

Core Curriculum for Clinical Coaching: A Preceptor Development Text

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A guide to essential preceptor
development and support

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ENGAGING COMMUNICATION & DIVERSITY

Essentials of effective communication

- Many things can get in the way of your communication, including:
- Are there distractions—noise, activity, other people, hot or cold weather, etc.”
- Are you apt to be interrupted?
- Can this wait or do you need to discuss something immediately?”
- Will the message create stress?
- How will the listener perceive my message, value the speaker or the message?
- Are there cultural or language barriers? What is the body language of you and the listener? What are the space issues?
- Are you stereotyping? Are there race, socio economic regional or geographic, faith, or sexual preferences issues that may get in the way?

Keys to Clear, Effective Communication



- Use clear concise words
 - Use language that the listener understands
 - Focus on the present
 - Choose the right environment
 - Choose the right time
 - Evaluate your stress level and that of the New Employee
- Be aware of perceptions, both yours and theirs
- Consider cultural differences and preferences in communication



Reflection: Which of these “Keys” to communication offer you the most challenge?

How and why?

Great minds discuss ideas; average minds discuss events;
small minds discuss people. - Eleanor Roosevelt

Effective communication can also be impacted by Gender

"I speak woman, he speak man"

The majority of women tend to see the big picture and are very concerned about seeking solutions which make people feel comfortable. Men often see things from a logical, sequential focused perspective. This is a generalization, and is based on the difference in the majority of personality styles as divided between men and women.

LISTENING



Listening is the most important component of communication. It is hard work. For effective listening we must concentrate and focus on the other person. When we are truly listening – our pulse and BP rise, we may start sweating!



SPEED - our brain works much faster than we can speak!

Our speech is at an average of 150 words per minute, whereas we think at 400-500 words per minute. What happens in the gap?

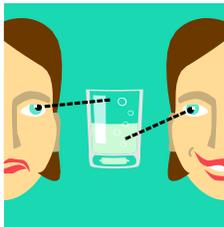
We tend to:

- Jump to conclusions
- Daydream
- Plan a reply
- Mentally argue with the speaker

It is better to remain quiet and be thought a fool than to speak and remove all doubt.

- Mark Twain

There are two parts to every message:



Words + Feeling = Full Meaning

You need to pay attention and respond to both!

The Coach or Preceptor's ability to listen is crucial. Listen to understand rather than to simply hear, because listening is one of the most powerful and effective behaviors to establish, maintain and nurture any relationship. Those moments when someone truly listens to us are rare and wonderful. There is a reason why we have two ears and one mouth!



Reflection: Activity: Yakity Yak – How do I listen?

Finish these sentences based on your own listening style

I listen most effectively when....

I have difficulty listening when...

My best listening skills are.....

I need to improve my skills at....

In order to improve my listening skills, I will.....

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Explore web pages and explanations pertaining to Facilitative and Obstructive Messages:

Facilitative or Positive messages create positive outcomes. They are created when people communicating with each other feel good about their interaction

Facilitative statements usually: Begin with what or how; Draw out feeling and ideas; Encourage specific information on needs, wants, problems; and Stimulate thinking

Obstructive or Negative Messages are fraught with difficulty and make effective communication nearly impossible. These are statements that include Personalized criticism or Judgmental Comments. They are often negative comments about abilities of the work that was done and they cause loss of confidence/self-esteem. They are also statements that offer no information on what needs improving (Kalunga, 2016).

FACILITATIVE ACTIVITY: here is a list of messages that we use in communication
First mark each statement with either “**O**” (Obstructive) or “**F**” (Facilitative) or “**?**” (Unsure)
Use a ? mark to identify the ones you have the most trouble categorizing.

Mark: **O** for Obstructive; **F** for Facilitative; or a **?** for unsure

- I want statements
- Communication cut-off
- You should statement
- I feel statement
- Expressing dissatisfaction through a third party
- Reflective statements . . .
- Agreeing with a criticism
- I intend statement
- Communication postponement
- You are bad or you did something bad statement
- Defending oneself
- I like and don't like
- Sarcasm
- Open-ended . . .
- Commanding
- Premature advice
- Asking for feedback
- You are good, you did something that was good . . .
- Assuming rather than checking out
- Asking for more specific criticism
- Interrupting statements

Importance of Feedback

Both development and completion of a coaching or teaching plan requires discussion between the preceptor and coachee. This discussion ensures that there are clearly defined expectations, questions are answered, and needed support and assessment of effectiveness is provided.



