Contraceptive ACTION PLAN

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Promoting Knowledge and Opportunity

LARC Clinical Mentor Toolkit

A Project of CAI

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INTRODUCTION

Clinician Mentoring Makes the Difference in Care at the Front-Lines

You have been identified as a clinician mentor in your practice due to proficiency in providing long-acting reversible contraception (LARC; the intrauterine devices and contraceptive implant). In order to support your site clinicians' application of new knowledge and skills gained during training, you will guide their practice of new skills in the real-world setting.

Practice, over time, will help build clinician confidence and self-efficacy which is vital to successfully integrating a new service into daily clinical routine. You will facilitate the LARC clinical practice experience, which will enhance access to LARC methods among patients in your clinic site.

In this toolkit, you will find tools to help guide three key phases of the mentoring relationship:

1. Fostering the Mentor Relationship

Core Functions and Key Responsibilities of the LARC Mentor
An "at-a-glance" list to prepare you for your role as the clinical mentor and assist you in building the capacity of your site clinicians through on-line training and mentoring.

LARC Mentor Self Assessment
A tool outlining skills that are useful when mentoring. Review the list to identify areas where you believe yourself to be strong and identify those areas you would like to develop.

LARC Mentor Best Practices
A review of best practices in mentoring that will be essential in fostering a mentor relationship with site clinicians.

2. Advancing Site Clinician LARC Clinical Skills

LARC Clinical Skills Assessment Guidelines
Guidelines for completing and using the Assessment Checklist (see below).

LARC Clinical Skills Assessment Checklist
This tool will allow you to rate a site clinician's proficiency in each component of a LARC visit, and will be useful in evaluating when s/he has the skills necessary to provide LARC care independently without your observation.

Backup/External LARC Support Network Template
This tool will help you create a transparent system for LARC support, including the protocol a site clinician should follow for difficult LARC insertions, problem visits and removals, as well as the protocol a site clinician should follow for facilitating external referrals for problem cases when necessary.

3. Providing Constructive Feedback

Best Practices in Giving Constructive Feedback
A list of helpful tips that discuss effective ways to provide constructive feedback with site clinicians.

Case Scenario Review
During monthly meetings, site clinicians will discuss cases from their LARC logs. This tool includes tips to ensure a successful discussion.

SECTION 1: Fostering the Mentor Relationship

Core Functions and Key Responsibilities of the LARC Mentor

As the Clinical Mentor your role includes 4 core functions:

The following list represents the recommended tasks "at-a-glance" to prepare you for your role as the site clinical mentor and assist you in building the capacity of your site clinicians through on-line training and mentoring.

Task	Timeframe	Completed
Preparation for Site Clinical Mentor		
Review Clinician Training Plan and Timeline		
Schedule Time to Complete Mentor Training		
Support Scheduling of Merck® Nexplanon Training if Appropriate		
Complete Mentor Self-Assessment		
Review Effective Mentoring Video		
Review Clinician E-learning Modules		
Introduction (5 min)		
LARC Basics & Managing Patient Concerns		
Determining LARC Eligibility		
LARC Insertion: When & How		
Overcoming LARC Insertion Fears		
Review Implementation Tools		
Clinical Skills Assessment Checklist & Guidance Document		
Performance Measures		
Clinical Algorithm & Protocols		
Best Practices in Giving Constructive Feedback		
Building the Capacity of Your Site Clinicians		
Create Protocol for Back-up Support if You are not Available		
Create Protocol for External Network Support		
Create a Reference Binder to Include Insertion Algorithms and Clinic Protocols for Providing Contraceptive Care Using US SPR Guide as a Reference		
Ensure Clinicians Have Sufficient Time to Complete E-learning Modules		
Review site clinician On-line Module Post-Test Evaluation Results		
Establish Shadowing/observation Protocol for Site Clinicians #___ Observations for IUD Insertion #___ Observations for Implant Insertion		
Review Clinical Skills Assessment Checklist (pg. 15) with all Site Clinicians		
Complete Clinical Skills Assessment Checklist (pg. 15) during) Observations with Site Clinicians		
Facilitate Group Case Conferencing and Case Review (15 min each)		
Date:		
Date:		
Date:		
Date:		
Facilitate One-on-One Reflection on Clinical Practice with each Site Clinician (15 min each)		
Provide On-call Mentoring		

SECTION 1

LARC Mentor Self-Assessment

The Mentoring Skills Checklist outlines a number of skills thought to be useful when mentoring. As a Mentor you can review the list to identify areas where you believe yourself to be strong and identify those areas you would like to develop.

