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Abstract

Learning to work collaboratively requires opportunities to practice and acquire interprofessional competencies. These can be gained through interprofessional education learning activities (IPE). A key interprofessional competency is learning to constructively resolve difference or conflict, but how to do this is less frequently described than with other competencies. A brief educational intervention about how to resolve difference or conflict was delivered to pre-registration IPE students engaged in small group activities in Aotearoa, New Zealand. A pre/post design study examined qualitative data retained from a student peer assessment tool administered before and after the educational intervention. The intervention was delivered in 2021 and data was compared with an otherwise comparable 2019 student cohort. In 2021, the small groups described fewer instances of poor teamwork in their peer assessments than the 2019 student cohort who did not receive the intervention. 2021 groups who did experience poor teamwork described repair attempts. There are indications that a brief conflict resolution intervention can support most student groups (but not necessarily all) to resolve difference or conflict in small group work.

I INTRODUCTION

Interprofessional collaborative practice amongst health and social care professionals has been shown to lead to improved patient satisfaction, reduced error and increased staff wellbeing (McNaughton et al., 2021). Learning to work effectively in interprofessional health care teams requires knowledge, skill development and practice (Orchard & Bainbridge, 2016). Interprofessional education (IPE) in the preregistration years enables students to learn about and practice interprofessional teamwork skills so they start graduate work 'collaborative-practice' ready (Barton, 2014; Suiter et al., 2015). Students can achieve this through interprofessional student learning activities (Aldriwesh et al., 2022); with small group work considered to be an important mechanism to learn about interprofessional collaborative practice (van Diggele et al., 2020).

The experience of conflict or difference is inevitable in everyday life including professional work. In health care, unresolved differences between health professionals (both inter- and intra-professional) can easily result in conflict which insidiously undermines interprofessional teamwork (Au, 2023). This can have significant consequences, including untimely care, less patient centred care and increased chances of adverse events, mistakes and staff disharmony (Cullati et al., 2019; Prineas et al., 2021).

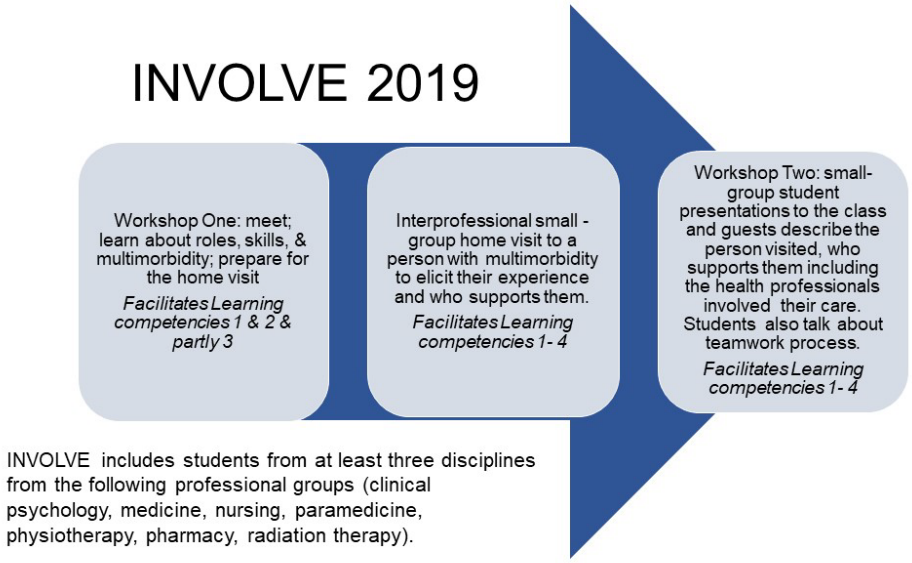
Once students have had opportunities to constructively learn about principles of effective teamwork through IPE, it is important to also teach them to practically resolve differences and/or manage conflict. Without these skills, students who have a poor experience of teamwork in IPE may be less inclined to participate in future IPE and may also be less likely to effectively engage in health professional teams in their graduate workplaces (Bianchi et al., 2019; Dadich & Olson, 2017; Olson & Dadich, 2019).

