Respectful Conversations for Difficult Situations®

Facilitator Guide

from the

Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying®

www.stopbullyingtoolkit.org

Intended Audience:

- This FREE tool is designed to help those of us who work in healthcare to learn to respectfully manage conversations regarding incivility or bullying in our workplaces.
- It is specifically intended for use with students during their preparation for careers in healthcare and for employers to use with new hires during their onboarding experience. However, it can also be used by anyone or any profession working to build a respectful workplace.

Objectives:

- Define incivility and bullying
- Describe common situations of incivility and bullying
- Describe the impact of incivility and bullying on human capital and patient outcomes
- Develop a list of terms that are deleterious to collaboration, can invoke a negative emotional response in the listener, and are disrespectful
- Reflect on personal contribution to an incivil workplace
- Describe the approach to respectful conversations for difficult situations
- Model the respectful conversations approach to managing difficult situations
- Apply the respectful conversations approach to managing difficult situations in a safe training setting
Tool Overview:

**Video 1: Overview of Incivility and Bullying in Healthcare**  [https://www.youtube.com/watch?v=4DOQ593cHfE](https://www.youtube.com/watch?v=4DOQ593cHfE)
- Incivil and Bullying Behaviors Exercise
- Language of Collaboration Exercise
- Self-Reflection Exercise

**Video 2: Approach to Respectful Conversations**  [https://www.youtube.com/watch?v=WbP3O_UC1LE](https://www.youtube.com/watch?v=WbP3O_UC1LE)
- Group Discussion

**Videos 3: Practice Vignettes**  [https://www.youtube.com/watch?v=t8XddfSddzU](https://www.youtube.com/watch?v=t8XddfSddzU)
- Role-play Exercises

**Set-Up:**

This tool is designed to be used as time permits and can be divided into 2, 2.5, and 4 hour segments. If used as a whole it is completed in one 8.5 hour day. If used in a combination of online learning and onsite simulation, then the first two segments can be completed online with a facilitated discussion and the final segment can be facilitated during an onsite session.

A room will be needed with projection capabilities for the videos and tables and chairs for large group and small group work. Flip charts, electronic writing board, or other writing system is recommended for group discussion and group work reports.

- **Download, print, and laminate if desired, the Respectful Conversations pocket card and the Mnemonic BE AWARE and Care from the Courage Bucket.**  [http://stopbullyingtoolkit.org/courage-2/](http://stopbullyingtoolkit.org/courage-2/)

Segment III Simulation Exercises: Consider using standardized participants if available and tablets or other recording devices for video playback.

**Dashboard:**

Consider measuring the level of incivility and bullying in your organization through a dashboard prior to initiating training. A sample dashboard is available in the Truth Bucket and can be modified as needed.
Sample Schedule: 8.5 hour day  * Start on time and keep to schedule to model respectful behavior.

**Segment I: 2 hours**

Participant Sign-in (10 min)

Introduction to the Day (15 min) Disclaimer that there is no commercial bias or conflict of interest.

In large group, view *Overview of Incivility and Bullying in Healthcare* Video 1

Large Group Discussion: (20 min) Facilitator lists comments on writing system at front of room

- *Incivil and Bullying Behaviors Exercise.* Ask participants to identify behaviors that they have witnessed in the workplace. If participants were late to the session, bring this to everyone’s attention and share with the group that this is an example of disrespectful behavior and model this respectfully using *Situation-Background/Behavior-Impact.* For example,

  ◦ **Situation:** This morning we were scheduled to start the program at 7 AM and 3 of you arrived more than 15 minutes late.

  ◦ **Background/Behavior:** We scheduled the day to start with a sign-in period to allow for unplanned tardiness because we know that traffic accidents and road construction delays are not always known. Tardiness is one of the incivil behaviors that is disrespectful to colleagues, patients, and their families.

  ◦ **Impact:** The result of tardiness is that the group is distracted, content needs to be repeated, and the participants who did arrive on time, or even early so as not to be tardy, feel angry and disrespected.

- Participants to identify specific examples of when incivil and bullying behaviors might impact patient outcomes.