Use mentoring sessions to focus on the areas that you want to develop. On these areas remind yourself prior to your meetings and clinical observations what your potential pitfalls might be.

We suggest you repeat the Mentoring Skills Checklist after a few months to gauge progress.

Assess Your Style as a Mentor
Place a rating in the appropriate box next to each question according to the following scale:

1. **Rarely behave in this way/significant development needed.**
2. **Sometimes behave in this way/could do more.**
3. **Often behave in this way/competent in this area.**
4. **Continually demonstrate skill in this area/significant strength.**

Assess Your Style as a Mentor	Rating of 1 - 4
Personal Style	
1. I build rapport and establish trust	
2. I maintain confidentiality	
3. I am committed to the development of clinicians	
Practicing Current & Evidence-Based Medicine	
4. I stay up-to-date on the latest research and practice recommendations regarding LARC	
5. I provide evidence-based LARC care per ACOG recommendations to my patients[1]	
6. Current LARC practice recommendations and evidence from CDC, ACOG & AAFP guide how I train other clinicians	
Giving Feedback	
7. I am forthright, constructive, and challenging when giving feedback	
8. I help clinicians gain new insight	
9. I always try to give specific examples	
10. I balance the positive with the negative	
Questioning	
11. I spend time questioning and probing other clinicians in order to understand problems fully	
12. I use questions to help other clinicians review their progress	
13. I ask questions in order to understand clinicians better and what motivates them	
14. I use a variety of questioning skills for different situations and purposes	

[1] See ACOG Committee Opinion # 642, October 2015

Assess Your Style as a Mentor

	Rating of 1 - 4
Setting Objectives and Direction	
15. I help other clinicians to set clear and achievable goals	
16. I encourage other clinicians to work toward challenging professional and personal development goals	
17. I set goals which ensure that clinicians continue to develop new knowledge and skills	
Being Open and Accessible	
18. I make myself available to other clinicians	
19. I make it easy for other clinicians to be open and candid	
20. I make time to review performance and to support other clinicians	
21. I remain committed to scheduled mentor meetings	
Supporting Colleagues	
22. I raise difficult issues in a constructive way	
23. I am generally tolerant of mistakes seeking to derive learning from them	
Active Listening	
24. I listen carefully and give full attention	
25. When talking to other clinicians I frequently clarify and check understanding	
26. I encourage other clinicians to talk and do not interrupt	
27. I balance the amount of talking and listening	
Flexibility	
28. I am open to new ideas	
29. I stimulate clinicians to use their creativity and explore different solutions	
30. I help clinicians find their own solutions rather than telling people what to do	
Awareness of Culture	
31. I help clinicians to identify the key stakeholders involved with change	
32. I help clinicians to understand the strategic perspective of the institution	
33. I help clinicians to understand cultural issues which may affect their success	
34. I help clinicians to understand political issues which may affect their success	

Based on the checklist you just completed, review the number of high scores (3-4) and low scores (1-2) you gave yourself and ask yourself:

1. What are my particular strengths as a Mentor?

2. How might I continue to make the most of these strengths?

3. Where could I develop as a Mentor?

4. What opportunities might I have to practice these skills and get feedback on my style?

Adapted from University College Dublin Mentoring Skills Checklist available at http://www.ucd.ie/t4cms/Mentoring%20Skills%20Checklist.pdf

LARC Mentor Best Practices

Mentoring is a highly valuable development activity required of many clinical training programs. At the core the activity is the relationship between the mentor and mentee, where the development of evidence -based clinical skills of the mentee is the key focus.

