

# Assertiveness Scenarios.

## Notes:

These examples aim to increase your understanding of the Assertiveness Language Model by practicing 4-step escalations in a series of scenarios. To accomplish this, you are asked to decide:

- Where would you **actually** enter? At step 1 - 2 - 3 - or 4?
- Why?
- Are there any questions you should ask before you enter at all? (Like "How long has the patient been like this?")

Remember that not every concern needs to be pushed through to level 4. In fact the **only** reason to go that high is the presence of an imminent safety problem – danger to life or limb.

Some people find different levels more difficult than others (e.g. timid people find levels 3 and 4 hard, whilst highly assertive people find levels 1 and 2 hard). Few people need no practice at all in this communication skill.

Significantly, this technique works in personal as well as working relationships!

## UTILISING GRADED ASSERTIVENESS TECHNIQUES, WHAT WORDS WOULD YOU USE AT EACH LEVEL TO HANDLE THE FOLLOWING SITUATIONS?

### **Scenario 1**

You have just read the minutes of the last meeting as this one is about to commence. You know that an expenditure of \$5000 was approved at the previous meeting, but the minutes read '\$5,500'. You raise the issue because your budgets are always tight, but the chairperson, who will spend the money, argues that \$5500 is the correct figure. No-one else in the group has precise recall of the approved amount.

1. (Probe)
2. (Alert)
3. (Challenge)
4. (Emergency)

### **Scenario 2**

You are a ward nurse accompanying a VMO surgeon who is rounding without his resident. He notes that a patient has not been written up for Clexane, a medication that helps prevent blood clots after operations. In a helpful mood, the VMO takes the chart and orders the drug ... but at double the appropriate dose.

- 1.
- 2.
- 3.
- 4.

**P.T.O. ....**

**Scenario 3**

2

You have an important business meeting at an airport in another town with someone who can authorise significant funding for your department. S/he will be leaving for an extended overseas trip 2 hours after your appointment time. You are being driven by your department head. It's a rainy night, the road is winding, very wet, and not well lit. You are late. The driver is taking risks with the speed, and keeps crossing the centerline on bends.

1. (Probe)
2. (Alert)
3. (Challenge)
4. (Emergency)

**Scenario 4**

1

Middle of the night. Junior Medical Officer or Nurse or both are very concerned about a patient and just don't know what the problem is. They call the Senior Medical Officer who is in another part of the hospital and does not offer to come straight away.

- 1.
- 2.
- 3.
- 4.

**Scenario 5**

You have an interview with your son's Year 3 teacher at Primary School. His behaviour in class has been disruptive and he has not been responding to verbal corrections. Last week the teacher made him sit in class with a girl's ribbon in his hair in an attempt to shame him into compliance.

- 1.
- 2.
- 3.
- 4.

**Scenario 6**

You are a conscientious anaesthetist at a public hospital. You become convinced, based on concerns by nursing staff, personal observations and physical evidence, that one of your colleagues is abusing S8 drugs. You have hitherto had a good working relationship with this person and you think you are the first of his colleagues to have noticed the problem. You want to give him the opportunity to confess to the problem before you are forced to inform the head of the department. How would you raise the matter with him?

- 1.
- 2.
- 3.
- 4.

## Facilitator Copy of Assertiveness scenarios.

### Notes:

What would be the objective in building this, or any other, example into the Assertiveness Language Model? Primarily to increase understanding of how it works by practicing 4-step answers to a series of scenarios. Having done that, we develop expertise or sophistication in using the model. To accomplish this, the participants must be asked to decide "Where would you **actually** enter? At step 1 – 2 - 3 - or 4? And why? Are there any questions you should ask before you enter at all? (Like "How long has the patient been like this? )

The other side of the coin is that not every disagreement needs to be pushed through to level 4. In fact the **only** reason to go that high is because there is an imminent safety problem (which could affect the clinician as much as the patient in something like an uncontrolled blood spill with an HIV positive patient?)

The following Learning Objectives are pursued in this module:

1. What is Graded Assertiveness?
2. Why do we need it?
3. What are the ground rules for it to work (prerequisites etc.)
4. What are the four levels?
5. What influences the level at which you enter, and how fast you escalate?