Although resolving differences or conflict is recognised to be an interprofessional competency (Orchard & Bainbridge, 2016), very few studies have investigated IPE learning activities in relation to resolving difference or conflict for students (van Diggele et al., 2020) however, there is more literature described in graduate practice contexts (Bajwa et al., 2020; Sexton & Orchard, 2016). This study aimed to examine the effect of a brief education intervention introduced into an already well-established IPE learning activity (Darlow et al., 2015; Pullon et al., 2013). The new brief intervention was designed to teach small groups the skills to resolve difference and conflict.

A *Study Context*

A 12-hour IPE learning activity called INVOLVE (interprofessional visits to learn interprofessional values through patient experience) based in a university in Aotearoa, New Zealand is routinely offered over 5 weeks, 6 times a year to different cohorts of pre-registration students in their mid to senior years of study (See Figure 1). Most students in each cohort have also attended 1-2 other IPE activities in previous years as part of an interprofessional learning continuum. The INVOLVE learning activity aims to primarily address learning outcomes in: 1. Interprofessional Communication; 2. Role clarification; 3. Teamwork and team functions (including conflict negotiation and resolution); and 4. Interprofessional co-ordination and shared decision-making.

Figure 1
The 2019 INVOLVE Learning Activity

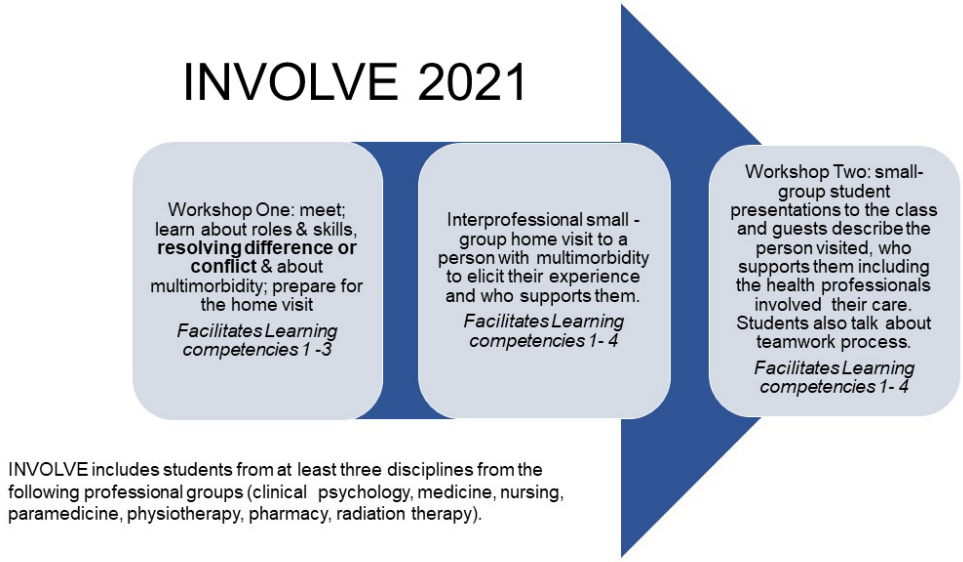


Immediately after workshop-two of the usual INVOLVE learning activity (Figure 1), each student completes an on-line Student Peer Assessment (Appendix A) of the other members in their small group, rating them according to competency statements. The mean scores are returned to each student so they can judge how they were perceived by others. Students also make free-text comments about their teamwork experiences, and these are reviewed by the 2-3 person interprofessional facilitator team and are **not** distributed to students. In 2019 the facilitator teams noticed that a number of the small groups described experiencing poor teamwork interactions; in particular they described an inability to resolve difference or manage conflict. despite this being a stated learning outcome. The facilitator team felt this needed explicit attention through a teaching intervention.