Feedback is a key part of Managing Performance, Teamwork & Communication. It lets people know how they're doing and it gets and keeps them on track.



In giving feedback, you need to:

- Be clear up front about what you expect
- Set high expectations
- Ensure continuous two-way communication
- Create opportunities to observe or assess performance
- Address problems or opportunities promptly; *DO NOT* avoid them

Feedback “goes down” more easily when

- Your motives are *clear* and objective . . .
- You set a *positive* tone . . .
- You *encourage* . . . rather than attack or blame
- You remember the *relationship*, not winning, is the most important



Feedback is most useful when:

- The timing is close to the event or situation
- You describe the behaviors (what you saw/heard)
- You maintain a posture of **CURIOSITY** and refrain from interpreting
- You balance positives and negatives
- You check for understanding and offer practical ideas and suggestions

Answer Key for Facilitative Activity:

Facilitative Messages: I want, I feel statements... I like and don't like... Reflective statements... Open-ended statements... Agreeing with a criticism... Asking for more specific criticism... Asking for feedback You are good You did something that was good... I intend statement... Communications postponement

Obstructive messages: You are bad or you did something bad Expressing dissatisfaction thru a third party Assuming rather than checking out Communication cut-off Put-down question Should, could, would Sarcasm Commanding Premature advice

EFFECTIVE FEEDBACK SKILLS

Focus on the problem, **NOT** the Person Be specific, **NOT** general

Emphasize change/improvement, **NOT** BLAME

BUILDS THE RELATIONSHIP



Feedback Formula that adheres to the KISS principle (*Keep It Short & Simple*)

What went well? How and why?

What could be improved? How and why?

USING QUESTIONS IN COMMUNICATION AND TEACHING

We ask questions to:

- ✓ Gain information
- ✓ Stimulate conversation
- ✓ Gain the others views
- ✓ Check agreement / understanding
- ✓ Build trust and rapport
- ✓ Stimulate thinking

There are many ways to ask questions. The way you ask, will bring about different results:

OPEN ENDED- Helps people think for themselves and gets additional information

CLOSED: Focuses on specific facts and might limit conversation

CLARIFYING: Checks for understanding and may help speaker say what they mean

FOCUSING: zooms in and helps person develop ideas or thoughts in a particular area

Examples of Effective Questions

1. What options do you have?
2. What will the outcome be if you do that?
3. What are the pros and cons of your idea?
4. What problems or obstacles are you facing?
5. What are some ways you've could deal with them? What else could you do?
6. What assumptions do you have about this problem? How can you test them?
7. How else might you look at this?
8. What worked well? What did not work well?
9. How can you use this knowledge?
10. What did you learn from this experience?
11. How does this relate to _____?
12. What would you do differently next time?
13. How have you drawn these conclusions?
14. What was your reasoning?
15. Where would you find that information, nursing standard, or resources?



COMMUNICATION AND INTERPERSONAL ISSUES

- ✓ List at least 3 communication factors that impact precepting
- ✓ Identify potential cultural and diversity issues faced in the workplace and detail solutions for two
- ✓ Describe situations that require different conflict resolution approaches within the workplace
- ✓ What does appropriate assertiveness look like in the clinical setting – please give an example

IMPACT OF DIVERSITY ON COMMUNICATION AND RELATIONSHIPS

Herein we will focus on how cultural, generational, personality, and cognitive styles, all impact our communications and interpersonal relationships in the healthcare workplace. The goal is to effectively develop preceptors so that they can establish and safeguard a workplace culture of nurture and support.

Culture and diversity

We must acknowledge that nursing in 2014 is not the same as it was back in the 1970s. In the 20th Century, nursing schools were very focused on technical skills and “nursing process” was a strictly linear problem-solving formula.

Diversity is a complex issue. It is an issue in *caring for patients*, within our team communications, and in *transitioning new staff members*. We must be sensitive to the diverse needs and priorities of our patients, but also aware of how new colleagues may see things very differently because of their diverse backgrounds.