Small Group Discussion: (30 min) Facilitator lists disrespectful terms and alternatives on writing system at front of room after group work

- Participants to be divided into small interprofessional (if possible) groups; ideally these groups were prearranged and participants are already seated accordingly at tables

- *Language of Collaboration Exercise.* (20 min) in their small groups

  ◦ Develop a list of terms that are deleterious to collaboration; can invoke a negative emotional response in the listener; and are disrespectful in their setting; commit to terms that can be used as alternatives if an alternative is required

  One member from each small group to report back to the larger group the results of the exercise (10 min)
Segment I: continued

- **Self-reflection Exercise (10 min)**
  - Hand out pertinent self-assessment tools from the Truth Bucket and *BE AWARE and Care* mnemonic from the Courage Bucket.
  - Participants to complete the self-assessment and keep for personal reflection.

  Break (20 min)

Segment II: 2.5 hours

In large group, view *Approach to Respectful Conversations* Video 2

- Distribute *Respectful Conversations* pocket card from the Courage Bucket to participants to use while viewing

Large Group Discussion: (15 min)

- Participants to discuss what they viewed and how they might approach the difficult situation

In large group, view *Practice Vignettes* Video 3, the first Vignette and Modeled Response Video Clip then PAUSE

Large Group Discussion: (15 min)

- Participants to discuss what they viewed and their reactions to it. Did they think it was an effective approach? Why? Did they think it was likely to be an ineffective approach, why?

Repeat this for each of the next 2 Vignette and Modeled Response Video Clips

Break (45 min for lunch)
Segment III: 4 hours

Recap (15 min) Lead Facilitator

- Incivility and bullying are pervasive in our healthcare setting, upon self-reflection we may realize that we are bystanders or collaborators and that regardless of our role, we must BE AWARE and Care to build and sustain our valuable human capital and to prevent its impact on our patient’s outcomes
- We must use the language of collaboration
- Respectful conversations for difficult situations is a learned skill with 5 steps
- All participants must agree to provide a gracious space for skill development

Respectful Conversations for Difficult Situations Standard Role-playing Exercises (160 min)

- Participants to be divided into small interprofessional (if possible) groups of no more than 4 members (ideally these groups were prearranged and participants are already seated accordingly at tables)
- Standardized participants, trained actors or healthcare team members unknown to the participants, may act as collaborators or bystanders if available
- Provide the groups with a list of 4 vignettes for them to respond to. Choose from the list in Appendix A or design your own
- Set the stage for the first vignette and assign either a group member or standardized participant to receive the respectful conversation and a group member to give it. The other group members can be assigned as bystanders, if appropriate, to the vignette, or as learning observers. The Respectful Conversation pocket card should be available as a reference.
- The conversation should then be completed in 20 min.
- One strategy is to record each conversation on a tablet in video mode and then play back parts and critique as a small group. The critique should be completed in 20 min.
  ◊ What type of bullying is it—hierarchical? Reverse hierarchical? Or bystander? What went well? What could have gone better?
  ◊ Repeat this process for the next 3 selected vignettes.

Break (20 min after the 2nd vignette)
Large Group Discussion: Respectful Conversations for Difficult Situations Individualized Exercise (20 min)

- Facilitator to select a 5th vignette from the list or customizes the exercise with one of the setting’s own experiences and describes it to the group.
- Participants to suggest options the group can use to address the incivility using situation-background/behavior-impact

Summary and Evaluation (25 min)

Large Group Discussion: Tell Us What You Learned (15 min)

- Ask the participants to share what they learned during the training session

Individual Evaluation: (10 min)

- Distribute evaluation form from Appendix B or use other organizational specific form
- Encourage participants to complete Users Survey at www.stopbullyingtoolkit.org and describe how they used the training in their workplaces

About the Authors:

This tool is provided by the RWJF Executive Nurse Fellows Program, funded by the Robert Wood Johnson Foundation, and administered by the Center for Creative Leadership (CCL) and the University of North Carolina Chapel Hill School of Nursing. It was designed by the RWJF Executive Nurse Fellows 2012-2015 project team, the PACERS. We chose this acronym because we are: Passionate About Creating Environments of Respect and civilities® in healthcare.

References


References


Appendix A
Sample Vignettes

- A mother of a critically ill infant is holding her child in her arms at his bedside. He is on a ventilator with multiple intravenous infusions and monitors. She asks the father if he will relieve her so that she can take a break. The father says no. Two senior nurses overhear the family’s conversation. One states to the other, “that father is such a jerk.” The other nurse agrees. You (a learner in the unit) and another family overhear the nurses’ comments. Please practice your conversation with the senior nurse who made the statement.

