Teaching Conflict Management Skills to Medical Students: A Scoping Review

Fatemeh Mohseni1,2, Aeen Mohammadi3, Nasim Khajavirad4, Kamal Basiri5, Mahboobeh Khabaz Mafinejad2,6*

Abstract

Background: Conflict management skills include the ability of team members to actively use appropriate methods and strategies in different conflict situations. Considering the necessity of effective training in conflict management skills for medical students as a member of healthcare teams, this scoping review study aimed at reviewing the appropriate methods for teaching conflict management to medical students.

Methods: In this scoping review, PubMed, Eric, ProQuest, Web of Science (WoS), and Scopus databases were systematically searched until May 21, 2023. Titles, abstracts, and full texts were screened separately by 2 researchers. The quality of the articles was assessed using the Best Evidence Medical Education (BEME) tool. Then, a descriptive synthesis was performed, and the results were reported. The Kirkpatrick model was used to evaluate the educational outcomes assessment.

Results: Out of 2888 retrieved studies, 19 studies were included. Although active and interactive teaching methods such as roleplay, group discussion, and interactive workshops were the most frequently used methods, the results did not pronounce the superiority of one method over others.

Conclusion: Based on the results of this scoping review, further research should evaluate the effectiveness of conflict management training methods by focusing on the randomized controlled trial design and using standard and valid tools to assess educational outcomes.

Keywords: Teaching, Medical students, Conflict Management, Scoping review

Introduction

The possibility of conflict in the service delivery process and the experience of managing it in different clinical settings is inevitable (1). Because team members have diverse professional duties and often opposing aims, they frequently work in stressful settings and experience conflict when working on healthcare and medical teams (2). Conflict management skills include the ability of members of a team to actively use appropriate interactive methods and strategies in other conflict situations. Based on the recent evidence, conflict management, as one of the cores expected outcomes, has been reflected by many researchers, educational institutions, and accreditation institutions in the education of medical students (1). Improper management of conflicts in the healthcare process can lead to...
Teaching Conflict Management Skills

serious adverse consequences (3), ultimately declining the effectiveness of clinical services (4, 5). The results of a study by Wright showed that conflict in healthcare teams and the negative impact on patient care can lead to burnout and resignation from the workplace settings and impose unwanted economic consequences (6). Therefore, acquiring this skill as one of the basic skills for healthcare professionals is essential, especially for physicians as main team members (7-9).

Various studies show that effective training can improve such skills (10, 11). Teaching medical students proper conflict management is critical as they are considered influential members of the healthcare team (12, 13). Evidence shows that training through the university program curriculum has improved students’ self-confidence and attitude (14), provided constructive feedback, and employed primary conflict management skills with colleagues (1). Although the results of several studies show that training in workplace settings and using simulation have been effective in improving physicians’ conflict management skills, due to the methodological limitations of related studies, various conflict management training methods should be examined to achieve the most effective approach (15-17).

It can highlight the importance of conducting scoping reviews to evaluate educational interventions in studies on training methods to improve conflict management skills. However, health sciences students, especially medical students, due to their involvement in teamwork and their obligation to learn communication skills, need to improve conflict management and resolution skills (18). Based on the evidence, no scoping review has been conducted on the effectiveness of conflict management teaching methods to medical students.

The purpose of this scoping review was to collate, summarize, and categorize the educational methods used to teach conflict management to medical students, discover a range of reported outcomes, and highlight the gaps for further research.

Methods

Data Sources and Searches Strategy

The present scoping review followed the Preferred Reporting Items for Scoping Reviews and Meta-Analyses (PRISMA) guidelines (19). Figure 1 shows full details of the study’s search process using the PRISMA method. A librarian was consulted to review the search strategy. This scoping review was performed on studies on teaching conflict management to medical students. Due to the limited number of related studies, all studies were considered until May 21, 2023. To select desired publications, the publication’s title, abstract, and keywords were searched independently by 2 authors (F.M. and M.K.M.) in PubMed, Eric, ProQuest, Web of Science (WoS), and Scopus databases using the following keywords: “conflict,” “manage,” “resolution,” “training,” “teaching,” “education,” “learning,” “students,” “medical,” “medical student,” “Education, Medical,” “medical education,” “residen*” and “medical Trainees.” Then, the search was continued as ancestry searching and forward tracing on Google Scholar. The

![Figure 1. PRISMA flowchart](http://mjiri.iums.ac.ir)
search strategy for 1 database (PubMed) is presented in Appendix 1.

