Managing Difficult Communications in the Teacher-Learner Relationship Using QSEN Competencies to Provide Constructive Feedback.

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Presenter has no conflict of interest
Today’s Objectives

The learner will be able to:

1. Identify factors/triggers that contribute to conflict between faculty and students.
2. Discuss impact of conflict and incivility on patient safety in the clinical environment.
3. Describe strategies for teaching students how to navigate challenging communications.
4. Demonstrate effective strategies to communicate constructive feedback to students.
4 Volunteers
Have you ever had an interaction with a student that escalated into an uncivil communication or conflict?
The Problem

- Professional Communication Challenges
  - Anger
  - Aggressive communication
  - Intimidation
- Rude behavior
  - Verbal disrespect
  - Ignoring
- Aggressive behavior
  - Yelling
  - Breaching physical boundaries
Contributing Factors?

- Hierarchical relationships
- Heavy workloads-fatigue
- Time pressured schedules
- Stereotyping
- High stakes/high stress complex environments
- Organization’s failure to enforce code of conduct
- Concealment due to isolation in some specialty areas
Why is this a problem?

Creates a Barrier

• Impedes knowledge & skill acquisition
• Afraid to ask questions - condescending answers
• Afraid to elevate concerns and give feedback

Communication Failures

• Puts patients at risk for errors/injury
• New-to-practice are afraid to confirm practice
Consider How We Teach Those Coming Up
Some of this Begins in School

- **Student **Perceptions
  - Identified TRIGGERS for incivility
  - Viewed some staff nurses as uncivil-role models
  - Feared being “put down”; having their mistakes made public, and being embarrassed in the presence of peers, staff nurses, or patients
- **Students believed student incivility is justified when they perceive faculty behaviors as uncivil**

Altmiller 2012
Other’s Findings: Academia

- Faculty giving constructive feedback served as a trigger for incivility.  
  \textit{Luparell 2004}

- Incivility in nursing school can lead to a weakened learning environment, poor workforce behaviors, and violence.  
  \textit{Gallo, 2012}

- Students perceive negative faculty motivations of favoritism, demeaning interactions, rigid expectations for perfection, and weeding out-faculty giving constant criticism.  
  \textit{Del Prato, 2013}

- Incivility in academia will not end by acknowledging its existence; it must be eradicated by intervention.  
  \textit{Palumbo, 2018}

- Communication techniques will strengthen students character and prepare them for the complex social structures of health care institutes.  
Response when provoked or offended is most frequently occurring subtype of incivility.

Hunt & Marini, 2012

Avoiding giving feedback is the #1 accountability killer.

Blatchley, 2017

RNs are expected to give and receive practice-focused constructive feedback based on practice observations compared to the accepted standard.

ANA Standard of Practice #14
Value of Feedback

- Essential for patient safety
- Essential for Quality Improvement

In health care professions:

*I not only have to do my job, but always be focused on how I can do my job better.*
Giving Constructive Feedback

- Interactive process of critique to correct errors and enhance learning
- Should offer logical connections
- **Goal**: Narrow gap between current performance and desired performance

- **All health care professionals need to know how to give it AND how to accept it**
Negative Perception

~Negative feedback (constructive feedback) perceived as “uncaring” - trigger for incivility

To change the response - change the perception
Changing the Perception of Feedback

1. Make motivations clear
   - Begin with a “caring” message - indicates commitment

2. Approach as opportunity for improvement rather than review of deficiencies
   - Indicates importance of what one is doing
   - Indicates commitment to another’s learning
Changing the Perception of Feedback:

3. Modeling: Reframe conversations with Quality and Safety Perspective
   - Provide options for improvement
   - Reflection: Walk students through a questioning route based on Quality and Safety Competencies

4. Address unacceptable behavior
   - How you are perceived by others
   - Threat to teamwork, patient safety, + outcomes

5. Have realistic expectations
   - Use fairness algorithm
Culture of Blame VS Just Culture: Fairness Algorithm

1. Did the individuals intend to cause harm?

2. Did they come to work drunk or impaired?

3. Did they do something they knew was unsafe?

4. Could two or three peers have made the same mistake in similar circumstances?

5. Do these individuals have a history of involvement in similar events?
Constructive Feedback
Teaching Strategy

Giving and Receiving Constructive Feedback

Link: http://qsen.org/giving-and-receiving-constructive-feedback/

18 minute narrated presentation to teach students the value of feedback
Constructive Feedback Teaching Strategy: A Multi-Site Study of its Effectiveness

