Conflict Transformation: Module Overview

This module will enable learners to critically examine the impact of conflict within healthcare teams and to understand best practices that support sustainable, peaceful engagement and collaboration. **Conflict transformation** involves discovery of the potential for conflict, exploration of the underlying conditions which lead to conflict, and strategic systems thinking to change the dynamics of the interaction on an ongoing basis. In health professional teams, conflict transformation requires accepting individual accountability for one's own actions and communication style, while remaining aware of typical sources of tension between and across professional groups.

> *"By peace we mean the capacity to transform conflicts with empathy, without violence, and creatively -- a never-ending progress"* - John Galtung

Module Description

This module is divided into three parts, focusing on three key aspects of conflict that learners must become familiar with: the role of self in conflict; how and when conflict occurs; and strategies to transform conflict in an interprofessional team.

In this module, you will learn how to apply elements of the person-centered decision making process to transform conflict, including how to revise the plan, and how and when to make or defer a decision. The tools and content in this module are applied to Geeta's Story, which illustrates the experience of transferring from a home birth to a hospital, and the conflicts that may arise. Interactions between patients and healthcare providers during pivotal events can lead to positive or adverse impacts on safety, quality of care, or effective teamwork.

You will review evidence-based information and resources on best practices that lead to conflict transformation in the healthcare setting. You will also evaluate your own conflict management style and to learn the styles of others. Conflict in the workplace can be complex and difficult. The skills taught in this module can provide a foundation for recognizing, mitigating, and transforming conflict into an opportunity for high-quality, person-centered care.

Learning Objectives

By the end of this module, participants will be able to:

1. Describe the impact of conflict on the health of individuals, teams, and systems of maternity care.
2. Discuss factors that may influence person-centered decision making and contribute to interprofessional conflict.
3. Demonstrate effective use of conflict transformation strategies.
4. Identify and discuss different conflict management styles.

Understanding Conflict

> *"Engaging people who disagree with us is a chance to examine the beliefs and values we normally take for granted. One way to equip citizens for productive discussions is to convey to them the practice of philosophy."* - Plato

Before we discuss how to act when conflict arises, we must first establish exactly what we mean by conflict, its implications, and the best practices to identify and respond to it. In this module, we refer to conflict in two senses:

1. Conflict as a single, isolated event within a specific case
2. Conflict as an ongoing, progressive challenge that arises within a healthcare team across cases, and thereby affects the team's overall communication, collaboration, and person-centered decision making.

We will move away from the common conceptions of *conflict management* and *conflict resolution* towards the concept of *conflict transformation*. Conflict resolution and conflict management methods focus on reducing or defusing crisis moments.

Conflict resolution leads people to believe that there is a finite beginning, middle, and end to a conflict—this is a misunderstanding of the ongoing and inevitable nature of conflict.

Conflict management, though still a prevalent approach to addressing conflict, assumes a default hierarchy wherein a team leader is the first resort and the only person charged with finding a solution. This is problematic in the healthcare setting as the default team leader is often assumed to be the physician. This leads to power imbalances, unintended allocation of responsibility, and hierarchy across disciplines, all of which are known causes of conflict (1,2).

Conflict transformation in an interprofessional healthcare setting is the process of recognizing conflict, or the potential for conflict, in a team setting, and reframing the conversation or care plan to facilitate sustainable cooperation and collaboration.

"Conflict is the beginning of consciousness" - M. Esther Harding

What is Conflict?

The first thing to understand about conflict is that it is inevitable (3,4). When we accept conflict as inevitable, we can better anticipate, recognize, and address it in a timely manner. Secondly, and equally important, is that the potential for conflict is inherent in the nature of teamwork, because individuals enter into a team with their own established (and often differing) **roles, scopes, senses of accountability, values, experiences, and expectations** (3). These are informed by their health professional education, practice, peers, as well as the context of their personal background and life experiences.

Conflict occurs between care providers, but also between providers and the people they are caring for.

Reflection: Understanding Interprofessional Conflict

Reflect on the following quotes and comments.

Factors in Interprofessional Conflict

Interprofessional conflict occurs at three levels of the social structure (3):

- **Micro --** This includes conflict arising from personal issues and emotional concerns that are influenced by roles, values, experiences, and expectations
- **Meso --** This includes conflict arising from physical or clinical concerns
- **Macro --** This includes conflict arising from systems issues or organization of care

Very little is known about how micro, meso, and macro level factors may influence person-centered decision making or the ability to transform conflict into collaboration. However, ongoing conflict can lead to burnout. Various forms of macro-level conflict are the largest contributing factors to healthcare professionals leaving their practice, as documented in a study of midwives in the UK (5):

> *"Midwives who have left midwifery were asked the reason(s) why they decided to leave. The top five reasons were: not happy with staffing levels at work (52%); not satisfied with the quality of care they were able to give (48%); not happy with the workload (39%); not happy with the support they were getting from their manager (35%); and not happy with their working conditions (32%)."*

According to a survey of 1,200 nurses, physicians, and hospital executives in the U.S. (6):

> *"Although only a small percentage of physicians were reported to exhibit disruptive behavior, both physicians and nurses agreed that it influences ... attitudes toward patient care and inhibits teamwork, affecting the efficiency, accuracy, safety, and outcomes of care. Disruptive behavior often leads to confrontation and unease among those working closely with these [healthcare providers], and it can cause widespread frustration among staff members who question why the facility tolerates such behavior. Most importantly, losing just one employee ... can profoundly affect the hospital's ability to operate and can add to the already high costs of recruitment and replacement."*

A quotation from KrisEmily McCrory, MD, a family medicine physician based in Schenectady, N.Y., is as follows (7):

> *"I think the biggest challenge is that doctors are no longer in charge. But at the same time it is our licenses and our liability [at risk]."*

What is your reaction to these quotations? What worries you about interprofessional conflict in your workplace?

How does Conflict Impact Maternity Care?

When teams depend on contributions from multiple primary care providers, the potential for conflict is amplified—the result being poor team functioning, decreased team effectiveness, and impact on patient care (7-9). In the context of primary healthcare, including maternity care, we see conflict manifesting in serious deficits in human health resources (10).

