Welcome to May 2020 Research Professionals Network Workshop

Advanced Level Workshop

- Our second all remote attendance via zoom – PLEASE be patient with us!

- Zoom Set Up Tips for this Workshop:
  - ✓ Click on “Participants” on the bottom menu bar of your screen please use raise hand 

 in this box for questions and we will unmute you.
  - ✓ Click on “Chat” if you have a question or issue and use the chat function and we will moderate questions for our presenters or try and address your issue.


Zoom Meeting ID:
Speaker View
Josh Witty
Elizabeth Swan
Lynna Hu
John Mensik
Jeff Bechtel
Rob Rinsky
Mitchel Mayes
Angeline Huynh
Tamara Patts
Zhenghang Gu
Shari Clare
Winston Twu
James Desmond- Denve...
Rozette Pasahol
Huey Le - Zoom CSM
Jenny Eggimann
Subriah Esharc
Heather Jarrett
Justin Henry
Matt Caballero
George Bassil
Kerushan Bisetty
John Poje
Brian McIntyre
Farah Faraclas
1/2
1/2
Mute
Stop Video
Invite
28
Manage Participants
Polling
Share Screen
Chat
Record
Breakout Rooms
More
End Meeting

Participants (2)
Brian Costa (Host, me)
JJ
John Jumbo (Guest)
yes
no
go slower
go faster
more
clear all
Invite
Mute All
Unmute All
More

Chat
From Me to John Jumbo: (Privately)
Hey, John! How are you? We'll get started once everyone has arrived.
From John Jumbo to Me: (Privately)
I'm well, thanks! Sounds good!
To: John Jumbo (Privately)
Type message here...

Research Professionals Network Workshop Series

Healthy Communication: Managing Conflict in Research Teams

"Our lives begin to end the day we become silent about things that matter."
Martin Luther King Jr.

Presenters

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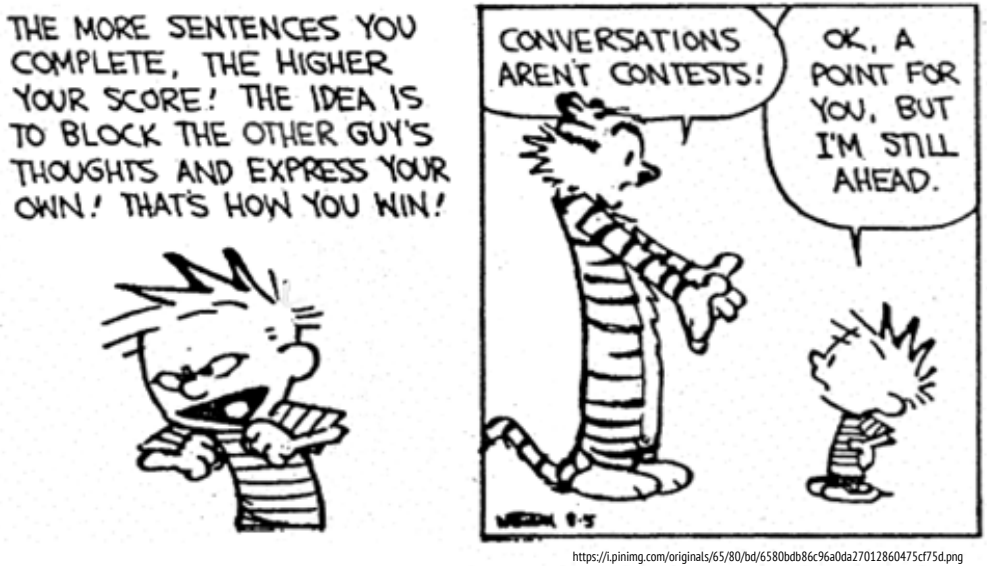
Poll Question

Have you faced a difficult conversation or conflict that you've had to address in the research setting?

a. Yes
b. No



https://i.pinimg.com/originals/65/80/bd/6580bdb86c96a0da27012860475cf75d.png

Objectives

1. Understand the relevance of difficult conversations to the research setting
2. Provide examples of common difficult conversations in healthcare and research
3. Develop skills to approach difficult conversations to solve the shared problem
4. Provide case studies to identify successful approaches to difficult conversations
5. Identify resources within each institution to further training for handling conflict and difficult conversations

