Graded assertiveness

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How graded assertiveness can help you

James talks to Sarah Dalton about graded assertiveness. A concept that arose from the aviation industry.

Graded assertiveness gives junior members of a team the opportunity to speak up in a medical environment which is traditionally hierarchical.

About Dr Sarah Dalton

Dr Sarah Dalton is a Consultant in Paediatric Emergency Medicine at The Children’s Hospital at Westmead as well as Clinical Director at the Clinical Excellence Commission in NSW where she oversees a Clinical Leadership Development program. Sarah is President-Elect for the Division of Paediatrics and Child Health at the Royal Australasian College of Physicians and holds a Masters in Applied Management in Health.

Sarah has a long-standing interest in the translation of evidence into practice, and is a strong advocate for improving Quality and Safety in Healthcare. She has a particular interest in clinicians leading change and recently completed a Fulbright Scholarship to evaluate Clinical Leadership Development Programs in the United States.

Graded assertiveness

With Dr Sarah Dalton, Paediatrician at the Children’s Hospital, Westmead, New South Wales, Australia.

Introduction

Graded assertiveness describes an approach to getting the message across within a team. The concept arises from the aviation industry, where junior crew needed a framework to discuss important issues with their senior colleagues. Graded assertiveness gives junior members of a team the opportunity to speak up in a medical environment which is traditionally hierarchical.

Case

You are a junior doctor working on a busy Orthopaedic team. On morning rounds the Registrar marks a patient’s left leg for a hemiarthroplasty. You admitted the patient and
believe they have a right neck of femur fracture for operative management.

1. What do you need to consider?

- Do you need to do something now or can it be deferred?
- Can the discussion occur away from the bedside?

2. What is your approach?

- There are many different approaches.
  - Two step process:
    - Advocacy with Inquiry: making a statement about what you see e.g. “I notice you just put a mark on the left leg, and I think the right leg is the issue. Have I missed something?”
    - Challenging: “I see that you’ve marked the wrong leg, we need to do something about that now.”
  - Four step approach: CUSS (Concern Uncertain Safety Stop)
    - Concern e.g. “Excuse me, I don’t mean to interrupt, but I always like to double-check. Mr Brown, was it your right leg or left leg today?”
    - Uncertain e.g. “I’m not sure, but I thought your fracture was on the right side.”
    - Safety e.g. “I don’t think it’s safe to proceed until we make sure which is the correct side.”
    - Stop e.g. “Can we stop please? We need some time out to confirm which is the correct side.”
- This can apply to multiple different scenarios, e.g. antibiotic prescribing.

Take home messages

- If you see something, say something.
- Continue to escalate if you do not receive an appropriate answer.

References


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