Research has shown that the role of a successful mentor includes:

- ✓ An interest in developing themselves and others
- ✓ Passing on current and evidence-based knowledge and experience
- ✓ Excellent listening ability
- ✓ Being accessible and available
- ✓ Capable of building trust and maintaining confidentiality
- ✓ Remaining constructive with the focus on the development of the mentee

During this initiative you will have the opportunity to mentor clinicians with varying degrees of clinical experience in LARC insertion and care. Through our work with clinical mentors who have provided mentorship to residents, fellows, nurse practitioners, and medical school students in academic and community based clinical care settings we have identified a number of important tenets to successful mentoring which can be summarized as:

> *A good mentor is one who makes the most time, who has the most experience, and who has the most enthusiasm.*

- **Prioritize the importance of being a teacher.** The more you value this role the more your mentee will recognize his/her future role as a mentor to someone else.

- **Share the knowledge you have,** especially new and cutting-edge knowledge and skills. The best thing you can do for your mentees (and patients) is to practice evidence-based medicine which means staying up-to-date on the latest research and practice recommendations, and integrating these into your daily practice where they can be observed by new trainees.

- **Think out loud.** In order for your mentee to learn something new when shadowing you, you must explain what you are doing in detail. Explain the "what" and the "why". This is also true when communicating with patients in front of your mentee. This will set the expectation for how you want the mentee to communicate about LARC with his/her patients in the future.

- **Know where your mentee is coming from.** Use their experience to make a comparison with the new skills you are teaching them.

- **Take advantage of impromptu mentoring sessions** when patients are present so that your mentee can see you in action. The mentee receives immediate feedback to their question and you can demonstrate the expected clinical care.

- **Approachability is extremely important**. Practicing clinicians may not feel comfortable coming to you with questions they believe they should al ready know. Therefore never look annoyed or appear burdened by their request for assistance. You want your mentee to feel comfortable ap proaching you, especially when learning a new skill.

SECTION 2: Advancing Site Clinician LARC Clinical Skills

LARC Clinical Skills Assessment Guidelines (for Mentors)

The steps below outline how to assess clinician IUD or implant insertion skills during two scenarios:

- ✓ **Clinical Skills Training Session**
- ✓ **Each LARC patient visit where the mentee is practicing his/her clinical hand skills and you are in the room observing**

Step 1: Complete each component of the checklist for either an IUD or implant insertion. You can rate each skill for the mentee as 'Beginner,' 'Developing Competence,' 'Competent,' or 'Not Observed.' Definitions of each category are on the checklist. Keep in mind that specific comments or examples will help the mentee's professional growth

Step 2: After completing an assessment, provide a copy to the mentee so he/she can track progress

Step 3: Each skills assessment you complete will have an accompanying LARC Log (see Section 3) that the mentee completes

Step 4: The mentee should keep his/her assessments in a folder or binder and bring them to mentoring sessions. The mentee's LARC Logs can be kept in the same binder. Each of these tools will be beneficial to the mentee's professional growth in LARC clinical skills

SECTION 2

Clinical Performance Assessment for IUD & Implant Insertion and Removal

Clinician:

Observer:

Date:

	Copper IUD	Progestin IUD	Progestin Implant
# inserted			
# removed			

Beginner:
Needs close observation/monitoring and supervision; demonstrates limited fund of knowledge or significant

Developing Competence:
Developing independent thinking and needs intermittent assistance/supervision; knows limitations and seeks guidance when needed; demonstrates improving fund of knowledge with some gaps

Competent:
Independent; need for assistance and direct supervision is occasional; knows limitations and seeks guidance when needed; asks appropriate questions to attending; demonstrates solid fund of knowledge with rare gaps