B *Brief Education Intervention on Resolving Difference/Managing Conflict*

The intervention was designed by an academic with expertise in facilitating teamwork (JHS). The intervention consisted of a 10-15 min section delivered about half-way through the first 3-hour face to face workshop and after the students had undertaken interactive introductions and engaged in initial small group work about patients with multimorbidity. In brief, and using a 4 slide PowerPoint (see Appendix B): students were first asked to think about an episode of good teamwork they had seen in clinical practice (*What did the team want? What did they say or do to achieve the goal? What positive impact did you think the process had?).* The students were then asked to consider the characteristics of good teamwork (*heading off conflict before it emerges and using clear communication)*. Then students were asked to think about an episode of poor teamwork seen in clinical practice (*What did the team say or do or not say or do? What impact did this have on them? What impact did this have on the patient/whānau? What impact did this have on you?*). Finally, they were asked to think about how this may translate into issues to do with the IPE task ahead (*the home-visit to the patient with multimorbidity*) and how these could be detected and repaired. Repair or repairs are strategies used by a person or people to redress or 'mend' an interaction which is going poorly (Apesoa-Varano, 2013; Cullati et al., 2019).

Figure 2
The 2021 INVOLVE Learning Activity (now including the resolving difference/managing conflict intervention)



II METHOD

A *Methodology*

A pre/post qualitative study was designed, with the resolving difference or conflict resolution education intervention delivered in 2021 as part of INVOLVE (see Figure Two). All students in 2019 and 2021 were asked to give consent for researchers to analyse the free-text qualitative comments in their Student Peer Assessments at the end of the academic year and none declined. Descriptive statistical analysis of differences between the numbers in the 2019 and 2021 groups in the 'good' and 'poor' teamwork groups was undertaken. The University of Otago Ethics Committee (D19/283) gave ethical approval to undertake this study.

B *Data Collection*

Students in the 2019 and 2021 INVOLVE learning activity were asked to allow researchers (3 health professionals of different disciplines) who did not facilitate the 2021 intervention to read the free-text comments gathered from the Student Peer Assessments. (In 2020 due to the pandemic, we implemented a modified IPE programme which we did not judge was comparable to the 2019 INVOLVE).

C *Qualitative Analysis*

For each of the 2019 and 2021 cohorts, the researchers: 1. collated the Student Peer Assessment free-text comments into the various small group sets (3 or 4 students who had worked together as a team); 2. read through each small group set and identified comments which described teamwork; 3. Using Braun et al's method of isolating thematic patterns in the analysis of qualitative survey data, identified three patterns in relation to teamwork in the 2019 and 2021 datasets (see Table Two for patterns and examples) (Braun et al., 2021). Patterns were judged as: 1. *good teamwork* were those classified as students making *positive comments about group process*; 2. *poor teamwork* was classified as students making *negative comments about group*

process; or 3. *neutral or ambiguous teamwork* was classified as students making *comments which could be misinterpreted or were contradictory* – these comments were not counted.

When the *poor* teamwork pattern was noted, we separately analysed these comments for *evidence of repair* or if students described an irretrievable teamwork breakdown.

Table 1
Thematic Patterns Classified as Good Teamwork, Poor Teamwork, Ambiguous Teamwork: Attributes and Examples

Thematic pattern	Attributes of thematic pattern	Exemplar quotations
Good Teamwork: 2019 & 2021	Language used to describe good teamwork included words or phrases such as: 'good', 'positive', 'valuable', 'appreciation', 'equal contribution', 'good friendships', 'reciprocated communication', 'same priorities'.	Collaborated well, bringing knowledge from our different areas of healthcare. Were able to agree upon task distribution and make important decisions. Organised times to meet up well, taking into account each other's different timetables and locale. –*Physiotherapy student 2019* I think we all contributed equally and worked well as a team, we were always on the same page with ideas and compromised with each other to find time to complete the interview and the presentation. P—*Pharmacy student 2021*
Poor Teamwork: 2019 & 2021	Language used to describe poor teamwork included words such as: 'disappointed', 'too busy', 'little input', 'difficult', 'clashing', 'minimal group collaboration'.	It was difficult trying to divide work equally. Leadership role was an issue as no one wanted to step up and took charge in terms of leading the interview. –*Medicine student 2019* Initially it was okay but no one wanted to prepare before our patient interview …. I also felt like there was minimal group collaboration for the presentation. It was very last minute and I felt like I did most of the writing and deciding what to say. –*Pharmacy student 2019*
Ambiguous Teamwork: 2019 & 2021	Language used to describe poor teamwork included words or phrases such as: 'different understandings', 'slightly frustrating when it came to proper discussion', 'team interactions made it hard to be flexible',	I think we were quite different in our approach to the interview. Some wanted to be very organised about it while others were more relaxed. Furthermore, a couple of us dominated the interview by asking most of the questions. –*Medicine student 2019*

