

ARE YOU AN ASSERTIVE GP?

I was surprised but pleased when I was invited to present workshops on assertiveness training for GPs. I was surprised because we all assume doctors would have no problem being assertive – don't we! I decided to do my own research and interview a number of doctors I respect and value as successful practitioners. I wanted to uncover any blocks to becoming assertive when dealing with both patients and colleagues.

So, What Does It Mean To Be Assertive?

My research indicated that many GPs experienced 'time poverty' issues. Many GP's also reported feeling somewhat intimidated by their patients – verbally, socially, and legally.

My research uncovered four areas of concern:

1. Educating patients/Time management
2. Boundary clarification
3. Professional issues/Perspectives
4. Consultative style

The situations listed in the quiz below are real life examples from my research. The options to select from are also examples of the options many GPs choose as responses.

Now take the quiz below to test where you rate on the Assertiveness continuum.

Educating Patients /Time Management

1. How do you handle the 'door knob question'? E.g. your patient has presented for a flu vaccine and as you have your hand on the door knob to exit at the end of the consult, he asks "by the way, is it normal for my penis to look green?"

- ▶ I ask him to schedule another appointment so I have sufficient time to investigate his complaint.
- ♣ I make it clear that he should have informed me of his complaint at the beginning of the session, so I could determine how best to use the consultation time allotted, and tell him to make another appointment.
- ✘ I show him back into my office and start a new consultation knowing that other patients are waiting.

2. When a patient brings other family members into their scheduled appointment, and expects treatment for all, you say:

- ✘ While you are here, I'll attend to you all.
- ▶ In order to give you the time that you each require, we need to schedule sufficient time to manage each of your issues, to the standard that we both expect.
- ♣ Sorry, I don't have the time to see you all (for the service/treatment) today.

3. Using assertive communication with patients' means:

- ▶ Working within *limited time constraints*, I tend to explore the patients belief system by first asking "Why have you come?" and then discussing symptoms before diagnosing and treating.
- ✘ Understanding that patients are more treatment compliant if I take sufficient time to educate them, so I discuss all treatment options no matter how long it takes.
- ♣ I make a diagnosis and present treatment options to the patient.





Boundary clarification

4. To clarify your personal boundaries between doctor and patient, the most critical consideration is:

- ♣ To ensure there is no room for personal disclosure.
- ▶ To clarify your responsibilities and legal requirements.
- ✎ To be liked by your patient.

5. When a patient over-identifies with you and wants to become your friend as well as your patient:

- ♣ I educate the patient on the requirements for professional boundaries.
- ▶ I explain that my ethical guidelines constrain me from having friendships with patients.
- ✎ I explain the requirement that I am obligated to wait two years after all professional relationships have ceased, before I am able to form a friendship.

6. When is personal disclosure appropriate for assertive GPs?

- ✎ Never, it's always about the patient and not about the GP.
- ▶ When appropriate, I may choose to use some of my personal experiences to allow me to utilize humour to gain a positive perspective and/or be instructive.
- ♣ With patients with whom I feel relaxed, I enjoy sharing some personal experiences – it's a judgement call.

Professional Issues/Perspectives

7. A promotion is offered to you and several other colleagues, but family/study/other constraints mean you cannot accept a full time position. Your response:

- ♣ Communicating during the interview in a clear and concise manner, outlining what I can do for the medical centre with my expertise and experience on a part-time basis.
- ✎ Declining the offer because I feel my time constraints will restrict me from performing the duties required by the promotion.
- ▶ Discussing with other colleagues creative job share options and presenting alternatives to the job description (for the promotion).

8. Do you feel you have been coached to be confident and decisive as a GP?

- ▶ Yes, I was trained to believe I deserved respect; I'm not devoting myself to my craft to be treated badly.
- ♣ No, I was only trained to be a good practitioner.
- ✎ I thought being a good practitioner was being assertive.

9. You are in disagreement with a colleague concerning a problem at the clinic. What do you do?

- ✎ I avoid a confrontation – that's aggressive.
- ▶ I listen to their point of view, express mine calmly, and suggest that we come to a compromise.
- ♣ I communicate clearly what I consider to be the realistic and viable solution.





10. You are in conflict with your colleague's values regarding invoicing. You tend to invoice less and bulk bill more patients. Your recourse is to:

- ♣ Politely inform your colleague that you are not prepared to compromise your values.
- ✎ Say nothing and continue with your personal policy.
- ▶ Call a meeting to evaluate invoicing practices.

Consultative Style

11. To be assertive, which of the following styles is most appropriate?

- ▶ I am comfortable that my body language reflects my confidence, and I discuss with my patient the options for treatment and implications of those options.
- ✎ I make certain my patients know I will always be available to them.
- ♣ I use a firm tone to inform my patient of their diagnosis, and how they need to manage their condition.

12. When you need to communicate difficult information to your patient, you tend to exhibit the following body language:

- ✎ I tend to focus on my computer (or writing pad), trying to avoid eye contact.
- ▶ I sit close to, or next to my patient and speak in a relaxed tone of voice.
- ♣ I sit across the desk from my patient to put distance between us, and sit in an 'executive chair' to give myself added height.

13. How do you say 'no' with class?

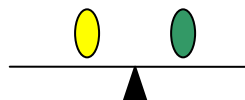
- ♣ "I don't think your 'request' is the optimal treatment plan".
- ▶ "Thank you for stating your views, however, my professional ethics/guidelines don't allow me to prescribe/manage/undertake your 'request'".
- ✎ It looks like your friend/family member/other expert was right about your requirement, so I will just write you a script for the medication they have recommended.

Now work out your total. Add up the number of times you chose each symbol and see below to find out what the results say about you on the Assertiveness continuum.

If you scored:

- Mostly ✎ = You are more amenable
- Mostly ▶ = You are more assertive
- Mostly ♣ = You are more adept

The AAA Continuum



Action Psychology



Amenable	Assertive	Adept
You find it challenging to be heard. You are often uncomfortable advocating for yourself because you may not like the response you will get. You willingly back down to avoid conflict. You want to be liked.	You are comfortable in expressing what you think, feel and want. You can express your view and needs while respecting others, and without the need to be confrontational. You aim to negotiate a better outcome for all.	You stand up for yourself, sometimes at the expense of others. You use tactics such as superiority, and claim greater expertise to get your way.

Meanwhile back at the clinic....

Step back, and reflect where you fall on the continuum in most situations.

It *is* challenging to be **Assertive**! However, it is more confronting long term to be **Amenable** as one risks losing self respect and the respect of others. While it is clinically efficient to be **Adept**, there is a loss of joy in the mono-dimensional nature of this position.

You trained extensively to be a GP and then to be a successful practitioner. You deserve respect. You have accepted your responsibilities and you have earned the privileged position of being assertive.