- The intensive care unit rounding team remark among themselves “thank goodness we are taking care of this patient now, the emergency department didn’t know what they were doing and did everything wrong.” You see that a medical student and a family overhear the comment. Please practice your conversation with the team, the medical student, or the family.

- Your supervisor tells you that he/she “already told you how to do it, you should know by now.” Please practice your conversation with your supervisor.

- You are a new member of the interprofessional team and see that a senior member of the team does not follow sterile protocol for a procedure in which it is required. Please practice your conversation with the senior team member.

- Two nurses are talking in the nurse’s station. One states “Mr. Jones never takes his meds. I am tired of him being noncompliant. I am not going to take care of him anymore. Give him to someone else.” You are the other nurse who receives this statement. Please practice your conversation with the nurse who made the statement.

- You are a manager, one of your employees is habitually tardy for work. Please practice your conversation with the employee.
Appendix A

Sample Vignettes

- You are a new graduate and the off going night shift nurse. The day shift nurse says to you “I can't believe you didn't give the child a bath; this bed (room) is a disaster.” Please practice your conversation with the day shift nurse.

- You are the on-call resident and were up all night caring for a patient with a deteriorating medical condition. Because of this, you were not able to order the morning radiographs for the unit. The resident team arrives for work in the morning. The senior resident on the team states “I can’t believe you didn’t order the x-rays, you were supposed to do it by 4 AM, now I will have to do it.” Please practice your conversation with the senior resident.

- Your colleague states that a “family is lazy. They think it is a vacation when they come to the hospital, they always want us to do everything (for the loved one).” Please practice your conversation with your colleague.

- A colleague states that he/she always take the month of July off because that is when the new residents start and it is “too dangerous” to be on the unit then. You see that a resident and a family overheard the comment. Please practice your conversation with your colleague, the resident, or the family.

- You are the radiology technician for the intensive care unit. You ask for help positioning a patient on the radiographic plate. No one acknowledges your request. When you attempt to do it yourself without assistance, the nurse comes over and tells you “you are not supposed to touch anything without me”. Please practice your conversation with the nurse.

- You are the resident on service and are answering all the pages because your colleague, another resident on the service, is on the phone and the internet making out-of-work plans. Please practice your conversation with the colleague who is making the plans.
Appendix A
Sample Vignettes

- You are a new member of the interprofessional team sitting at a mobile computer at 7 AM data mining the chart for your patient to prepare for morning report. The day shift nurse approaches you and states that you need to move because he/she has to get report from the night shift nurse and that the chair you are sitting in is his/hers. There are no other open computers or desk chairs available to move to. Please practice your conversation with the day shift nurse.

- You are a healthcare faculty member. Your student sends you an email with the salutation “hey there” or “you guys”. Please practice your written reply to the student.

- You are a student assigned to work with 3 other students on a group assignment. One of the students missed the meetings, didn’t reply to emails, and didn’t turn in his/her part of the assignment. Please practice your conversation with this student.

- You are a manager attending a meeting; the materials for the meeting should have been shared with you prior to the meeting by a fellow colleague. This colleague has failed to include you before. You are now ill prepared to participate in the meeting and think that your colleague intentionally sabotaged your efforts. Please practice your conversation with your colleague.

- You overhear two of your colleagues gossip how one of the other providers on the unit has “weird” stickers on his/her car. They make fun of what they call his/her “different” lifestyle. They took a photo of the car and are passing it around via text. Please practice your conversation with these colleagues.
Appendix A

Sample Vignettes

- A colleague in the emergency department remarks that he/she doesn’t understand why the homeless patients that come in don’t at least get jobs at fast food restaurants and become functioning members of society. He/she is “tired of taking care of people who won’t help themselves.” Please practice your conversation with this colleague.

- You are a new respiratory therapist fresh out of training and working the night shift. You report off to an experienced therapist on the day shift. The day shift therapist ridicules you for not knowing a piece of information about the patient and states “didn’t they teach you that in your respiratory therapy program?” Please practice your conversation with the day shift therapist.