**Eligibility Criteria**

The following were the inclusion criteria for the relevant articles:

1. Focusing on teaching, training, and education of conflict management/conflict resolution.
2. Addressing reaction (satisfaction), learning (knowledge, attitude, and skills), behavior, and performance.
3. Being relevant to medical students, residents, medical trainees, and physicians.
4. Written in English.
5. Original articles, short communications, conference papers, and dissertations that included the report of an educational intervention.

Other studies were excluded because they were not in line with the purpose of the study, which is to review the methods used in conflict management training. The inclusion and exclusion criteria were summarized in Table 1.

**Screening and Study Selection**

All retrieved articles were inserted into Endnote X7.8, and duplicate data were removed. Data were analyzed in 2 stages by 2 researchers (F.M. and M.K.M.) separately based on the inclusion and exclusion criteria. First, studies were selected based on their titles and abstracts, then based on their full text to prepare a preliminary list of 19 studies. In case of researcher disagreement, a third author was consulted for a final decision.

To increase the study's validity, the included articles were reviewed for methodological quality using a valid tool: Best Evidence Medical Education (BEME). This tool contains 11 quality indicators about research question, study objectives, data collection methods, data completeness, control of confounding factors, result analysis, conclusion, reproducibility, prospective, ethical considerations, and triangulation (20). Studies with at least eight 6 or 7, 5 or fewer quality indicators were considered high, medium, and low quality, respectively (21). To qualitatively evaluate the consequences of educational interventions of the target studies, the Kirkpatrick pyramid introduced by BEME was used to assess the educational outcomes assessment. The adopted model consists of 4 levels: level 1 considers participants' reaction to the training; and levels 2a and 2b consider changes in participants' attitudes/perceptions and knowledge/skills, respectively; level 3 considers changes in participants' behavior; and level 4a and 4b consider changes in organizational practice and benefit to patients, respectively (22).

**Results**

**Study Selection**

A total of 2888 studies were identified using electronic database search. In this process, 736 studies were excluded due to duplication, and 2152 studies were removed after title and abstract screening, resulting in 112 articles being eligible for full-text evaluation. Two studies were added through a manual search. After a thorough screening, 19 articles were selected for inclusion in the review (Figure 1).

**Study Characteristics**

Based on a scoping review, 19 studies (14 from the USA, 4 from Canada, and 1 from Australia) were selected. Of these 19 studies, 5 were based on a theory or a model (15, 16, 23-25). Teaching methods used in these studies were often in the form of interactive workshops (15, 16, 23, 25-28) roleplay (28), teaching, and discussion in small groups (1, 14, 28, 29) and the use of simulation methods (15, 17, 30, 31). An education through play and talk was used in 1 study (32). In 2 studies, the hot seat simulation method was used (15, 23). The provision of feedback, evidence-based practice, and the use of interactive theater were employed in some studies to teach the skills more effectively (33). A standardized patient was used in 2 studies (24, 29). In a few studies, the training were implemented as part of the curriculum in the form of courses

---

**Table 1**: Inclusion and Exclusion Criteria for the Proposed Study Based on a PICOS*

<table>
<thead>
<tr>
<th>PICOS</th>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Medical students, residents, medical trainees, and physicians</td>
<td>Other populations are not mentioned in the inclusion criteria</td>
</tr>
<tr>
<td>Intervention</td>
<td>Teaching conflict management/conflict resolution</td>
<td>Conflict of interest</td>
</tr>
<tr>
<td></td>
<td>Conflict management/conflict resolution education</td>
<td>Ethical conflict</td>
</tr>
<tr>
<td></td>
<td>Conflict management/conflict resolution training</td>
<td></td>
</tr>
<tr>
<td>Comparison</td>
<td>NA</td>
<td>Other outcomes are not mentioned in the inclusion criteria</td>
</tr>
<tr>
<td>Outcome</td>
<td>Reaction (satisfaction)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning (knowledge, attitude, and skill)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Behavior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performance</td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td>English Language</td>
<td>Non-English articles</td>
</tr>
<tr>
<td>Publication date</td>
<td>Until May 21, 2023</td>
<td></td>
</tr>
<tr>
<td>Study classification</td>
<td>Publication type: Original articles, short communications, conference papers, and dissertations</td>
<td>Other publications are not mentioned in the inclusion criteria</td>
</tr>
<tr>
<td>Distinct characteristics</td>
<td>Method, approach, and technique</td>
<td>Other distinct characteristics are not mentioned in the inclusion criteria</td>
</tr>
</tbody>
</table>

