LEARNING OBJECTIVES

- Apply conflict management techniques to preceptor-intern interactions
- Use communication skills to find resolution between differing views and opinions
- In the event that a resolution cannot be made, develop a plan to continue with routine operations while acknowledging the affected parties’ interests or concerns

INTERPERSONAL COMMUNICATION

- Interpersonal Communication is a Process
  - (Fluid rather than static - it doesn’t happen in a vacuum)
- Messages are Exchanged
  - (Verbal and nonverbal messages are being sent simultaneously between communicators)
- Meaning is Central
  - (Individuals come to their own meanings together)

MYTHS OF INTERPERSONAL COMMUNICATION

- Interpersonal Communication Solves All Problems
- Interpersonal Communication is Always a Good Thing
- Interpersonal Communication is Common Sense
- Interpersonal Communication is Synonymous with Interpersonal Relationships
- Interpersonal Communication is Always Face-to-Face

BARRIERS: FOUR TYPES OF NOISES

- Physical/External
  - Noise that occurs outside of the sender and receiver
  - Example: if a man dressed in an ape costume came running through our classroom, then this would be an example of physical noise
- Physiological
  - Noise of a biological nature
  - Example: if you are not feeling well, you are influenced by this noise

PRINCIPLES OF INTERPERSONAL COMMUNICATION

- Interpersonal Communication is Unavoidable
- Interpersonal Communication is Irreversible
- Interpersonal Communication is Rule-Governed
- Interpersonal Communication is Learned
BARRIERS:
FOUR TYPES OF NOISE
• Psychological/Internal
  • Noise comprised of a communicator’s biases, prejudices and feelings towards a person and message
  • Example: thoughts running through your mind
• Semantic
  • Noise that comes from attributing different meanings to words

NONVERBAL ASPECTS OF COMMUNICATION
• Language and Word Variety
  • Initial perception
  • Projects professionalism
  • Competence
  • Persuasion
  • Credibility

NONVERBAL ASPECTS OF COMMUNICATION
• Hesitant Language
  • Indicates lack of commitment
  • Communicates uncertainty
• Clarity
  • Fluent speech
  • Mumbling
  • Slurred words
  • Over-enunciate
    • “auto-pilot”
    • Mechanical

QUESTIONS
• Open-ended vs. Closed-ended
• Leading
• Most people ask the wrong type of question and then get irritated when they don’t get the response they want

12 EFFECTIVE LISTENING TECHNIQUES
1. Eliminate as many external distractions.
2. Eliminate as many internal distractions.
3. Come prepared to meetings so you can actively listen to others (especially helpful with students).
4. Take notes if you begin to daydream (sometimes easy to “space out” when listening to student presentations).
5. Do not respond only to what the speaker implies, respond to the total communication
6. Identify words that trigger your anger, and control your reaction.
   • Try to understand why these words make you instantly angry. Discuss with interns.
7. Respond to a speaker nonjudgmentally.
8. Do not prepare your response while someone is still talking.
9. Do not go into a communication situation with your mind already made up.
12 EFFECTIVE LISTENING TECHNIQUES (CONT’D.)

10. Understand ahead of time what your options may be regarding certain words or ideas that may be expressed.
   - This is not prejudging; this is preparing.
11. If you realize you are not listening, physically move forward in your seat or, if standing, toward to the speaker.
12. Do not rely on others to interpret what happened or what was said in a meeting (teaching point with students).

BODY LANGUAGE

- Body language is an important part of communication which can constitute 50% or more of what we are communicating.
- If you wish to communicate well, then it makes sense to understand how you can (and cannot) use your body to say what you mean.

USING NONVERBALS TO ENHANCE COMMUNICATION

- Body Language
- Facial expressions
- Gestures

FACEIAL EXPRESSION TIPS

- Make your facial expressions consistent with other nonverbal clues you are giving.
- Be aware of the timing of your facial expression. Is it contrived instead of spontaneous? Is it appropriate?
- Be sure your facial expression supports or reinforces your verbal message.
- Smile if you agree with the speaker.

FACEIAL EXPRESSION TIPS (CONT’D.)