	Beginner	Developing competence	Competent
Medical Knowledge			
Reports relevant history	☐	☐	☐
Describe differences between 2 IUDs and implant	☐	☐	☐
Identifies contraindications (WHO Class 4) to Copper T IUD, Levonorgestrel-IUD and implant	☐	☐	☐
Describes the usual process of an IUD and implant insertion	☐	☐	☐
Knows use of screening laboratory tests relevant to IUD and implant insertion (optional vs. required)	☐	☐	☐
Demonstrates knowledge of appropriate management of difficult insertions and/or complications of IUD and implant insertion	☐	☐	☐
Gives patient anticipatory guidance	☐	☐	☐
Interpersonal and Communication Skills			
Asks and answers questions in a patient-centered manner (one that is free of personal judgments and is focused on meeting the patient's expressed needs)	☐	☐	☐
Facilitates patient decision for a specific LARC based on elements of patient history and preference	☐	☐	☐
Patient care/skills IUD Insertion: General			
Accurately estimates uterine size and position from pelvic examination	☐	☐	☐
Gathers all needed supplies prior to beginning procedure	☐	☐	☐
Inserts speculum appropriately	☐	☐	☐
Maintains no touch technique	☐	☐	☐
Demonstrates appropriate application of tenaculum	☐	☐	☐
Demonstrates ability to sound uterus and identify appropriate size for IUD insertion	☐	☐	☐
Loads IUD appropriately	☐	☐	☐
Sets flange to appropriate distance from tip	☐	☐	☐
Cuts string to appropriate length	☐	☐	☐
Comfortably removes speculum	☐	☐	☐
Demonstrates knowledge of technique to remove IUD in standard fashion (with strings visible)	☐	☐	☐

	Beginner	Developing competence	Competent
Patient care/skills IUD Insertion: Copper T IUD Specific			
Loads stabilizing rod and bends arms down at opposite ends to load into insertion tube	☐	☐	☐
Draws back on insertion tube while stabilizing rod is held still, thereby releasing IUD	☐	☐	☐
Withdraws stabilizing rod and then insertion tube from uterus and vagina	☐	☐	☐
Patient care/skills IUD Insertion: Levonorgestrel-IUD Mirena Specific			
Pushes slider away from self while pulling strings towards self so that IUD arms load horizontally into insertion tube	☐	☐	☐
Fixes threads into cleft	☐	☐	☐
Keeps thumb on blue slider while putting insertion tube through os	☐	☐	☐
Advances device until flange is 1.5-2cm from external os	☐	☐	☐
Advances device until flange is 1.5-2cm from external os	☐	☐	☐
Pulls slider back to line while holding inserter steady and gives 30 seconds for arms to open	☐	☐	☐
Advances IUS until flanges are flush with cervix or IUS is at uterine fundus	☐	☐	☐
Holds inserter in position and moves slider all the way down	☐	☐	☐
Observes strings automatically releasing and if this does not happen, removes them from cleft	☐	☐	☐
Withdraws IUS inserter from uterus	☐	☐	☐
Patient care/skills IUD Insertion: Levonorgestrel-IUD Liletta Specific			
Step 1: Loads Inserter: • Opens pouch one-third of the way • Places the rod into the insertion tube • Holds insertion tube and rod firmly, then pulls blue threads downward to draw the IUS into the tube • Confirms IUS arms are in a closed position (IUS arms should slightly protrude)	☐	☐	☐
Step 2: Adjust flange to uterine depth: • Maintains firm pinch of the insertion tube with one hand • Moves flange so top aligns with sounded uterine depth	☐	☐	☐

	Beginner	Developing competence	Competent
Step 3: Positions IUS correctly • Adjusts IUS to ensure arms achieve rounded end (slightly protruding from tip of tube) • When in correct position, Pinches and holds the lower end of the tube to maintain rod position • Confirms lower end of tube aligns with first (top) indent of rod	☐	☐	☐
Step 4: Inserts IUS • Maintains Firm Pinch on the insertion tube and the rod • Advances the loaded IUS insertion tube through the cervical canal-STOPs when flange is about 1.5cm-2cm from cervix • DOES NOT fully advance IUS to fundus or flange to cervix	☐	☐	☐
Step 5: Deploys IUS • Holds rod still and pulls insertion tube (over the rod) back to second (bottom) indent of the rod • Waits 10-15 seconds for arms to fully open, then advances to fundus while maintaining pinch on the insertion tube and the rod	☐	☐	☐
Step 6: Releases IUS and withdraws inserter • Holds rod still and pulls insertion tube (over the rod) back to end ring of the rod • Holds insertion tube still and removes the rod entirely • Completely removes the insertion tube	☐	☐	☐
Patient care/skills Implant Insertion			
Gathers all needed supplies prior to beginning procedure	☐	☐	☐
Correctly marks insertion site	☐	☐	☐
Maintains sterile technique	☐	☐	☐
Appropriately anesthetizes the insertion site	☐	☐	☐
Correctly inserts device at 30 degree angle	☐	☐	☐
Moves applicator to the horizontal plane and inserts needle to its full length subdermally	☐	☐	☐
Holds applicator in position and moves purple slider all the way down	☐	☐	☐
Correctly verifies presence of implant and has patient do the same	☐	☐	☐
Applies pressure bandage and sterile gauze and instructs patient on removal times	☐	☐	☐