*PICOS, Patient/Population, Intervention, Comparison and Outcomes, Study design.
NA, Not applicable.
Teaching Conflict Management Skills

Table 2. Quality of the Included Studies

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Details</th>
<th>Indicator met</th>
<th>Indicator not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research question</td>
<td>Is the research question or hypothesis clearly stated?</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Study subjects</td>
<td>Is the subject group appropriate for the study (in terms of the number, characteristics, selection, and homogeneity)?</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Data collection methods</td>
<td>Are the methods used (qualitative or quantitative) reliable and valid for the research question and context?</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Completeness of data</td>
<td>Have the subjects dropped out? Is the attrition rate of less than 50%? Is the response rate acceptable (60% or above) for questionnaire-based studies?</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Control of confounding</td>
<td>Have multiple factors/variables been removed or accounted for, where possible?</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Analysis of the results</td>
<td>Are the statistical or other methods of results analysis used appropriately?</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Conclusions</td>
<td>Is it clear that the data justifies the conclusions obtained?</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Reproducibility</td>
<td>Could other researchers repeat the study?</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Prospective</td>
<td>Does the study look forward in time (prospective) rather than backward (retrospective)?</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Ethical issues</td>
<td>Were all the relevant ethical issues addressed?</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Triangulation</td>
<td>Were the results supported by the data from more than one source?</td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

In terms of methodological quality, 10 high-quality articles (15, 17, 24, 27-32, 34, 35), 5 medium-quality (1, 16, 26, 36-37), and 4 low-quality were included in the present study (14, 25, 28, 33). All articles were reviewed based on 11 BEME tool quality indicators (Table 2). The Kirkpatrick model was used to differentiate the level of evaluation completed for the training reported in each of the articles reviewed. The Kirkpatrick model is probably the best-known model for analyzing and evaluating the outcomes of educational programs.

The number of articles evaluating the effects of educational intervention at different levels of Kirkpatrick outcome is listed in Figure 2.

Level 1: Eight articles reported results at level 1, which focused on participants' reactions to conflict management training. This level measures how participants react to the training, including program satisfaction (25, 27, 28, 33), perspectives of participants using semi-structured interviews (16, 31), curriculum feasibility and acceptability (29), perspectives of participants using audio-recorded conferences, and interviews (30).

Level 2A: Six articles reported results at level 2A, which involved changes in participants' attitudes and perceptions, including confidence in skill assessment (23), revised occupational stress inventory, personal strain questionnaire, and personal resources questionnaire (35), Boggs scale for collaboration and satisfaction about care decisions (24), self-reported confidence and attitudes evaluation (14), self-reported attitude to interprofessional learning, measure motivation-to-learn and perception to transfer of learning (36), attitudes toward interprofessional, healthcare teams scale, and interdisciplinary education perception scale and team skills scale (34).

Level 2B: Five articles reported changes in knowledge or skills at level 2B, including confidence assessment, objective structured clinical examination (1), confidence of being ready to manage conflict questionnaire (15), de-escalation anger (17), reflection on teamwork and conflict resolution styles (29), well-being, reflective capacity, and communication skills assessment (32).

Level 4B: Only 1 article reported results at level 4B, which focused on organizational practice or benefit to patients, including changes in practice questionnaires, interprofessional communication, and practice changes using focus groups (26). Table 3 summarizes the main findings of the reviewed studies.