We got along OK though we didn't have much interaction.
–*Nursing student 2021*

III RESULTS

A *Episodes of Poor Teamwork*

There were fewer episodes of poor teamwork reported in 2021 than in 2019, and more attempts were made to repair the poor teamwork interactions when they occurred (See Table Two). Not all of the individual members in each small group noticed or reported when poor teamwork was happening in their group. If one or more members of the small group described poor teamwork, then the group was judged overall as having poor teamwork. The small groups in the first two INVOLVE classes in each year reported more episodes of poor teamwork than those later in the year.

Table 2
2019 and 2021 Cohorts: Number of Small Groups that Reported Poor Teamwork and the Number Where Researchers Judged Repair May Have Been Possible

2019 Classes	**Number of Poor Teamwork Groups**	**Number of Poor Teamwork groups: Repair possible**	**2021 Classes**	**Number of Poor Teamwork Groups**	**Number of Poor Teamwork groups: Repair possible**
	(Small groups where problematic interactions impacted on how well students worked together)	(Small groups who described attempts or thoughts about how to remedy poor teamwork)		(Small groups where problematic interactions impacted how well students worked together)	(Small groups who described attempts or thoughts about how to remedy poor teamwork)
2019 INVOLVE 1			**2021 INVOLVE 1**		
Total = 18 small groups	5/18 (27%) small groups	3/5 small groups (60%)	Total = 13 small groups	2/13 (15%) small groups	1/2 small group (50%)
2019 INVOLVE 2			**2021 INVOLVE 2**		
Total = 12 small groups	3/12 (25%) small groups	3/3 small groups (100%)	Total = 18 small groups	1/18 (0.05%) small group	1/1 small group (100%)
2019 INVOLVE 3			**2021 INVOLVE 3**		

Total = 14 small groups	2/14 (14%) small groups	2/2 small groups (100%)	Total = 11 small groups	0/11 (0%)	0/0
2019 INVOLVE 4			**2021 INVOLVE 4**		
Total = 12 small groups	0/12 (0%)	0/0	Total = 8 small groups	0/8 (0%)	
Grand total 56 small groups	10/56 (17%) groups reporting poor teamwork	8/10 (80%) groups with poor teamwork where a repair may have been possible	Grand total 50 small groups	3/50 (0.06%) groups reporting poor teamwork	2/3 (66%) groups with poor teamwork where it was judged a repair may have been possible

B *Use of Strategies to Repair Poor Teamwork*

In 2019 (**no intervention**), 17% (10/56) of small groups reported poor teamwork. Of these, 80% (8/10) attempted repair (see Table Three for examples).

In 2021 (with intervention), less than 1% (3/50) of small groups reported poor teamwork.

Table 3
Poor Teamwork: Exemplar Response Samples from Free-Text Comments where Attempts to Repair Were Not Attempted and Attempts to Repair Were Attempted

2019 Poor teamwork examples (no intervention)
Repair not attempted
However, I was disappointed with the effort from one of our team members who said that he was "too tired" to meet up to collaborate prior to our presentation and provided little input into the slideshow. I understand that we all have busy workloads, but this is true for both courses. It was disappointing that we had to pick up the slack. –*Radiation therapy student*
I think the only unresolved issue was the misunderstanding or miscommunication when contacting the patient. XX had informed us in the group that our patient would like to meet in a cafe because she is flatting with other people…When we met with the patient, I was surprised to hear a different response from the patient I was not sure if it was the patient or XXX who gave the wrong information to us. I kept this to myself and I know I probably should have discussed this again with the group or asked the patient more clearly about it but I was not sure if it would make her uncomfortable and I did not want to create any tension with the group. –*Physiotherapy student*
Repair attempted
Also as a group we had different ideas on what to write on slides and what to just say. I think it comes down to the way you present - I personally don't like reading straight off the slides but that was the style that one of the other members preferred XXX was very kind and tidied up all the slides for us to make them presentable and that helped a lot. –*Medicine student*
Initially it was okay but no one wanted to prepare before our patient interview so the interview didn't, get a lot of valuable information from it. I also felt like there was minimal group collaboration for the presentation. It was very last minute and I felt like I did most of the writing and deciding what to say. I tried to message people to see if they could contribute to the PowerPoint but wasn't well received by XXX. –*Pharmacy student*

