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WHEN MEDICAL TRAINING IS NOT ENOUGH:

Can U-TURNing a Conversation Improve Quality of Patient Care?

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Introduction

The presence of conflict is abundant in all organizations and is certainly not exclusive to healthcare. A hospital is a bureaucratic, complex social organization with the added responsibility for the provision of medical care. The environment is ripe for conflict among individuals with both administrative concerns in the background and the ebb and flow of the critical moments of patient care. Within an organization, clashes arising from interpersonal disagreement, misunderstanding and competition negatively affect staff performance, morale and teamwork. As a result, personnel lose their focus on duties and tasks—potentially becoming error-prone and less productive. In addition to these consequences of conflict, unique to healthcare, patient care can diminish leading to decreased safety and patient satisfaction.

The impact of conflict is thus harmful to patients, their families, staff and the system itself. It would seem prudent for healthcare organizations to provide conflict management training to improve competence, productivity and morale of personnel. Increased patient satisfaction is likely to follow.

The Dilemma

Conflict is defined as "'internal or external discords that result from differences in ideas, values or feelings between two or more people" *(1)*. In the workplace, conflict between individuals is further complicated by interdependent tasks. Differences between these individuals can result in business problems that have a significant impact on results *(2)*. With the elevated risks in the healthcare sector, unresolved business problems can escalate and result in catastrophe.

The statistics of conflict in healthcare are alarming.

60% of hospital staff reported experiencing a conflict 1-5x per week *(3)*.

Managers spend **30-40%** of their workday resolving conflict *(4)*.

1/4 of hospital staff reported spending 90 minutes of their working shift in conflict resolution *(3)*.

72% of Intensive Care Unit (ICU) clinicians had at least one professional conflict during their working week *(5)*.

This high prevalence of conflict between staff in hospitals could be attributed to many personal and organizational factors. Personal factors include things such as age, occupational category, staff values, personalities, attitudes, knowledge, skills and abilities *(6)*. Diversity factors such as cultural and ethnic background can also hold a role in creating conflict *(7)*. Organizational factors contributing to conflict could include, but are not limited to, excessive workload, long hours, unclear responsibilities or job descriptions, poor communication and job uncertainty *(8)*. Conflicts increase specifically in high-risk healthcare environments requiring complex levels of coordination between healthcare workers where there is both rapid as well as early decision making. In these moments, identifying conflict can influence positive patient outcomes. Examples of such high-risk areas include; emergency rooms, surgeries and ICUs.

> **"Unmanaged employee conflict is perhaps the largest reducible cost in organizations and probably the least recognized"** *(9)*.

Additionally, emotionally charged events such as severe illness and impending loss of life make hospital staff more susceptible to the likelihood of workplace conflicts. Conflict is ever-present in all elements of healthcare and found both among administrative and medical professionals affecting both quality and timing of care *(10)*. Unresolved conflict can demoralize healthcare workers and undermine their sense of well-being. Consequently, their motivation, collaboration and job satisfaction is likely to decrease. If unresolved, it is probable that the end result of workplace conflict will lead to an increase in staff turnover *(11)*. When considering the bottom line, the cost of conflict is well defined and can be calculated.

It has been estimated that nearly **80%** of patient errors in healthcare are due to unmanaged conflicts and lack of communication *(12)*.

Given the institutional mission, perhaps the most important effect of conflict to highlight is the impact on the patient. Adverse effects experienced by the patient may include non-optimal care, medication error, delayed treatment decisions and decreased patient survival *(5,13)*.

Principles of Conflict Management

Conflict management is defined as "the process of recognizing the conflict, determining its type and intensity, evaluating its effects, determining and implementing appropriate intervention strategies and measuring the results". The main objective of conflict management is to maintain a certain level of conflict, a "sweet-spot"—that fosters a dynamic and live organization such that employees are empowered to be more productive and innovative *(14)*. Conflict management, executed successfully, helps managers develop an environment of trust among the staff so that they can express their opinions easily *(15)*.