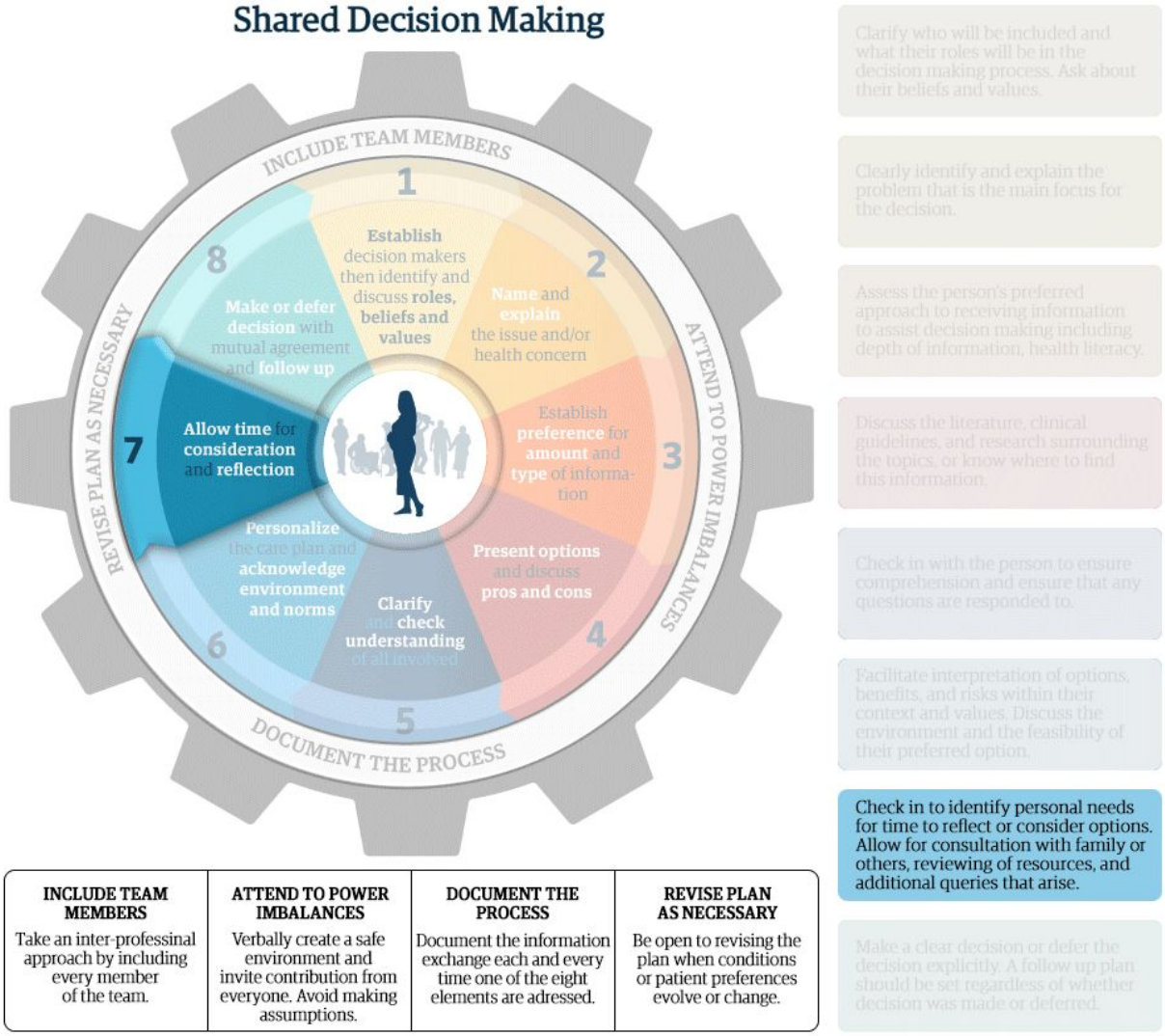
Conflict threatens person-centered decision making, effective communication, teamwork, and collaboration, and can destabilize any or all four of these key components of interprofessional work at any time with serious consequences for patients, healthcare teams, care centers, and healthcare systems. Conflict can and does have a negative impact on healthcare outcomes and people's experience of maternity care (9, 11-13). Poor collaboration among care providers leads to serious consequences for childbearing women, including higher rates of perinatal adverse outcomes. Interprofessional collaboration is therefore crucial to safe and high-quality maternity care (14).

Patients face a number of barriers to engaging in person-centered decision making in maternity care. For example, they may be unfamiliar with the healthcare system, have limited language and health literacy skills, or lack trust due to fragmented care experiences (14). Interprofessional collaboration is especially important when health problems arise during a pregnancy that require more coordination of care, such as during transfer of birth place (15) or change of primary provider.

Allow Time for Consideration: An PCDM Key Element

Although most people have difficulty making healthcare decisions quickly, sometimes the situation calls for an urgent decision. Even in these instances, people want time to reflect on and react to the options that are presented to them (16). A large community-based participatory action research project conducted in British Columbia found that clients from diverse socio-cultural, geographic, and economic backgrounds held back their questions if their provider seemed rushed; if they had a difference of opinion with their care provider about care for themselves or their newborn; or if they thought the provider might think they were being difficult. These experiences made participants score significantly lower on two quality measures, the Mothers Autonomy in Decision Making (MADM) scale and the Mothers On Respect (MOR) index.

When engaging in shared decision making conversations, check on the person's need for time to reflect. People may want time to consult with family, friends, or their community. They may also need time to review the options being presented, and may want to do their own research into the matter. Having time to reflect may lead to more questions that in turn will require a further round of clarification and discussion about options and decisions to be made.



PERSONAL REFLECTION

Think about the last time you had an appointment with a healthcare provider when you had a discussion about a particular health concern or therapy.

Differing Agendas: Attend to Power Imbalances

Optimal management of pregnancy and birth means that both patients and care providers feel that they used strategies to minimize risk while maximizing integrity (12). Care providers and patients may approach risk and integrity in birth differently. For pregnant people, maximizing integrity means preserving their ideals and values about birth, whereas for care providers it may mean upholding their beliefs and principles. Minimizing risk also includes attending to feelings of psychological risk. Concepts of risk and integrity are influenced by complex relationships between personal experiences, research evidence, and local healthcare cultures. A mutual understanding of these variables can improve communication, experience, and outcomes.

Although client-centered care and PCDM have become standard goals in healthcare, care providers are sometimes reluctant to put these principles into practice because they feel ultimately responsible and accountable for decisions made in labor. There is a perceived fear of negative professional consequences if the decisions made lead to adverse outcomes. Some patients put complete trust in their care providers to make decisions, resulting in more anger and litigation when the outcomes turn out differently than expected. This imbalance in decision-making needs to be addressed to ensure patients are truly involved in their care (13).

An example of the tensions that exist surrounding birth and choice can be seen in the standard use of electronic fetal monitoring (EFM) in hospital births with uncomplicated pregnancies. EFM remains a standard practice despite robust evidence that it does not lead to benefits in healthy pregnancies. Routine use of EFM highlights the tensions between best practice, provider interests in protecting themselves from litigation, a pregnant person's ability to make informed choices, ethical principles of beneficence and autonomy, and the health and safety of birth parent and newborn. Some providers may practice within a context of "defensive medicine", but this motive is not often communicated with pregnant people when obtaining informed consent (17).

