

On the CUSP: Stop BSI Appropriate Assertion

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Communication Styles

Assertive



Aggressive

Passive or Passive Aggressive ?



Aggressive - the goal is to dominate and win!

- “This is what I think. What you think does not matter. You are uninformed”
- Often expression of feelings, thoughts in a way that is not wholly truthful
- Usually done in an inappropriate and unprofessional manner
- Body language: Clenched fists, crossed arms, glaring eyes, intrusive on personal space

Passivity - the goal is to appease and avoid conflict at all costs!

- Fail to express your thoughts or opinions
- Sarcastic
- Give in with resentment
- Remain silent
- Body language: “The Victim Stance”

Assertiveness

Assertiveness is an attitude and a way of positively relating to those around you; skills set for effective communication.

- See yourself as having worth
- You value others equally, respecting their right to an opinion
- Engage in communication respectfully, while also respecting your own opinions



Assertion IS

Being appropriately assertive means:

- Organized in thought and communication
- Speak clearly and audibly
- Disavowing perfection while looking for clarification and common understanding
- Owned by the entire team (not just a “subordinate” skill-set, and it must be valued by the receiver to work)

Assertion Includes:

- Saying “yes” when indicated, but “no” when you mean “no”
- Using “I” when not speaking for the team
- Respectively defending your position, even if it provokes conflict
- Body language: Secure, upright position in a relaxed manner, making eye contact, standing with open hands

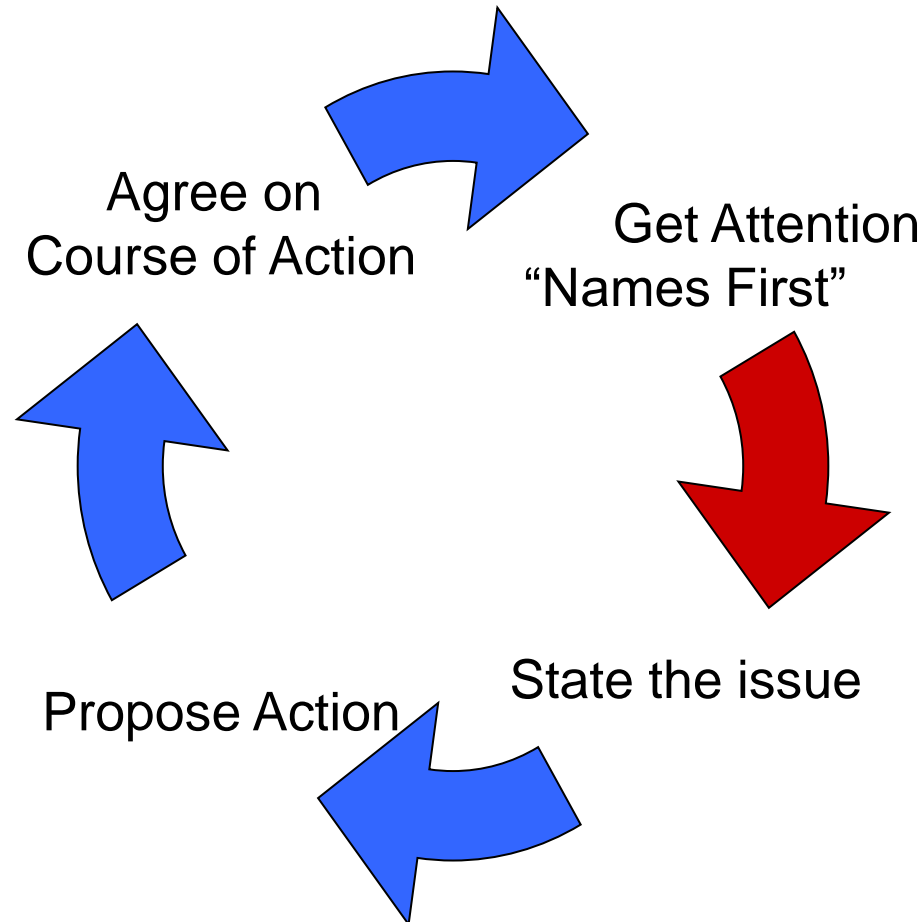


Assertion Is Not

- Aggressive
- Hostile
- Confrontational
- Ambiguous
- Demeaning
- Condescending
- Selfish