Government and healthcare organizations should consider conflict management training to improve healthcare delivery *(16)*. Implementation of a training protocol requires strategic planning, however the effects may be catalytic. The current conflict management strategy of choice among nurses and physicians tends to be either avoidant or adversarial *(11)*. Additionally, the traditional physician-training process encourages an adversarial approach to conflict resolution in which "decisions are made, problems solved and negotiations with others are conducted through argument. Unfortunately, resolutions approached this

way cause the people involved to distort information to their own advantage, to try to win" *(17)*. Regardless, professional training in conflict resolution and conflict management can decrease workplace stress by providing interpersonal skills and awareness for coping with people *(18)*. Additionally, with specific training that teaches individuals to mediate their own conflict, staff become equipped with resources to resolve disputes they may have with others in the workplace *(19)*.

Until recently, training for healthcare professionals in the area of conflict management was often based on existing conceptual models originally adopted from outside the healthcare industry (corporate business). Ultimately, to be effective in the healthcare setting, training intervention requires an extension of these models to include the unique elements found within the healthcare environment.

These elements may be conflicts rooted in poor relationships or in social representations within the healthcare sector and may turn daily disagreements into conflicts that are multifactorial including *(10,20)*:

- poor communication and clarification of priorities
- excessive workplace stress
- differences on how to provide patient care, or which treatment to administer
- personal characteristics and interpersonal differences
- tasks that are not directly related to patient care
- faulty resource allocation
- professional roles and responsibilities
- administrative disagreements over vacation time and shifts
- variable treatment of one group of employees vs another group

Conflict Response Categories:

Each person's response to conflict is different, which explains the complexity of conflict behaviors. They can be categorized as active/passive constructive and active/passive deconstructive responses to a triggering event such as; a clashing of values, a certain behavior by another person which is deeply upsetting, long-standing brewing issues between two individuals that were never resolved and pushing of Hot Buttons *(21)*. For instance, an individual who seeks independence may respond in a deconstructive manner during conflict if working among team members who micromanage them. Interests can feel threatened and as a result, positions fiercely defended.

	⊕ Constructive	⊖ Destructive
Active	Perspective Taking Creating Solutions Expressing Emotions Reaching Out	Winning at All Costs Displaying Anger Demeaning Others Retaliating
Passive	Reflective Thinking Delay Responding Adapting	Avoiding Yielding Hiding Criticisms Self Criticizing

*Please refer to Appendix A for an expanded version of the **Conflict Response Categories** chart.*

As a result, the response to conflict may show up in different ways dependent upon the individual. You may find they:

- Collaborate to find a solution that is satisfactory to all parties;
- Confront to impose one's opinion;
- Avoid to pretend that a conflict does not exist; or
- Yield, surrendering to the other's point of view *(20)*.

The Solution

Given the variety of responses one is likely to witness among individuals in conflict, as well as the complexity of any hospital as outlined in the Introduction, the conflict management approach at Upstate University Hospital has been broadened to include every employee and every workplace (medical and otherwise). The first step for any individual in dispute at Upstate is to use the 'U-TURN' response to a dispute allowing shared ownership of the situation. Conflict is everywhere in healthcare and few in the medical and non-medical staff are trained to handle it effectively. Technical complexity, for example, is not unique to physicians. It is not unlikely for those highly trained as specialists in their area of expertise to lack training in handling emotions during conflict as well as the situation. In general, training in medical schools, residencies and fellowships, does not include training of the principles in conflict management. In an effort to provide a deeper look into conflict behavior, Upstate employees utilize the Conflict Dynamics Profile (CDP) by the Mediation Training Institute at Eckerd College.

The Conflict Dynamics Profile (CDP) assesses one's constructive and destructive response patterns and helps identify an individual's Hot Buttons to increase self-awareness and improve conflict management behaviors*(21)*.

The rest of this document outlines the development, implementation and evaluation (The Impact Study) of the U-TURN.

The U-TURN: *A unique communication tool to be used during a conflict*

In 2017 the Caregiver Collaboration Task Force (CCTF) at Upstate University Hospital in Syracuse, NY, introduced the "U-TURN". The original concept was developed at the University of South Carolina. The CCTF consisted of a diverse representation of physicians, nurses, fellows, technicians, environmental services and the United University Professions (Union). The U-TURN concept was modified and implemented as a unique conflict management program at Upstate University Hospital, a level 1 trauma center in central New York. In essence, the taskforce adopted a conflict training program for their 9,000 employees. The training teaches employees (physicians, nurses, trainees, technicians and ancillary support staff) how to de-escalate or resolve a dispute. If used correctly, these simple communication techniques can put a conflict on hold or reverse, so that employees can remain focused on patient care. This type of training program is unique locally and rarely offered in other healthcare institutions. For the U-TURN concept to be successfully implemented, ongoing support by institutional leadership was essential.