Often care providers from elsewhere are not familiar with our practice patterns. They may have totally different expectations related to:

- Willingness to confront a physician or elder about a problem or error.
- Different concepts of malpractice for nurses because nurses are expected to follow instructions of physicians and are not independently accountable.
- The options for treating a wound that is resistant to healing
- Our willingness and ability to use high cost care supplies. *For example, the modern wound care products available in the US are not available at any price in some parts of the world.
- The need for instruction in how to use new technology or treatments.

Nurses from elsewhere are not familiar with our practice patterns and may have to learn a whole new level of accountability and assertive communication (Zittel, Moss, O'Sullivan, & Siek, 2016).

They may be unwilling to confront a physician about a problem or error - in many countries acting in that way would get you fired. Nurses in some countries are expected to conform to physician directions in all things. In Japan, in 2001, nurses had life time licensure and there was no concept of malpractice for nurses because nurses follow instructions of physicians and are not independently accountable.

Language barriers: Another layer of complexity and challenge is added when the individual is using English as a second language. Their thoughts may have to be translated back and forth before they achieve the right words for understanding what is being said.

- Words and concepts may mean very different things within their primary language
- Body language and acceptable customs are certain to differ.
- Listeners may react negatively when dialogue is occurring in a language that they do not understand.



Someone from another country faces even greater challenges than the new graduate nurse. With both culture and language differences to deal with, they may have an immense need for “transitional support & instruction”.

A critical lens on culture in nursing practice

” The aim of this article is to examine the concepts of cultural competency and cultural safety by way of relational ethics. To address these disparities in health care, cultural competency training programs are being widely advised. Recent research into cultural safety has not only recognized the importance of culture in nursing practice and organizational structures, but also extended the concepts to the culture of the client. In recognizing this diversity, nurses must pay close attention to their relationships with their clients. ***It is argued that the answers lie in relational ethics, which honors indigenous people’s connection to self, others, the environment, and the universe.*** “

Nursing Ethics, 08/03/2011 Bearskin RLB p. 548.

GENERATIONAL ISSUES:

FROM THE CENTER FOR GENERATIONAL STUDIES WE GATHER THESE FACTS

For Americans coming of age now:

Their defining experience is the advent of the Internet.

They are coming of age in a time of instant information that is technologically transmitted – which makes them:

- More impersonal in their social relations
- Reliant on e-mail, instant messaging, & pagers.
- Ethnically and racially diverse
- Idealistic and social-cause oriented without being cynical

What do we expect of the novice coming to our area of expertise and what do they expect of us? Times have changed but we do not always recognize the changes and their impact (Weston, 2006).

Generational Cohorts are groups of people with the same birth years and shared core values. These values are shaped by early life influences and significant events within their experience. This includes parents, media, social ‘climate’, and world events.

The Challenge of dealing with differences is to:

- Embrace Diversity - generational, cultural, educational, etc.
- Be aware that differences exist
- Be sensitive to differences and the effect they have
- Strive to understand the individual and the differences involved
- Consider how to honor the other person’s connection to self, others, the environment and the universe.

We generally break down the various generational cohorts into the following categories based on their birth years – thus the world events that shaped their perspectives.

PS the generational cohort groupings are getting shorter as our world changes at a faster pace?!

Along with ‘challenging characteristics’, each brings positives to our workplace

Baby Boomers

Birth years 1946 -1964

Shaping Influences

- Had 'stay at home' mothers, a carefree lifestyle and more relaxed pace of life when growing up.
- Routine was big, dinner served promptly at 6, when Dad got home.
- They watched role models spend entire careers with same company

What is most important to them?

- ***This group tends to define themselves through their jobs and equate work with self-worth. They like to change things and are willing to work long hours.***
- Attention – they've had it, they expect it
- Poverty, disease, crime were invisible
- Outer world looked fine, inner world became the focal point; they have a sense of innocence and abundance; and are loyal to employer

Generation Xer's - Twenty somethings

Birth years 1964 -1977

Shaping Influences

- Less family stability & presence,
- 2 working parents, increased divorce
- Practiced teamwork concepts in school and play
- Racially diverse group
- Television was media of choice and drives homogeneity
- Latchkey kids - Less supervision, fewer rules and role models
- Adults ranked automobiles ahead of children

What is most important to them?