- If you disagree with the speaker, you have two choices. Your facial expressions can reflect your disagreement or you may choose to look neutral.
- Put an “I-don’t-understand-what-you-are-saying” look on your face if you are confused by what the speaker is saying.
- Use eye contact. A speaker should have eye contact with the audience 60% of the time. A complete lack of eye contact sends the message you are not listening.
Sitting or standing sends the message you are listening, slouching means you are not.
- Avoid crossed arms and legs. They give the message that you are closed on the subject, you disagree, you’re trapped, or you are stubborn.
- Avoid restless movement. It signals that you are bored.
- Avoid nervous gestures, pen tapping, bouncing, etc., distracts from listening.
- Mirror the speaker’s body language. This indicates you agree with what is being said.

Avoid responding to the personality.
- Respond in the present, not the past
  - Can only deal with the present and control the future
- Respond by describing, not evaluating
  - Describe what you hear, not what you judge is being said.

Rewording by the listener
- Tells the patient that you are “actively” listening
- Provides opportunity for verification of your understanding by the patient

Dealing with a Problem Student
A Case Study

Jan is an experienced preceptor who has been precepting students on her internal medicine rotation for years. She recently was assigned a student who she was told had expressed interest in completing a residency in internal medicine after she graduated. Jan was very excited about having this student and had planned out specific activities for her student to complete during the rotation. She had even identified some additional projects that she felt would help the student be competitive in securing this type of residency.

During the first week of the rotation, Jan provided a thorough orientation and felt she had clearly expressed her excitement about having the student on her team. She went over her expectations and had the student perform a self-assessment of where they thought they were in regards to their clinical knowledge and experience level. She was amazed at how highly the student rated them self, but presumed that perhaps this student had done well in previous rotations and truly could perform at this level.
After taking the weekend to think through the issues, Jan decides that she will meet with her student first thing Monday morning to discuss some of her concerns regarding problems that have surfaced in the first week of the rotation. She tells her student she is failing to meet the minimal requirements of the rotation on several levels, clinical knowledge and attitude. Her student is shocked! This is the first time she has ever performed unsatisfactorily. Unable to look at the situation in an objective manner, she becomes defensive and informs Jan that she is “just out to get her” and that she has done everything she has been asked. Jan is unsure what to do next and feels that the next 5 weeks may be the longest she has ever experienced.

By the end of the first week, Jan was stunned with her student’s performance. Her student was not only late reporting to the hospital every morning, but she arrived late for every meeting and left the hospital early three out of the first five days. The attending physician on her team had told her that her student had not followed up on questions that were directed to her during rounds and that after one week, he wasn’t sure it was in the best interest of the patients and learning environment to keep her on the team.

Jan was perplexed and wondered what was happening with this student. She felt she had made things clear during orientation regarding her expectations for the rotation. The student indicated they understood and seemed excited about the rotation. Throughout the weekend she kept feeling like lately it seemed as if every student she had was not performing well and very unprofessional. None of her colleagues had problems with their students. She wondered to herself whether it was worth it to continue to teach students if they all were going to behave in this manner.

Communication Breakdown!
Expectations
Attitude and Motivation

Jan thought she approached the student calmly and in a non-threatening manner. She clearly explained the issues that had arisen, punctuality, failure to follow through with assignments and lack of clinical knowledge. She was clearly surprised by her student’s reaction to the feedback. The student left her office in tears and retreated every time Jan approached her during the day. Jan doesn’t know what she should do additionally to help this student with these issues and if it is possible for the successful completion of the rotation.
THE FAILING STUDENT...

- Jan set up several meetings with her student to evaluate her progress and provide feedback. Although the student tried hard to improve, Jan knew that she had not reached the point where she felt comfortable that the student had met the minimal competencies of the rotation. Jan contacted the program coordinator and discussed her student’s progress and assessment of her performance. The program coordinator reassured Jan that sometimes even heroic efforts on the part of the preceptor may result in a student not passing a rotation. Jan asked for guidance with how to inform the student as well as information on what the student needed to do in regards to their earning a failing grade.

WHAT DID WE LEARN?

- Conflict will happen no matter how hard we try to avoid it
- Be “proactive” vs. “reactive”
- Understand the source for the conflict
- Actively listen
- Be willing to try to multiple strategies

REFERENCES


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