Importance of Effective Communication in Research

- Ensure Scientific Integrity
- Reduce Errors
- Avoid protocol deviations
- Keep Study Timelines On track
- Ensure Patient Safety
- Provide High Quality Care
- Build Trust Within Teams
- Maintain Team Morale

https://bilbosrandomthoughts.blogspot.com/2010/04/cartoon-saturday.html

Common Reasons for Conflict in Healthcare and Research

- Personality Differences
- Organization Structure
- Poor Leadership and Micromanagement
- Mismatch in expectations
- Lack of accountability
- Role Disputes, Jurisdiction
- Broken Rules/Disrespect
- Mistakes/Incompetence
- Misunderstandings
- Lack of Support and Poor Teamwork
- Conflicts of Interest

https://cdn.quotesgram.com/small/90/34/969521216-a718abcb29d69b281bc94c5a7554b301.jpg

Common ways of reacting to conflict

- Resort to silence
- Express displeasure
  - verbal and non-verbal
- Use aggression or yell
- Confront the individual
- Walk away
- Passive Aggression

https://www.shutterstock.com/search/shout

Poll Question

When faced with an unpleasant/conflicting situation in the research setting, how do you typically approach the situation?

1. Speak with my supervisor
2. Speak directly with the person I'm in conflict with
3. Talk with my co-workers about the situation
4. Don't address the situation unless it's something major
5. I haven't faced any situations while working in research

Do people speak up when they have concerns?

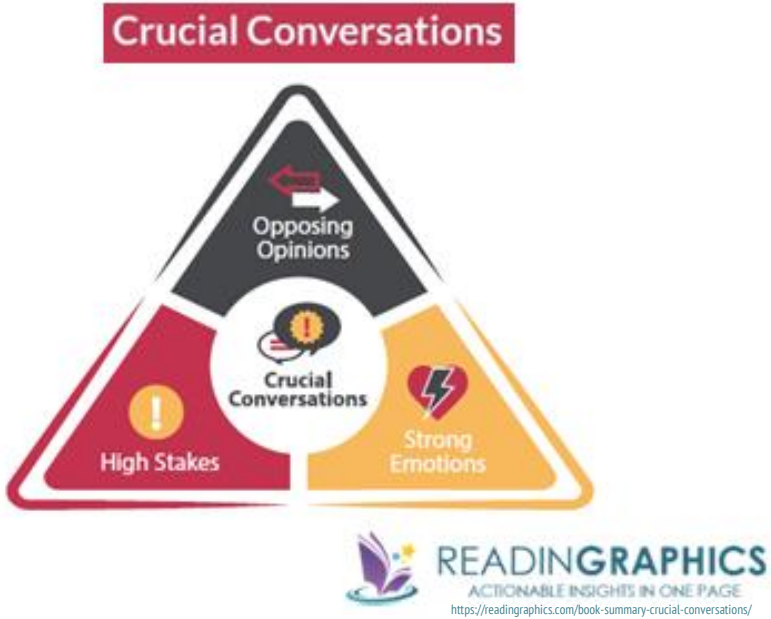
When the Concern Is	Percentage of Non-Supervisory Employees Who Confront the Person	Percentage of Supervisors Who Confront the Person
Competence of a Nurse or other Clinical-Care Provider	3%	16%
Competence of a Physician	Less than 1%	Less than 1%
Poor Teamwork	5%	9%
Disrespect or Abuse	2%	5%

Source: SILENCEKILLS - https://www.aacn.org/nursing-excellence/healthy-work-environments/~/media/aacn-website/nursing-excellence/healthy-work-environment/silencekills.pdf?la=en

How to Approach Difficult Conversations

https://media.istockphoto.com/vectors/conflict-resolution-conflict-management-vector-id522601775?k=6&m=522601775&s=612x612&w=0&h=8go3Si9DwpLmxKhbDtOB4bSqYUB6fNhpjDkEhsjjmSo=

What is a Crucial Conversation?