Communication to Improve Patient Safety: A Continuous Process

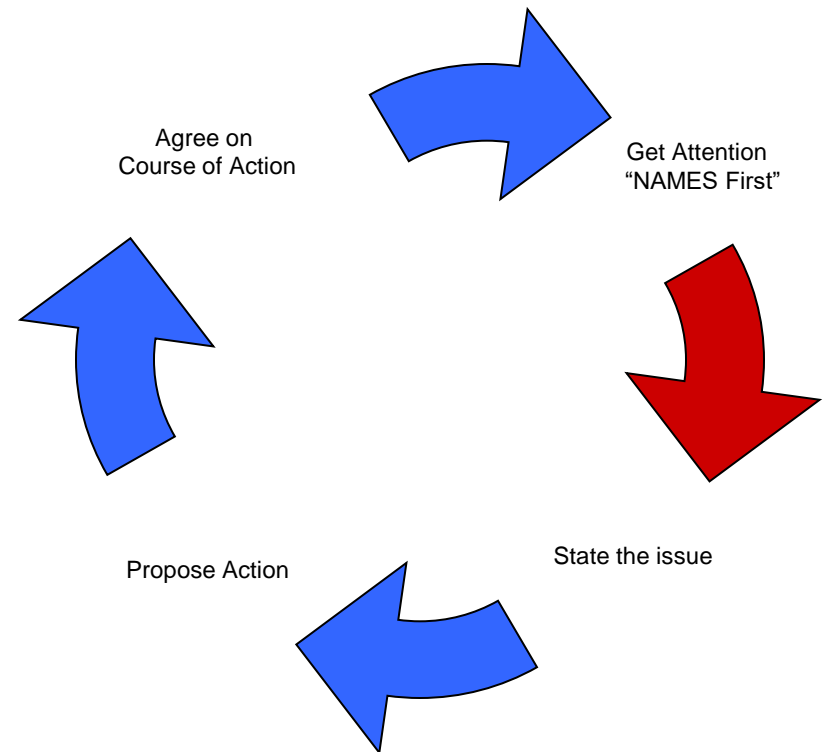


Helpful Hints in Applying The Assertion Model

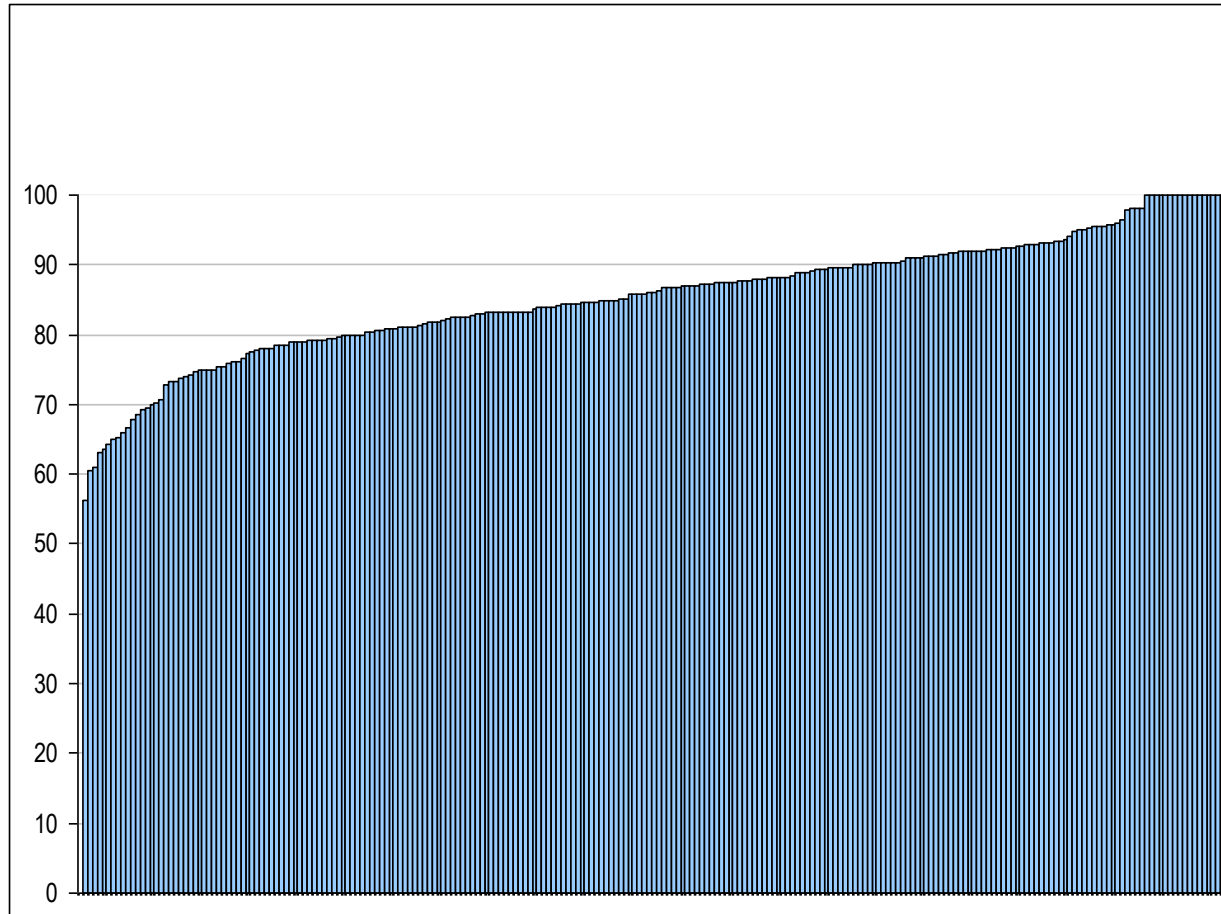
- Focus on the common goal: Quality care, the welfare of the patient, safety; it's hard to disagree with safe, high-quality care
- Avoid the issue of who's right and who's wrong
- “Patient-centered care”— It is not who is right or who is wrong, it is what is best for the patient
- Depersonalize the conversation
- Actively avoid being perceived as judgmental
- Be hard on the problem, not the people