**PRACTICE.** Some people find different levels more difficult than others (e.g. timid people find levels 3 and 4 hard, whilst highly assertive people find levels 1 and 2 hard) Few people need no practice at all.

### Scenario 1

There is no safety issue involved in this scenario, so there will be no need to go through to the 'emergency language'. Participants might reach level 3, but as only two people are involved it is best to avoid any sense of over control from the committee member.

1. "A small point on the minutes chairman, but my memory of the expenditure was \$5000".
2. "Perhaps we could call the two members who aren't here, for confirmation"
3. "Perhaps I missed something. What was the final argument that increased it to \$5500?"
4. There is no need for level 4 assertiveness in this scenario.

### Scenario 2

The VMO surgeon is rounding without his resident and notes that a patient has not been written up for clexane, a medication that helps prevent blood clots after operations. In a helpful mood the VMO takes the chart and orders the drug...at double the appropriate dose. This is a real example from personal experience...the surgeon was impressed when the Nurse used the second level.

1. "I haven't seen this dose before."
2. "I'm sorry doctor, can I just get this right – the patient is only 40kg – shouldn't we give less than 160 milligrams of clexane? (She doesn't administer the dose, but offers an alternative.)
3. "Perhaps we could check the dose in the MIMS"
4. Doctor, **you must listen**. This really seems unusual to me and I am uncomfortable with giving such a dose to this patient. If you won't check the MIMS, I will."

A possible circuit breaker between step 3 & 4 could be to let the VMO write it up - then have another medical officer, or the pharmacist, review it and change the order later.

### Scenario 3

There is an obvious safety issue in this scenario. Focussed on the need/desire to sign off on financial support, the department head is exceeding any reasonable boundaries and must be drawn back into a safe driving regime as quickly as possible. Participants may feel the need to start at level 2 – or jump from 1 to 3 – or merge 2 and 3 in one statement. Level 4 is justified.

1. "I wonder how the brakes will perform on this road – it's soaked."
2. "Perhaps we should slow down. We're crossing the centerline."
3. "The grant isn't worth the cost of two lives is it?"
4. "**You must listen.** If you insist on driving this fast, you must let me out."

### Scenario 4

Middle of the night. Junior medical officer or Nurse or both are very concerned about a patient and just don't know what the problem is. They call the senior medical officer who is in another part of the hospital and does not offer to come straight away.

1. "I'm really concerned about this patient, I haven't seen anything present quite like this before and I am worried that I might be missing something obvious"
2. "Perhaps you could just come and have a quick look and then I can do whatever needs to be done"
3. "The Super says that if we are worried about a patient we can always ask you to come and you will come straight away. Why can't you come?"

- Or -

'Doctor, I'm very concerned about one of your patients and I need your help. When is the earliest time you can get here?

Either could be appropriate, depending on the relationship. A junior person might be more comfortable with the second one.

4. "Doctor **you must listen.** I'm very concerned about this patient and I need you to come and review him ASAP. If you don't come now I will ring the Super at home

### Scenario 5

This was a real incident in which the father received an apology, but handled it badly by acting in anger. Although there is no safety issue here – and level 4 is not therefore appropriate - clearly the situation must not recur. A careful choice of language at level 2 should be sufficient.

1. "Thank you for seeing me. I wanted to let you know I'm concerned that the ribbon incident was an inappropriate technique for an 8 year old boy."
2. "I accept that the boy must be disciplined, but we disagree strongly on this method. If you plan on continuing with this, I'd like the Principal to become involved."
3. **Shouldn't be necessary.** Seek the explanation for continuing with the Principal present.
4. **No imminent danger.** Emergency language not justified.

### Scenario 6

This is a delicate problem requiring careful choice of words, but 'Emergency Language' is justified.

1. "George, you seem to be under the weather quite a bit of late." (Unlikely to succeed).
2. "Perhaps you need a break. How about I arrange a check-up and some leave?"
3. "George, there were some significant discrepancies in the drug cupboard the last few times I followed after your list. Why don't we talk about it?"
4. "George **you must listen.** You must get help or I'll have to notify the head of department."