- ***A latchkey childhood has made this generation independent. They seek connection with managers on an equal footing and are highly comfortable with technology.***
- They are more comfortable with collaborative work and are highly motivated to contribute to team accomplishments and success
- They do not fear emerging technologies and tend to eschew rules and authority – "getting it done, done right, and done well" is more important than process.
- Balance between work lives and personal loves is a priority; they are dedicated but won't sacrifice life outside work for "success"
 - Less concerned with titles or lines of authority

Generation Y or the Millennium generation

Birth years 1980 - 2000

Shaping Influences

- Racial and ethnic diversity
- Fracture of media – Multiple channels vs. 2 or 3 dominant choices
- No defining generational purpose
- Divorce rates are stabilizing
- Abortion figures are falling
- Non-traditional family definitions and sexual counter revolution
- Grown up in media saturated, brand-conscious world. Video games, Nintendo; Technology

What is most important to them?

- ***Technologically savvy, optimistic and street smart, they expect diversity and crave structure.***
- ***They are motivated and goal-oriented – value education and intent on personal goals***
- ***Need regular reinforcement*** – Like the video games, player expectations are clear, behavior is constantly measured, receive constant feedback, high rates of reinforcement that motivate them to keep playing again and again.
- They are passionately tolerant and community matters to them - they like to work in teams, put the plan into action.
- Respond to humor, irony, unvarnished truth
- Change is constant, focus is fragmented – remote control, More varied, faster changing

Gen Z Gen I or Gen Next. Birth period - 1994 & 2004 23 million strong & growing

Shaping Influences

- Speed Demons - world of instant gratification, thrive on acceleration and next, next, next.
- Organizers- grown up with social communities, such as Facebook or Orkut. Meeting, befriending and interacting with the online community is second nature. Gen Z should be independent.
- OPEN BOOKS - find little value in privacy. Personal information is only sensitive when it comes to money. Everything else is fair game.
- MICRO MINERS - thrive on small bits of information. Information is condensed into its very essence.

What is most important to them?

- ***A Sharing Generation That's All Technology, All the Time***
- Generation Z tends not to use blogs, detests emailing and avoids voice messaging
- contribute their knowledge and opinions online; like to keep it on point and brief, they are especially fond of "short communication bursts"
- seek to engage in the co-construction of knowledge; not just be recipients of communication

When we dialogue, we may need to learn how to communicate more effectively.

If the United States is a melting pot, the cultural stew still has a lot of lumps

- Caring for Patients from Different Cultures, by Geri-Ann Galanti

Reflection: Search out and review an article related to generational issues such as:

Integrating Generational Perspectives in Nursing Weston, Maria J. 2006 OJIN Vol. # 11 No. #2, Manuscript

1. available: <http://www.nursingworld.org/mods/mod982/generationfull.htm>



What concepts within generational cohorts impact your role as a coach or preceptor?

Communication Tips for Generational Cohorts

Traditionalist <ul style="list-style-type: none">• Show respect for their experience• Use more formal language – avoid cursing and slang• Respect their attention to formality• Don't rush or pressure them	Baby Boomer <ul style="list-style-type: none">• Honor their experience• Ask for their advise• Speak in an open, personal style• Offer to partner and get the job done, don't wait to be asked
Generation X <ul style="list-style-type: none">• Talk with them, not to them• Listen to them. You might learn something• Provide immediate answers and feedback• Give them challenges, not "busy work"	Generation Y <ul style="list-style-type: none">• Emphasize positives of doing right rather than the negatives of doing wrong• Be positive, simple, rational, factual, and friendly• Mentor them and be realistic• Be prepared to offer flexible scheduling

Each generation goes further than the generation preceding it because it stands on the shoulders of that generation. You will have opportunities beyond anything we've ever known.

- Ronald Reagan

PERSONALITY STYLES

impact our communication styles: Personality styles are the characteristics which are most visible and easily identifiable. They describe preferences for our worldview, energy recharging, decision-making and life style choices. Select between the choices on the same line from columns 1 or 2 for each row, then determine which box holds the most checks. This provides a broad impression of your style (CAPT, 2014).