Improving Assertion

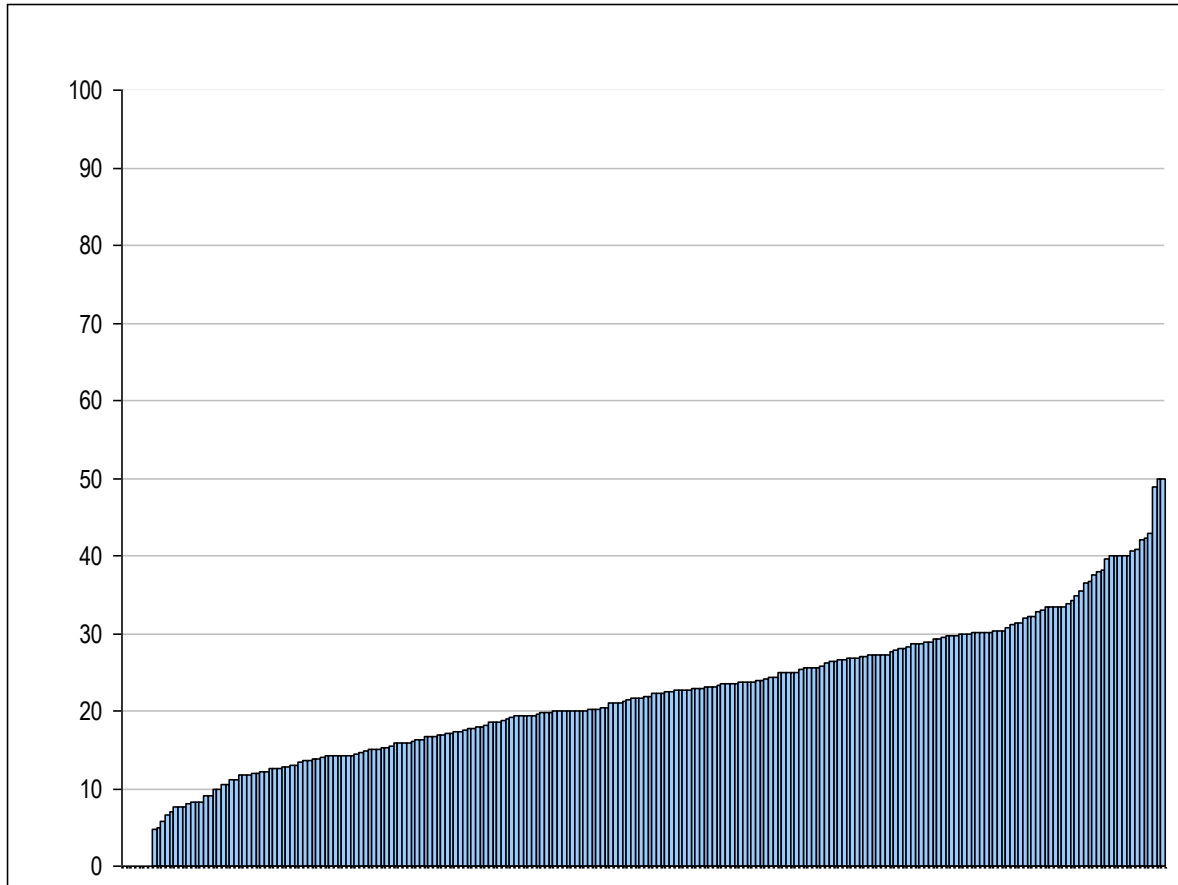
- **Names First** - get their attention
- Make eye contact
- Express your concern and feelings
- State the issue (clear, concise)
- Propose action(s)
- Re-assert as necessary
- Agree on course of action
- Escalate if no resolution



