Promoting professionalism by sharing a cup of coffee

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An informal conversation can help address problematic behavior.

This is the second in a series of articles on promoting professionalism. You can read the first article at www.americannursetoday.com/26151.

CONSIDER THIS SCENARIO: After a particularly busy shift in the intensive care unit (ICU), the assignment board indicates that your colleague Mary is taking your patient assignment at shift change. As you're leaving the unit, your patient's fall alarm goes off and you hear Mary yell, "Someone turn that thing off…they're always alarming and driving me crazy…trust me—that patient isn't getting out of bed any time soon." You're concerned because during report you told Mary the patient's mental status had improved slightly, making him more of a fall risk than in previous shifts.

Would you know what to do in this situation?

The first article in this series introduced the Promoting Professionalism Pyramid, a tiered intervention process for fostering professionalism and professional accountability. This article focuses on the first tier, the *Cup of Coffee* conversation, which provides a way to informally discuss with a colleague how his or her observed behavior seems to undermine the organization's culture of safety and respect. (See Promoting *Professionalism Pyramid*.)

What is a Cup of Coffee conversation?

The goal of *Cup of Coffee* conversations is to deliver a single story or observation and let the recipient know the behavior was observed. (See *Who, what, when, where, why, and how*.) This approach promotes accountability for a single observation of what seems to be nonegregious unprofessional conduct or behavior.

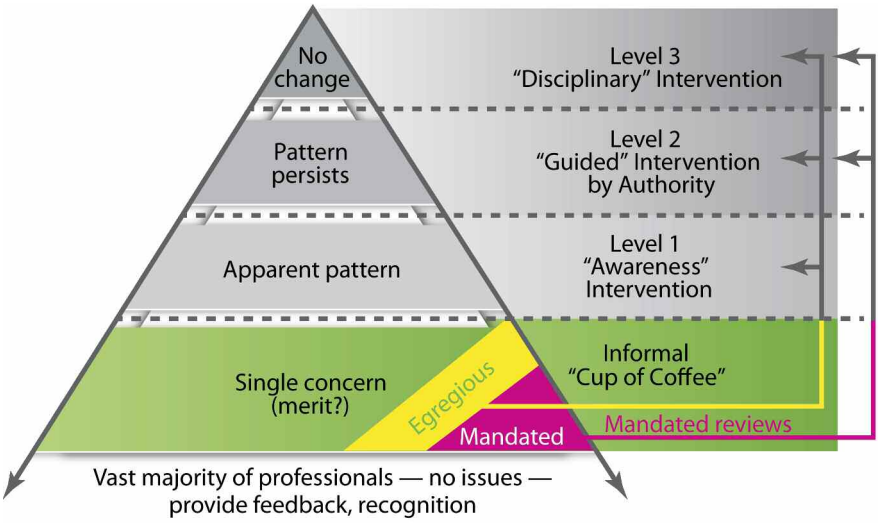
The pyramid highlights two important exceptions to providing informal feedback: Allegations of behavior contrary to law, regulation, or organization policy (for example, working while under the influence of drugs or alcohol, sexual boundary violations, and physical assault) that require investigation by appropriate authorities, and other serious breaches of behavior that affect the work environment and may be considered sufficiently egregious that they require urgent review and action by a supervisor or institutional authority.

Benefits of conversation

The skills used in *Cup of Coffee* conversations form the basis for all interventions outlined in the Promoting Pro-

Promoting Professionalism Pyramid

The Cup of Coffee intervention (highlighted below) is part of a tiered approach to addressing unprofessional behavior. The pyramid promotes personal accountability after a single event and carefully defines next steps when patterns become apparent.



Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Acad Med*.2007;82(11);1040-8.

Who, what, when, where, why, and how

Who
A *Cup of Coffee* conversation occurs between a messenger (the person sharing the observed behavior) and a receiver (the person who seemed to behave unprofessionally), regardless of each person's place in the chain of command. For example, while most of these conversations occur between peers, a new graduate nurse could be the messenger and a unit director the receiver or vice versa.

What
This conversation delivers a single story or observation of nonegregious unsafe or disrespectful behavior. Rather than placing blame or trying to fix the situation, it's a heads-up that calls on the receiver to reflect on his or her behavior or performance. In other words, it's a nondirective conversation that might occur over a collegial cup of coffee.

Where
To maintain confidentiality and avoid public embarrassment, hold the conversation in a neutral, private location.

When
Respect a colleague's time (consider pros and cons of sharing during shift changes), but don't delay because memory of the situation may decay over time. Keep the conversation brief—around 3 minutes—but it shouldn't feel rushed.

Why
Addressing the behavior with the colleague is a hallmark of professionalism. Not having the conversation may imply endorsement of the behavior and may risk its repetition, leading to impaired team functioning and ongoing threats to patient safety.

How
Keep the conversation respectful and nonjudgmental. Prepare in advance, stay calm, and focus on the essential message (something concerning was observed). Practice the opening line, the delivery of the message, and your closing.

Opening:
A good opening is, *"Do you have a moment to speak privately? I need to share an observation."*

Delivering the message:
Briefly summarize the perception, observation, or data point: *"I may be wrong, but I heard a request that our patient's fall alarm be turned off."*

Starting with *"I may be wrong"* acknowledges that the observation may be incomplete or inaccurate and that other sides to the story may exist. By saying *"I heard,"* the messenger avoided the use of "you," which may be perceived as judgmental.

Anticipating reactions, responding:
Most professionals accept feedback with grace. However, some common reactions include *deflection* (excusing the behavior because of others' mistakes or system failures), *distraction* (defensive arguments, requests for advice, sometimes tears), and *dismissal* (denying seriousness, rationalizations).

Some helpful responses include *reminding* (it's about our commitment to safety and teamwork; despite mistakes and systems issues, we're all expected to respond professionally), *reflecting* (many clinicians appreciate knowing how they've been perceived, this is something to consider over the coming days), and *reinforcing* (you're valued and we wouldn't be discussing this if you weren't). Rather than giving advice, respect your colleague's ability to problem-solve and fix whatever distracted or provoked him or her.

Closing:
Express appreciation (but don't expect thanks in return), ask the receiver to reflect on the observation and potential alternative responses, and thank him or her for taking the time to talk.

fessionalism Pyramid. Many professionals who act in ways that undermine a culture of safety and respect don't recognize the effect of their actions, so a lack of early intervention might result in a persistent pattern of behavior. But because few clinicians have had training in addressing unprofessional behavior, they may talk about their colleagues, rather than speak with them as peers. Think of it this way—if people were talking about your behavior, wouldn't you want another colleague to let you know?

We believe most incidents giving rise to *Cup of Coffee* conversations don't require investigation or documentation. Whether you observe or receive a report of a nonegregious incident, the concern should be shared. Some may object, thinking validation and documentation are required to set the stage for more formal reviews. Concerns recorded by patient relations representatives or institutional incident systems will be preserved, but informal conversations about these reports may not need to be formally documented (unless required by law or policy). After all, professionals for whom a pattern emerges and persists should have sufficient documentation of original reports for receiving *Awareness* and *Authority* interventions, which are the focus of the next two articles in this series.

When you use *Cup of Coffee* conversations to nonjudgmentally share a single incident with your colleague, you help promote accountability for safe, respectful health care and increase the likelihood patients will receive the kind of care you would want for yourself and your loved ones. ★

Visit AmericanNurseToday.com/?p=26348 for a list of selected references.

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