	Column 1	Column 2
Gather our Energy Source: Do you prefer to focus on the outer world or on your own inner world?	<input type="radio"/> Easily distracted <input type="radio"/> Tolerate noise and crowds. <input type="radio"/> Talk more than listen. <input type="radio"/> Meet people readily – join in many activities <input type="radio"/> Blurt things out without thinking <input type="radio"/> Parties recharge your batteries <input type="radio"/> Hates to do nothing. Always on the go <input type="radio"/> Likes working or talking in groups. <input type="radio"/> Seeks the center of attention and/or action.	<input type="radio"/> Concentrate easily. <input type="radio"/> Avoid crowds, seek peace and quiet. <input type="radio"/> Listen more than talk. <input type="radio"/> Proceed cautiously in meeting people <input type="radio"/> Think carefully before speaking. <input type="radio"/> Time alone recharges batteries <input type="radio"/> Loves quiet time, reflective <input type="radio"/> Would prefer to socialize with 1-2 at a time <input type="radio"/> Content being on the sidelines.
This is called	Extraverts (E) or	Introverts (I)
Perceiving Function: Do you prefer to focus on the basic information you take in or would you rather interpret and add meaning?	<input type="radio"/> Learn new things by imitation & observation <input type="radio"/> Focus on actual experience. <input type="radio"/> Tend to be specific and literal <input type="radio"/> Give detailed descriptions. <input type="radio"/> Behave practically. <input type="radio"/> Rely on past experiences. <input type="radio"/> Likes predictable relationships. <input type="radio"/> Value standard ways to solve problems. <input type="radio"/> Methodical. <input type="radio"/> Value realism and common sense.	<input type="radio"/> Learn new things through general concepts. <input type="radio"/> Focus on possibilities. <input type="radio"/> Tend to be general and figurative <input type="radio"/> Use metaphors and analogies. <input type="radio"/> Behave imaginatively. <input type="radio"/> Rely on hunches. <input type="radio"/> Value change in relationships. <input type="radio"/> Use new and different ways to solve problems <input type="radio"/> Leap around in a roundabout way <input type="radio"/> Value imagination and innovation.
This is called	Sensing (S) or	iNtuition (N)
Judging Function: When making decisions, do you prefer to first look at logic and consistency or first look at the people and special circumstances?	<input type="radio"/> Have truth as an objective. <input type="radio"/> Decide more with my head. <input type="radio"/> Question findings - others may be wrong. <input type="radio"/> Choose truthfulness over tactfulness <input type="radio"/> Deal with people firmly, as needed <input type="radio"/> Expect world to run on logical principles <input type="radio"/> Note pros & cons of each option <input type="radio"/> See others' flaws...critical <input type="radio"/> May tolerate queries as to emotional state <input type="radio"/> Feelings are valid if they're logical.	<input type="radio"/> Have harmony as a goal. <input type="radio"/> Decide more with my heart. <input type="radio"/> Agree with others - people are worth listening to <input type="radio"/> Choose tactfulness over truthfulness. <input type="radio"/> Deal with people compassionately. <input type="radio"/> Expect the world to recognize individual differences <input type="radio"/> Note how an option has value & affects people <input type="radio"/> Like to please others; show appreciation <input type="radio"/> Appreciate frequent queries as to emotional state <input type="radio"/> ANY feeling is valid.
This is called	Thinking (T) or	Feeling (F)
Life Style Choices: In dealing with the outside world, do you prefer to get things decided and adhere to the schedule; or do you prefer to stay open to new information and options?	<input type="radio"/> Prefer life to be decisive, imposing will on it. <input type="radio"/> Prefer knowing what they're getting into <input type="radio"/> Enjoy finishing things <input type="radio"/> Work for a settled life, with plans in order. <input type="radio"/> Dislike surprises & want advance warnings. <input type="radio"/> See time as a finite resource <input type="radio"/> Take deadlines seriously. <input type="radio"/> Like checking off "to do" list. <input type="radio"/> Feel better with things planned. <input type="radio"/> Settled. Organized.	<input type="radio"/> Seek to adapt my life & experience what comes up <input type="radio"/> Like adapting to new situations. <input type="radio"/> Enjoy starting things <input type="radio"/> Keep life as flexible as possible - nothing missed <input type="radio"/> Enjoy surprises, like adapting to frequent changes <input type="radio"/> See time as a renewable resource <input type="radio"/> See deadlines as elastic. <input type="radio"/> Ignore "to do" list even if made one <input type="radio"/> Would rather do whatever comes along <input type="radio"/> Tentative. Flexible. Spontaneous.
This is called	Judging (J) or	Perceiving (P)

Based on this assessment tool, I believe that my personality style is _____

WEB RESOURCES FOR LEARNING MORE ABOUT THE PERSONALITY TYPES

Internet web links can be accessed from the VNIP web site: <http://www.vnip.org/links.html>

Scroll down on the page and explore the links that take you to further info about personality, conflict management, and learning styles.