Effective collaboration is contingent upon various cultural and organizational factors (14). The individuals who are collaborating together need a mutual understanding that each one remains

autonomous to make independent decisions (18). Collaboration can be undermined when the responsibility of leadership at any point in the case is not clearly designated (19). Interprofessional miscommunication and lack of role clarification are challenges that affect collaboration (20). Traditional hierarchies and gender disparities in healthcare organizational structure also influence the nature of collaboration (21).

PERSONAL REFLECTION

Think of a time when you were concerned about a health issue for yourself or a family member and sought more information about your or your family member's choices for care. What was your agenda? What was the healthcare provider's agenda? Where did you go for more information? How might this extend to people with less health literacy or access?

What Leads to Conflict?

Conflict arises because, as in any situation involving teamwork, individual members are all different. While there may be diversity of opinions, expectations, and experiences among members of a team and among the people receiving care, all participants almost always share a common goal. When shared goals and differences are not articulated, however, confusion and conflict arise (12,13,17).

Conflict is rooted in ambiguity. Ambiguity of intention, information, purpose, expectations, understanding, direction, relationship, and/or role (4). Ambiguity can be felt by the care provider, the team, and/or the person receiving care. Here are examples of how ambiguities cause conflict.

> Ambiguity of intention occurs when someone believes that a person's intention is unclear or doesn't align with their own intentions. *e.g. A nurse wonders if an obstetrician is recommending a cesarean delivery because their shift is ending soon rather than because of a clear clinical indication.*

> Ambiguity of information occurs when the information given is incomplete, irrelevant, or appears to be out of context. *E.g. A midwife reports to the nurses that "the blood pressure is fine now" but they weren't aware that there was a concern earlier.*

> Ambiguity of purpose occurs when the reason for a decision or action is unclear. *e.g. A nurse starts an IV on a person without explaining why. The person heard "it is standard procedure to have one."*

> Ambiguity of expectation occurs when people have different ideas of process or outcome. *e.g. A midwife requests an obstetrician to come to assess her client with severe high blood pressure in labor, but the obstetrician delays the in-person consultation.*

Ambiguity of understanding occurs when there is a lack of understanding on how to act upon information. *e.g. A physician says to a nurse, "She has high blood pressure… I'll be back to reassess her after you get things started."*

Ambiguity of direction occurs when a plan of action is not clear enough to be executed. *e.g. A physician and midwife are sharing care for a client in labor, each managing one aspect of care; but the break relief nurse doesn't know which provider to call when a new clinical situation develops.*

Ambiguity of relationship occurs when an assumption is made about the balance of power between people. *e.g. A client receives conflicting information from a nurse and a midwife about whether she should restrict fluids or not. The nurse believes that the importance of hospital protocols override the midwife's recommendation, and the client assumes that she is correct.*

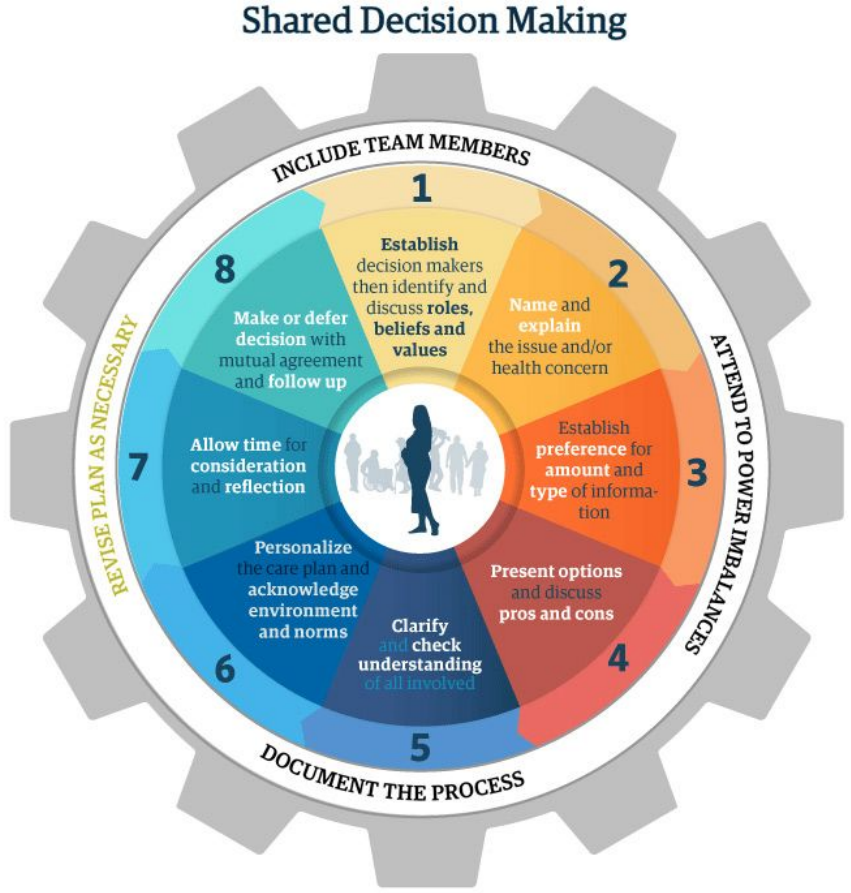
Ambiguity of roles and responsibilities occurs when there is lack of clarity or adherence to the roles and responsibilities given to a person. *e.g. A client with severe high blood pressure does not understand what role her midwife has after her care is transferred to an obstetrician.*

Reflection Activity

Think of an example in your own experience where conflict arose due to ambiguity of understanding. Reflect on how you could have avoided this or mitigated it quickly.

Revise the Plan as Necessary: A PCDM Key Element

As patients engage in making decisions about their care, they may express preferences that do not align with community standards or the provider's recommendations. Also, the clinical situation, environmental conditions, or people's preferences may change and evolve. Hence, care plans have to be adaptable. Therefore, it is essential to be open to revising the plan as necessary. This involves managing your expectations and being flexible. Stay committed to the ultimate goal to reach a shared understanding of the care plan.



INCLUDE TEAM MEMBERS	ATTEND TO POWER IMBALANCES	DOCUMENT THE PROCESS	REVISE PLAN AS NECESSARY
Take an inter-professinal approach by including every member of the team.	Verbally create a safe environment and invite contribution from everyone. Avoid making assumptions.	Document the information exchange each and every time one of the eight elements are adressed.	Be open to revising the plan when conditions or patient preferences evolve or change.

Geeta's Transfer

Do you remember Geeta? In the communication module, you were following Geeta's story. Geeta was planning a home birth, but was transferred to the hospital. She transferred because her labor contractions had slowed down and her cervix had not changed. This is where we left off in her story:

Geeta transfers in to the hospital with her mother and doula. She is received by the hospital team. Geeta is struggling with the contractions and is quite exhausted. The transport was uncomfortable for her. Aleya is the assigned nurse for the room. She is very supportive and empathetic. She asks Geeta what she needs and goes to get her a cup of cold water. Eleanor is the charge nurse on the floor and she is waiting to see what she can do to help. Liz is the obstetrician on call. Geeta has never met any of these providers.