The codification of this approach was approved by the hospital administration and a university-wide policy issued. All employees at the hospital are given the opportunity to receive this U-TURN model training and are provided with a brochure summarizing key information about the U-TURN process during an onboarding process.

All relevant information relating to the U-TURN concept is made available through the Department of Professional Learning and Development. A website was created to serve as reference to all employees for this important concept. Brochures are available upon request and are provided to each member of the medical staff during orientation.

The process of training and education of the U-TURN is listed in figure 1:

Healthcare Providers and all Others	
Education during the New Provider Welcome Program	Part of the Annual Mandatory Education for Medical Staff
Included in the Safety at Work (SAW) manual; completed annually by all employees	One-time professional development classes related to communication and conflict management in the workplace
Micro-credential program classes related to communication and conflict as part of a continuing certificate program	Nurse Leadership Forum
CEO/Clinical Chair Meeting	Presentation to Clinical Services
Undergraduate Medical Education	
Formal: Part of the curriculum on professionalism and communication	**Informal:** Outline of the concept during clerkships and shadowing experiences

The essence of the U-TURN is as follows:

- A simple communication tool, a first response to identify and mitigate escalating conflicts by postponing, de-escalating or resolving the discord.
- A verbal code word to recognize and redirect a stressful or unprofessional situation.

- An approach to keep a collegial and safe environment for all members of the Upstate community.
- A professional opportunity for colleagues to resolve situations among themselves without escalating the problem or fueling a grudge.
- A process to promote understanding of what creates tension and identify ways to resolve it.

Please refer to Appendix C to see an image from an employee handout that further outlines this concept.

Colored zones and code words are described:

GREY ZONE (Patients are present. Code word YIELD)

- The need for a U-TURN has been identified, however, the timing is off given that patient care takes priority and/or the situation cannot be handled without witnesses. The goal is for the two individuals to seek privacy when meeting to perform a U-TURN. An agreement is made: "Let's yield the issue and revisit later". Patient care is the priority. At the earliest time possible a moment of clarification is agreed upon.

GREEN ZONE (Immediate handling and resolution of the issue. Code word U-TURN)

- Both individuals have agreed that they need to U-TURN a conversation. The meeting takes place away from patients and co-workers. During the brief meeting both parties have a chance to explain their interest in a respectful manner. The intent is to own the process and find a mutual agreeable solution. No documentation occurs and the discussion concludes with "Are we good"? If the individuals cannot come to an agreement, the conversation moves into the Yellow Zone.

YELLOW ZONE (Formal discussion between employees and manager)

- The U-TURN does not resolve the issue and a meeting following the chain of command with the direct supervisor is necessary; the intent is to coach for success.
- The issue is documented at the discretion of the supervisor. If the issue cannot be resolved, mediation can be requested. At Upstate, twelve mediators were trained and certified through the Mediation Training Institute at Eckerd College and are available for third-party mediation *(22)*.

RED ZONE (Unacceptable, egregious behavior or act)

- The issue is handled by Supervisor, Department Chair, Human Resources, Medical Executive Committee and/or others. The nature of the conflict cannot be addressed by a U-TURN.

All Members	*All Members*	*Member Supervisor*	*Member Supervisor*
• **Too many witnesses** • **Self-awareness** • **U-TURN may or may not happen**	• **Initiate U-TURN** • **Take ownership** • **Look for options** • **Find closure** • **No documentation**	• **U-TURN unsuccessful** • **Follow chain of command** • **Intervention & coach for success documentation** • **Involve third-party mediation**	• **Performance conversation** • **Intervention/coaching unsuccessful** • **No longer involves both caregivers** • **Documentation & consequences**

*For more information on the **Grey, Green and Yellow Zones** please refer to Appendix B.*

The Impact Study

The Impact Study sought to evaluate the impact of the U-TURN model on employees who took the training throughout 2018 and 2019 through a survey designed by Dr. Paul Leone (MeasureUp Consulting). We wanted to understand how applying the approach, principles and techniques could impact learning, behavior change and business impact. Here, business impact would mean increasing job performance and reducing hospital costs related to employee conflicts and patient complaints.

