improving the ICU rounding structure; sharing current research trends; building respect towards each discipline and person's role; and challenging each other around behaviors that seem to detract from the direction that the patient's care should proceed.

White 11 General Medicine

Susan Morash, RN, MA, Nursing Director, White 11 General Medicine, has implemented a number of strategies on her unit to promote the staff’s ability to resolve conflict. (Of note, she has a degree in Dispute Resolution from UMass, Boston). She cites, “We are trying to work on constructive conflict resolution skills on White 11 General Medicine and the value of direct communication versus avoidance when conflict is identified. I had a banner designed and hung in our lounge that states, “Clear, Honest and Direct Communication.” That was followed up by unit meetings to discuss this approach to conflict as a change in practice.
that was desired by the unit. We then had a unit retreat and invited Suzanne O’Connor, RN, Psychiatric Clinical Nurse Specialist to coach the staff on conflict resolution skills. Suzanne conducted an interactive exercise to help staff identify both their own and their peers’ styles when they encounter conflict. It was personally helpful for everyone and an eye-opener for many."

“In addition, I have also started hosting regular meetings with the Medical Nursing Directors and the Medical Chiefs. We use this meeting time to identify real and potential conflict situations that share some commonality between the units, or to proactively identify issues that nurses and house staff need to address together, e.g., restraint management or the teamwork required to transfer potentially unstable patients on the general units to the ICU). We are currently planning a social event in the Fall to bring nurses and the house staff together – with the sole purpose of getting to know each other better.”

Medical ICU (MICU)

Adele Keeley, RN, MA, Nursing Director of the MICU, also has a degree in Dispute Resolution. She has collaborated with Taylor Thompson, MD, MICU Unit Chief to implement strategies in the MICU to promote collaborative relationships and address conflict. Dr. Thompson shared, “Two examples come to mind about how we work together to address conflict. In the MICU, we host a mid-month lunch for house officers and nurses. There is no set agenda other than to eat together and get to know each other. This is an important event that personalizes the MICU and fosters collaborative care. Our goal is to work with people you know and trust, and this brief relaxing lunch fosters that end. Studies have shown that those teams that work together to enhance relationships will establish better conflict resolution strategies.

Another example is morning walk rounds. The MICU nurses present the events that occurred overnight and review vital signs, hemodynamics, intravenous infusions, ventilator settings, and all medications. This role, formally done by the medical residents, provides more first-hand accounting of the subtleties of the patient’s condition but also acknowledges the critical role of the MICU nurse on morning rounds and their role in decision-making. MICU rounds with this intervention are always collaborative.”

Pediatric ICU (PICU)

Between 2005 and 2006, the Staff Perceptions of the Professional Practice Environment survey showed the Pediatric Intensive Care Unit (PICU) scores to be declining in the area conflict management. The Nursing Director first presented the results to her staff to gain a better understanding about the meaning behind the scores. The staff appeared open and cited various family-related and staff-related scenarios which made they feel that the best solution was to
withdraw from the conflict. The Nursing Director recognized the need for expert advice and asked several members of MGH leadership to join her for a focus group to discuss interventions that could be implemented to improve this area of perceived weakness. The focus group included: the Associate Chief Nurse of Women’s and Childrens Services, representatives from MGH Police and Security, educators from The Norman Knight Nursing Center for Clinical & Professional Development, the Clinical Nurse Specialist of the PICU and the PICU Nursing Director. The unit environment, staff impressions, examples and the findings the Staff Perceptions were shared. After healthy discussion and debate, it was decided that a unit retreat would be held where management of aggressive behavior skills (MAOB) would be presented because the problem that seemed to be most prevalent was when aggression was displayed. The Department of Police and Security offered to facilitate the program as they are certified in this type of training. Two, four-hour programs were held so that the entire PICU staff could attend. Ninety-eight percent of the staff completed the program.

The Staff Perceptions of the Professional Practice survey done in 2006 showed an improvement in seven of the eight measured areas of conflict management (see results below), and although there are other variables affecting the scores, it appears that by holding the MAOB program and discussing the issue, there has been a positive impact on the staffs’ perceptions. As staff turnover occurs on the unit, new staff will be enrolled in this program and scores on the survey will be closely monitored.

<table>
<thead>
<tr>
<th>Strongly agree/agree combined scores</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>When staff on my unit disagree they ignore the issue pretending it will “go away”</td>
<td>39%</td>
<td>37%</td>
</tr>
<tr>
<td>Staff on my unit withdraw from conflict</td>
<td>50%</td>
<td>41%</td>
</tr>
<tr>
<td>On my unit, all points of view are carefully considered in arriving at the best solution for the problem</td>
<td>61%</td>
<td>67%</td>
</tr>
<tr>
<td>All staff on my unit work hard to arrive at the best possible solution</td>
<td>67%</td>
<td>81%</td>
</tr>
<tr>
<td>On my unit, staff involved in a disagreement or conflict do not settle the dispute until all are satisfied with the decision</td>
<td>44%</td>
<td>30%</td>
</tr>
<tr>
<td>Everyone on my unit contributes from their experience and expertise to produce a high quality solution for a conflict</td>
<td>71%</td>
<td>81%</td>
</tr>
<tr>
<td>On my unit disagreements between staff are ignored or avoided</td>
<td>50%</td>
<td>33%</td>
</tr>
<tr>
<td>Staff involved in a disagreement or conflict settle the dispute by consensus</td>
<td>25%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Post Acute Care Unit (PACU)