Carol, the midwife, traveled separately in her own car and had a few moments in the car ride to gather her thoughts about the situation. She has prepared what she will say when she arrives at the hospital’s maternity unit.

Recall that verbal reports and proper handover of information, including birth and relevant lab records, facilitates a smooth transfer.

Best Practice Guidelines for Transfer

Now that you have learned that conflict is rooted in ambiguity of intention, information, purpose, expectations, understanding, direction, relationship, and/or role, take a minute to think about Geeta's home birth transfer. At this point in her story, there is the potential for either conflict or effective collaboration to arise. Review the Best Practice Guidelines for Transfer from Home to Hospital (22), with attention to when conflict could occur.

Following the 2011 Home Birth Summit, a multidisciplinary group of delegates formed a Collaboration Task Force that included leaders with expertise in obstetrics, family medicine, midwifery, nursing, health administration, public health, pediatrics, law, risk management, health policy, and ethics, as well as consumer rights and childbirth education. They developed these guidelines to reduce systems errors or conflict when care is transferred from a community setting to a hospital. Here are excerpts from the guidelines that outline best practices for the home birth attendant and the receiving hospital staff.

Model Practices for the Midwife (22)

- In the prenatal period, the primary provider (midwife or physician) provides information to the childbearing family about hospital care and procedures that may be necessary if transfer occurs. A plan for hospital transfer is developed with the client and documented.
- The primary provider assesses the status of the client, fetus, and newborn throughout the maternity care cycle to determine if a transfer will be necessary.
- The primary provider notifies the receiving hospital staff of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.
- The primary provider continues to provide routine or urgent care en route in coordination with any emergency services personnel, and addresses the psychosocial needs of the client during the change of birth setting.
- Upon arrival at the hospital, the primary provider presents a verbal report, including details on current health status and/or need for urgent care. The provider also presents a legible copy of relevant prenatal and labor records of progress and course of care prior to admission.

- The primary provider may continue in a primary role, as appropriate to their scope of practice and privileges in the hospital, and the clinical need for expertise. Otherwise, they transfer clinical responsibilities to the receiving hospital provider.
- The primary provider promotes good communication by ensuring that the childbearing family understands the consultant provider's plan of care, and the hospital providers and staff understand the family's need for information regarding care options.
- If the client chooses, the primary provider may remain to provide continuity and support even if the primary care role is transferred to the consultant.

Model Practices for the Hospital Provider and Staff (22)

- Hospital providers and staff must be sensitive to the psychosocial needs of the pregnant person that result from the change of birth setting.
- Hospital providers and staff should communicate directly with the primary provider to obtain clinical information.
- Timely access to maternity and newborn care providers may be best accomplished by direct admission to the labor and delivery or pediatric unit.
- Whenever possible, the birth parent and their newborn are kept together during transfer and after admission to the hospital.
- Hospital providers and staff participate in a person-centered decision making process with the birth parent to create an ongoing plan of care that incorporates the values, beliefs, and preferences of the birth parent.
- If a birth parent chooses, hospital personnel should try to accommodate the presence of the primary midwife as well as the birth parent's primary support person during assessment and procedures.
- The hospital providers and the primary provider coordinate follow-up care for the birth parent and the newborn; care often reverts to the primary provider upon discharge.
- Relevant medical records, such as a discharge summary, are sent to the referring primary provider.

KNOWLEDGE CHECK

Now that you have read this unit on home birth transfer, complete the following knowledge assessment to check your understanding.

Carol, the midwife, has transferred Geeta from home to hospital. What procedures, or information, are most helpful for Carol to share with the nurse, Eleanor, to participate in the coordination of clinical care?

- Share relevant medical records
- Convey anticipated time of arrival
- Discuss the pre-arranged transport plan

Ambiguity in Geeta's Transfer

The team at the hospital is waiting for Carol to arrive so they can discuss Geeta's care. In the meantime, they are piecing together the events that occurred at home prior to the transfer. Eleanor is using the information relayed over the phone by Carol and looking at the antenatal records for Geeta's history and risk factors. Aleya is listening to Geeta, her mother, and her doula describe the progress of labor at home. Based on this information, each person creates impressions about Geeta's care and expected management after transfer. While the staff gathers information, they each prepare to work with Carol within their own role, scope, and accountability.

Each person also interprets Geeta's home birth transfer through their own values, experiences, and expectations. If Carol doesn't follow the guidelines for a home birth transfer, there will be ambiguity of information, direction, and/or roles. Because of this ambiguity, a conflict can occur.

What Happens in a Conflict?

We have already said that individuals enter into a collaborative team with their own **roles, scope and accountability, values, experiences, and expectations.** Understanding one's own reaction and style of approach to conflict is an essential first step toward conflict transformation.

In response to conflict, our bodies and minds respond instinctively. This is usually understood as the 'fight-or-flight' response. Contemporary research has shown that the 'fight-or-flight' response to stress is not necessarily the automatic response for some people. Women more commonly respond with 'calm-and-connect' (23). When under threat, they respond by seeking connective relationships, linking and bonding with others, and exhibiting calming behaviors (23).

We invite you to explore your automatic and physiologic responses to conflict. Developing awareness will help you develop a deep understanding of your influence on conflict and your feelings about conflict. The emotions that you demonstrate in conflict may cause you to feel like you have lost respect, dignity, agency, confidence, or even ability. Your physiological responses to conflict may cause you to lose your sense of control, safety, or capabilities. The feelings you have about your reaction to conflict have a long-lasting impact on how you feel about the conflict itself.

In a conflict situation, your emotional responses may include anger, sadness, or calmness, just to name a few. Think of a word that best describes your emotional reaction to conflict and write it down.

Next, explore your physiological response to conflict. Some people feel a dry mouth and others feel knots in their stomach. Write down a word (or expression) that describes your physiologic response to conflict.

Video: How to Manage Anxiety

You can learn how to manage your physiologic and emotional responses to conflict. In this video, Roy Johnson will describe how to manage your reactions and how you can move toward using a management strategy that will transform the conflict.

Video

https://youtu.be/0zVDiLa90Ig

Video summary:

- Anxiety is *not* a feeling; it's a *physiologic state* our body gets into when we're triggered.
- When we perceive a threat and allow ourselves to be swept up, neural processing shifts from the prefrontal executive functioning cortex to the amygdala and other emotion-driven regions, thus clouding our judgment.
- Three steps to take when you find yourself in "flight-or-flight" mode:
    1. **Queue air (Breath deeply) --** as you notice the trigger, force oxygen into your body by deep diaphragmatic breathing
    2. **Refuse the bait –** say quietly to yourself, "That's really good bait, and I'm not going to take it."
    3. **Act out your strategy** (more in next video).