Undoubtedly you can think of many additional vignettes to practice. Please feel free to tailor these vignettes to your profession or setting and add your own vignettes to the list.
Appendix B

Evaluation Form

Respectful Conversations for Difficult Situations Workshop

Date:
Location:

First and Last Name: ______________________________________________________
Employee/Student No. _______________________ Unit/Dept. ___________________
Email address:   __________________________________________________________
Home address:  __________________________________________________________
________________________________________________________________________
Telephone No. __________________________

Objectives:
• Define incivility and bullying
• Describe common situations of incivility and bullying
• Describe the impact of incivility and bullying on human capital and patient outcomes
• Develop a list of terms that are deleterious to collaboration; can invoke a negative emotional response in the listener; and are disrespectful
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• Describe the approach to respectful conversations for difficult situations
• Model the respectful conversations approach to managing difficult situations
• Apply the respectful conversations approach to managing difficult situations in a safe training setting

This activity is eligible for a maximum of ___ educational credits. Indicate the number of credits that you are requesting for this educational activity. You should claim only credit commensurate with the extent of your participation in the activity:_____

RWJF Executive Nurse Fellows Program, funded by the Robert Wood Johnson Foundation
Evaluate the level of achievement of this activity. Match the number on the right to the questions and circle the appropriate letter.

Please use the following scale to respond to the questions:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

1. The provider of this activity disclosed verbally or in writing the absence or presence of potential conflicts of interest on the part of planners and presenters.  
   A B C D E

2. The content of this activity was presented without bias toward any commercial product.  
   A B C D E

3. The Facilitator(s)/Faculty demonstrated content expertise.  
   A B C D E

4. This activity met my expectations based on the stated goals and objectives.  
   A B C D E

5. The teaching method(s) used were effective for learning.  
   A B C D E

6. The knowledge and/or skills I have acquired from this activity are directly applicable to my professional practice.  
   A B C D E

7. I intend to apply the knowledge and/or skills I have acquired from this activity to my practice/area of work.  
   A B C D E

8. I have a strategy/strategies to make change(s) in my professional practice based the knowledge and/or skills I have acquired from this activity.  
   A B C D E

Rate to what extent the following barriers might impede your ability to apply the knowledge/skills acquired from this activity to your practice/area of work. Match the number on the right to the questions and circle the appropriate letter.

Please use the following scale to respond to the questions:

<table>
<thead>
<tr>
<th>Always</th>
<th>Frequently</th>
<th>Approx. 1/2 of the time</th>
<th>Occasionally</th>
<th>Never</th>
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<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
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</table>

10. Equipment constraints.  
11. Time constraints.  
12. Health insurance constraints.  
13. Need for more information.  
14. Other (please describe):  
15. Comments:

Please go to http://stopbullyingtoolkit.org/user-survey/ and tell us how you used this training. We appreciate your time and support—The PACERS

RWJF Executive Nurse Fellows Program, funded by the Robert Wood Johnson Foundation
## Appendix C
### Continuing Education Table

<table>
<thead>
<tr>
<th>Objective</th>
<th>Time</th>
<th>Learning Strategy</th>
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<tbody>
<tr>
<td>Define incivility and bullying</td>
<td>50 min</td>
<td>Video 1</td>
</tr>
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<td><a href="https://www.youtube.com/watch?v=4DOQ593cHfE">https://www.youtube.com/watch?v=4DOQ593cHfE</a></td>
</tr>
<tr>
<td>Describe common situations of incivility and bullying</td>
<td></td>
<td>Large Group Discussion</td>
</tr>
<tr>
<td>Describe the impact of incivility and bullying on human capital and patient outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a list of terms that are deleterious to collaboration; can invoke a negative emotional response in the listener; and are disrespectful</td>
<td>30 min</td>
<td>Small Group Discussion with report back for Large Group Discussion</td>
</tr>
<tr>
<td>Reflect on personal contribution to an incivil workplace</td>
<td>10 min</td>
<td>Self-reflection Exercise</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://stopbullyingtoolkit.org/truth-2/">http://stopbullyingtoolkit.org/truth-2/</a></td>
</tr>
<tr>
<td>Describe the approach to respectful conversations for difficult situations</td>
<td>30 min</td>
<td>Video 2</td>
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<td>Respectful Conversations Pocket Card</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Large Group Discussion</td>
</tr>
<tr>
<td>Model the respectful approach to conversations to managing difficult situations</td>
<td>75 min</td>
<td>Video 3</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Large Group Discussion</td>
</tr>
<tr>
<td>Apply the respectful conversations approach to managing difficult situations in a safe training setting</td>
<td>195 min</td>
<td>Role Playing Exercises (4) in Small Groups followed by Large Group Discussion for 5th Exercise</td>
</tr>
<tr>
<td>Evaluation</td>
<td>25 min</td>
<td>Large Group Discussion</td>
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<tr>
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