Preceptor SOS!
Strategies for Managing Challenging Student Situations

Nicole Gattas, Pharm.D., BCPS, FAPhA
Assistant Director of Community & Ambulatory Care

Gloria Grice, Pharm.D., BCPS, FNAP
Director

Conversation with UMKC
- UMKC – “behavioral reporting form” Sent to Trish Marken to keep a record. Monitor or establish pattern of behavior. Non-punitive. Continual monitoring by advisors or others.
- Professionalism - Honor counsel. Meeting w/ OEE +/- preceptor. Use e-value, have low score reports.
- Proactive reports at midmod and
- ELL – not required. Preceptors can recommend it. Required?
- Minimal technical standards – must be able to communicate “effectively” “in English” written and oral. Students have to sign them.
- Can take a leave of absence.
- Accommodations goes through course coordinator.
- Title IX – harassment from preceptors

Disclosure and Conflict of Interest
Nicole Gattas & Gloria Grice have no personal or financial conflicts of interest to disclose.

Pharmacist Objectives
At the conclusion of this program, the pharmacist will be able to:
1. Describe strategies for mentoring students that are demonstrating challenging behaviors or lack of knowledge/skills.
2. Apply techniques to difficult student learning scenarios.
3. Identify personal style for engaging in difficult conversations.

Pharmacy Student Surplus

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2017</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited Pharmacy Schools</td>
<td>80</td>
<td>138</td>
<td>72.5</td>
</tr>
</tbody>
</table>

2015 – 2016
14, 556 professional degrees in pharmacy awarded

ACPE Requirements
- Experiential learning is approximately 1/3 of PharmD Curriculum
  - IPPE
    - Years 1 to 3
    - Minimum 300 hours
    - Minimum of 150 between Community & Institutional Health System settings
  - APPE
    - Year 4
    - 1440 hours
    - Required settings: Community, Ambulatory Care, General Medicine, Health System
Experiential Curriculum

**IPPE**  
- Mix of concentrated and longitudinal experiences in P1 – P3 year  
- Potential for less didactic knowledge  
- Shorter duration  
- Less frequent interaction  
- Potential for more passive role in patient care or practice setting

**APPE**  
- P4 year  
- Height of didactic knowledge  
- Longer duration  
- More frequent interaction  
- Active role in patient care or practice setting

Prevent Difficult Situations with a Strong Orientation

**Manual & Orientation checklist**  
- Syllabus  
  - Goals, expectations, topics, assignments, evaluations…  
- Administrative policies  
- Sample monitoring form, SOAP, assignments  
- Skills/goals assessment for the student  
- Description of resources available to students  
- Potential Learner Strategies to Ensure Success article

Types of Difficult Student Situations

Brainstorm: categories of difficult student situations encountered during IPPE or APPE rotations

Professionalism

**Social Interaction**  
- Interact professionally with patients and health professionals to effectively provide patient care

**Self-Learning**  
- Display independent self-learning

**Valuing & Ethical Decision Making**  
- Provide patient centered care  
- Practice ethically  
- Practice responsibly

STLCOP Preceptor Survey-Professionalism

**Compared to PRIOR YEARS**

<table>
<thead>
<tr>
<th>Year</th>
<th>More skilled</th>
<th>Same</th>
<th>Less skilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>18</td>
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<td>2013-14</td>
<td>64</td>
<td>36</td>
<td>20</td>
</tr>
<tr>
<td>2015-16</td>
<td>65</td>
<td>35</td>
<td>20</td>
</tr>
</tbody>
</table>

**Compared to OTHER SCHOOLS**

<table>
<thead>
<tr>
<th>Year</th>
<th>More skilled</th>
<th>Same</th>
<th>Less skilled</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>65</td>
<td>35</td>
<td>20</td>
</tr>
</tbody>
</table>
Communication – Verbal & Written

Texting
- Decreases interpersonal skills
  - Particularly interpreting nonverbal visual cues
- Texting decreases conflict that young people have to “deal with”

English Language Learners
- ~10% STLCOP campus population
- Up to 5 languages

Appropriate referencing
- Too much or too little information included in notes.

