

When the MSV Women Physicians Section has asked members about topics they'd like to see covered in MSVW, the topic of workplace conflict comes up time and time again. We've asked Viola Baskerville, a member of the Virginia House of Delegates, to share some of her insights on this topic.

WORKPLACE ^{addressing} CONFLICT

MSVW: IN YOUR EXPERIENCE, WHAT ARE THE EASIEST TYPES OF WORKPLACE CONFLICT TO ADDRESS?

VIOLA BASKERVILLE: Conflicts which are dealt with at the earliest possible stage can provide the best chance for resolution. Early active constructive responses to conflict have the effect of not escalating the conflict further. They tend to reduce the tension and keep the conflict focused on ideas rather than personalities.

Conflict results from an inescapable fact that people have different (and sometimes opposing) goals, needs, desires, responsibilities, perception and ideas. It is inevitable; we cannot prevent it, nor would we want to since some kinds of conflict can be productive. While conflict itself is inevitable, ineffective and harmful responses to conflict can be avoided, and effective and beneficial responses to conflict can be learned.

It is important to note that conflict resolution is a dynamic process. Specific early active constructive actions which can be taken to de-escalate conflict further include taking perspective of the situation through listening to the other party, confronting conflict constructively and creating solutions to problems, effectively expressing emotions and reaching out to the other party. Again, conflict resolution is a dynamic process, and under the transformative model of conflict resolution, the parties themselves are the best parties to reach a resolution of the conflict.

MSVW: ARE THERE ANY STRATEGIES FOR RESOLVING WORKPLACE CONFLICT IN WHICH WOMEN IN PARTICULAR EXCEL?

VB: I am not aware of any definitive support for finding that women excel in one strategy over another for resolving workplace conflict; however, both creating solutions and reaching out are two active, constructive

strategies that are compatible with the natural tendencies in women to collaborate and build consensus.

Creating solutions uses a collaborative means of resolving disputes. This non-adversarial method of problem solving is rooted in each party's commitment to achieving a mutually satisfactory solution. Listening, communicating, brainstorming and negotiating increase understanding of the conflict, but also eases the resolution of future problems. By reaching out to the other party, one can often repair any emotional damage caused by a conflict. The goal of this strategy is to reduce the emotional tension in the situation and allow the resumption of the conflict resolution process.

MSVW: WHAT ARE THE BIGGEST MISTAKES WOMEN MAKE WHEN ADDRESSING WORKPLACE CONFLICT?

VB: Perhaps one of the challenges in addressing workplace conflict for both men and women is effectively expressing emotions. Hiding relevant feelings can be a stumbling block on the path to conflict resolution. Hidden emotions can also negatively affect job performance, relationships with co-workers and loyalty to the organization. In addition, unexpressed emotions can cause depression, insomnia, headaches, and other emotional and physical ailments. Often workers may keep feelings inside because of a belief that they cannot be expressed properly, fear of making the situation worse, or fear of losing acceptance or validation from others.

Perhaps the greatest concern is that expressing one's emotions is inappropriate for a business situation. However, when unexpressed emotions are interfering with conflict resolution or productive relationships with co-workers, then it is necessary to address them so as to get on with the operation of the organization.

Continued from Page 1

MSW: HOW DO YOU GET PEOPLE OF DIFFERENT PERSONALITIES (STRICT TYPE A PERSONALITY VS. LAID BACK TYPE B PERSONALITY) TO COOPERATE? WHAT IF THERE IS ALREADY “BAD

BLOOD” BETWEEN THEM?

VB: Learn to identify personality types and how different personality types react to stress. Understand each other's personality types and how the other reacts to stress. There are assessment tools that can be used to determine personality types and how

they react to stress. Knowing and anticipating another's response to stress is helpful in working through communication challenges. It's important to remember not to take another person's reaction to stress personally. Those reactions are part of learned patterns of reaction. □

SCREENING MAMMOGRAPHY Your Patients' Best Choice for Early Detection

BY SALLIE S. COOK, MD
CHIEF MEDICAL OFFICER, VIRGINIA HEALTH QUALITY CENTER

Breast cancer affects one in eight American women, and the risk of breast cancer continues to increase as women age.¹ Periodic screening mammography has been shown to save lives by detecting breast cancer early, when it is most treatable—an average of nearly two years before a woman can feel the lump.² Yet, this important screening test is underutilized.