Figure 2. Distribution of the reviewed studies based on Kirkpatrick outcome levels

http://mjiri.iums.ac.ir
Table 3: Studies Proposing Training Methods for Conflict Management Skills

<table>
<thead>
<tr>
<th>ID</th>
<th>Authors</th>
<th>Year</th>
<th>Journal</th>
<th>Country</th>
<th>Article classification</th>
<th>Participants</th>
<th>Theoretical model/framework</th>
<th>Teaching methods/strategies/techniques</th>
<th>Instrument</th>
<th>Outcomes measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Westcott, S. &amp; al.</td>
<td>2023</td>
<td>Academic Psychiatry, Canada</td>
<td>Original article</td>
<td>Psychiatric residents</td>
<td>Not stated</td>
<td>Play and Talk</td>
<td>CIPP evaluation</td>
<td>Well-being</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Ganassah, R.M. &amp; al.</td>
<td>2021</td>
<td>MedEdPORTAL, USA</td>
<td>Original article</td>
<td>Medical students</td>
<td>Not stated</td>
<td>Role play with standardized Patient</td>
<td>Program evaluation questionnaire</td>
<td>Curriculum feasibility and acceptability</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Birnbach, D.J. &amp; et. al.</td>
<td>2021</td>
<td>Anesthesiology &amp; Analgesia, USA</td>
<td>Original article</td>
<td>Anesthesiology Residents</td>
<td>Not stated</td>
<td>Simulation</td>
<td>Novaco Anger Scale</td>
<td>De-escalation Anger</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Barr, K.P. &amp; et. al.</td>
<td>2020</td>
<td>Journal of Graduate Medical Education, USA</td>
<td>Original article</td>
<td>Physical medicine, rehabilitation (PM &amp; R) residents</td>
<td>Shannon-Kim 4-Step Conflict Dialogue Model</td>
<td>“Hot Seat” Simulation and Role play</td>
<td>Questionnaire</td>
<td>Confidence in being ready to manage conflict questionnaires</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Wolfe, A.D. &amp; et. al.</td>
<td>2018</td>
<td>MedEdPORTAL, USA</td>
<td>Original article</td>
<td>Pediatric residents</td>
<td>Not stated</td>
<td>Didactic presentation</td>
<td>Program evaluation questionnaire</td>
<td>Program Satisfaction</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cochrane, N. &amp; et. al.</td>
<td>2018</td>
<td>Conflict Resolution Quarterly, USA</td>
<td>Review the article &amp; describe a pilot project</td>
<td>Health professionals</td>
<td>Not stated</td>
<td>Brief didactics</td>
<td>Myers Briggs Personality Inventory</td>
<td>Confidence assessment</td>
<td></td>
</tr>
</tbody>
</table>

Discussion

This scoping review aimed to search and analyze conflict management training methods for medical students. Although many studies were conducted on conflict management in the field of nursing, studies that targeted medical students were limited (37). Various training methods were proposed, and in-depth analysis is required to design an effective training program. Different techniques were employed—including lecture presentation (16, 35), demonstration (16), simulation (25, 30, 31), and standardized patient (24), as well as student-centered and active methods such as reflection (16), reflective problem-solving exercises (25), group discussion (1, 14, 27, 28), game and gamification (15, 23), roleplay (14, 16, 28), and theater (33).

Most studies were conducted in a single group, and the effectiveness of an educational method was not evaluated compared with other methods. While simulation-based training and active, interactive techniques like roleplaying, group discussions, and interactive workshops were among the most popular approaches, the research could not identify any one approach as the most successful or highlight any technique as the most effective. Determining which teaching methods can be most effective remains an unresolved gap in the studies. The findings of this review study show that in most studies, various methods were employed by the researchers. Hence, we cannot quantitatively synthesize them (15, 16, 23, 25-28, 33).

Based on the 11 quality indicators of the BEME tool, almost half of the retrieved studies are of high quality. Differences in study methodology make it impossible to judge the best teaching method confidently. To determine the best and most effective teaching method, it is helpful to conduct studies with a robust and high-quality methodology, such as a randomized controlled trial that can compare the effectiveness of different teaching methods.