STLCOP Preceptor Survey - Communication Skills

Compared to PRIOR YEARS

<table>
<thead>
<tr>
<th>Year</th>
<th>More Skilled</th>
<th>Same</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>52</td>
<td>47</td>
<td>5</td>
</tr>
<tr>
<td>2016-17</td>
<td>55</td>
<td>48</td>
<td>7</td>
</tr>
<tr>
<td>2017-18</td>
<td>64</td>
<td>39</td>
<td>3</td>
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</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>54</td>
<td>44</td>
<td>2</td>
</tr>
<tr>
<td>2016-17</td>
<td>59</td>
<td>42</td>
<td>9</td>
</tr>
<tr>
<td>2017-18</td>
<td>67</td>
<td>28</td>
<td>9</td>
</tr>
</tbody>
</table>

Mental health concerns?

Trends in College Counseling Centers
2016 Center for Collegiate Mental Health’s report including 139 reporting colleges saw nearly 50,000 more patients in the 2015-2016 school year than the previous one

- Predominant concerns among college students: Anxiety (51%), depression (41%), relationship concerns (34%), suicidal ideation (20.5%), self-injury (14%), and alcohol abuse (10%)
- National Institute of Mental Health includes college students as an “at risk” group for depression
- Suicide is the 2nd leading cause of death among college students (~1,100 completed suicides/year)

80% feel OVERWHELMED by their responsibilities
40% do NOT seek HELP
50% become so anxious that they struggled in school

STLCOP Preceptor Survey - Knowledge

Compared to PRIOR YEARS

<table>
<thead>
<tr>
<th>Year</th>
<th>More Skilled</th>
<th>Same</th>
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</tbody>
</table>
Crucial conversations in Experiential Education

Adapted from CEImpact Preceptor Development Activities

Crucial Conversations

Start with Heart

- Work on me before working on us
  - Eliminate winning, punishing, and peace keeping
- Focus on what you really want
- Refuse the Fool’s Choice
- How can I share my concerns with my learner in a way that maintains his dignity and doesn’t put him on the defense?

Learn to Look

- Content and conditions before things become crucial
- Notice Signs for lack of safety
  - Emotions
  - Actions
- Lack of safety results in:
  - Silence
  - Violence

Make it safe

- Establish mutual purpose
- Maintain mutual respect
  - Can you respect people you don’t respect?
- Specific tools:
  - Apologize when appropriate
  - Contrast to fix misunderstanding (don’t/do)

Master my Stories

- Act on your emotions, don’t let them act on you
  - Breaking the cycle of “See/Hear, Tell a story, Feel, Act”
- Avoid these clever stories:
  - Victim – it’s not my fault
  - Villain – it’s all your fault
  - Helpless – there’s nothing else I can do
- Useful story: Am I noticing my role in the problem?

The rest of the conversation

- State my path
- Explore others’ paths
- Move to action
Benefits of Crucial Conversations in Experiential Education

• Proactively addressing issues saves time and energy
• Addressing issues earlier (IPPE) will help prevent behavior in APPE
• Addressing issues in APPE will prevent them in career and avoid patient harm

Style Under Stress Assessment

• How do you respond to difficult situations?
• 33 question quiz
• Uncovers which forms of silence or violence you use most often in stressful situations
• Crucial Conversation Skills score reveals your skill in each of the domains and helps you determine which areas of focus may be most beneficial

www.vitalsmarts.com/styleunderstress/

Cases – refer to case section of handout

Professionalism Case – Themes

• Tardiness/absences
• Disengagement/no work ethic/lack of commitment or responsibility
• Attire
• Disrespectful/casual/attitude
• Academic Dishonesty

Professionalism Case – Steps & Resources

1. Establish explicit expectations at orientation
2. Provide support to help them with things like time management, organization, engagement
3. Have crucial conversations to establish mutual purpose
4. Document the critical need in a mid-evaluation
5. Contact OEE for academic dishonesty issues

Communication – Resources

• College Writing Center / Language Center, etc.
  ➢ These centers provide faculty or staff to assist students with written +/- verbal communication.
  ➢ EE office will be familiar with how to set you up with the resources they provide
• Community College Coursework
Communication – English Language Learners Resources

- Assess written abilities with ELL students
- College support: Center?, courses, tutoring
- Book: English for Pharmacy Writing and Oral Communication by Miriam Diaz-Gilbert (2008)
- Programs/apps: Hello English, Duolingo, Rosetta Stone, Babbler, etc.
- Tutorials: e.g. YouTube
- TV: e.g. Sesame Street, Magic School Bus, ER, etc..
- Supplement models with one-on-one or small group support
  - Conversational English
  - Feedback on projects/presentation

