EP53 | Participation Trophy or Pattern Recognition? Worldview and Conflict in Medical Education Transcript

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Conflict in Healthcare and the SPARK Framework

Conflict is [music] everywhere. In the OR, in labor and delivery, at committee meetings, between physicians, nurses, administrators, and teams that are all trying [music] to do the right thing. But here's the problem.

Most of us were never trained to handle conflict well. We learned procedures. We learned diagnostics. But we didn't learn how [music] to navigate the moments when two professionals strongly disagree. That's why I developed the SPARK framework. SPARK stands for Stop, Pause, Ask, don't assume, Reflect and Respond, and Create a Path Forward.

It's a practical system designed [music] specifically for high-stakes healthcare environments. Through keynote [music] talks, residency workshops, and SPARK master classes. I teach physicians, nurses, and healthcare teams how to turn destructive [music] conflict into productive conversations to strengthen teams and improve care.

If your hospital, [music] residency program, or medical conference is looking for a speaker on conflict, communication, and leadership in healthcare, I would love to work with you.

You can learn more in the show notes. Because in medicine, conflict is inevitable. But handled well, it can [music] make teams stronger.

Podcast Introduction and Episode Topic

>> [music] [music] >> In every operating room, in every ward, in every clinic, and every team meeting, a silent battle brews. Conflict, negotiation, identity. Welcome to the Scalpel and Sword Podcast, where I, Dr. Lee Shorma, physician and conflict analyst, [music] explore the hidden negotiations behind modern medicine.

Let's trade burnout for boundaries >> [music] >> and learn the art of healing with precision and power. Hello, my peaceful warriors, and welcome to the Scalpel and Sword Podcast. I am your host, Dr. Lee Shorma, physician and conflict analyst. And I will ask you a question. I want to know if you've heard something similar to this, or even if you thought it. Something that you might hear in a hallway, in a call room, at a faculty meeting, or at a medical school. Are incoming medical students shaped by a participation trophy mindset?

And is that changing how they learn and interact with us? And it's usually asked with a mix of curiosity and frustration.

Are Medical Students a Participation Trophy Generation?

But like most things in medicine, the real answer isn't simple. And the real opportunity is deeper. Let's start with

what's actually being felt. Senior physicians are noticing trainees asking for more frequent feedback, less automatic deference to hierarchy, a tendency to ask why instead of just executing.

Truthfully, we were not taught any of those things when we went to medical school in the '80s and the '90s. And sometimes a visible discomfort with blunt criticism.

And the interpretation? They're entitled. They can't take feedback. They expect praise for just showing up. But here's the problem with that framing. It shuts down curiosity. Because what if what we're seeing isn't entitlement, but a different conditioning of excellence? Today's medical students didn't grow up in the same system we did. They trained in environments with continuous assessments instead of episodic evaluation, coaching models instead of sink or swim hierarchies, rubrics and transparency instead of implicit expectations, and a culture that emphasizes psychological safety and inclusion. They also grew up in a digital world. Instant feedback, constant iteration, high visibility of performance. So, when they enter medicine, they don't expect less. They expect feedback loops to be tighter.

They expect "Tell me how I did so I can improve now, not in 6 weeks. Tell me what excellent it like so I can aim for it. That's not fragility. That's optimization behavior. Now, let's talk about where this creates conflict, because it does.

It's predictable, too. Friction point number one, the feedback style. What we trained in so long ago was delayed feedback that was often very blunt. Sometimes also very public. What they're trained in is real-time coaching.

Specific actionable input and private correction. So, when we say, "You need to toughen up." They hear, "I don't know how to teach you.

How Generational Differences Affect Feedback and Hierarchy

" When they ask, "Can you give me more feedback?" We hear, "I need constant validation." Same interaction, but two completely different interpretations. Friction point number two, hierarchy versus engagement.

We were taught respect equals deference. If I respect you in your role and you tell me to do something and you're my senior, I'm going to do it. I'm not going to ask any questions.

They are operating from respect equals mutual engagement. So, when they ask why, it can feel like a challenge, but often is actually cognitive investment.

They actually want to know the reason behind your behavior or recommendation. And here's the critical question. Would you rather have a trainee who silently follows or one who is actively processing in a high-risk environment? Friction point number three, ambiguity.

