Managing Conflict Case: The Difficult Consultant

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ABSTRACT:

Audience: This communication case is intended for emergency medicine (EM) resident physicians and junior faculty preparing for the ABEM Certifying Exam.

Introduction: Conflict management is a common and significant challenge in the emergency department (ED), with potential negative impact on both physicians and patients. At the individual level, hospital-based conflicts can lead to emotional stress, impaired concentration, decreased trust among providers, and feelings of dehumanization.[1] For patients, conflicts between physicians can compromise the quality of care and contribute to delays in treatment.[1] In the ED, conflict often arises between emergency physicians (EPs) and various stakeholders, including patients, family members, nursing staff, hospitalists, and consultants.[2] Recognizing its importance, the American Board of Emergency Medicine (ABEM) has identified conflict management as a core competency for emergency medicine residents and has incorporated it into the oral certification examination.[3] This oral examination case was developed to help train EM residents in managing conflict—specifically between an emergency physician and a consultant—in a structured environment.

Educational Objectives: By the end of the session, the learner should be able to: 1) review format and have become familiar with an ABEM Certifying Exam conflict management communication case, 2) demonstrate the ability to initiate the consultation call, establish rapport, and present a concise, evidence-based summary of the patient's STEMI findings, 3) recognize concerns raised by the cardiologist and respond with an

empathetic acknowledgment (eg, validating workload, uncertainty, or resource constraints) to support a collaborative tone, 4) articulate differing viewpoint by referencing objective clinical data (eg, ST-segment elevations, ongoing chest pain, risk from delays) when conflict is encountered and justify why urgent catheterization lab activation is indicated, and 5) identify shared goals in optimizing patient care (reducing myocardial damage and preventing deterioration) and use these to negotiate a mutually acceptable plan.

Educational Methods: This is a standardized patient scenario in alignment with the expected Managing Conflict case format of the ABEM Certifying Exam. The benefits of this educational modality are that it allows for direct observation and assessment of a learner's ability to communicate with a consultant and to observe the use of conflict resolution strategies.

Research Methods: We used an iterative case trialing process with a convenience sample of EM residents. Feedback from each site was used to make iterative changes to the case material. Facilitators completed a Simulation Scenario Evaluation Tool[4] (SSET) survey during the written and alpha trials to evaluate the quality of key simulation elements. Facilitators and learners used modified usability surveys to evaluate cases during the beta trials. All surveys were completed anonymously using 5-point Likert scales and free text responses. All data were collected using Qualtrics (https://www.qualtrics.com) and analyzed using Excel (Microsoft, Redmond, WA). The Boston University Institutional Review Board reviewed the project and deemed it exempt.

Results: A total of 14 senior resident learners and 4 facilitators evaluated the case. The SSET data were largely positive; case objectives, key actions and materials were clear. The facilitators found the case was easy to use, and thought others would feel similarly. They felt confident using the case and would like to use this case for ABEM certifying exam practice. Over 90% of residents found both the written and verbal case materials to be clear. Ninety percent of residents reported that the experience was helpful practice for the ABEM certifying exam.

Discussion: The case was well-received by both learners and facilitators due to its realism and similarity to real-life encounters and appears to be a useful preparatory tool for the ABEM Certifying Exam's Managing Conflict case because it allows learners to practice conflict resolution skills.

Topics: Conflict resolution, communication, ABEM Certifying Exam.

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Learner Audience:
This case is appropriate for interns, junior and senior residents, and junior EM Attendings preparing for ABEM Certifying Exams.

Time Required for Implementation:
Case: 10 minutes
Debriefing: 10 minutes

Recommended number of learners per instructor:
Ideally one learner per instructor; however, another learner may be able to learn by observing the simulation and participating in the debriefing.

Topics:
Conflict management, communication, ABEM Certifying Exam

Objectives:
By the end of the session, the learner should be able to:

1. Review format and become familiar with an ABEM Certifying Exam conflict management communication case.
2. Demonstrate the ability to initiate the consultation call, establish rapport, and present a concise, evidence-based summary of the patient's STEMI findings.
3. Recognize concerns raised by the cardiologist and respond with an empathetic acknowledgment (eg, validating workload, uncertainty, or resource constraints) to support a collaborative tone.
4. Articulate differing viewpoint by referencing objective clinical data (eg, ST-segment elevations, ongoing chest pain, risk from delays) when conflict is encountered and justify why urgent catheterization lab activation is indicated.