Identify Signs of Student Distress – Academic Concerns

- Sudden decline in quality of work, grades, or academic status
- Repeated absences or tardiness (especially if this is a change from the past)
- Multiple requests for extensions
- Chronic indecisiveness or procrastination
- Bizarre content in writing
- Excessive demands for attention
- Withdrawing or being disengaged
- Over-reaction to criticism or mistakes

Identify Signs of Student Distress – Physical Observations

- Marked changes in physical appearance
- Deterioration of hygiene
- Alcohol or drug use
- Disorientation or disconnectedness
- Bizarre thoughts or behavior that is out of context
- Delusions or paranoia
- Impaired speech or disjointed, confused thoughts
- Dramatic sudden weight loss or weight gain

Identify Signs of Student Distress – Psychological Concerns

- Self-disclosure of personal distress (financial, family)
- Suicidal ideation
- Severe anxiety or panic attack
- Grief
- Irritability or apathy, outbursts
- Verbal abuse
- Concerns expressed by peers
- Marked mood changes or excessive, inappropriate displays of emotion

Identify Signs of Student Distress – Safety Risks

- Unprovoked anger or hostility
- Physical violence
- Implying or making direct threat to harm self or others
- Academic assignments dominated by themes of extreme hopelessness, rage, despair, isolation
- Stalking, harassment
- Threats via e-mail, phone, or text
- Students, faculty, or staff feel alarmed or frightened

Mental Health – Resources

- College Counseling Center and/or Student Health Centers and/or Disability Services
- Confidential counseling services are generally available for any student, often free of charge.
- Separate from the academic record.
- Referral to additional psychiatric care.
- EE office will be familiar with how to set you up with the resources they provide
Students in Crisis

- Immediate life-threatening concern off campus, call 911.
- Contact EE and/or report through the college system. Emergency mental health care services
- Suicide Prevention Hotlines
  1-800-237-TALK

Report it! Colleges usually have a reporting form for concerning behavior from a student!

If unsure, call EE!

Suicide Prevention – Ask the questions!

- “You seem really depressed lately – how are you handling that? Getting help?”
- “Do you think about hurting yourself?”
- “What do you think about your future?”
- “Are you feeling hopeless?”
- “Have you thought about doing something about that?”

Suicide Prevention – Referral & Denial

- National Suicide Prevention Lifeline
  1-800-273-8255
- Start with empathy and reason for concern
- In general, ask if the person could be a danger to him- or herself.
  ➢ “I am worried about you”
  ➢ “I am scared you may be thinking of hurting yourself because…”
- If denial… “the things that made me concerned are…”

Knowledge Deficits – Resources

- Assess how student learns – correct resources?
- College Resources
  ➢ NAPLEX practice tests and self-assessment with individualized improvement plan
  ➢ Online practice exams by topic area (e.g. Exam Master or RxPrep)
- Be specific with areas and materials students should review
- Create a list of medications and things you expect students to know about medications specific to practice setting

Performance Improvement Plan

- Outlines areas of student responsibility that need significant improvement and immediate attention
- Provides the student an opportunity to correct the problems and achieve results that are continuous
- Creates individualized goals students must complete in order to progress through the rotation
- Requires both the student and preceptor agree to the terms and sign
- Identifies a time period when the student needs to achieve the goal
- Gives the student specific, achievable goals to address areas of deficiency
- Once a student has met the goal they are expected to continue that level of performance
Documentation

• Needs to be as specific as possible
• Involve Office of Experiential Education early when problems are identified
• Should reflect multiple opportunities given to correct the behavior/issue
• Don’t forget about documenting positive areas of performance as well

Plan B

• Withdrawal (W)
  ➢ Can only occur during the first week with significant reason for need to withdraw (i.e. student gets hospitalized).
  ➢ Often needs dean’s approval to occur after the first week.
• Leave of Absence (LOA)
  ➢ Can occur at any time of the rotation, but only if the student has significant reasons (physical or mental) to need extended time off.
• Continue with eventual failure
  ➢ Most common. Students utilize all the time to improve knowledge, skills, or professionalism. No compelling reason for W or LOA.

What does OEE do?

• Assist with documentation for the W or LOA. Both are discussed with the registrar & final approved from the dean’s office. For a student to go on LOA, documentation from health provider is needed.
• Provide suggested parameters for a student’s return from LOA.
• Ensure all required parameters are met prior to a student returning from LOA.
• Establish customizable academic agreements for a student once they return. Agreements outline expectations and require the student to check in with director at mid-point and end of each rotation.