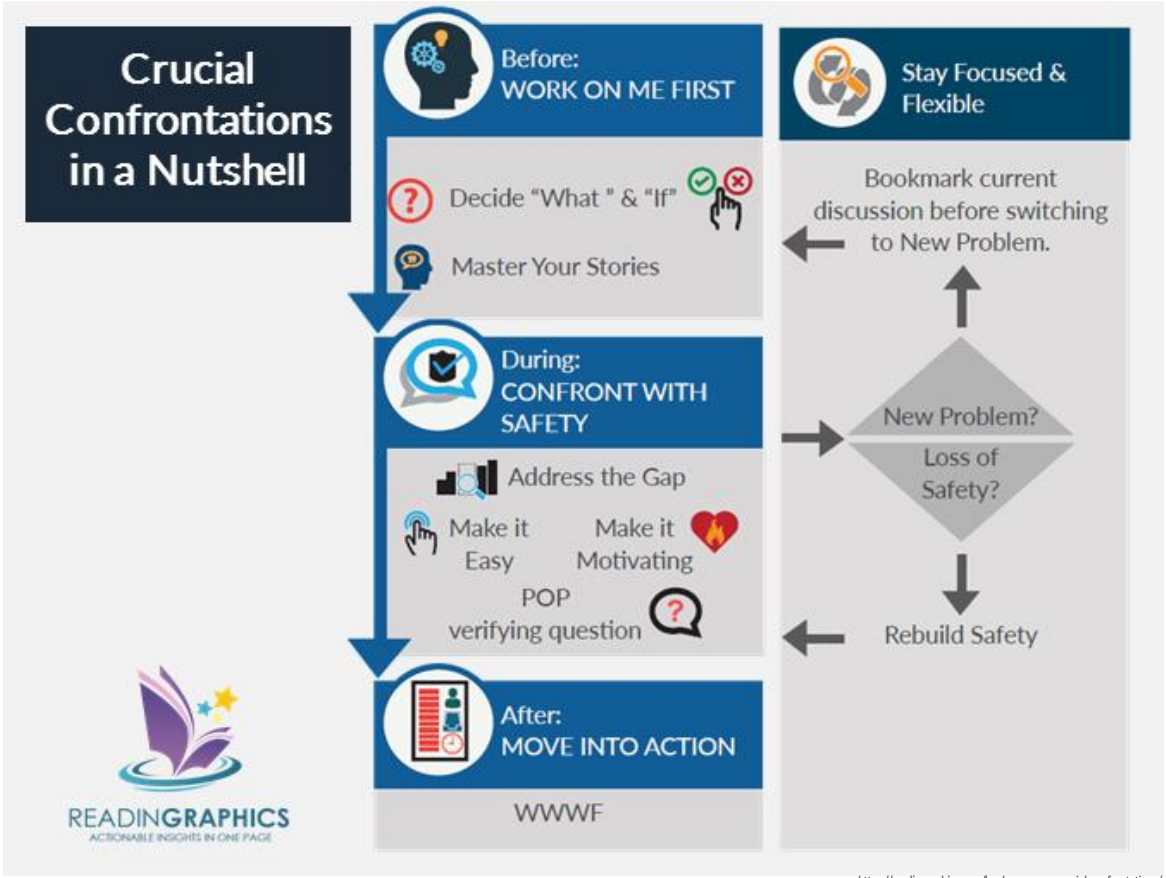
How to Approach Confrontations - Before

https://readingraphics.com/book-summary-crucial-confrontations/

How to Approach Confrontations - During

https://readingraphics.com/book-summary-crucial-confrontations/

How to Approach Confrontations - Overview



https://readingraphics.com/book-summary-crucial-confrontations/

Case Studies

https://optinmonster.com/5-reasons-you-need-to-invest-in-case-studies-right-now/

Case #1 - Poll Question

George is a research coordinator who is concerned about the integrity of the data management for a project where the PI, Dr. Johnson, has assumed responsibility for coding the data. Dr. Johnson believes that he has the necessary skills and time to complete the project, but George is concerned by the delays and the coding mistakes he's seen. How do you think George should approach Dr. Johnson about his concerns?

a. George requests a time to meet with Dr. Johnson privately to speak about data management for the project. He starts off the conversation with "I've noticed that there have been some delays in the plan we set out for the data management and I've picked up on a few mistakes that may have been preventable with more time. With your busy schedule, it seems to me that the project might be more successful if we find a data manager to allow you to focus on the protocol design rather than trying to manage both. What do you think?"

b. George just finished 2 hours of correcting coding mistakes and sees Dr. Johnson in the hallway. George stops him saying, "It just took me 2 hours to fix the coding you screwed up. Jamie is working on data management for cardiology and gets her work done in record time and it's always correct. Could we get her to take over?"

c. George doesn't want to make the PI upset, so he chooses not to discuss the issue with him. The project's success is the PI's responsibility anyway.