Linked objectives, methods and results:
These objectives were selected to align with the ABEM Certifying Exam Managing Conflict case type. In this standardized patient case, the participant receives clinical information about a patient presenting with substernal chest pain, diaphoresis, and an EKG demonstrating clear ST-segment elevations in the anterior leads. The participant is instructed to speak with the on-call cardiologist to request emergent cardiac catheterization. At the start of the interaction, the learner is expected to open the consultation professionally, establish rapport, and deliver a concise, evidence-based presentation of the patient's condition (Objective 2). During the scenario, the cardiologist responds with skepticism, questioning the participant's ability to interpret the EKG, minimizing the patient's symptoms, and suggesting alternative explanations for the patient's condition. During this phase, the participant must recognize the consultant's concerns, acknowledge them empathetically, and validate their viewpoint to maintain a collaborative tone (Objective 3). As the consultation progresses, the cardiologist challenges the need for emergent catheterization, asserting that the EKG changes are nonspecific or that the patient could be managed medically. At this point, the participant must clearly and respectfully articulate their differing clinical opinion by citing objective findings such as ongoing chest pain, dynamic ST-segment elevation, hemodynamic risk, and the dangers of delayed re-perfusion (Objective 4). To resolve the conflict, the participant must then identify shared goals such as preventing myocardial injury and ensuring patient safety and use those mutual priorities to negotiate a unified management approach (Objective 5). The scenario concludes when the participant successfully guides the cardiologist towards agreement on activating the catheterization lab or reaches a mutually accepted plan towards STEMI best practices.

Recommended pre-reading for instructor:

- Westafter L. *Why Can't We Be Friends – Conflict in Emergency Medicine. SGEM#445.* Podcast: The Skeptics Guide to Emergency Medicine. Published July 6, 2024. Accessed December 3, 2025. https://thesgem.com/2024/07/sgem445-why-cant-we-be-friends-conflict-in-emergency-medicine/
- Garmel GM. Conflict resolution in emergency medicine. In: Adams, JG, editor. *Emergency Medicine: Clinical Essentials*. (2nd Ed. Philadelphia: Saunders/Elsevier, 2013:2171-2185.
- Back AL, Arnold RM. Dealing with conflict in caring for the seriously ill: "it was just out of the question." *JAMA*. 2005;293(11):1374-81. doi: 10.1001/jama.293.11.1374. PMID: 15769971

Results and tips for successful implementation:
The case was tested on a total of 14 senior resident learners and four EM faculty facilitators using an iterative case trialing process at multiple sites with a convenience sample of EM residents. Learners and facilitators provided experience feedback on the quality of case elements via anonymous surveys using Likert scale items and free form comments. We

used a modified SSET to evaluate the written and alpha round of cases. We used modified usability surveys for the two beta trialing rounds. Likert scale items were evaluated on a range of 1 to 5, where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. All data were collected using Qualtrics (https://www.qualtrics.com) and analyzed using Excel (Microsoft, Redmond, WA). The Boston University Medical Center Institutional Review Board reviewed the project and deemed it exempt.

Data from the surveys demonstrated favorable marks among both learners and facilitators regarding the quality and usability of the case materials. Among the four senior resident learners, three indicated agreement or strong agreement that the written materials were clear and the case was helpful practice for the ABEM Certifying Exam. Regarding clarity, one learner felt that the case should specify that there is no other nearby ST-elevation MI (STEMI) center that the patient can be transported to. The Task Statement section of the Candidate Task Sheet was updated to reflect this pertinent point in response to this feedback. One EM faculty facilitator strongly agreed that the case was easy to use, its materials were well integrated, and thought others would feel similar. They also felt confident using the case and would like to use this case for ABEM Certifying Exam practice.

The alpha round of case trialing was performed at an academic EM residency program, where one facilitator (the same facilitator as in round one) and one resident completed surveys. During the first round of beta trialing the case, a simulation-trained EM faculty member at the 2025 Society for Academic Emergency Medicine (SAEM) Annual Meeting in Philadelphia, PA, tested the case with three EM senior resident learners. A second round of beta trialing was performed at an additional academic EM residency program, where three facilitators and 11 residents completed modified usability surveys. Beta trialing evaluation scores were generally positive; SAEM mean of 4.5 and second beta site mean 4.9.

This case is best implemented in a private room devoid of distractions with one participant, one standardized patient, and the facilitator present.