- QSEN Academic Task Force
- 12 Nurse Educators
- 9 Schools of Nursing
- 523 Students
- 985 Posts

Themes identified:
- Opportunity for Improvement
- Learned Skill for Giver
- Communication is Essential to Teamwork
- Improves Safety
- Causes emotional response
- Self-reflection is key component
- Need to be open to feedback

Giving and Receiving Constructive Feedback

Gerry Altmiller, EdD, APRN, ACNS-BC
Look at Self First

- Monitor your own behavior
- It’s difficult
- Become a vigilant self monitor
The Challenge

When confronted, embarrassed, challenged, rather than act emotionally ask yourself:

- What do I really want for myself?
- What do I really want for others?
- How would I behave if I really wanted these results?
Focus of Constructive Feedback

- Address faulty interpretations; Provide options for improvement

- **Most effective** when focused on
  - Task
  - Process
  - Self-regulation; error detection skills

- **Least effective** when focused on
  - Person him/herself

- Feedback whether positive or negative should always be an unbiased reflection of events

**Adds to knowledge base**

**Doesn’t add to knowledge base**
What not to do

• Correct individuals in front of patients or peers
• Ignore individuals
• Display contempt in response to a lack of knowledge
• Take over for individual implying he/she is incapable
Strategies to Change Perceptions

Reframe Conversations from Quality and Safety Perspective

- Use safety language
- See through patient's eyes
- Keep focus on patient
- Opportunity to learn; improve
- Consider how perceived
- Threats to teamwork
Reinforcement Activities

1. Have students grade each other using rubrics
2. Role playing—Create scenarios that require feedback
   1. Medication errors
   2. Judgment errors
3. Debriefings after stressful situations
4. Teach students to give and receive feedback—part of delegation, peer review…thru the patient’s eyes
5. Encourage students to interact with team members as much as possible
Faculty Tool: Reframing Constructive Feedback Based on the QSEN Competencies

<table>
<thead>
<tr>
<th>Direct Constructive Criticism</th>
<th>Reflection Based on QSEN Competencies</th>
<th>QSEN Knowledge, Skills and Attitudes</th>
</tr>
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<tbody>
<tr>
<td>I am concerned about your performance.</td>
<td>From the patient perspective, if you knew this event occurred, would you feel you were receiving safe, high quality care?</td>
<td>Patient Centered Care Value seeing health care situations “through patients’ eyes.”</td>
</tr>
<tr>
<td>Your patient needs attention now. You cannot leave him like that.</td>
<td>If you were that patient lying in that bed, what would be the most important thing the nurse could do for you at this minute?</td>
<td>Patient Centered Care Appreciate the role of the nurse in relief of all types and sources of pain or suffering.</td>
</tr>
<tr>
<td>Can you hear what you are saying and understand what your body language conveys? You spoke to him like he was a child. No wonder he is refusing.</td>
<td>Think about how the patient feels being told all day by others what he has to do. How can you present this to him and still allow him to be part of the decision?</td>
<td>Patient Centered Care Value continuous improvement of own communication and conflict resolution skills</td>
</tr>
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A student pulls the wrong medications for a patient. While reviewing them with the student, the instructor recognizes the error and guides the student to recognize the error also. Correction is made. Afterward, the instructor would address the unsafe practice with the student.

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<td>Pulling the wrong medications is unsafe nursing practice.</td>
<td>What would be your concerns as the patient?</td>
</tr>
<tr>
<td>You need to be more careful.</td>
<td>What aspects of your practice in this situation would you change in retrospect to provide safer patient care?</td>
</tr>
<tr>
<td>Your medication administration is disorganized and you need to have a better focus to avoid errors.</td>
<td>What role do you play in the possible causes for what happened?</td>
</tr>
<tr>
<td>I want you to do three checks with medication administration, verifying it against the medication administration record and use the five rights as a way of decreasing potential errors.</td>
<td>What strategies can you use in your own practice to minimize the risk for this type of error in the future?</td>
</tr>
<tr>
<td>It is important that you demonstrate immediate improvement so that you provide safe care to patients.</td>
<td>What outcome in your own performance would you want to see after this experience?</td>
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Reflection

• What went well?
• What could have gone better?
• What could I have done differently?
Let’s Practice
One Final Thought

- Communicate with Mutual Purpose and Mutual Respect
  - **Mutual Purpose**
    - Want a good patient outcome
    - Increased professionalism, skill, ability
  - **Mutual Respect**
    - Choosing words with caring
    - Maintain the dignity of the other
References


Questions?

Thank you!

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