2021 Poor teamwork examples (post intervention)
Repair not attempted
Our group had difficulty arranging meetings and this was frustrating and was de-motivating... It was especially stressful as I have been on placement so finding time on top of all my other work was challenging. –*Physiotherapy student*
Some members of the team needed to be pushed to do their required tasks. I found it difficult to organise meetings and multiple times one member of the team didn't arrive without warning. –*Radiation therapy student*
Repair attempted
Unfortunately one of our members was sick which meant there was uncertainty as to who would be able to complete which tasks and by what deadlines. Despite … dealing with uncertainty, we all worked together to find solutions... I took a lead in delegating roles and tasks and we all checked in with each other to ensure that the tasks had been completed and to see if there were any gaps. I think next time we could improve on developing more of a plan before we started each task so it would be easier to track progress and delegate tasks as this was a weakness for us. –*Medicine student*
Our challenges were, we had different timetables and hence, different available time for discussions. Our strategy was to divide the task so that everyone could work on their part whenever it suited them and so that we don't have to rely on each other's schedule. –*Physiotherapy student*

C *Irretrievable Breakdown in Small Groups (Exemplar Quotations)*

In the 2019 cohort, of the 10 small groups that experienced episodes of poor teamwork, researchers judged that 2 (20%) were unable to be repaired, with one example given below.

> One team member was constantly cancelling last minute or making (other) plans. This made me quite easily frustrated and it wasn't worth the effort to argue about it. This group work also got marginalised because it was only a pass or fail assessment. … people have other commitments outside of uni but the amount of times that we had to rearrange plans that we had previously agreed on was really frustrating. –*Radiation therapy student*

In the 2021 cohort, of the 3 small groups that experienced episodes of poor teamwork, researchers judged that 1 was unable to be repaired.

> I ended up doing a majority of the work …. (I) called the patient and organise(d) a time as no one else took the initiative to do so. I also ended up leading the entire interview and one member of the group got angry when I had chosen to do a time that suited the patient but mildly inconvenienced us as I would much rather please the patient. …One member was also late for meeting with the patient ... Me and XXX did the powerpoint (presentation) together but again I was the one who had to submit it … We all had busy schedules but I always found time to meet but they would cancel or change times which was frustrating. –*Medicine student*

IV DISCUSSION

This preliminary study suggests that a brief educational intervention (introducing and practising principles of constructive conflict resolution) embedded within an established IPE learning activity might well help students use and apply conflict resolution skills in small learning groups. Some students clearly described the use of these skills in their comprehensive free text responses as both enhancing already well-functioning small groups and also trying to repair relationships in small groups encountering challenges.

Interestingly, students in both cohorts at the start of each academic year seemed to struggle more with resolving differences or managing conflict, perhaps in relation to stress. Stress is known

to occur when students first start university study (Eikeland & Manger, 1992) but does not seem to have been explored as a recurring year-on-year first-semester problem (Baghurst & Kelley, 2014). More effort is possibly needed from IPE facilitators to support learning outcomes at this time in the academic year. Students also learn effective ways to resolve difference or conflict from other means including workplace learning (Brown et al., 2011), and this may have contributed to small groups later in the year being more effective because they would have all had clinical workplace based placements prior to taking part in INVOLVE which the start-of-year students would not have had.

Regardless of the brief educational intervention in this study, one small group nevertheless experienced irretrievable small group breakdown. We fully acknowledge that a single brief intervention, however well delivered, is unlikely to be sufficient to deal with some small group dynamics or some individual behaviours/attitudes. However, poor experiences in IPE have significant consequences, particularly those which elicit an emotional response which is then not debriefed (Dadich & Olson, 2017). Just as occurs sometimes in workplaces despite best efforts (Burgess et al., 2020; Marano et al., 2005), a more active mechanism such as contacting student groups at a half way point needs to be put in place to identify and assist small groups when team process has irretrievably broken down (Hudson et al., 2016). Research shows that negative experiences have a much more significant impact than positive experiences (Graf et al., 2014). A poor IPE experience risks not only putting students off engaging successfully in future IPE (Bianchi et al., 2019) but may well negatively influence health care team engagement in their future workplaces as graduates (Dadich & Olson, 2017).