References/suggestions for further reading:

1. Kim S, Bochatay N, Relyea-Chew A, et al. Individual, interpersonal, and organisational factors of healthcare conflict: A scoping review. *J Interprof Care*. 2017;31(3):282-290. doi:10.1080/13561820.2016.1272558
2. Tjan TE, Wong LY, Rixon A. Conflict in emergency medicine: A systematic review. *Acad Emerg Med*. 2024;31(6):538-546. doi:10.1111/acem.14874
3. American Board of Emergency Medicine. Certifying Exam. ABEM.org. Accessed May 25, 2025. https://www.abem.org/get-certified/certifying-exam/
4. Hernandez J, Frallicciardi A, Nadir NA, Gothard MD, Ahmed RA. Development of a Simulation Scenario Evaluation Tool (SSET): modified Delphi study. *BMJ Simul Technol Enhanc Learn*. 2020;6(6):344-350. Published 2020 Nov 1. doi:10.1136/bmjstel-2019-000521

Managing Conflict Case: The Difficult Consultant Summary

Diagnosis: ST-elevation MI **(**STEMI)

Description of conflict: The patient has signs and objective data concerning for STEMI. The participant will speak with the cardiologist face-to-face, who is in-house; however, the cardiologist does not believe that the patient is having a STEMI and does not want to activate the cardiac catheterization lab.

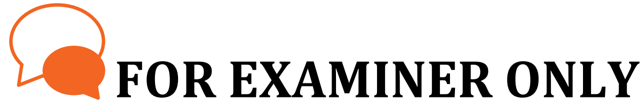
General alternate position response: The cardiologist does not believe that the patient is having a STEMI. They argue that it may be pericarditis, that the patient might be dehydrated, and that he is too young to have a myocardial infarction (MI). They believe that the patient's vital signs are "too stable" to be having an MI. They argue that the participant is overreacting and being overly concerned in their request to take the patient to the cardiac catheterization lab.

Standardized Actor Profile: The cardiologist may be portrayed by someone of any age, race, or ethnicity. Their general appearance appears professional. They are pacing around the physician documentation room next to the ED, appearing stressed. From their language, they give the perception of sounding "burned out."

Materials/personnel needed: One standardized patient. A desk and two chairs within a room. A sign to place outside the door that reads "Cardiology."

Room Setup: A room or office with a desk, two chairs, and room to walk or pace around.

Play of Case*:*
The participant is first given the Candidate Task Sheet outside of the room and then may enter the physician documentation room to proceed with the case. When the learner enters the room, the cardiologist appears visibly agitated and is pacing but remains silent. The learner is expected to take the initiative to introduce themselves to the cardiologist and establish rapport, by greeting them kindly, reaching out to shake their hand, and establishing good eye contact. Then, the participant will clearly present the clinical scenario, specifically highlighting the concern for evolving anterolateral STEMI, wall motion abnormalities on bedside echocardiogram, and episodes of ventricular tachycardia. The learner should explain their recommendation for emergent cardiac catheterization. In response, the cardiologist will



express a conflicting opinion, asserting that the presentation is more consistent with pericarditis and does not warrant emergent intervention. The learner should gently probe the consultant's viewpoint, asking them to explain why they feel the patient has pericarditis. The participant will reiterate the clinical findings that are consistent with STEMI and recommend cardiac cath. The cardiologist will push back again citing no reciprocal EKG changes and the age of the patient as reasons why they think the patient does not need a cath. The participant will respond by demonstrating empathy, validating the consultant's perspective, and calmly articulating the clinical reasoning that supports their own interpretation of the case. The learner asks the cardiologist if there is anything else holding them back from performing the catheterization. The cardiologist expresses their concern that if they cath a patient who is not having an MI, they could lose privileges at this hospital. The cardiologist will also cite that taking the patient to the cath lab requires more work, including calling in the cath lab, consenting the patient, and delaying consults on other patients. The learner will express empathy and understanding of the cardiologist's position and will offer to help the cardiologist by offering to call in the cath lab, obtain a consent form, and call the cardiology fellow for extra help. As the conversation progresses, the learner should guide the interaction toward identifying shared goals, specifically, ensuring safe and timely care for the patient, and propose a collaborative plan that acknowledges the consultant's concerns while reinforcing the urgency of potential coronary artery occlusion. Ideally, this includes convincing the consultant to proceed with cardiac catheterization.

Managing Conflict Case: The Difficult Consultant Standardized Patient Script

Specific actor responses:
The facilitator should avoid interrupting the learners as they are speaking.

If the learner introduces themself:
The facilitator responds:
"Why did you call me?"

KEY DECISION POINT 1: Learner Describes the Situation
If the learner asks the consultant to sit down:
- The facilitator sits at the table.

After the learner explains the clinical case:
The facilitator responds:
- "What do you want me to do about it?"
- Then follows with:
  "I already looked at the EKG. This looks like pericarditis. Diffuse ST elevation, no reciprocal changes. He doesn't need to go to the cath lab."