Case #1 Solution

Solution A - George focused on the “what” and the “how” of the situation, pointing out the facts, suggested a solution, and asked for feedback in way that promoted mutual respect and purpose.

Solution B - George resorted to aggression and although he presented a potential solution, he did it in a way that did not encourage Dr. Johnson to listen. Nothing would change and their relationship may became more strained because of the manner in which George approached the situation

Solution C - George resorted to silence and ultimately became more frustrated with the unresolved situation. His differences with Dr. Johnson may continue to build causing him to be dissatisfied.

Case #2 - Discussion Question

Julie, a research coordinator and her PI, Dr. Jones, are trying to get a new NIH-funded study approved by the IRB. Julie submits the protocol to the IRB for initial review and it gets assigned to a reviewer.

- Julie reaches out to the reviewer on numerous occasions but does not get proper resolutions to her queries.
- A few weeks later, she reaches out to the IRB again, but this time another reviewer has been assigned the study.
- This new reviewer gives completely new guidance which makes Dr. Jones and Julie feel very frustrated and start to doubt the guidance they've received.
- They learn that the previous IRB reviewer is no longer working at the institution.

Julie and Dr. Jones have requested a meeting with IRB to discuss the issue. How should they begin their discussion?

Case #2 - Solution

Dr. Jones and Julie should use the CRIB model start their meeting with the IRB reviewers.

- C - Commit to seek mutual purpose
  - Recognize that the reviewers did not intentionally give them inconsistent feedback
- R - Recognize the purpose behind the strategy
  - Remind themselves that taking this strategy should lead to a more productive conversation
- I - Invent a mutual purpose
  - Suggest a mutual purpose of striving to ensure that the trial is ethically sound
- B - Brainstorm new strategies
  - Figure out a new strategy, such as striving to maintain consistency between reviewers

Case #3 - Poll Question

Joanna has been working very hard on creating a new website for the research team. Joanna and her co-worker Lauren are in a team meeting discussing an unrelated topic when Lauren lashes out about her dislike of design of the website. Joanna tries to explain her reasoning, but Lauren is too angry to hear her and the conversation becomes heated. Ultimately, the original topic of the meeting is not addressed as planned and the meeting ends without resolution of either issue. How should Joanna address the situation?

a. Joanna shouldn't bother bringing it back up. She's worked hard on the website and not everyone is going to like it, but that's ok. Why drag on the issue further?

b. Joanna should immediately defend herself in front of everyone at the meeting, so that the team does not think that she is incompetent.

c. Joanna should speak with Lauren directly. She should first determine which problem to discuss: the issues Lauren has with the website or the way Lauren brought up the issues. Then she should approach Lauren by saying "I noticed that our meeting was tense the other day. It seems to me that our conversation could have been more productive if we set aside a time to talk about the website together outside of our meeting. Did it seem that way to you?"

Case #3 - Solution

Solution A - By not discussing the problem with Lauren, Joanna leaves the issue unresolved and open to happen again. Lauren may continue using team meetings to bring up unrelated issues, limiting the whole team's productivity and risking the morale of the team.

Solution B - By defending herself during the meeting instead of discussing the real issue with Lauren, Joanna puts her relationship with Lauren at risk. Lauren may feel increasingly adversarial towards Joanna and they may not be able to have a positive working relationship.

Solution C - By having an open discussion with Lauren, Joanna addresses the issues of Lauren distracting from the team meeting and not addressing Joanna directly. This solution should allow Joanna to understand why Lauren acted out at the meeting and start a discussion about how they can move forward.

Case # 4 - Discussion Question

You are the coordinator for a Phase 3 drug trial that is high risk. The PI of the study has considerable experience in clinical trials and is a senior physician at your institution. He wants you to enroll a patient within the next hour to stay within the enrollment window. You are hesitant to approach this participant because he is not hemodynamically stable which is an exclusion criteria. This investigator has a reputation for being aggressive in recruiting study participants for clinical trials.