The findings of this study show that it is essential to evaluate the traditional methods of conflict management training and to explore new approaches, combining different techniques and strategies. The use of simulation-based training, role-playing, and interactive workshops can provide a realistic and immersive learning experience for medical students, enhancing their ability to handle conflicts effectively.

http://mjiri.iums.ac.ir
consider the level of the outcome evaluation when attempting to assess the effectiveness of the teaching method. Given that the ultimate goal of education is to change behavior and improve skills leading to improved

<table>
<thead>
<tr>
<th>ID</th>
<th>Authors</th>
<th>Year</th>
<th>Journal</th>
<th>Countries</th>
<th>Article classification</th>
<th>Participants</th>
<th>Theory/model/framework</th>
<th>Teaching methods/strategies/techniques</th>
<th>Instrument</th>
<th>Outcomes measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Itri, J.N. &amp; et. al.</td>
<td>2017</td>
<td>Current Problems in Diagnostic Radiology</td>
<td>USA</td>
<td>Original article</td>
<td>Radiology residents</td>
<td>Not stated</td>
<td>Group discussion Role-play</td>
<td>Myers Personality Inventory Thomas Killmann Conflict Mode Instrument Program evaluation questionnaire</td>
<td>Program Satisfaction</td>
</tr>
<tr>
<td>8</td>
<td>Vandergeoot, S. &amp; et. al.</td>
<td>2017</td>
<td>Journal of Interprofessional Care</td>
<td>Australia</td>
<td>Original article</td>
<td>Nursing students Medical students</td>
<td>Not stated</td>
<td>Interprofessional education Questionnaire</td>
<td>Questionnaire</td>
<td>Self-reported attitude to interprofessional learning Measure motivation-to-learn Perception to transfer of learning</td>
</tr>
<tr>
<td>10</td>
<td>Chiarchiaro, J. &amp; et. al.</td>
<td>2016</td>
<td>Critical Care Medicine</td>
<td>USA</td>
<td>Original article</td>
<td>Physicians</td>
<td>Not stated</td>
<td>Case-based simulation Interviews</td>
<td>Perspectives of participants using audio-recorded conferences and interviews</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Friend, M.L. &amp; et. al.</td>
<td>2016</td>
<td>Journal of Nursing Education</td>
<td>USA</td>
<td>Original article</td>
<td>Nursing students Medical students</td>
<td>Not stated</td>
<td>Lecture</td>
<td>Interview and survey Interprofessional healthcare teams scale Team skills scale and interdisciplinary education perception scale</td>
<td>Attitudes toward Interprofessional Healthcare Teams Scale Interdisciplinary Education Perception Scale Team Skills Scale</td>
</tr>
<tr>
<td>12</td>
<td>Chiarchiaro, J. &amp; et. al.</td>
<td>2015</td>
<td>Annals of the American Thoracic Society</td>
<td>USA</td>
<td>Original article</td>
<td>Physicians</td>
<td>Not stated</td>
<td>Case-based simulation Semi-structured interviews</td>
<td>Program evaluation questionnaire Program Satisfaction Perspectives of participants using semi-structured interview Boggs scale for collaboration and satisfaction about care decisions</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Lifchez, S.D. &amp; et. al.</td>
<td>2015</td>
<td>Journal of Graduate Medical Education</td>
<td>USA</td>
<td>Original article</td>
<td>Plastic surgery residents</td>
<td>The Standardized Professional Encounter Model (S-Pro Encounter) Role with Standardized Patient</td>
<td>Boggs scale for collaboration and satisfaction about care decisions Boggs scale for collaboration and satisfaction about care decisions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teaching Conflict Management Skills

http://mjiri.iums.ac.ir

patient care, the lack of evidence on the effectiveness of educational methods on student performance based on the Kirk Patrick pyramid can be acknowledged. However, in most of the studies reviewed in this research, the evaluations were limited to surveys on students regarding the relevance of the training course to their future job needs and on the satisfaction of study participants regarding the effectiveness of the teaching method employed at Level 4B of Kirkpatrick's educational outcomes (26).

