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.

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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