	Beginner	Developing competence	Competent
Patient care/skills IUD Removal			
Gathers all needed supplies prior to beginning procedure	☐	☐	☐
Inserts speculum correctly	☐	☐	☐
Correctly locates strings	☐	☐	☐
Demonstrates use of cytobrush to expose hidden strings	☐	☐	☐
Applies gentle, steady traction on IUD strings with ringed forceps to remove IUD	☐	☐	☐
Assures future contraception, if desired	☐	☐	☐
Patient care/skills Implant Removal			
Gathers all needed supplies prior to beginning procedure	☐	☐	☐
Confirms position of implant in the arm by palpation	☐	☐	☐
Appropriately marks site at distal tip of implant	☐	☐	☐
Correctly injects local anesthetic under the distal tip of the implant.	☐	☐	☐
Pushes down on the proximal end to elevate the distal tip and accurately makes a horizontal incision over the distal tip	☐	☐	☐
Uses a combination of pushing, pressing and incision to expose distal tip of implant	☐	☐	☐
Grasps implant with forceps and removes it in its entirety	☐	☐	☐
Applies sterile gauze and pressure bandage	☐	☐	☐
Assures future contraception, if desired	☐	☐	☐
Training Dates:			
Additional Comments:			
Signature Of Observer:			
Date:			
Adapted from Reproductive Health Access Project's 'Evaluation of IUD Placement' Checklist available at http://www.reproductiveaccess.org/training/downloads/evaluation_iud_placement.pdf			

SECTION 2

Backup/External LARC Support Network Template

Creating a Backup Support System for LARC

Complete the following information to create a clinic-specific backup support system for LARC insertion. Having this in place will provide reassurance for new inserters and help ensure that patients are receiving optimal care.

Intrauterine Devices

1. Who is the first point of contact for difficult IUD insertions or removals (e.g., clinician mentor)?

   a. How should s/he be contacted?
      i. First (e.g., pager, cell phone, email)

      ii. Second

   b. Is s/he always available for backup during clinic hours?

   c. If no, complete the following table (who should be contacted when s/he is not available)

Day	Backup Clinician	Contact Information
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

2. What is the protocol the clinician should follow if backup support is not available?

3. How should the clinician document the difficult case?

Contraceptive Implant

*If IUD/Implant protocol is the same, combine into one backup support schedule

1. Who is the first point of contact for difficult implant insertions or removals (e.g., clinician mentor)?

   a. How should s/he be contacted?

      i. First (e.g., pager, cell phone, email)

      ii. Second

      iii. Third

   b. Is s/he always available for backup during clinic hours?

   c. If no, complete the following table (who should be contacted when s/he is not available)

Day	Backup Clinician	Contact Information
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

2. What is the protocol the clinician should follow if backup support is not available?

3. How should the clinician document the difficult case?

External Support System for LARC

An external support system ensures that complicated LARC cases are handled appropriately, and patient risks are minimized. Consider creating or modifying LARC protocols if necessary to include the following information. This information should be easily accessible to inserting clinicians.

Problem: Cannot visualize IUD strings

- Confirm presence of IUD through a Kidney, Ureter, Bladder X-Ray (KUB)
    - Will the clinic create an external support network for KUBs?
    - If yes, protocol for clinicians to follow (include location, contact information):
    - Patient instructions:
- Confirm placement of IUD through an ultrasound
    - Will the clinic create an external support network for ultrasounds?
    - If yes, protocol for clinicians to follow (include location, contact information):
    - Patient instructions:

Problem: IUD cannot be removed (no strings; not in uterus)

*The use of a cytobrush and alligator may be help prior to proceeding with a hysteroscopy.