What information surprised you regarding your personality and conflict management styles?

How might your learning style impact the instruction that you provide to others?

How do you prefer to communicate with others?

“Please Hear What I’m saying!”

We tend to hear and communicate from our own Personality style, but to understand each other we need to recognize their style. You can’t change who you are but you can use language in a manner that helps others to understand from their perspective.

There are 16 different Personality Styles:

ISTJ <i>Doing What Should Be done</i>	ISFJ <i>High Sense of Duty</i>	INFJ <i>Inspiration to others</i>	INTJ <i>Everything has room for improvement</i>
ISTP <i>Ready to try anything</i>	ISFP <i>Sees much but shares little</i>	INFP <i>Performing noble service to other</i>	INTP <i>A love of problem solving</i>
ESTP <i>The ultimate realists</i>	ESFP <i>You only go around once</i>	ENFP <i>Giving life a little extra squeeze</i>	ENTP <i>Life is full of many challenges</i>
ESTJ <i>Life’s administrator</i>	ESFJ <i>Hosts and hostesses of the world</i>	ENFJ <i>Smooth talking persuaders</i>	ENTJ <i>Natural Born Leaders</i>

CONFLICT MANAGEMENT



Conflict is an opportunity for resolution, for developing new directions, ideas or expectations!

Many fear conflict, or at the very least, dislike conflict very much. Due to this fear or dislike, many avoid conflict as a negative or detrimental influence. Instead, research shows us that embracing conflict can be valuable to the collaborative process and the human interactions that occur within groups.

Conflict is a common phenomenon, conflict accompanies human interactions. Simmel (1955), insisted that conflict, if regarded comprehensively, is valuable and can be managed to promote positive change. Conflict can be viewed as merely a difference of opinion, ideas or solutions to an issue, problem or situation. But as it intensifies it becomes personalized, emotionalized and complex. Effective conflict management is a vital skill that can be learned.

Conflict style preferences often relate to personality characteristics. There have been more recent efforts to link the Myers-Briggs Type Indicators with conflict management styles (Marion, 1995). Some studies suggest a need for more research on the work culture of health care organizations to better explain nurse's conflict handling **Where is the balancing point for your conflict resolution style?**

This matrix looks at two elements of conflict, **cooperation and assertiveness**. Determine your level of cooperation or assertiveness from high to low in each category you will fit in one of five positions.

Cooperation: how much you are concerned about the needs of others

Assertiveness: how much you will focus on meeting your goals and your needs

Knowing one's predisposition toward conflict is the first step towards resolution and provides an opportunity to manage conflict creatively. There is no one perfect style. Different situations call for different approaches.



Justice cannot be for one side alone, but must be for both.

– Eleanor Roosevelt

3

Steps to Managing Diversity or Conflict

Step One: Treat the Other Person With Respect.

Respect for another person is an attitude conveyed by specific behaviors such as:

How you listen to another; How you look at him/her

Tone of voice; Selection of words ;

Launder your language. Avoid wording that make it hard for the listener to hear your message.



Respect - For many of us, an act of willpower is needed to fight the gravitational pull into disrespect.

A conscious effort must be made to convey respect and instill a sense of worth to all concerned parties. If you find yourself judging you probably are communicating that judgment.

Step two: Listen Listen Until You Have “Experienced the Other Side”

You listen and say back the other person’s ideas or proposals as heard the other person.

- To show that you understand, make a sentence or two which shows the meaning this person wants to put across.
- Concentrate especially on reflecting feelings.
- It is not enough to just hear the other’s emotions.
- They need to be understood and accepted.

When the other person feels heard, you have earned the right to speak and share your point of view and your feelings.

Step Three: State Your Views, Needs and Feelings

- State your point of view briefly.
- Use “I” Statements
- State the truth as it really is for you
- Launder your language. Avoid loaded words.
- Don’t make more extreme statements than you really believe.
- Disclose your feelings.
- Until the emotional issues are resolved, the substantive issues probably can’t be settled.

“Peace is not the absence of conflict but the presence of creative alternatives for responding to conflict -- alternatives to passive or aggressive responses, alternatives to violence.”