Moving from Conflict to Dialogue: Conflict Strategies

Conflict strategies are both the methods we employ automatically in conflict and the strategies we use to manage conflict. Recall that you have already learned some self-management strategies for conflict, such as FIFE and the Functional Reconnect.

During conflict, you can adjust your conflict management strategies as you notice a strategy being used by another person. There are a variety of conflict management strategies. We have chosen five for this module. They are:

- Competing
- Avoiding
- Accommodating
- Compromising
- Collaborating

Review the content below to understand the characteristics of each strategy. Some people embody a combination of two or even three of these strategies; for others, a single style is dominant. No one style is absolutely right or wrong; each style has a time and place. Be cautious that some of these conflict management styles may clash and escalate conflict.

It may seem obvious that a person with a competing conflict management style might be able to avoid conflict with someone whose style seems opposite. However, these styles have no direct opposite and therefore all conflict management styles have the equal potential to contribute to conflict or harmony. In a healthcare setting, a team can benefit from a mixture of several or all of these styles to address and transform conflict.

Adjusting your Conflict Strategy

Below each type of conflict management style is described in more detail so that you can recognize when to use one strategy over another.

Avoiding

Avoiding means not immediately pursuing your own concerns, or those of the other person, to address the conflict. Avoidance might take the form of diplomatically sidestepping an issue, postponing an issue until a better time, or simply withdrawing from a threatening situation. Generally this strategy is seen as uncooperative.

Avoiding is best used when the costs of confronting a conflict outweigh the benefits of resolving it. It is best used when you need to let people cool down and regain perspective and composure or when you think others can resolve the issue more effectively than you.

Accommodating

Accommodating means putting aside your own concerns to satisfy concerns of the other person. Use of accommodation might take the form of selfless generosity or deferring to another's point of view. Accommodating is considered cooperative.

Accommodating is best used when preserving harmony and avoiding disruption are especially important. This could be when you are having difficulty expressing your concern and more discussion in the moment will only damage your cause or distract you both from your primary goal of providing clinical care. When you realize that your position may be misinformed, this strategy allows a better solution to be put forward and shows that you are reasonable.

Compromising

Compromising means to find an expedient, mutually acceptable solution that partially satisfies all parties. Compromise might mean splitting the difference or seeking a quick middle-ground position. Compromising is seen as both cooperative and uncooperative, depending on the degree of compromise.

Compromise is best used when you want to achieve a temporary solution for a complex issue, such as when you need to arrive at an expedient solution under time pressure or realize that the issue is complex and a more in-depth discussion should be deferred to another time.

Collaborating

Collaborating means attempting to work with other people to find a solution that fully satisfies the concerns of all. Use of collaboration might involve digging into an issue to identify the underlying concerns of individuals to find an alternative that meets everyone's needs. Collaborating is generally considered cooperative.

Collaborating is best used when you want input from people with different perspectives on a problem, such as when you want to gain commitment by including others' concerns into a consensual decision or when you need to work through hard feelings that have been interfering with a relationship.

Competing

Competing means pursuing your own concerns ahead of others. Sometimes this means using power to progress past roadblocks. Use of competition might mean standing up for your rights or defending a position you believe is correct. Competing is generally considered uncooperative.

Competing is best used when quick, decisive action is vital. This may occur when time-sensitive issues arise related to an important concern for a client, unpopular courses of action need implementing, or when you need to protect yourself from people who take advantage of non-competitive behavior. Use competing to set boundaries when needed.

Reflection Activity

Exploring these conflict strategies further will help you to think of times when it might be appropriate to use one style over another. Reflect on the five conflict management styles and your understanding of what they mean. Think about a situation when you matched and adjusted

your conflict style when dealing with other conflict styles. Identify the strengths of each style and when you can imagine using each of them.

Video: Acting Out Your Strategy

If the first step in conflict transformation is to become aware of your own reactions and conflict style, the next step is to be able to adjust your conflict style to meet or confront different types of conflict styles. In this video, Roy Johnson describes how to act out your strategy when dealing with conflict.

Difficult conversations

https://youtu.be/uwu715AiFIk

Video summary:

- After ***breathing deeply*** and ***refusing the bait*****,** the next step is to ***act respectfully*** and effectively.
- Using a calm tone while modeling respectful behavior might backfire or be too subtle; instead, ***use a practical tone of voice*** and say something like, “Clearly something isn’t working here; let’s get through this.”
- ***Talk about the future*** state and your commitment to getting this positively resolved;
- Then ***just get through it*****;** now is not the time to get too deep into that difficult conversation.

Conflict over Geeta's Care

When Carol arrived in Geeta's hospital room, a conflict occurred between her and Eleanor, the charge nurse. They managed to move through the conflict quickly in order to provide care to Geeta. They agreed to discuss their concerns later in a debrief.

Geeta progressed quickly after oxytocin was started since this brought on stronger contractions. She gave birth to a healthy, alert baby girl two hours after arriving in the hospital. She didn't appear to notice the conflict between Carol and Eleanor.

After everyone finished their tasks and Geeta was comfortably breastfeeding her daughter, Eleanor asked Carol and Aleya, the nurse, to participate in a debrief. Aleya was invited to facilitate the process discussion about the conflict that occurred between them.

Eleanor expressed concern about the timeliness of the transfer. She explained that from the time that they were notified Carol was transferring in with Geeta to the time they actually arrived was quite long. She explained that not enough information was provided about Geeta’s status and the reason for transfer. Eleanor expressed that she would have liked more information about the reason for transfer and Geeta’s well-being. Instead, she had to search for this information and wait for Carol's arrival to receive a report.

Carol acknowledged Eleanor's concern and explained why she thought the transfer occurred the way it did. She suggested that in order to improve home birth transfers for the future, they should outline the information needed by hospital staff for both non-urgent and urgent transfers.

Quality Improvement and Transfer

The safety of home birth is upheld by a network of people who collaborate to ensure timely access to care. Although planned home birth is often portrayed as “outside the system,” it should not occur in isolation from a network of health services. A network contains emergency responders, paramedics, obstetricians, pediatricians, anesthesiologists, nurses, general practitioners, respiratory therapists, emergency physicians, and other midwives, physicians, or second attendants. Methods to enhance seamless collaboration among these providers can be achieved through quality improvement and policy development. At the Home Birth Summit, the Task Force recommended a number of communication systems that can be used to enhance collaboration among all parties (10). Policies and quality improvement processes should, at minimum, delineate the following:

Quality Improvement and Policy Development (22)

- Communication channels and information needed to alert the hospital to an incoming transfer.
- Provisions for notification and rapid assembly of staff in case of emergency transfer.
- Opportunities to debrief the case with providers and with the client prior to hospital discharge.
- Documentation of the client’s perspective regarding their case during transfer.
- A defined process to regularly review transfers that include all stakeholders with a shared goal of quality improvement and safety.
- Opportunities for education regarding home birth practice, shared continuing medical education, and relationship-building that are incorporated into medical, midwifery, and nursing education programs. Multi-disciplinary sessions to address system issues may enhance relationship-building and work culture.