- Inspect the uterine cavity through a hysteroscopy
    - Will the clinic create an external support network for hysteroscopies?
    - If yes, protocol for clinicians to follow (include location, contact information):
    - Patient instructions:

Problem: Hard to remove implant

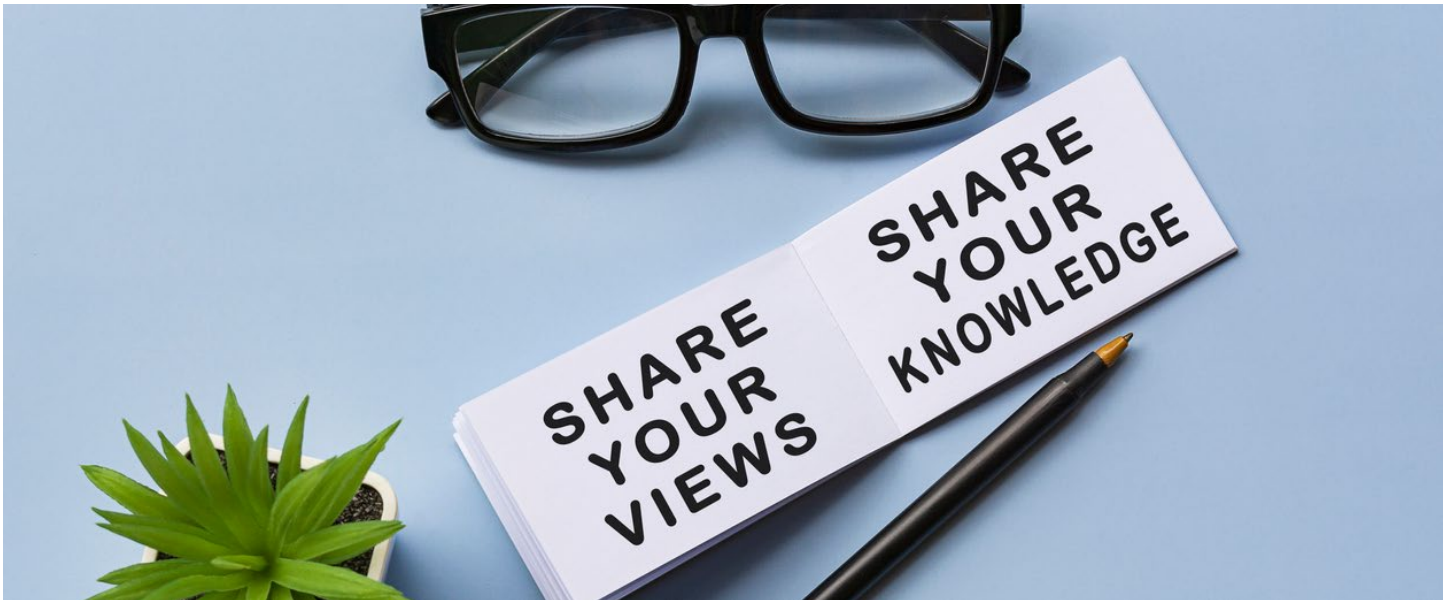
- Utilize interventional radiology
    - Will the clinic create an external support network for interventional radiology?
    - If yes, protocol for clinicians to follow (include location, contact information):
    - Patient instructions:

SECTION 3: Providing Constructive Feedback

Best Practices in Giving Constructive Feedback

The purpose for constructive feedback is to enhance someone's performance in order to create better results the next time. The goal is to genuinely help a person improve. As a mentor, think about your ongoing or long-term relationship you have with your mentee(s).

This should encourage you to provide the feedback in a caring and sincere manner. Many leaders don't feel comfortable providing this type of feedback or have never received training on how to deliver it. The helpful tips below are compiled from a variety of sources that discuss effective ways to provide constructive feedback.