– Dorothy Thompson

ROLES & RESPONSIBILITIES

Clinical Coaches &/or Preceptors are asked to “teach, observe, evaluate, and mentor in the workplace”. This workbook is designed to assist you in learning and practicing the skill set necessary for this vital role.

We will start by outlining the role, or “clearly defining the expectations” for preceptors and clinical coaches. This is the vital ‘first step’ in fulfilling the role of the preceptor. But before we define the roles, let’s explore your own experience of transition to the workplace.

Preceptors are experienced practitioners who provide transitional role support, experiential learning and competence validation for new staff. It is important that the preceptor be experienced, knowledgeable, and that they perform the role willingly. They also need support from the other healthcare professionals within the workplace.

Preceptors need to be selected based upon their desire for the role, expertise in their field of work, leadership skills, teaching abilities, communication and interpersonal skills.

The protector role is the foundation of all precepting skills. When precepting or coaching others, you are protecting patients, colleagues and yourself by ensuring that the novice follows agency protocols and provides safe, effective care. You are helping in the development of capability and skills by supporting experiential learning. You are their “safety net” and you establish the safe learning environment in which the novice practices skills and develops capability.

You ensure that they follow the acceptable standards of care – including adherence to agency protocols, policies, specialty practice guidelines, standards of practice, licensing guidelines, scope of practice and vendor’s directions for use of equipment or special treatments.

Validator or Evaluator — ensures competence in practice. This role is a major change from the past. It is not same old, same old, “buddy system” or “shadowing” of the staff member.

The preceptee is not an “extra set of hands”; they are a learner and potential co-worker. But we cannot assume that they are competent. Instead, the preceptor collects evidence of their capability, identifies the gaps in experience, and shifts to the Educator role to fill those ‘gaps’ that apply to patient care in your setting or specialty.

As a preceptor, you are the one who:

- Observes performance of core care skills
- Ensures adherence to policies & procedures and standards of practice
- Evaluates practice for safe and effective care
- ‘Signs off’ the critical elements that are demonstrated
- Identifies limitations in capability
- Validates competent practice by collecting the evidence of competence
- Works with management to track and report progress or lack thereof

**Once collected, the evidence of competence must be documented.
Follow protocols and directions for documentation**

Preceptor Roles/Responsibilities: a large and complex job!

Protector – Protects both patient and novice from adverse outcomes

- o Ensures safe learning environment for the novice to study and practice in
- o Considers licensed scope of practice when assigning and delegating.
- o Ensures adherence to policy and procedure (standards of practice)
- o Supports developing skills while ensuring safe care, safe practice
- o Protects preceptee from adverse behaviors of others
- o Protects patients from errors in healthcare delivery
- o Protects the novice from making errors that might threaten self/others
- o Protects the profession of nursing – as the most trusted of HC professionals

Evaluator: Gathers evidence of safe and effective practice capability

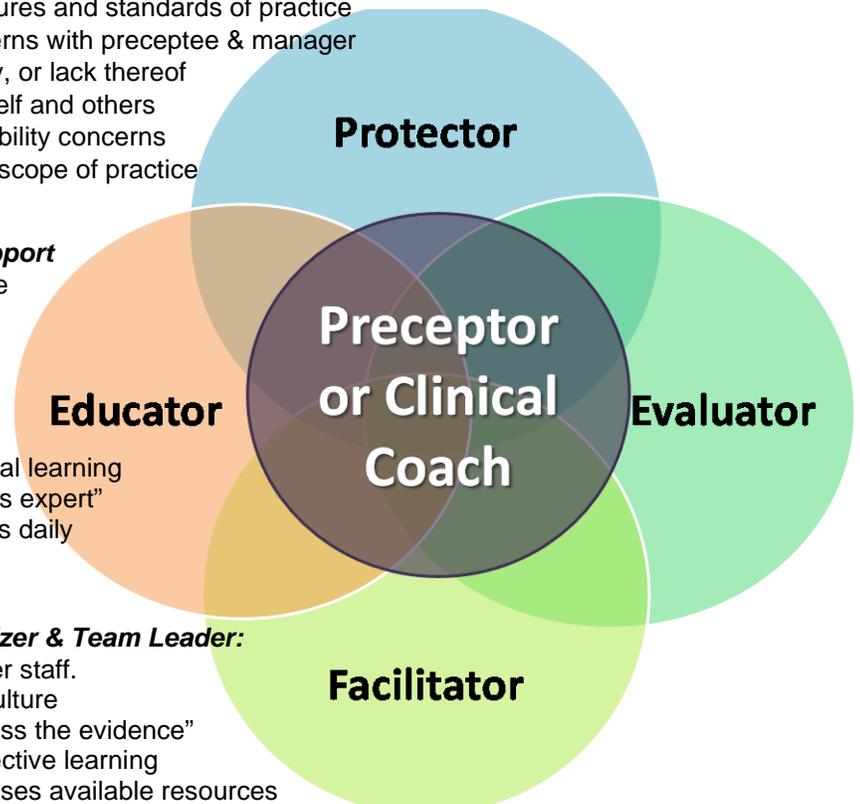
- ◆ Observes preceptee's clinical practice to collect evidence of capability level
- ◆ Ensures adherence to policy, procedures and standards of practice
- ◆ Discusses performance issues/concerns with preceptee & manager
- ◆ Documents observations of capability, or lack thereof
- ◆ Recognizes capability limitations in self and others
- ◆ Identifies delegation and/or accountability concerns
- ◆ Ensures that assignments are within scope of practice