The study was based on a large Gallup Poll study that demonstrated that the average employee spends 2.8 hours per week/140 hours per year trying to manage conflict at work *(23)*. The statistics for managers are important: it is estimated that 10-50% of their time is spent managing conflict between employees, reducing their availability for productive tasks.

The Impact Study demonstrated a 63% reduction of conflict hours, an average of 88 hours per year per employee.

Applying the information from the Gallup study we could demonstrate a significant saving of $2,138 salary cost per employee per year *(23)*. The larger the organization, the larger the number of employees affected. The financial benefit is compounded by the fact that the higher paid managers and leaders are required to spend more time managing interpersonal differences.

To evaluate the training program for the U-TURN Model a six-level comprehensive assessment method was adopted and applied on a sample of 46 employees who were identified as experienced U-TURN users after having received this training. Through a survey questionnaire the training impact of the U-TURN was measured. ***The results are as follows:***

1. ***Level 1:*** *Did the trainees like the training?*
   - 92% were engaged and satisfied.
2. ***Level 2:*** *Did the trainees feel they learned something?*
   - 80% acquired new and valuable learning for their role.
3. ***Level 3:*** *Did the U-TURN training change behavior during conflict?*
   - 90% improved critical conflict-avoidant behaviors on the job.
4. ***Level 4:*** *What was the business impact - did the new skills acquired increase job performance and reduce hospital costs?*
   - Improved job performance was reflected in the observation that per employee on average 5.1 conflicts were avoided, 4.4 were de-escalated and 4.1 were fully resolved.
   - As a result of becoming better at conflict resolution, employees estimated that they spent much less time in conflict loaded situations thereby increasing job performance by 63%, which could translate into as much as $2,138 saved per employee per year.

5 ***Level 5:*** *Was there a return on investment (ROI) for the hospital?*

- 1,325% ROI on benefits of training versus costs.
- The cost saving per employee: $2,138, per year

6 ***Level 6:*** *How does institutional climate affect the impact?*

- Being able to U-TURN a conversation led to an increase in performance and reduction in conflict. Cost savings and ROI for employees with supportive mangers and co-workers were 2.2 times higher than those with low support. This meant training impact could be doubled with the increased support in the workplace.

Summary

By spending less time in negative interactions with co-workers, addressing conflict in a constructive and efficient way, job performance on average improved by 63%, which undoubtedly helps in providing a better quality of care for the patients. The ROI on educating an employee on how to U-TURN a conversation was significant at 1,325% with this number being even higher when participants are supported by their managers and colleagues. These findings also predict that conflict training using U-TURN could result in substantial cost savings and ROI for the hospitals: potentially as high as $2.1 million per 1,000 employees who are fully trained and practicing the U-TURN approach.

The Impact Study demonstrates that conflict management training provides economic benefit for the hospital, improved employee performance and satisfaction and best of all, improved patient care.

63%↑
increase in job performance

14
conflicts per employee were avoided, de-escalated or fully resolved

$2.1 M
in potential cost savings and ROI

Limitations

Our study is based on a survey questionnaire that was sent to a group of motivated U-TURN trained individuals. The possibility of bias cannot be completely excluded. Having an observer in place auditing scenarios and scoring a set of criteria could address that issue. The number of individuals enrolled included clinical and non-clinical caregivers, representing a relatively wide spectrum of clinical and non-clinical background; however, the group size studied was small compared to the number of total employees. Data was collected based on the individual's memory since U-TURN encounters were kept anonymous. In order to maximize participation, we felt strongly that the process be kept confidential. Historic data on conflict encounters were difficult to obtain, even nonexistent. Further studies allowing collection of tangible data are to be considered, yet known to be challenging. Attempts to cross-reference and compare participant names with recorded incidents, objective performance measures and other financial data and to further compare this with a control group of similar employees who were not trained in U-TURN would have been illuminating in helping us isolate the exact impact of the training, but were prohibitive for privacy and confidentiality reasons. Despite those limitations, we feel confident that our findings are in line with the fundamental principles of conflict management.