Providing feedback falls into four categories:

Content	This is what you actually say and where you provide specifics about the issue being discussed
Manner	This is how you say the feedback which often carries more weight than what you say
Timing	Feedback is meant to be given in real-time, as close as possible to when the performance occurred so that it is relevant
Frequency	Use feedback regularly to acknowledge real performance

1. Constructive **feedback is information-specific,** issue-focused, and based on observations or data.

2. **Be direct** when delivering your message. Get to the point, both positive and negative feedback should be given in a straightforward manner.

3. **Be sincere and avoid mixed messages.** Refrain from statements that include, “yes, but” “But” creates contradiction and can result in the mentee ignoring what came before the “but”.

4. When giving **positive feedback, express appreciation.** This should be tied to something specific.

5. When giving **negative feedback, express concern.** This communicates a sense of importance. The point of negative feedback is to create awareness that can lead to a correction or improvement in performance.

6. **Give feedback person-to-person,** not through technology. Constructive feedback is verbal and informal which can only be done by talking live with the person (either face-to-face or by telephone when you can’t physically be together).

7. **Choose the best time and place** to provide feedback and focus on the person. Make eye contact and do not multitask.

8. **State observations, not interpretations.** Tell the mentee what you have observed (not what you think of it). Be specific about the behaviors you want changed. Focus on the behavior and not the person.

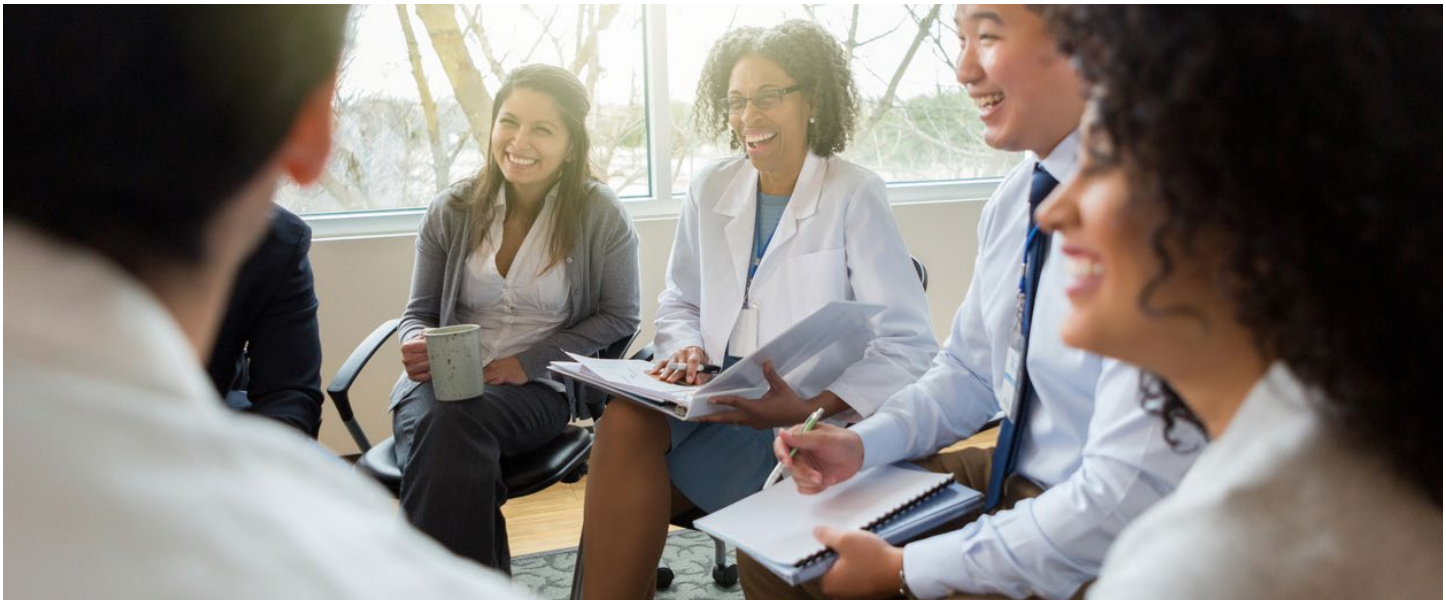
9. **Do not overburden someone with feedback.** Pick one or two things that are most critical to work on and focus on those. Make sure the items you choose are actionable.