Educator: Provides instruction and support

- Assesses learning needs & learning style
- Plans learning activities collaboratively
- Implements effective learning plan
- Develops capability of preceptee
- Fosters Critical Thinking development
- Evaluates & communicates progression
- Provides safe environment for experiential learning
- Facilitates progression of “novice towards expert”
- Documents accomplishments & concerns daily

Facilitator: Acts as Role Model, Socializer & Team Leader:

- Introduces preceptee to team & other staff.
- Fosters integration into workplace culture
- Provides role model of “How to access the evidence”
- Role models reflective practice, reflective learning
- Acknowledges own limitations and uses available resources
- Helps preceptee settle into new role, environment and team.
- Gives constructive feedback, Speaks for self, Listens attentively
- Resolves issues as they arise; resolves conflict in proactive manner
- Acts as role model for self-development, professional comportment and attitudes
- Supports adjustment to all the new elements that the novice faces within transition
- Ensures consistent communication between manager, novice, and/or educator
- Enlists support of full interdisciplinary team for socialization and orientation process



References

Omer, T. A., Suliman, W. A., & Moola, S. (2016). Roles and responsibilities of nurse preceptors: Perception of preceptors and preceptees. *Nurse education in practice*, 16(1), 54-59.
(Bengtsson & Casrlson, 2015; Botma, 2016; Goss, 2015; Mann-Salinas, et al., 2014; McClure & Black, 2013; Windey, et al., 2015)

You will role model self care, which is critical to growth and wellbeing.

Remember: Your preceptee will learn more from what you do, than what you say. You can only take care of others to the degree that you take care of yourself. One of your responsibilities is to role model good self-care.

The preceptee is not left unsupervised for any aspect of care unless you have evidence that this person can provide this aspect of care in a safe and effective manner, according to all pertinent protocols.

SOURCES OF CONFLICT

The transition from student to new health care professional can create conflict due to the change in expectations between the student role and the 'real life' role of direct care. Some of these sources of conflict can be seen in these characteristics:

Student

- Very limited # patients
- Focus on components
- Limited clinical time
- Instructor controlled
- Pre-planned assignment
- Fellow Students
- Meals/breaks

To New Care Provider

- Full Assignment
- Responsible for ALL!
- Full 8 to 12 hour shift
- Coach support
- Assignment surprise
- New Group
- Meals? Breaks?

Which of the above transitions were hardest for you to adjust to?

What might have made this transition easier for you?

Crucial Conversations - We need to engage in 'crucial conversations' to ensure safe and effective care of patients. This may require some guidance for some of us and the Vital Smarts web site offers excellent advice on how to manage difficult conversations. It is very easy to sign up for the free *Crucial Skills Newsletter*. "Each week, the *Crucial Skills Newsletter* brings tips, experiences, and additional instruction to your e-mail inbox from the authors and experts of *Change Anything*, *Crucial Conversations*, *Crucial Confrontations*, and *Influencer*."

More information can be found at: <http://www.vitalsmarts.com/newsletter.aspx>

In the long run, we shape our lives, and we shape ourselves. The process never ends until we die. And the choices we make are ultimately our own responsibility.

– Eleanor Roosevelt