Simply opening the door to talk and clarify creates the opportunity to find common ground and refocus on patient care in a relatively short period of time. Our findings indicate the value and impact of the U-TURN increased exponentially as participation and adoption increased throughout the hospital.

Further Considerations

Introducing the U-TURN has help shaped our organization's culture as it shows that negative situations can be turned into positive encounters amongst individuals in a short period of time. Buy-in from organizational leadership is crucial and requires ongoing sharing of information and education.

Personnel changes can become an obstacle to the implementation process, since acceptance of the concept needs to be developed and worked on from the beginning. Certainly size of an organization makes it even more challenging to streamline a process and reach consistent results. Figure 1 represents a blueprint that can aid in the ongoing implementation process.

The U-TURN requires two individuals to interact with each other on equal terms. In the presence of different levels of hierarchy, this can be a challenge and a gap difficult to bridge. In those instances it is important to communicate the positive value of a U- TURN by sharing successful encounters and the positive impact it can have on patient care outcome. Healthcare is going through yet another crisis. The recent COVID-19 pandemic became a serious potential source of conflict in healthcare settings *(24)*. When thrown into life and death decision making, especially when dealing with the unknown, it is not surprising that disagreements develop quickly amongst individuals. Tempers can reach a boiling point in a split second. In those particular times, it is necessary for healthcare workers to rely on conflict management tools, so that they can refocus on their patients and avoid negative, emotional distractions. A U-TURN or similar tools may be of value in exactly that type of situation.

References

1. Marquis BL, Huston CJ. Leadership roles and management functions in nursing: Theory and application. Lippincott Williams & Wilkins; 2009.
2. Hayes J. Workplace, Conflict and how Business can harness it to thrive. CPP Global Human Capitol Report. July 2008: 1-36
3. Pavlakis A, Kaitelidou D, Theodorou M, Galanis P, Sourtzi P, Siskou O. Conflict management in public hospitals: the Cyprus case. Int Nurs Rev. 2011;58(2):242–8.
4. M. McAlearney AS, Fisher D, Heiser K, RobbinsD, Kelleher K. Developing effective physician leaders: changing cultures and transforming organizations. Hosp Top. 2005;83(2):11.
5. Fassier T, Azoulay E. Conflicts and communication gaps in the intensive care unit. Curr Opin Crit Care. 2010;16(6):654–65.
6. Mosadeghrad AM, Akbari-sari A, Yousefinezhadi T. Evaluation of hospital accreditation standards. Razi J Med Sci. 2017;23(153):43–54.
7. Mark Davis. Ethnic Differences in Conflict Behavior, 2019. Conflict Dynamics Profile.
8. Kim S, Bochatay N., et al. Individual, interpersonal, and organizational factors of healthcare conflict: A scoping review. Journal of Interprofessional Care. 2017
9. Daniel Dana PH.D. ; Managing Differences; Mediation Training Institute; 5th Edition; 2017.
10. Saridi M, Panagiotidou A, Toska A, Panagiotidou M, Sarafis P. Workplace interpersonal conflicts among healthcare professionals: A survey on conflict solution approach at a General Hospital. Int J Healthc Manag. 2021;14(2):468–77.
11. Patton CM. Conflict in Health Care: A Literature Review. The Internet Journal of Healthcare Administration. 2014; 9(1): 1-11
12. Hayes S. The "5 Ps" of conflict resolution: Designing systems to manage workplace disputes. North Carolina Employee Assistant Program Annual Spring Training, Winston-Salem, NC. 2013.
13. Cullati S, Bochatay N. et al. When team Conflict threaten Quality of Care: A Study of Health Care Professionals' Experiences and Perceptions. Mayo Clinic Proc Inn. March 2019; 3(1): 43-51
14. Hayes J. Workplace, Conflict and how Business can harness it to thrive. CPP Global Human Capitol Report. July 2008: 1-36
15. Cochran N, Carlton P, Reed V, Thurber P, Fisher E. Beyond fight or flight: The need for conflict management training in medical education. 2018 Association for Conflict Resolution and Wiley Periodicals. Research Article. Conflict Resolution Quarterly: 1-10

References Continued

16. Cochran N, Carlton P, Reed V, Thurber P, Fisher E. Beyond fight or flight: The need for conflict management training in medical education. 2018 Association for Conflict Resolution and Wiley Periodicals. Research Article. Conflict Resolution Quarterly: 1-10

17. Haraway DL, Haraway WM. Analysis of the effect of conflict-management and resolution training on employee stress at a healthcare organization. Hosp Top. 2005;83(4):11–7.