10. **Don’t highlight how another employee is much better at something.** You can, however, ask whether the employee knows of someone who does that task well and how he/she might learn from them.

We have developed the Case Scenario Review to help you provide feedback to your mentees. This tool will be used during your monthly case review among the clinicians.

SECTION 3:

Case Scenario Review



As the mentor, you will establish a routine with your site clinicians for case reviews. Cases to discuss will be initiated by the site clinicians, and may include failed insertions, major complications, queries regarding appropriate candidacy or same-day insertion, and complicated removals.

You may choose to discuss a broader topic, such as practice guidelines or new evidence with regards to LARC. Designate 15 minutes of monthly clinician meetings for case review, or create a separate 15 minute monthly meeting when all clinicians are available to meet.

Here are some tips for leading a successful discussion:

- **Energetic Commitment to the Topic**
- **Positive Atmosphere**
- **Be Prepared**
- **Don’t Expect Perfection**
- **Establish a Shared Frame of Reference for Discussion**
- **Prepare Discussion Questions that Call for Judgment**
- **Establish Shared Standards of Value for what is Persuasive**
- **Establish Positive Ways to Disagree**
- **Share Responsibility and Build Continuity**

Energetic Commitment to the Topic
Your enthusiasm is contagious. If you think the topic or case is genuinely interesting, others will too.

Positive Atmosphere
Make this event something people look forward to. Food never hurts.

Be Prepared Of course the discussion leader should be prepared, but others who participate in a discussion group should also prepare in some way. For instance, group members should review their LARC Logs, think about cases in advance, or prepare their own questions to discuss.

Don't Expect Perfection Discussion leading is a craft which is never perfected but improves with time. The best way to learn it is to do it and to pay attention to what works and what doesn't.

Establish a Shared Frame of Reference for Discussion If you choose to discuss a more broad topic, a reading of some kind (distributed in advance) establishes a shared frame of reference for discussion. Often the discussion leader needs to spend the first five minutes (not longer) reviewing key points about the reading and getting the group to focus in on the topic of the day. Be careful not to read your notes here. Just pick one or two ideas to summarize conversationally. Often there is discussion at this point, clarifying key concepts--perhaps even reading a sentence from the article and seeing what people think it means. It is important that if people are asked to read something in advance, it be interesting, and they actually wind up talking about it. Otherwise they will stop doing the reading.

Prepare Discussion Questions that Call for Judgment We are often at a loss for what to say to get others talking. Something as simple as, "How do you feel about the new same-day insertion protocol?" might do the trick. You might luck into such a talkative group that "What cases would you like to talk about?" would suffice. More likely, your group will respond to a question which calls for judgment--some choice which decent people could disagree about.

Establish Shared Standards of Value for what is Persuasive When a question calls for judgment, people will naturally disagree. At this point it is essential that no one feels personally threatened, slighted, or devalued. Thus it is important to establish evidence and logic as the keys to persuasion. Evidence may come in the form of scientific references or practice guidelines. The important thing to emphasize is that no idea is out of bounds, as long as it is not insulting to anyone present, as long as there is evidence and logic to support or challenge it, and as long as everyone gets a chance to contribute.

Establish Positive Ways to Disagree Disagreeing with a person requires listening to them first. When I disagree with you I need to really listen to what you are saying, then try to repeat back your main idea. When I repeat your idea, you have a chance to say, "Yes, that's right," or "No, what I meant was...," and so on until you are satisfied I understand you. Chances are this process will allow both of us to modify our views and communicate better.

Share Responsibility and Build Continuity Chances are other people will want to lead discussions and to choose cases to discuss. Encourage them to do this, and help them succeed by being a good participant when they lead. In the last five minutes of each discussion encourage the group to identify the key points that were most important and the ideals that they would most like to follow up on. Use these ideas to help shape future discussions.

Adapted from the Holden Leadership Center at University of Oregon
http://leadership.uoregon.edu/upload/files/tip_sheets/leading_effective_discussions.pdf