We learned through ambiguity. We learned see one, do one, teach one. There was no feedback given for that, and in fact, if you did get feedback, it was only because you may have done something wrong, and it was going to be negative feedback. So, thus we had to figure it out. They often expect clear expectations, very defined goals, and very transparent metrics. So, when we say, "Just do better." They hear nothing actionable.

And that gap, that difference in worldview, that is where frustration grows. Here's what I think we're underestimating. This generation brings strengths that medicine desperately needs.

Stronger patient-centered communication, team-based thinking, a willingness to speak up about safety concerns, a comfort with systems, technology, and adaptation.

And importantly, they iterate fast when coached well. So, what should we give them? We should give them clear expectations, real-time feedback, a framework, a structure within they can put this information in with when they which they can operate.

Using SPARK to Reframe Trainee Conflict

And when we give them those things, they improve very quickly, faster in many cases than we did. So, the issue isn't capability, it's worldview, understanding, and then alignment. So, here's the real question. The question isn't, "Are they different?" They are. The real question is, "Can we evolve our teaching without lowering our standards?" Because excellence is non-negotiable.

And the pathway to excellence that we can and we should adapt. So, let's bring this home. We're going to use the SPARK framework for this because at its core, this is a conflict problem.

So, we're in a situation where we're on rounds and we have a medical student who's questioning a particular plan of management. Again, we always feel conflict before it may be visible to the untrained observer. So, right now, they're asking a question. So, we're going to stop, which is the S in SPARK. And we're not going to label their behavior. We're not going to say they're entitled.

We're going to take that internal pause, which is the A. We're going to ask after we've paused to take a step back to see what our internal reaction is. So, we've stopped, we feel the conflict, we paused to assess internally where we are, and then we're going to ask, what am I actually observing? Is it a request for clarity? Is it a need for feedback?

Or is it appropriate to use a different communication style? So, when we pause, we recognize our own conditioning. We understand that maybe that minute that we're feeling the conflict, this is really the manifestation of the systems that we grew up in. We trained in a system that valued endurance, that valued hierarchy, and that delayed reinforcement. But that is the system that shaped us. Their system shaped them differently.

And neither is wrong, but the mismatch creates that friction. So, we're going to ask now. We've stopped, we've paused. We've actually taken a second to understand what our internal worldview looks like, which is so powerful, because this is the lens through which we view the conflict. So now, this is the power move. We're going to ask, "What kind of feedback helps you improve the fastest?" What are you trying to understand when you ask this question?

Closing Thoughts and Podcast Outro

And what you're going to find when you take the time to ask is the intent is aligned. Everybody wants the same thing. They want the best possible outcome for the patient, but the methods, the process, and the worldview are just different. So now, we have asked, we've inquired, and we've gotten actual very powerful responses about what the learner is asking for. And so now, we can adjust, but we're not going to dilute the rigor that's inherent in the medical education process. So, this is what we're going to try. Here's what excellence looks like on this rotation.

You did X very well, so the next step is Y. In this moment, I do need you to act, but the questions are coming after. So, you're not lowering the bar, but you're clarifying the target. You're letting everybody know that they've been seen, they've been heard, and in this process, we will all put the patient first without sacrificing the importance of sound education. And now, what we're going to create, we're creating a shared culture, one that's not dictated by the attending or dictated by the student solely, but one where everyone has a voice in creating a culture that fosters learning, patient safety, and psychological safety for the caregivers.

So, the trainees are going to feel safe enough to learn and strong enough to be held accountable because that is where performance lives. And that is where safety lives. So, no. This is not about participation trophies.

It's about recognizing that the next generation of physicians is highly capable, but differently trained. And responsive to a different kind of leadership. The opportunity isn't to resist that. It's to define and redefine how we teach so we can help them become their best. At the end of the day, this really isn't about generational identity.

It is about patient care and the teams that we are going to build to deliver it. If this episode resonated with you, share it with someone, especially someone who said, "Things just aren't the same anymore." They're right. And that's exactly why this conversation matters. Thank you, peaceful warriors, for joining me today on the Scalpel and Sword.

And until next time, be at peace. >> [music] >> Every episode is an invitation to speak, to negotiate, to choose. I'm Dr. [music] Ali Sharma. Join the dialogue by subscribing to Scalpel and Sword.

Until next time, peaceful warriors. [music] May your choices be sharp and your voice be even sharper. >> [music] >> This podcast is a reflection of lived experience and research in conflict resolution.

The Scalpel and Sword is not intended as medical [music] or legal guidance. For personal matters, please consult a qualified professional.