The Mindset

> *Individual and personal disposition toward conflict is one of the most critical influences related to getting at conflicts early and well in organizational settings."* (4)

To mitigate conflict is to decrease the severity or seriousness of a specific conflict. An effective way to mitigate conflict is to enter into it with an open mind, a positive attitude, and a productive mindset. Think of conflict as an opportunity, instead of imagining negative or worst-case scenarios, as this sets the tone for conflict. Instead of thinking, "Ugh, here we go", think, "Okay, here we go."

Recall that you have already been introduced to the concept of appreciative inquiry. Appreciative inquiry is a process that promotes positive change by focusing on positive performances, behaviors, beliefs, and values. Appreciative inquiry relies on a collective analysis of the elements of success, or peak experiences, from the past. It is thinking about something through a positive lens, which is called the asset-based approach. This is the opposite of a needs-based approach, which focuses on people's shortcomings, deficits, problems, or flaws. In an asset-based approach, the focus is on people's successes, abilities, strengths, and achievements. Using appreciative inquiry is one way for healthcare teams to resolve problems collaboratively.

Leading with Curiosity

When you question your assumptions and approach an interaction with humility, you can expand your capacity for compassion and empathy. At the same time, if your perceived adversary feels heard instead of challenged, they are more likely to explain their stance. **How do you respond when you recognize that you have a fundamental difference in philosophy or belief system than someone that you work closely with or care for? Do you feel angry, frustrated, apathetic, or curious?**

Consider this example: You are a physician. Your patient wants to give birth in water in the hospital. This has never been done before in your hospital. You feel confident that you have thoroughly and accurately researched the evidence and best practice recommendations for delivering a baby in the water, including when to advise against it. You meet with your hospital department heads, excited to develop a waterbirth policy; but one of your colleagues appears to be preoccupied and skeptical. You assume that she does not support you or the policy.

Is your assumption accurate? What does your colleague's reaction actually mean?

Rather than acting on your assumption, you can ask a question: "I'd like to make sure I'm understanding. Will you share your thoughts?"

Use open-ended questions like who, what, where, why, and how. For example, here are some questions you can ask to understand someone else's perspective (25):

- What would you like to see happen? What does that look like for you?
- What would it take for us to be able to move forward? How do we get there?
- What ideas do you have that would meet both our needs?
- Can you tell me more about that?
- What about this situation is most troubling to you? What's most important to you?

Recall that you have learned communication skills like summarizing, paraphrasing, reflecting, framing, and reframing. You can apply these communication skills in your conversation with your colleague to explore their perspective and share yours.

Consider this question.
When you recognize that you have a fundamental difference in philosophy or belief system than someone that you work closely with or care for, what is your first reaction?

- Angry
- Frustrated
- Hopeless
- Surprised
- Energized
- Challenged
- Scared
- Other

Barriers to Conflict Transformation

A 2014 special issue of Dynamics of Asymmetric Conflict explored a number of barriers to conflict resolution applicable to the healthcare context (26). There are structural, strategic, and psychological barriers to reaching “win-win” partnerships. “Relational barriers” also prevent effective conflict transformation, the foremost of which is incompatible visions for the future. Conflict is further perpetuated by unwillingness to acknowledge the rights of the other party.

In healthcare, common barriers to effective conflict management are (3):

- Lack of time
- Excessive workload
- Imbalances of power, leadership, and authority among team members
- Avoiding confrontation for fear of causing emotional discomfort
- Differences in philosophy, values, attitudes, or goals

Activity

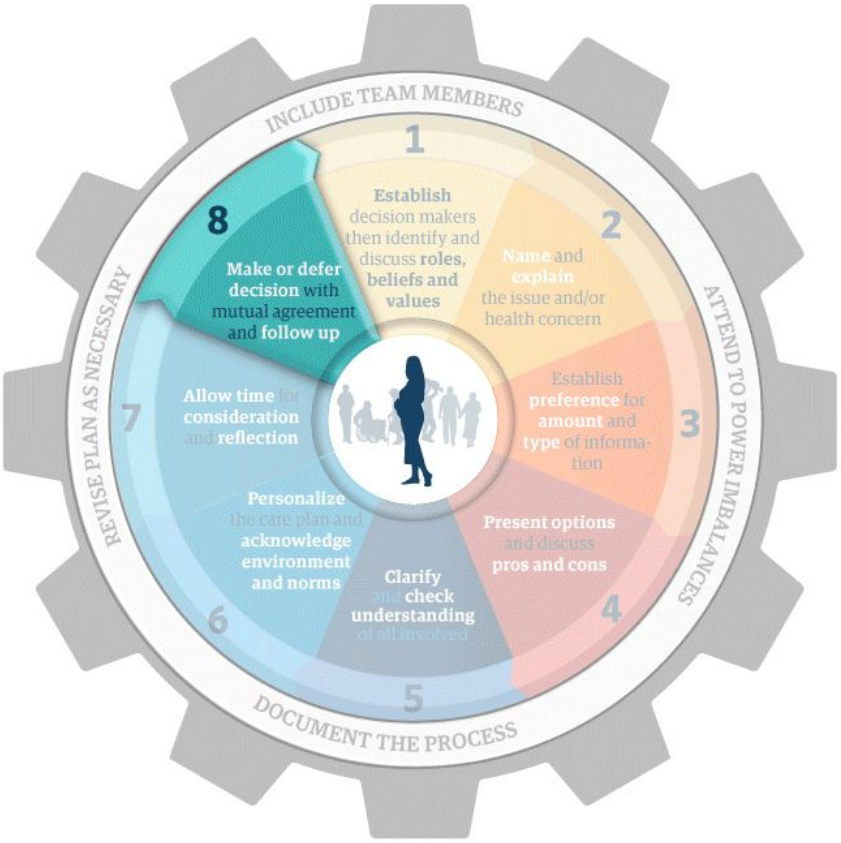
What are the barriers to effective conflict management that you have witnessed or experienced? Select at least two from the following list:

- Excessive workload
- Fear of retaliation
- Lack of time
- Unwillingness to admit to the problem
- Avoidance behavior
- Power imbalances
- Lack of training
- Fear of emotional discomfort
- Apathy

Make or Defer a Decision: An PCDM Key Element

There may be times when you feel stuck in a conflict, but still need a decision to proceed. In these cases, you may find that you need to identify someone responsible to lead conflict transformation so that the person-centered decision making process can move forward. The person who is best suited for this role is the person who has the strongest relationship with the client and/or the most insight into their context and the wide variety of decisions that need to be made. The conflict transformation leader must be able to recognize and use skills and processes that move interaction toward a positive and valuable outcome for all involved. The shared goal in this case is to make or defer a decision and come to an agreement about how and when follow-up will occur.