Breast cancer is the leading cause of cancer incidence and the second leading cause of cancer death for women in the United States, with an estimated 211,300 new cases and 39,800 deaths expected to occur in 2003.³ Just being a woman and aging are the two greatest risk factors for getting breast cancer. Over 75 percent of breast cancers are found in women aged 50 and older, at an age when most women feel they are no longer at risk.⁴

The American College of Radiology and the American Cancer Society recommend annual mammograms for women 40 and older.⁵ Other national health care recommendations continue to support mammography screening for all women over age 40. Last year, the U.S. Preventive Services Task Force stated that the likelihood of harm from screening (false-positive results and unnecessary anxiety, biopsies and cost) actually diminishes as women age.⁶

Based on Medicare claims data, the percentage of women in Virginia (with Medicare), aged 50-67, who have had at least one mammogram from October 1999 to September 2000 is only 59.9 percent. This demonstrates a need for increased awareness and encouragement for women to seek mammograms as they age. The most important determinant

to whether mammograms and clinical breast exams are done is the relationship between the woman and her health care provider,⁷ so it's critical that physicians recommend screening mammography to their patients.

The Virginia Health Quality Center (VHQC), a health care quality improvement organization, works with health care professionals to promote mammography screenings for Virginia's female Medicare recipients, a population at increased risk for breast cancer. The VHQC's Physician Office Initiative, which includes mammography, collaborates with approximately 20 percent of all primary care physicians in the state. The VHQC routinely provides its collaborators with quality improvement and patient education materials on these topics, along with meaningful data on mammography rates in their locality and for their practice.

Remember that your patients need reassurance to help them overcome common barriers to mammography. Remind them that mammography is affordable; Medicare helps pay for a mammogram for women aged 40 and older who are covered under the program once every twelve months.⁸ Most other insurance programs also help pay for mammograms. Reassure them that mammograms are not unsafe or painful—they give minimal exposure to radiation.⁹ Some pressure on the breasts is needed during a mammogram in order to get a high quality x-ray, but it only lasts a few minutes.

Breast cancer can occur at any time. That is why it is so important to encourage your female patients to get regular mammograms—not just one. Screening mammography leads to early detection, which saves lives. □

¹ National Cancer Institute Web site: Cancer Facts (National Cancer Institute Surveillance, Epidemiology, and End Results Program, 1995-1997). Cited 2003 March 29. Available from: http://cis.nci.nih.gov/fact/5_6.htm.

² Centers for Disease Control/The National Breast and Cervical Cancer Early Detection Program Web site: Breast Cancer and Mammography Information. Cited 2003 March 29. Available from: <http://www.cdc.gov/cancer/nbccedp/info-bc.htm>.

³ American Cancer Society, Cancer Facts and Figures 2003:4.

⁴ American Cancer Society Web site: Fast Facts. Cited 2003 March 29. Available from: http://www.cancer.org/docroot/cr/content/cr_2_6x_fast_facts_5.asp.

⁵ National Guideline Clearinghouse Web site. Cited 2003 March 29. Available from: <http://www.guidelines.gov/index.asp>.

⁶ *Screening For Breast Cancer: Recommendations and Rationale*, U.S. Preventive Services Task Force, 2002.

⁷ Roberts RA, Birch NF. A comparison of breast cancer secondary prevention activities and satisfaction with access and communication issues in women 50 and over. *Prev Med* 2001 Apr;32(4):348-358.

⁸ Centers for Medicare & Medicaid Services, Medicare & You 2003:11,27.

⁹ American Cancer Society Web site: Myths and Facts. Cited 2003 March 29. Available from: http://www.cancer.org/docroot/cr/content/cr_2_6x_myths_and_facts_5.asp.

Quick Tips

Baskerville offers the following tips on how women can be assertive without being branded as aggressive by their male partners:

- Express yourself openly and sincerely.
- Share your goal(s) with thoughtful, frank, and constructive dialogue.
- Do not lead with your opinions.
- Encourage the other person to freely express himself.
- Ask questions to help clarify any points.
- Allow the other person to finish speaking; never interrupt.
- Speak clearly. Be direct and brief.
- Use the other person's name whenever possible.
- Never express prejudice, hostility, arrogance, or disinterest.
- Attack problems, not people.
- Collaborate on problems.
- Ask the other person to paraphrase what he believes you said.
- Ask for ideas and solutions.
- Encourage continual participation and dialogue from the other person.

