

Supplemental Digital Appendix

Sample Case Vignettes for Use in Small Group Curricula to Generate Discussion Around Conflict Resolution in Health Care

Overview

Setting: 1.5 hour facilitated small-group inter-disciplinary session, including students in medicine, nursing, business, and ethics

Facilitator(s): 1-2 experienced content experts in health care, business, ethics, or conflict resolution

Format: 3 cases, each 30 minutes; preparatory reading material assigned to each student before class

Information for learners, given at the beginning of the session

Setting for all cases: 600-bed tertiary care university referral center, serving a 2 million person catchment area. The university hospital is well-regarded and generally provides a high quality of patient care. However, under the surface, there are many tensions that undermine its effectiveness.

Financial: Funding for patient care is derived from a federal program (35% Medicare), state and county programs (25% Medicaid and 10% county), private insurers (20%), and self-pay (10%). Endowments and capital campaigns pay for infrastructure development. The health system's endowments have dropped with the stock market and are 2/3 of their prior value. With the economic turndown, federal and state insurers have been slashing enrollment and restricting benefits. Services (such as mental health) have been cut from the county budget, limiting the social safety net.

Patient care: As individuals have lost their jobs in the region, more patients are using the emergency department for their primary care and are coming in with uncontrolled or severe conditions. The level of acuity in the hospital has risen, with fewer resources to send patients safely to their next level of care (home, nursing facility, rehabilitation). The facilities are no longer up-to-date, and equipment frequently breaks. In some areas, RNs have been replaced with less trained (and less expensive) nursing personnel. While the focus on excellence in patient care remains intact, employee morale varies and is trending downward.

Case 1: Resource Allocation (30 minutes)

Instructions: *Each of 3 groups will receive a card with the following information and guiding questions. Groups should be multidisciplinary, with students from at least 2 different disciplines. Each group will assume the role of the administrator listed on the card and discuss the case for 10 minutes. They then will spend 20 minutes together as a large group trying to find solutions to their problems.*

Case (for all groups): The hospital CEO has been approached by 3 administrators with very separate problems. He has only \$2 million this year for all new initiatives. He asks all 3 administrators to meet to resolve their problems.

Group A. Mid-level nursing administrator: You are a nursing supervisor, whose nurses have been quitting to work at a local hospital with better salary and benefits and fewer hours. The remaining nurses feel a sense of mission for their underserved patients but are frustrated. There are 40 patients per floor on your 5 floors, and the current staffing ratio is 1 nurse per 5 patients. Each nurse has a 12-hour shift. Morale is low on your floors, and the nurses want a 1:4 staffing ratio. You would need to hire at least another 20 full-time nurses to meet this ratio. In your region, a full-time nurse's salary with benefits is \$100,000. You require \$2 million per year to provide a 1:4 staffing ratio. Your nurses state, "I can't provide the care my patients need when I have 5 sick patients who need my attention. Errors are sure to happen."

Group B. Mid-level physician administrator: You are the head of a 50-person hospitalist group. Your pay and benefits are at the bottom 25th percentile of the region. Your physicians feel a sense of mission to their underserved patients but are frustrated. The hospital CEO wants to discharge patients more quickly (and appropriately) to make room for new emergency department admits. However, your physicians tell you that ancillary services take too long to provide diagnostic or therapeutic information; patient care is considerably delayed. Your physicians want increased availability of non-urgent radiological services on nights, weekends, and holidays. To provide increased availability of non-urgent radiological services, you estimate the need to hire additional radiological technicians and radiologists, totaling approximately \$2 million per year. Your doctors state, "Why can't you get us what we need to care for our patients effectively?"

Group C. Facilities administrator: You are in charge of the 500 staff who cook for patients, clean the hospital, and maintain the facilities and parking. Additionally, the hospital CEO just asked you to take over supervising the construction of a new building that will provide executive concierge care for patients with good insurance. You have provided your workers with very basic health insurance, but they complain that the copays and deductibles are exorbitant, particularly relative to their salaries. Your workers would like better health insurance coverage with lower copays and deductibles. You estimate that it will take about \$2 million per year to provide adequate insurance coverage. Your workers state, "We're working in a hospital, why can't you take care of us when we get sick or can't work? We are your patients too."

Guiding questions for each group to consider separately (10 minutes)

1. What are the practical implications of obtaining or not obtaining these resources?
2. What ethical issues arise from your dilemma?
3. What are alternative methods to achieve your goals?
4. What can you offer the other groups in exchange for a compromise?
5. How can you convince the other groups to support your goals?

Guiding questions for the group to consider together (20 minutes)

1. How do you compare the relative worth of each of these issues?
2. What compromises can be reached to help each group achieve some or all of their goals?

Case 2: Health Care Inequity (30 minutes)

Instructions: *Each member of the group will receive the following case and will spend 5 minutes thinking about the guiding questions individually. The remaining 25 minutes will be used for large group discussion.*

Case: The hospital has faced a 15% revenue shortfall. To make up for the revenue loss, the Board of Trustees has floated a public bond to raise money for a new building that will provide concierge care for VIPs who have excellent insurance or are paying out of pocket. This service includes cosmetic procedures, executive physicals (including annual full-body scans), bariatric surgery, and one-stop shopping for all preventive and subspecialty care. The physicians and nurses who will staff this concierge building will be on call 24/7.

Meanwhile, in the building next door, mental health coverage has been cut for uninsured or Medicare patients, and the residency clinic has stopped accepting straight Medicaid. Patients often have to wait 12-36 hours to be seen in the emergency department, because people have been using it for primary care services. Additionally, emergency department patients are lying in gurneys in the hallway waiting for a bed. The hospital is too full to admit new patients, because discharge planning services have been cut and the patients often have nowhere to go after discharge. Some pediatric patients have been in the intensive care unit for months because they can't get home ventilators; some adult patients have been in the hospital for months because they can't be sent to a skilled nursing facility with the necessary wound vacuums to help their diabetic wounds heal.

You must redesign services to meet the needs of all of these patients while cutting the budget by 15%. Additionally, the population of the region has grown by 10%, and your Board of Trustees expects you to meet their needs *and* balance the hospital's budget. Your grants and contracts administrators have been trying to renegotiate terms with the insurance companies without much success.

Guiding questions for the group to consider together (25 minutes)

1. What are the ethical issues at stake?
2. How will your decisions affect patient health care?
3. How will you balance the concerns of all affected parties while balancing the hospital's budget?

Case 3: The Last Straw (30 minutes)

Instructions: *Each member of the group will receive the following case and will spend 5 minutes thinking about the guiding questions individually. The remaining 25 minutes will be used for large group discussion.*

Case: The \$2 million that the hospital CEO had originally promised is no longer available, as the money went to settle a lawsuit from a medical error. All 3 groups from Case 1 (nursing, physicians, and facilities workers) are considering striking because they have exhausted other negotiation strategies to achieve even some of their goals.

Guiding questions for the group to consider together (25 minutes)

1. **Ethics:** What are your personal values around balancing the health care needs of your current patients and the ones who you may care for in the future?
2. **Agency:** What do you think your role should be in advocating systems change? Which issues are within your role and which are beyond your role? How effective do you think you would be in advocating systems change?
3. **Context:** What issues are important enough to warrant a strike? What professional environments (employer dynamics) might influence your decision to strike? What might be the consequences for patients if you decided to strike? What might be the personal consequences for you if you decided to strike? How would your decision to strike be viewed by the public?