KEY DECISION POINT 2: Learner Responds to Opposition
The facilitator may use any of the following to escalate the challenge:
- "He's 35. He's probably just anxious or dehydrated. You're overreacting."
- "There are no reciprocal changes, and his troponin is negative. Classic pericarditis. Not a STEMI."
- "You emergency folks panic every time someone has chest pain. We can't take everyone to the cath lab."

Expected Learner Behaviors:
- Validate the cardiologist's differential (eg, pericarditis).
- Contrast pericarditis with the specific features of STEMI in this case (localized ST elevations, wall motion abnormality, exertional pain, arrhythmia).
- Highlight the evolution of ECG findings and the dynamic nature of ischemia.
- Discuss the recent two-week period of patient describing essentially unstable angina.

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- Remind the cardiologist of the family history of the patient being that his father passed away from a heart attack at a young age.
- Emphasize patient safety and time-sensitive intervention.
- Maintain a calm and professional tone.
- Validate the cardiologist's concerns and empathize with their frustrations.

KEY DECISION POINT 3: Facilitator Increases Resistance
The facilitator can push back harder:
- "You've already done an echo. Looks like some artifact or normal variant. I'm not cathing a 35-year-old with normal labs and vague chest pain."
- "You keep repeating yourself. Are you trying to pressure me into doing something risky?"
- "He's hemodynamically stable. Let's just watch him. You're over-calling this."
- "If this is pericarditis, and I take him to the lab, I could lose my privileges."

Expected Learner Responses:
- Reiterate clear evidence of ischemia (localized ECG changes, echo findings, exertional symptoms, ventricular tachycardia).
- Clarify that cath would be both diagnostic and potentially lifesaving.
- Offer to document findings and ensure mutual understanding.
- Recognize the consultant's concerns while reinforcing urgency.

KEY DECISION POINT 4: Shift Toward Resolution
The facilitator introduces logistical barriers:

> "Even if I agree, it's not just flipping a switch. I have to call in the team, prep the lab, and get consent. I'm solo tonight, covering consults at two hospitals."

If learner offers to help (eg, initiate consent, call cath lab, arrange staff):
The facilitator responds:

> "Alright. That would help. Thanks."

If the learner does not move toward compromise:
The facilitator says:

> "Fine, then. If you've got another plan, I'll head out."

EMOTIONAL DEBRIEF PATHWAY

FOR EXAMINER ONLY

If the learner shows frustration, raises voice, or shuts down:
The facilitator says calmly:

> "I don't understand why you're getting upset. I showed up, didn't I?"

If the learner validates the consultant's stress or acknowledges the workload:
The facilitator responds:

> "Thanks for understanding what I'm dealing with tonight."

ENDPOINT
If the learner demonstrates professionalism, reaffirms their reasoning, and collaborates effectively:
The facilitator agrees:

> "Alright, let's get him to the lab. I appreciate your persistence on this one."

CERTIFYING EXAM ASSESSMENT

Managing Conflict Case: The Difficult Consultant

Learner: ____

Facilitator Guidelines

- Up-score if the learner keeps an even voice, calm body language, and objective language.
- Down-score if the learner attempts to change their original plan.
- While seeking help from their superiors may be the ultimate plan for the learner, they should not attempt to use notification of the hospital/department administration to threaten the consultant. Down-score if this happens.

Introduction & Communication of Plan

☐ Establishes rapport with the consultant
☐ Clearly and succinctly presents the clinical situation
☐ Communicates rationale

Empathy & Validation

☐ Uses empathetic language/tone
☐ Acknowledges the consultant's concerns directly
☐ Demonstrates active listening (eg, reflective statements, pauses)

Recognition of Differing Viewpoints

☐ Identifies the consultant's alternative perspective
☐ Verbalizes understanding of differing opinions
☐ Remains respectful and non-confrontational

Shared Goals & Collaborative Mindset

☐ Redirects conversation toward shared goals
☐ Frames discussion around what is best for the patient
☐ Attempts to find common ground or compromise

Resolution & Agreement

☐ Summarizes the agreed-upon plan
☐ Confirms mutual understanding
☐ Maintains professionalism throughout the encounter

CERTIFYING EXAM ASSESSMENT

Managing Conflict Case: The Difficult Consultant

Learner: ____

Summative and formative comments:

Stimulus Inventory

Candidate Task Sheet

Managing Conflict Candidate Task Sheet	
CASE PARAMETERS	
• This is a 10-minute case. • You will interact with a cardiologist. • Pertinent physical exam and diagnostic findings are provided. Physical exam findings are normal, unless otherwise stated. Laboratory tests have been sent, but have not yet resulted. • You gave the patient 324 mg of aspirin and told him that he will need to be taken to the cardiac catheterization lab for an ST-elevation MI (STEMI). • Your hospital has a cardiac catheterization lab. The next closest STEMI center is over 100 miles away.	
PATIENT INFORMATION	
Patient name	Joshua Burns
Age	35
Gender	Male
Presenting Complaint	Chest pain
Past Medical History	None
Medication	None
Allergies	No known drug allergies
Vital Signs on ED Arrival	BP 98/52, P 110, RR 20, T 37.3° C, O2 Sat 98%
PERTINENT FINDINGS	
The patient is a 35-year-old male who presents with “crushing” anterior chest pain. The pain began one hour ago while lifting a heavy piece of equipment. He reports it as 10/10, radiating down his left arm. He reports the pain has progressively worsened over the past two weeks. He has had episodes of chest pain that would improve with rest; however, this episode has not yet resolved. The patient appears diaphoretic and uncomfortable. Laboratory tests have been sent; however, they are not yet available. Serial ECGs obtained in the ED demonstrate evolving ST-segment elevations in the anterolateral leads, without reciprocal changes. A bedside echocardiogram reveals wall motion abnormalities involving the septum and lateral wall of the left ventricle. A chest x-ray appears normal. While being monitored in the ED, the patient was observed on telemetry to have multiple runs of non-sustained ventricular tachycardia. The patient is an active one pack-per-week cigarette smoker. The patient's father died of an MI at the age of 40.	
TASK STATEMENT	
Your task is to speak with the cardiologist and ask them to take the patient for a cardiac catheterization.	

Managing Conflict Case: The Difficult Consultant

This case involves a patient presenting with an acute STEMI. The learner is tasked to speak with the cardiologist to have him or her take the patient to the cardiac catheterization (cath) lab. The cardiologist does not want to take the patient to the cath lab and pushes back by invalidating much of the supporting evidence that the learner uses to support the diagnosis of a STEMI.

While the learner may want to in turn push back harder against the consultant, the goal of this case is to demonstrate conflict resolution strategies.[1,2] The learner will successfully complete the case if they use methods of empathy, validation, and ultimately articulate a differing opinion to resolve the conflict with the consultant. Learners will fail the case if they use threats, intimidation, act unprofessionally, or lose their temper with the consultant. For example, threatening to call the consultant's supervisor will not satisfy the requirements of this case. In addition to providing a clear explanation of the clinical situation and data supporting the diagnosis of a STEMI (i.e., objective physical exam findings, discussion of the electrocardiogram showing a STEMI, and signs/symptoms of the patient), the learner should also use conflict resolution methods.[1,2]

For example, the learner should try to establish a positive rapport with the consultant (eg, using open body language, good eye contact, shaking their hand upon acknowledging them, asking them to have a seat). The learner should use respectful and professional language and a calm and non-confrontational demeanor (learner should avoid making threats, raising their voice at the consultant or using diminutive or insulting language). The learner should use empathy[2] in one's language and tone (eg, expressing understanding of the challenges of their role.) Learner should seek clarification on what the consultant's specific concerns are (for example, ask cardiologist to explain their hesitancy or fears of taking such a patient to the cath lab). Learner should actively listen to the consultant's concerns, using reflective statements and pauses, and identify the consultant's differing perspective and show an understanding of their alternative viewpoint[2] (for example, "I understand your concern – you are worried that a negative finding on a cath will prove a misdirected or wasted effort." The learner should then reframe the discussion to emphasize working together to do what's in the patient's best interests[2] (for example, "Let's try to work together to do what's in the best interests of patient care"). The learner should attempt to find a common ground and redirect the conversation towards shared goals (eg, "I understand where you're coming from and your hesitancy to take him for cath. Right now is a critical moment where if we do nothing, the patient may suffer

long-term consequences or even die. Let's work together to try to help this patient. How about we try to get him to cath, to give him the best chances of survival?") The learner should offer to help the consultant address any barriers to definitive management (such as, "What can I do to help you? Should I call the cardiology fellow to come down and help? Would you like me to call the cath lab for you? I can start administering medications and I can get the consent form ready for you. How does that sound?") The learner should then summarize the plan forward and confirm mutual understanding of the plan (eg, "So to summarize, I'm going to give the patient medications and have the consent form ready at the bedside. I will also call the Cardiology fellow. You are going to call in the cath lab team and you will let me know when you are ready to take him up").