Nancy Graham, RN, Staff Nurse, PACU, shared the following example of how a conflict situation was resolved in her unit: "The MGH Post-Anesthesia Care Unit is currently in need of expansion given the growing operating room (OR) volume. On a daily basis, this leads to an increase in the intensity of moment-to-moment decision-making between nursing and anesthesia. In the Main PACU, there is a Resource Nurse in charge of facilitating patient flow from the OR to the PACU and from the PCAU to the inpatient units. The hospital occupancy is usually well over 90% daily which leads to bottlenecks in the system. The PACU Resource Nurse is the person managing the flow of patients in and out of the PACU. The Anesthesia Department has a staff administrator whose role is to facilitate flow within the OR. These two roles need to work exquisitely together. During high occupancy days, these relationships have been strained in the past. The Main PACU Resource Nurses now partner closely with the Same Day Surgery PACU Resource Nurse to identify which patients would be appropriate to recover in the SDSU recovery room to leave the Main PACU better able to continue to manage the flow of more acute patients. This communication has enhanced the relationship between nursing and the anesthesia staff administrator in assuring when a backup does occur, nursing has exhausted their options for safely pacing post-operative patients. It is only with excellent communication between the disciplines that we are able to assure that optimal patient care and placement takes place."
Get Unstuck
How to Spot the Conversations That Are Keeping You From What You Want

Start With Heart
How to Stay Focused on What You Really Want

Learn to Look
How to Notice When Safety Is at Risk

Make It Safe
How to Make It Safe to Talk about Almost Anything

Master My Stories
How to Stay in Dialogue When You’re Angry, Scared, or Hurt

STATE My Path
How to Speak Persuasively, Not Abrasively

Explore Others’ Paths
How to Listen When Others Blow Up or Clam Up

Move to Action
How to Turn Crucial Conversations Into Action and Results
March 30, 2007

Dear Cardiac Surgical Staff,

The MGH has recognized the need for learning and skill development in the areas of communication and conflict management. This need and interest is validated in the report of the 2006 Staff Perceptions of the Professional Practice Environment Survey.

While there are some programs currently available throughout MGH, we are pleased to let you know of one that will be offered exclusively to all staff within Cardiac Surgery. The focus of this program, “Crucial Conversations”, marketed by a company called VitalSmarts, will be that of providing you with skills and tools to help with communication in our fast paced, high stress environment. As clinicians and support staff in Cardiac Surgery you are certainly well aware of the excellence and commitment that each of you bring to your patients and their families. It is our hope that by participating in this program you will enjoy and help to ensure the most collaborative and supportive working environment possible.

A group of your peers completed the program last year and feedback from them was positive. They recommended the program be offered to all, leading us to invite you to participate in the two-day program. Your respective leaders will be working out schedules with you to make this possible beginning in May.

The program also offers a highly interactive on-line program to reinforce and extend the classroom learning. Details of that program will be explained to you at the end of your classroom session.

Thank you very much for reading and thank you in advance for your participation in what we believe is a very unique and exciting opportunity to ensure the best possible environment for our patients, their families, and for one another.

Sincerely,

Theresa Gallivan, RN, MS  Dawn L. Tenney, RN, MSN
Associate Chief Nurse  Associate Chief Nurse

cc.
Jeanette Ives Erickson, RN, MS, Senior Vice President, Patient Care Services and Chief Nurse
Marion L. Freehan, RN, MPA/HA, CNOR, Nursing Director, Main Operating Room
Adele L. Keeley, RN, MA, Interim Nursing Director, Cardiac Surgical Intensive Care Unit, Blake 8
Judith H. Silva, RN, MSN, Interim Nursing Director, Cardiac Surgical Step-Down Unit, Ellison 8
Ann Prestipino, Senior Vice President, Surgical and Anesthesia Services and Clinical Business Development
Gus Vlahakes, MD, Chief of Cardiac Surgery
Andrew Warshaw, MD, Chief of Surgery
Warren M. Zapol, MD, Chief of Anesthesia Services
Hello everyone,

On behalf of Theresa Gallivan and Dawn Tenney, I want to thank you for your participation in the 2 day "Crucial Conversations" program on August 6 & 9, 2007. These skills and tools in communication has been helpful in my daily interaction with colleagues and families. I am confident that you will use these skills and tools throughout your professional and personal environment.

By now, you should receive an e-mail invitation (MasteryMission@VitalSmarts.com) to begin the "Mastery Mission". Please login using your partners e-mail address and complete the VitalSmarts required course evaluation. RNs requiring Contact Hours you should be able to request for a CH certificate during enrollment to the Mastery Mission process.

The Mastery Mission is a self-paced follow up and follow through to put your skills to work and bring it to the next level. As you progress through the Mastery Mission, you'll review the skills you learned in Crucial Conversations training and plan out specific conversations you will hold. You'll gain confidence in your ability to step up to and hold crucial conversations.

Please feel free to contact me if you have not receive an invitation to Mastery Mission or have any difficulty in obtaining your contact hour certificate. Attached is a Mastery Mission Instruction Guide in case you have not pick up a copy on Day 1 of the program.

Thank you again for your commitment in ensuring the most collaborative and supportive working environment possible.

Lin-Ti Chang, MSN, RN-BC, APRN-BC, CCRN, Staff Specialist