18 Kagan NI, Watson MG. Stress reduction in the workplace: The effectiveness of psychoeducational programs. J Couns Psychol.1995;42(1):71

19. Almost J., Wolff AC. Et al. Review Paper. Managing and mitigating conflict in healthcare teams: an integrative review. 2016: 14901505

20. Bochatay N, Bajwa NM, Cullati S, Muller-Juge V, Blondon KS, Perron NJ, et al. A multilevel analysis of professional conflicts in health care teams: insight for future training. Acad Med. 2017;92(11S): S84-92.

21. About the CDP. Conflict Dynamics Profile. (January 2023). Retrieved from https://www.conflictdynamics.org/about-the-cdp/

22. Certified Workplace Mediator & Trainer (CMT). Mediation Training Institute (January 2023). Retrieved from https://www.mediationworks.com/certified-workplace-mediator-and-trainer/

23. Gallup. State of the American Workplace, 2008. Consulting Psychology Press, 2008

24. Saundry R. How has Covid-19 affected employee relations? Hospital Times, January 2021 https://www.socialpartnershipforum.org/sites/default/files/2021-09/NHS-Covid-ER-Report.pdf

Appendix A: CDP Conflict Response Scales

The CDP assessment consists of 99 items that make up 24 different scales. Fifteen of these scales measure the ways that people typically respond to precipitating events in their lives. These 15 scales, in turn, fall into the four categories that result from combining the two dimensions of Active-Passive and Constructive-Destructive.

	⊕ Constructive	⊖ Destructive
Active	**Perspective Taking (PT)** – Putting yourself in the other person's position and trying to understand that person's point of view. **Creating Solutions (CS)** – Brainstorming with the other person, asking questions, and trying to create solutions to the problem. **Expressing Emotions (EE)** – Talking honestly with the other person and expressing your thoughts and feelings. **Reaching Out (RE)** – Reaching out to the other person, making the first move, and trying to make amends.	**Winning at All Costs (WI)** – Arguing vigorously for your own position and trying to win at all costs. **Displaying Anger (DA)** – Expressing anger, raising your voice, and using harsh, angry words. **Demeaning Others (DO)** – Laughing at the other person, ridiculing the other's ideas, and using sarcasm. **Retaliating (RE)** – Obstructing the other person, retaliating against the other, and trying to get revenge.
Passive	**Reflective Thinking (RT)** – Analyzing the situation, weighing the pros and cons, and thinking about the best response. **Delay Responding (DR)** – Waiting things out, letting matters settle down, or taking a "time out" when emotions are running high. **Adapting (AD)** – Staying flexible, and trying to make the best of the situation.	**Avoiding (AV)** – Avoiding or ignoring the other person, and acting distant and aloof. **Yielding (YI)** – Giving in to the other person in order to avoid further conflict. **Hiding Emotions (HE)** – Concealing your true emotions even though feeling upset. **Self-Criticizing (SC)** – Replaying the incident over in your mind, and criticizing yourself for not handling it better.