Shared Decision Making



INCLUDE TEAM MEMBERS	ATTEND TO POWER IMBALANCES	DOCUMENT THE PROCESS	REVISE PLAN AS NECESSARY
Take an inter-professinal approach by including every member of the team.	Verbally create a safe environment and invite contribution from everyone. Avoid making assumptions.	Document the information exchange each and every time one of the eight elements are adressed.	Be open to revising the plan when conditions or patient preferences evolve or change.

Clarify who will be included and what their roles will be in the decision making process. Ask about their beliefs and values.

Clearly identify and explain the problem that is the main focus for the decision.

Assess the person's preferred approach to receiving information to assist decision making including depth of information, health literacy.

Discuss the literature, clinical guidelines, and research surrounding the topics, or know where to find this information.

Check in with the person to ensure comprehension and ensure that any questions are responded to.

Facilitate interpretation of options, benefits, and risks within their context and values. Discuss the environment and the feasibility of their preferred option.

Check in to identify personal needs for time to reflect or consider options. Allow for consultation with family or others, reviewing of resources, and additional queries that arise.

Make a clear decision or defer the decision explicitly. A follow up plan should be set regardless of whether decision was made or deferred.

Video: Managing a Difficult Conversation Using DEAR

Recall that you have learned how to approach a difficult conversation using ABCD/DEAR. In this video Roy Johnson will demonstrate how to proceed to address the conflict and make a request for the future. Addressing conflict requires leadership and a commitment to transforming conflict.

Video

https://youtu.be/JYcUdFhduAc

Video summary:

- Within a week of the initial conflict (where you used strategies to get through the task at hand), approach the other person for a **process discussion.**
- Two critical skills to get you through this difficult conversation are: **acknowledging** and **staying curious.**
- **Use DEAR:**
    1. **Describe specifically what you saw and heard.** Do not generalize, and do not exaggerate.
    2. **Explain the impacts of the situation.** Talk about your feelings if you have a good working relationship, but if they are a bully, talk about how the problem is getting in *their* way.
    3. **Ask to hear their point of view.** They might say something different from your perspective.
    4. **Request a change for the future.** Make it practical.

Video: What to Do When Nothing Else Works

> *"Nothing gives one person so much advantage over another as to remain always cool and unruffled under all circumstances."* - Thomas Jefferson

Some primary healthcare workers feel that avoidance is an effective tool for addressing (or, in this case, not addressing) conflict. Some forms of conflict avoidance are actually active steps towards conflict transformation. Avoidance can be used in a conflict situation if it improves communication and contributes to a smooth and open discussion. Avoidance should be a conscious choice and not a result of a reaction to a conflict situation.

At other times you may need to employ strategies that are a bit edgy. In this video Roy Johnson demonstrates strategies to use when nothing else seems to be working.

Video

https://youtu.be/3hmRey4nts4

Video summary:

Assuming you have used your collaborative tools to try to resolve and get out of a conflict situation, the following tips and tricks are more *edgy* tools:

1. **The "Wow" Acknowledgement.** In some circumstances, when something happens that's particularly negative, a simple "*Wow*" can have impact. It says, "That's something really interesting that was said."
2. **Perspective Pairing.** Restate what you've understood their perspective to be, and compare it directly to your perspective. It sounds like, "Oh, ok. So, from *your* perspective, that went really smoothly. On *my* end, that was very difficult." This keeps defensiveness low – without using "but" or "however".

3. **Discrepancy Confrontations.** Say something you've understood as important to the person – a value or a belief that they have – in words that they have used when articulating it. *Then*, say something they're doing that's incompatible with that.
4. **Boundary-setting.** Setting a boundary might sound like, "You know, if you're going to use language like that, I'm going to have to leave this discussion." They'll likely continue using language like that and you're going to have to leave the discussion.
5. **Negative Questions.** These sound like, "Ok, so what else am I doing wrong here?" They'll tell you. Your strategy is to get them to hear themselves. "Ok, and what else?" And they'll tell you. And you may need to ask a third time. "Ok, I'll do a quick summary. So I did this wrong, I did this wrong. What else am I doing wrong?" Usually by this time they back off. Sometimes, you may need the ultimate negative question: "Was there *anything* there that I did right?"

Transforming Conflict - Steps to Peace

Here is a summary of what you have learned in this module. Although these are listed as steps, you do not need to follow them in order. Likely, they will occur simultaneously and unconsciously with practice. When you are in conflict:

1. Check in with yourself by being conscious of your triggers and physiologic responses.
2. Be aware of the conflict response style you are using.
3. Notice the conflict style(s) being used by others involved.
4. Identify the source of conflict – which ambiguity is causing this conflict?
5. Take an appreciative inquiry approach and frame your next questions within a positive, asset-based lens.
6. Approach the person with curiosity.
7. Acknowledge the reactions and responses others are expressing.
8. Address the conflict by matching conflict management strategies, using DEAR, seeking collective visioning, or, if nothing else works, use more definitive strategies (eg. wow, perspective pairing, boundary setting).

Module Quiz

Now that you have read about conflict transformation, complete the following questions to assess your understanding of the application of the tools, techniques, and strategies.

1.Conflict is:

- Avoidable
- Inevitable
- Harmful
- Experiential

2. Which of the following could lead to a micro-level conflict within a care team's social structure? Select all that apply. There are 2 correct answers.

- Difference of rank between the charge nurse and the midwife
- Differences between providers' previous experiences with the use of episiotomy
- A pregnant person's religious beliefs prohibiting blood transfusion
- A maternity care unit operating at full capacity while understaffed

3. Before someone can confront a conflict situation, all of the following issues must be resolved, EXCEPT:

- The tension built up from previous conflict events
- The thought patterns generated at the onset of conflict
- The personal language reactions in the moment of conflict
- The physiologic responses that arise during conflict

4. Select the BEST answer. A patient and her partner get different information from a nurse and their midwife about the plan for blood pressure monitoring. A conflict arises because they want to follow the midwife's plan, but they assume that they cannot because the nurse quotes hospital protocol. This conflict is a result of an:

- ambiguity of roles and responsibilities
- ambiguity of relationship
- ambiguity of direction
- ambiguity of information

5. The essential first step to conflict transformation is:

- Confronting the person by identifying their negative conflict style
- Identifying the conflict management style of other members of the team
- Establishing a team leader to facilitate a solution
- Understanding one's own response to the conflict within a team