#37. “It is easy for personnel in this ICU to ask questions when there is something that they do not understand

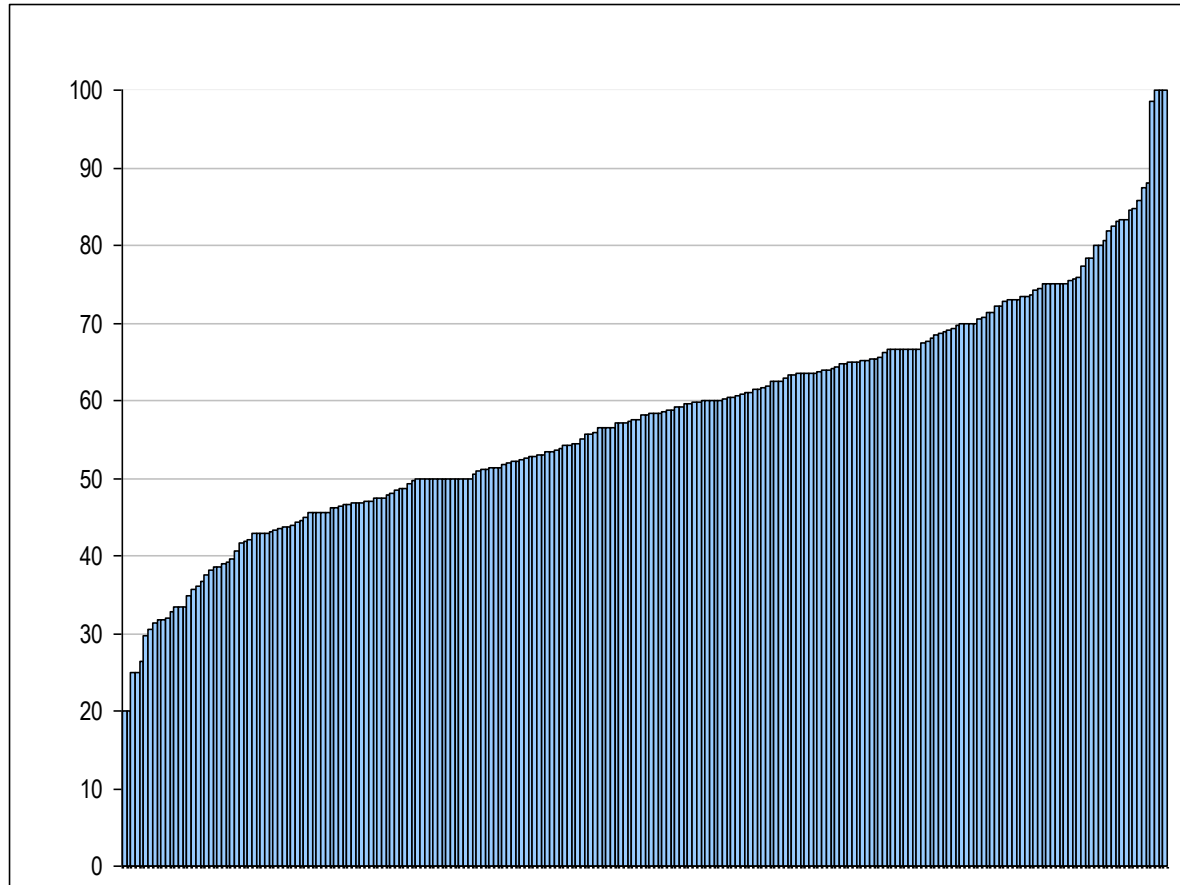


#26. “In This ICU, It Is Difficult To Speak Up If I Perceive A Problem With Patient Care.”



ON THE CUSP:
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#32. “Disagreements In This ICU Are Resolved Appropriately (i.e. not *who* is right, but *what* is best for the patient).”



Discussion

- Why is it difficult to always be assertive?
- What can you do to assure that your concerns are heard?
- What can we do at the organizational level that will help you succeed at providing safe patient-centered care?

What next?

- We will build on our assertive training to effectively master conflict resolution strategies
- What are some skill sets we should work on before we begin to address personal and work-related conflict?