Be assertive in non-verbal communication as well; for instance:

- Maintain steady eye contact (but don't stare).
- Lean slightly forward. Have a relaxed posture.
- Speak firmly with a moderate rate of speech.
- Shouting, finger-jabbing, an angry expression or tone of voice will be interpreted as aggression and will serve to escalate conflict.
- Silence can be golden. Strategic or tactical silence allows you to observe the other person in order to understand his perspective. Organize your thoughts and strategies.
- Stop frequently to make sure the other person understands you.

Become an informed voter!

Election Day is November 4, and we asked Del. Viola Baskerville how women physicians can become a more informed electorate on women's health and other issues. According to Baskerville, first it is important to learn, know and be comfortable with the legislative process itself. You should also make an effort to know who the decision makers on healthcare issues are, both the elected and administrative players such as Committee Chairs, committee members, Executive level players, and administrative players.

Establish a relationship with your Delegate and Senator. Know his or her voting record on topics of interest to you, and communicate with his or her office and give your viewpoint on those topics, Baskerville says.

She also suggests attending the Women's Forum held each Wednesday morning during the legislative session in January-March, and encourages women physicians to visit the Virginia Legislative web site at: <http://legis.state.va.us>

Women's Conference This Month

Don't forget . . . the MSV Women Physicians' Section will be sponsoring the annual Women Physicians' Conference on Friday, September 26, 2003 at the Omni Hotel in Richmond. The theme for this year's conference is "Managing It All and Taking the Lead," and the goal for our lineup of speakers is to provide physicians with crucial business skills for the workplace.

As always, the conference offers an opportunity to network with other professionals and to share advice and experiences. Last year's conference received high marks from those that attended from all across the state. Don't miss out . . . please join us for a day of education and inspiration. Up to 5.5 hours in Type 1 or Type 2 CME. For more information visit the MSV website at www.msv.org, or call (804) 377-1043.

MSV Annual Meeting Reminder

Make plans now to attend the MSV's 2003 Annual Meeting at the Norfolk Waterside Marriott October 23-26. The MSV Women Physicians' Section will host a complimentary luncheon and speaker on Saturday, 12:30-2 p.m. entitled "How to Manage Your Practice and Stay Out of the Courtroom," presented by Joan Roediger, JD, LL.M., who practices in Philadelphia with the firm of Obermayer, Rebmann, Maxwell & Hippel, LLP and specifically works in their Business and Finance Department and Health Care Practice Group.

Accolades

VHQC Chief Medical Officer Elected State Patient Safety Coalition President

Sallie S. Cook, MD, chief medical officer of the Virginia Health Quality Center (VHQC) has been elected 2003-2004 President of Virginians Improving Patient Care & Safety (VIPC&S), a statewide patient safety coalition representing more than 40 health care organizations.

The VIPC&S was formed in 2000 to share information and knowledge on patient care quality in a collaborative effort to continuously improve quality of care and patient safety in Virginia. The coalition shares information concerning effective mechanisms, both public and private, for quality improvement, as well as addresses processes and issues concerning medical errors. Coalition organizations include health care provider associations, health plans, hospital and health care systems, the Virginia Department of Health and other health care concerns.

Dr. Cook has served as chief medical officer of the VHQC since 1990, acting as corporate medical officer

and senior clinical advisor for quality improvement initiatives, review activities and other related VHQC functions.

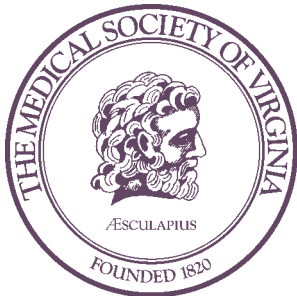
“Given the heightened interest today in patient safety and prevention of medical errors,” said Dr. Cook, “I look forward to working with the diverse disciplines committed to VIPC&S and their vision to continue effective and open dialogue between all health care parties to advance patient safety in Virginia.”

Dalton Wins AMA’s CME Seat

Claudette Dalton, M.D., won a seat on the AMA Council on Medical Education during its Annual Meeting in Chicago in June.

A practicing anesthesiologist at the University of Virginia School of Medicine. Dr. Dalton is thrilled she will have the opportunity to participate in this prominent council. She is looking forward to bringing her expertise in community-based medical education and academic outreach to practicing physicians across the country.

4



*Representing Virginia
Physicians and Patients
Since 1820*

4205 DOVER ROAD

RICHMOND, VIRGINIA 23221

804.353.2721

FAX 804.355.6189

WWW.MSV.ORG

The MSV Women Physicians' Section thanks the **MSV Insurance Center** for their sponsorship. For more information about how the MSVIC can help with your health and malpractice insurance needs, call toll free **877-226-9357**.