A *Strengths and Limitations*

This study indicates that a brief intervention on conflict resolution can enhance student skills in small group work. The study has a number of limitations: 1. It is an initial assessment of a previously untried brief educational intervention designed by one researcher and introduced into an already well-established interprofessional activity; 2. The student perceptions were self-reported and the participation in small group work was undertaken over a short learning period embedded within long degree courses; and 3. The assessment of reported ‘repair’ attempts was limited by the self-report process. Testing the effect of this brief educational intervention more robustly would be a key next step in further verifying these preliminary findings.

V CONCLUSION

Students working in small groups in IPE learning activities may experience difficulty in resolving difference or conflict akin to everyday or professional life. A brief education intervention before students start working together as graduate health professionals has the potential to give them a range of strategies to repair negative interactions, and we saw some evidence of these skills being used. Introducing students to some explicit conflict resolution strategies may help prepare them for future small group work, not only as senior students but also, and most critically, in their future workplaces.

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Appendix A

Student Peer Assessment Tool – INVOLVE Peer Assessment

	Team member 1 (add your name)	Team member 2 (add name)	Team member 3 (add name)	Team member 4 (add name)
Actively listens to the knowledge & opinions of other small group members				
Respects the competence & contributions of other professions to patient care				
Effectively communicates own profession's role in a way that promotes positive interaction				
Effectively communicates knowledge in a way that promotes positive small group interaction				
Works collaboratively with small group members to achieve learning outcomes of the INVOLVE programme				
Actively engages in small group meetings and preparation				
Actively engages in reflection on small group structure, function & roles				
Is respectful of each member's time, discipline requirements and competing study demands				
Total				

Rating
Very Poor (-1), Poor (0), Marginal (1), Average (2), Good (3), Excellent (4)

Please reflect on your own and others contribution to your team in relation to: aspects that went well, why you think they went well; challenges to working together, strategies you used to overcome these, strategies others used; unresolved issues and why these occurred.
……
……

Acknowledgement: Margo Brewer Curtin University, Australia

Appendix B

Brief Education Intervention Outline for Resolving Difference/Conflict Resolution

Successful teamwork: what does it look like?

Think about something you have seen in a clinical setting that helped a team achieve a goal

- What did the team want?
- What did they say or do to achieve the goal?
- What positive impact did you think the process had?

e.g. The rehab ward staff wanted to safely discharge an older person with a diabetic ulcer with impaired mobility. They asked the social worker to work with whanau to see who could help out at home. A grandson came to a team meeting to find out how to help and was able to stay for a few weeks after the occupational therapist had made some modifications at home.

Effective teams

- The most effective teams are the ones who have agreed on a process that helps them use points of tension, or potential conflict, to learn how to work even better together.
- Conflict management is as much about heading off conflict before it happens, as it is about dealing with it when it does

Unsuccessful teamwork – what does it look like?

Think of an ineffective teams you have seen in a clinical setting. You may have been involved in the team?

- What did the team say or do or not say or do?
- What impact did this have on them?
- What impact did this have on the patient/whanau?
- What impact did this have on you?

Common issues in teamwork – a person(s) who:

- Misses an agreed deadline for a draft of some written work
- Talks for more than the allotted time in a meeting
- Wants their idea to prevail and appears to dismiss all other ideas
- Makes all decisions for the group
- Says yes to something then does something different or does not do it at all
- Claims to be busier or have a greater workload than anyone else in the group
- Doesn't answer messages, emails or texts

I noticed you arrived 10 minutes after the start time the team agreed last week. This means you've missed some information about the patient visit. I feel you're relying on us. How do you see it?

Share the fact(s)

Tell your story

Ask for theirs

Talk tentatively and encourage testing

See:
https://www.vitalsmarts.com/