This is a crucial conversation. 1. Stakes are high 2. Emotions run strong 3. Opinions differ. How will you reason with this PI about the patient not meeting the enrollment criteria?

Case #4- Solution

Solution #1 -

1. Express to the PI your discomfort in recruiting the participant because of the risk to the patient's safety and the integrity of the protocol.
2. Explain your understanding of enrollment criteria with the protocol on hand.
3. Ask for his interpretation of the inclusion and exclusion criteria in question.

Solution #2 - If his opinion still differs, try another approach, asking, "Can we consult the attending physician/care team of the patient?" Draw attention to the consequences of recruiting a subject not meeting the criteria, such as a protocol deviation and the risk to patient safety.

Solution #3 - Use tools to approach the problem objectively. Implementation of a eligibility checklist where the PI has to review every single I/E criteria and attest that the subject qualifies for the study. This removes the subjectivity and emotional undertones involved in the situation.

Case #5 - Poll

You are a research coordinator on a study enrolling adolescents recovering from substance abuse. One of the study Co-Investigators, Dr. Mo rants about how he doesn't like working with this population because of the outbursts that he's observed from them during the visits. You and Dr. Mo are supposed to work together on recruiting participants. You feel disturbed by his comment and think that it will be difficult to work together. Complicating the situation, Dr. Mo is part of another department and you've never worked with him before. What do you do?

a. You approach Dr. Mo and request a meeting to discuss your concerns.

b. You meet with your PI and discuss your concerns with hope that your PI can resolve this challenge because of his previous collaboration with Dr. Mo.

c. You speak with your colleague who is Dr. Mo's previous Research Coordinator to ask for advice.

Case #5 - Solution

Solution A - This approach is the most straightforward and would likely be the most effective. When speaking with Dr. Mo, stick to discussing the “what” and “how” of the situation and maintain mutual respect and purpose.

Solution B - Meeting with your PI may not be effective, as we’ve seen many people choose not to confront others. Confronting Dr. Mo yourself would ensure that the issue is addressed.

Solution C - Speaking with Dr. Mo’s research coordinator may give you more insight into her experiences, but will not directly address the issue with Dr. Mo. This may not solve the problem, but could be a good starting point before moving to solution A.

Case #6 - Discussion Question

You're a research coordinator interacting with a study participant who is 75 years old and is a perfect candidate for an interventional study.

- The participant consents to the study and receives treatment on day 1.
- A study team member attempts to approach the subject for the day 2 procedures, but it takes a while to initiate contact because of non-study related medical procedures he was undergoing.
- When the study team finally makes contact with the subject, he says that he does not want his blood drawn and becomes extremely agitated.
- He states that he feels he is receiving low quality care and plans to write a complaint to the CEO.
- A family member who was present at the time of consent is also not available to assist with the conversation.

How would you approach this situation?

Case #6 Solution

Utilize the **SPIKES** method to engage in a conversation with the participant:

Setting- Make a connection with the participant, make them feel comfortable, ask them how they are feeling, involve their significant others/family members

Perception- Assess the participant's understanding of the situation. "How are you feeling today?" "Why do you think the treatment has changed your mind about research?"

Invitation- "Would you like me to explain to you what remaining procedures are involved in the study?"

Knowledge- Provide additional knowledge relevant to the study. "I am happy to facilitate a discussion with the study PI or care team".

Empathy- Acknowledge the frustration the participant is feeling. Say a few kind words. "I understand how you are feeling".

Strategy and **S**ummary- Summarize the discussion and state the understanding you had. Also acknowledge that participation in any research study is voluntary and you will do what is necessary to support their decision.

Adapted from SPIKES- A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer
https://theoncologist.onlinelibrary.wiley.com/doi/full/10.1634/theoncologist.5-4-302

Case #7 - Poll Question

You just completed the onboarding process of several new trainees:

- You provided the necessary training and resources, but you did not consider that some have not had a professional job before. You start seeing the following:
  - Tasks not completed on time
  - Steps being skipped
  - No direct communication when there are questions

What do you do?

a. You get agitated, organize a team meeting, and point out each individual's mistakes in front of the team

b. You let mistakes go by and start cleaning up the slack, but you do not mention anything since they need more time to adjust

c. You speak with each trainee in person and teach the appropriate processes. In the cases where mistakes happened, you go over the mistake with the individual and discuss the correct way of communicating

Case #7 Solution

Solution A - By addressing the issues as a group, those that made mistakes may feel targeted and may become defensive instead of using the situation as a learning experience.