For future studies, evaluation at higher Kirkpatrick levels is recommended to judge the effectiveness of teaching methods. Few studies assessed the efficacy of conflict management skills’ training methods at the level of behavioral change, organizational performance, or patient improvement (high levels of Kirkpatrick). It seems that because of the complexity of the factors affecting patient care, high levels of outcomes cannot simply be assessed. However, workplace-based assessment can provide help-

http://mjiri.iums.ac.ir
Teaching Conflict Management Skills

ful information about the effectiveness of educational interventions on performance change at higher levels of Kirkpatrick. Future educational interventions can propose procedures for using active methods of interprofessional learning and teaching in achieving high outcomes in conflict management training.

Moreover, the training courses in the reviewed studies were short-term. Only 2 studies compared the effectiveness of its training course in both intervention and control groups. However, due to the nonequivalency of the groups, the generalizability of the results was considered as a confounding variable (32, 34). Moreover, the evaluation of the effectiveness of training in the long run and after 12 months of the training course was performed in only 1 study (16). In contrast, in other studies, no such subsequent evaluation was reported.

Another shortcoming of most studies was the lack of appropriate tools for skill assessment by the observer to evaluate the training method’s effectiveness. Student self-assessment can be helpful as a complementary tool to assess the training method’s effectiveness and not as the only assessment method. Future studies on the effectiveness of conflict management training methods should employ standard and valid assessment tools for studies with randomized controlled trial designs. These assessment tools should be focused on the student’s behavioral changes rather than their self-perceived changes in knowledge or satisfaction.

Of the studies included in this review, few were based on theory or model (15-16, 23-25), highlighting the need to understand the reason for using a teaching method conforming to specific frameworks, which is a critical element in evaluating effectiveness. Including regular and longitudinal conflict management training in the medical students’ curriculum is required. Moreover, instructional design based on appropriate theories and frameworks as suitable guides for the training course is valued.

Implications

Most of the evaluations in this review study were single-centered and only assessed learners’ satisfaction. Future studies should focus on the "why" and "how" of the effectiveness of innovative training methods and strategies of conflict management skills. This can be accomplished by implementing the following: (i) describing the educational context; (ii) the reasons for choosing suitable educational methods with a pedagogical approach; (iii) describing the resources; and (iv) appropriate considerations and educational methodology in the form of long-term assessment of the outcomes. Future research should also consider innovative workplace-based teaching and learning approaches. Training through simulation, as well as active and interactive methods such as roleplay, group discussion, and interactive workshops, were among the most frequent methods in the studies. Based on the findings of this review, it is recommended that educators and teachers use a hybrid approach by combining several methods to improve the training of students’ conflict management skills.

Limitations

This review study has several limitations. The search in this study was limited to 5 databases, and no searches for nonindexed journals were performed on the databases. Moreover, given the focus of this review on medical education, especially for undergraduate medical students and graduated physicians, this study’s findings cannot be unchangeably generalizable to other healthcare disciplines.

Conclusion

This scoping review aimed to provide an overview of the literature’s various training methods for conflict management and the best evidence of the most appropriate training method. This scoping review also provides a new perspective for teachers and educational planners on designing and using appropriate strategies and methods for teaching conflict management skills in curricula. Further quantitative and qualitative research should evaluate the effectiveness of conflict management training methods by focusing on the randomized controlled trial design and using standard and valid tools to assess the educational outcomes. Regardless of the training method, future studies should emphasize the "why" and "how" of the effectiveness of the training methods and strategies. Moreover, in future studies, evaluations at the higher levels of Kirkpatrick should be considered to ensure the effectiveness of these methods and transfer them to the workplace.

Acknowledgements

Not applicable.

Ethics Statement

Ethical approval was obtained from Ethical Committee of Gerash University of Medical Sciences (No: IR.GERUMS.REC.1401.010).

Authors Contributions


Conflict of Interests

The authors declare that they have no competing interests.

References

5. Centered on the workforce... conflict and the nursing workforce. Am

http://mjiri.iums.ac.ir

((conflict[Title/Abstract]) AND (manag* [Title/Abstract] OR resolution[Title/Abstract])) AND (training [Title/Abstract] OR teaching [Title/Abstract] OR education [Title/Abstract] OR learning[Title/Abstract]) AND "students, medical" [Title/Abstract] OR "medical student**" [Title/Abstract] OR "medical education" [Title/Abstract] OR resid* [Title/Abstract] OR "medical trainees"[Title/Abstract])