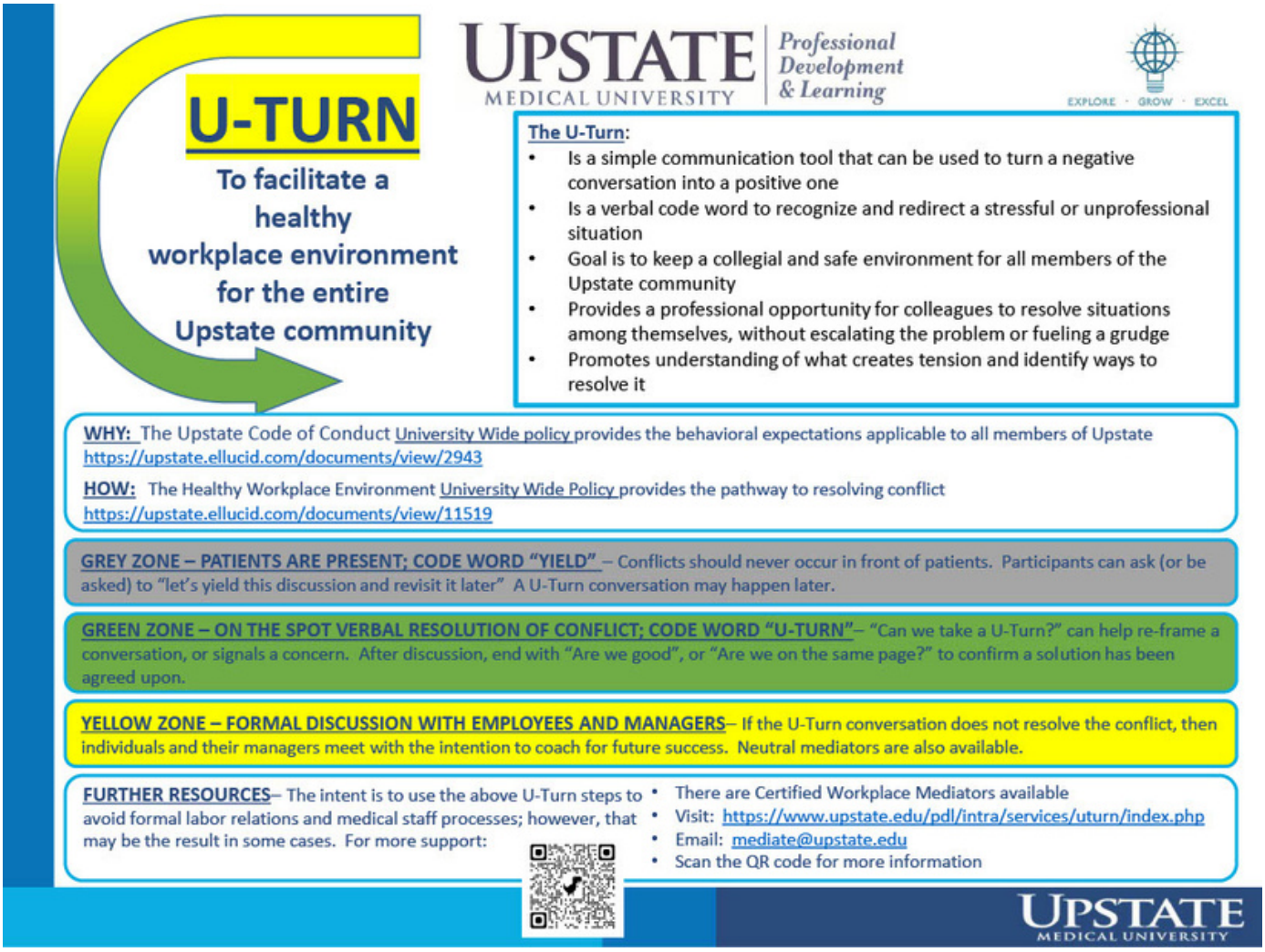
Conflict Dynamics Profile ® | https://www.conflictdynamics.org/about-the-cdp/

Appendix B: U-TURN Videos

Brief videos depicting the Grey, Green and Yellow Zone were depicted and made available as part of the U-TURN training:

- **"Grey Zone"** (https://youtu.be/_DN_pAmLUfU)
- **"Green Zone"** (https://youtu.be/o6vrxm0ZBdM)
- **"Yellow Zone"** (https://youtu.be/zAwcY0QP33E)

Appendix C: SUNY Upstate's U-TURN Employee Handout



About the Author:

Bettina Smallman was the Director of Pediatric Anesthesia at Upstate Medical University in Syracuse, NY, for the past 20 years.

As a result of holding the position of the President of the Medical Staff at the University Hospital (2013 - 2015) she became acutely aware of the detrimental effect of poor communication and interpersonal conflict on patient care and the well-being of caregivers. She initiated and shared in the development and implementation of a simple communication tool, the U-TURN model, applicable to employees at every level of this major teaching hospital. She obtained additional training as a Certified Workplace Mediator and Conflict Dynamic Profile Facilitator.

After graduating from medicine in Freiburg, Germany, she moved to Canada, completing an anesthesiology residency and pediatric anesthesiology fellowship at the University of Ottawa. She relocated to Syracuse in 1997 and now lives in the Finger Lakes region.