Solution B - By not speaking to the trainees about the mistakes, you're eliminating a valuable learning experience from their training process. If you don't speak to them, they may not recognize their mistakes and see the room for growth.

Solution C - By speaking with each trainee individually, you can address any specific issues as they arise in a manner that keeps the conversation constructive. You will be able to ensure that the trainees understand the skills you're teaching and are able to use them for future communication.

Summary

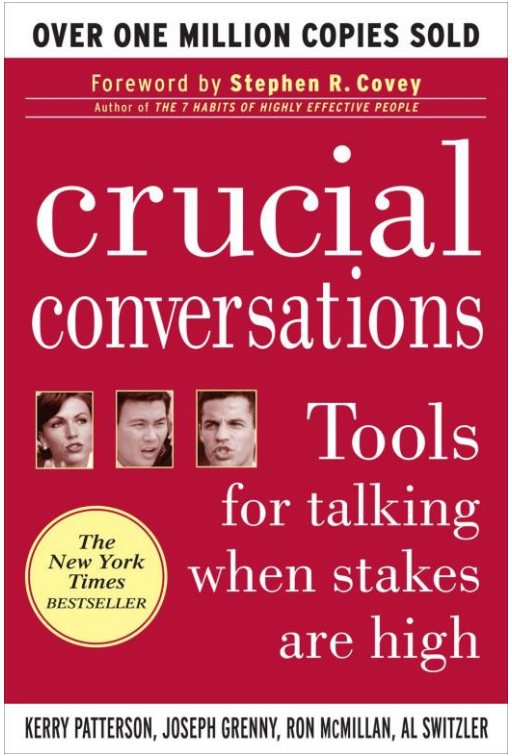
- Understanding reasons for conflict in research
- Identifying a difficult or crucial conversation
- Decide what the problem is, if it needs a solution, and how to shape the story in your head
- Different methods of approaching difficult conversations
- Questions?

https://www.teepublic.com/sticker/4462850-conflict-resolution-training

How do you typically communicate with others?

Please follow the link below for a short self-assessment from the Crucial Conversations authors to better understand your style for approaching difficult conversations:

- Style Under Stress Assessment



http://thoughtsofasimplecitizen.blogspot.com/2012/03/crucial-conversations.html

References

- Baile, W.F., Buckman, R., Lenzi, R., Glober, G., Beale, E.A. and Kudelka, A.P. (2000), SPIKES - A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. The Oncologist, 5: 302-311. doi:10.1634/theoncologist.5-4-302
- Gilchrist, K. (2019, March 14). 7 in 10 Americans are avoiding difficult conversations at work - here's how to tackle them. Retrieved from https://www.cnbc.com/2019/03/14/how-to-deal-with-difficult-conversations-colleagues-at-work.html
- Maxfield, David & Grenny, Joseph & McMillan, Ron & Patterson, Kerry & Switzler, Al. (2005). The Seven Crucial Conversations for Healthcare.
- Overton, A. R., & Lowry, A. C. (2013). Conflict management: difficult conversations with difficult people. *Clinics in colon and rectal surgery*, *26*(4), 259–264. https://doi.org/10.1055/s-0033-1356728
- Patterson, K. (2005). *Crucial confrontations: tools for resolving broken promises, violated expectations, and bad behavior.* New York: McGraw-Hill.
- Patterson, Kerry. (Eds.) (2012) *Crucial conversations tools for talking when stakes are high* New York: McGraw-Hill.

Thank You!


Savage Chickens
by Doug Savage
WHAT JUST HAPPENED?
THAT WAS AWESOME
I'M SO CONFUSED
©2012 BY DOUG SAVAGE
WARNING: EMPLOYEES MAY EXPERIENCE SHOCK IN THE RARE EVENT THAT A MEETING IS ACTUALLY PRODUCTIVE.
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