6. The second step in conflict transformation is:

- Understanding the role of conflict in healthcare
- Reflecting on one's own conflict management style
- Understanding the conflict management styles of others on a team
- Establishing a team leader to facilitate a solution

7. To avoid conflict, local hospitals should develop their own home birth transfer policies that describe:

- The criteria for which transport vehicle should be used for home birth transfers
- The process by which the hospital staff is notified of an incoming home birth transfer
- The provider responsible for gathering the medical history from the person transferred to hospital

8. Appreciative inquiry:

- Seeks to apply learning from past mistakes
- Is also known as a needs-based approach
- Highlights peak experiences of the past
- Is an effective means of self-improvement

9. Avoidance can be considered a form of conflict management as long as:

- It is what the team leader is doing
- It is pursued consciously or intentionally
- It is part of someone's conflict management style
- It arises as a result of a passive reaction to conflict situation

10. In the moment of conflict, management strategies include all of the following EXCEPT:

- Refusing the bait
- Adopting a practical tone of voice
- Deep Breathing
- Stepping aside to have a process discussion

11. Two critical skills to employ when having a difficult conversation are:

- Staying curious and acknowledging
- Describing facts and requesting change
- Discussing feelings and asking questions
- Verifying facts and agreeing

12. All of the following are more edgy strategies to try when nothing else works, EXCEPT:

- Negative questions
- Boundary-setting
- Silent acknowledgement
- Perspective pairing

13. Which of the following is NOT part of the DEAR strategy?

- Describing what was seen and heard
- Eliciting where the responsibility lies
- Asking to hear the other person out
- Requesting a future change

14. Which of the following is NOT a basic conflict management style?

- Competing
- Avoiding
- Cooperating
- Accommodating

Reflection: Matching Conflict Management Styles

Now that you understand what causes conflict, you will consider your own conflict management strategies. Complete the following steps:

1. Identify your own conflict style.
2. Write a paragraph of a minimum 250 words and a maximum 350 words addressing the following:

   Justify how a team full of identical management styles might successfully address or escalate conflict. Give examples or speak hypothetically.

3. Write a paragraph of a minimum 250 words and a maximum 350 words addressing the following:

   Explain your own conflict management style. Discuss how your management style serves to address and manage conflict when you are in conflict with their management style. Give examples or speak hypothetically. You may want to acknowledge how your style might escalate conflict when in dialogue with theirs.

Applying Your Knowledge: Conflict Management Styles

You have been exploring five conflict management strategies: Competing, Avoiding, Accommodating, Compromising, and Collaborating. Now, you will write a response to one of the prompts in order to apply these conflict management strategies to specific situations.

For this activity, real quotes have been selected to trigger conflict management strategy responses. The quotes are from care providers and clients about their experiences of conflict during birth. After reading the quotes, you will reply to the conflict trigger using a conflict management strategy of your choice. To do this, imagine you are in a conversation with that person. Imagine how you would respond to what the person has just said to you. Write your reply below the quote.

Here is an example of how to complete this activity: A conflict occurs following a transfer from home to hospital during a planned home birth. The midwife is upset with something the physician said. She pulls the doctor aside and says:

Prompt Quote:

“I should never be questioned about my skill set or management in front of a client, let alone during an event like a transfer.” (27)

Your Answer:

I want to use the compromising strategy. I will reply by saying:

> “Thank you for raising your concern, I agree that these discussions are best done outside the patient room. Let’s make a plan to talk later about my questions, and the reasons for your management decisions.”

How To Complete This Activity:

1. Read through three prompts of conflict triggers. Select one of the triggers to respond to. Identify a conflict management strategy to use for the trigger you have selected and demonstrate the conflict management strategy in your response to the conflict trigger.
2. Write your own response to the conflict trigger.

Applying Your Knowledge: Conflict Transformation

In this assessment you will demonstrate your use of the conflict strategies and skills that you have learned in this module.

The prompt is based on real quotes from a patient and a midwife about their experiences of conflict around a birth. Only the text in quotations is real; the remaining text has been filled in to create a fictional story. After reading the quotes, you will be prompted to reply to the conflict triggers. To do this, imagine you are in a conversation with that person. Imagine how you would respond to what the person has just said to you.

The Conflict Trigger:

A client is debriefing the experience of her birth with one of the nurses involved in her care. She had a forceps birth after lengthy pushing. The consulting doctor recommended a forceps delivery, and the nursing staff wanted her to be in the OR in case they had to change the plan to a cesarean delivery. The client did not want to move to the OR, would have liked more time to push, and did not want a cesarean birth. The client says:

> “I felt a little bit like as soon as we went through the door at the hospital, all of a sudden I was in the hospital’s care...and the midwife was just emotionally supportive. You know, she stood by my face in the OR and all that stuff but I didn’t feel there was that strong advocacy.”

The nurse is aware there was conflict between the midwife and an OR nurse. The nurse suspects the midwife was using an accommodating conflict management strategy in order to work effectively with the team. To help the client understand the circumstances, the nurse suggests the client discuss this further with her midwife when she comes into the hospital later today.

The midwife arrives and debriefs the birth with the client. She explains that she previously used a competing conflict style with the OR nurse, but has been recently exploring other conflict styles to improve her working relationship. The midwife explains how her past experiences have led her to behave in certain ways:

> “The ‘good midwife/bad midwife’ thing really makes a difference because the ‘good’ midwives tend to be treated with respect, and that generates more respectful and collaborative interactions. A ‘bad’ midwife has one negative transport and that is everything. Her reputation precedes her, and all future interactions begin on the defensive. It can become a vicious cycle."

How To Complete This Activity:

Imagine you are the client who has just received this information from the midwife. You wish to debrief your experience of care – recall that you felt that there wasn’t strong advocacy from her for your birth care. You felt let down and want to share your experience. To do this, you plan to follow the steps to peace to transform conflict. Describe how you would share this experience.

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4.12 Module Evaluation

[embedded qualtrics survey]

Acknowledgements

Congratulations! You've made it through all of the course material for the US version of "Dialogue and Shared Decisions: Advancing Person-Centered Health Care." This version of the course is an adaptation of the original course designed for interprofessional maternity care in Canada and created by our partners at the University of British Columbia's (UBC) Birth Place Lab. Many individuals made this course possible, as well as the funding from the Macy Foundation and UBC Teaching and Learning Enhancement Fund. The team includes students, faculty, and staff from several specialties at UBC and University of California at San Francisco (UCSF):

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We would also like to thank all of you for taking part in the course. The quality and depth of your participation evidenced your authentic engagement, and the vantage point of different health professions enhanced our collective understanding of decision making and collaboration in different clinical contexts.

Thanks for all of your hard work, and we hope you find the skills helpful in your future clinical practice.

Sincerely,

Saraswathi Vedam on behalf of Course Development Team