Self-Learning Question 1

Which of the following may assist preceptors in preventing difficult situations?

1. Review their Facebook before rotation starts
2. In may, email every student assigned for the year
3. Provide a list of 5-20 required studies for them to read prior to your rotation
4. Assess the student’s goals for the rotation during orientation

Self-Learning Question 3

You have a student on rotation similar to Kaitlyn. You walk in on her cutting her arm. What is an appropriate response?

1. Call 911.
2. Tell her to go home for the day and come back tomorrow ready to go.
3. Ask her about harming herself, file a CARE report and call experiential office.
4. Kick her out and tell her to not come back.

Self-Learning Question 3

You have identified that when under stress a common way you deal with it is by making a joke, using sarcasm, or insincere compliments. What is your “style under stress?”

1. Controlling
2. Withdrawing
3. Avoiding
4. Masking
Self-Learning Question 4

What is included in a performance improvement plan?

1. Areas of responsibility where the student needs immediate attention
2. Individualized specific goals to achieve
3. Preceptor and student agreement for the plan
4. All of these

Resources

- Office of Experiential Education for the college
- Crucial Conversations
  Kerry Patterson and Joseph Grenny
- Preceptor’s Handbook for Pharmacists
  Lourdes M. Cuellar and Diane B. Ginsburg

STLCOP Office of Experiential Education Contacts

Nicole Gattas, Pharm.D., BCPS, FAPhA
Assistant Director of Community & Ambulatory Care
Nicole.Gattas@stlcop.edu
314.446.8555

Gloria Grice, Pharm.D., BCPS, FNAP
Director
Gloria.Grice@stlcop.edu
314.446.8550

Alison Stevens, Pharm.D., BCPS
Assistant Director of Health System & Acute Care
Alison.Stevens@stlcop.edu
314.446.8129
Susie Q

- Susie has been habitually late by 10 minutes or so each day. She has asked to leave early on several occasions, especially when I’m not here and another pharmacist is in charge. She blames traffic on occasion and once said that she overslept.
- She has missed a couple of days due to illness, one of which she did not contact the preceptor in advance. She also asked to leave early for a “required meeting for students” at the College. Preceptor asked the college and there was no required meeting for students.
- She does not notify the college of her absences, despite being told to do so since that is College policy.
- She is not reliable and prepared when she is here and as a result the healthcare team does not feel comfortable with her “representing pharmacy” without the preceptor.
- Her formal case presentation final draft looks/sounds substantially different than her draft and after discussing with the OEE, it appears to be copied from her class handout.

Pat has an appropriate knowledge level, but has poor verbal communication skills. He speaks in medical terms to patients, and his verbiage would be considered on the high end of health literacy.
- Answers often run on, or covering items that are unnecessary during education trainings. Once, he got into a conversation explaining about how insurance works and then segued to patient assistance programs, which that patient would not qualify for.
- Even after talking about it, he hasn’t been able to effectively perform teachback.
- He had to ask the physician’s representative about a dose change in 2 different ways because the nurse didn’t understand what he was saying, then they called back with the wrong information, so had to be clarified yet again.

Marcus consistently turns in work that has errors... grammar, spelling, not using appropriate medical terms, using inappropriate abbreviations.
- You’ve made two attempts to correct the behavior, and while some grammar improved, it continues to be work you have to re-write in order to place in a chart or be usable at your site.

Does your approach change if the student is an English language learner?
MENTAL HEALTH CASE

“The little things are adding up.”

- Since the beginning of the rotation 3 weeks ago, Kaitlyn has had a messy comportment, but over the last week she looks even more tired and run-down. Her clothing is not dirty, but “unkempt.” She seems to be getting very frustrated easily and “short tempered.” While initially her knowledge seemed to be fine, lately, her answering questions has declined and if she doesn’t know an answer she has had various reactions including hitting herself in head with hand, and talking down to herself. You have noticed she is not eating lunch. You walked in on her shaking the desk (in frustration?)
- Others on the rotation have also noticed and have started interacting with the student less.
- She has not opened up to you when you’ve inquired. You do know that she lives alone and has mentioned money is tight.

Approaches? Actions?

KNOWLEDGE DEFICITS CASE

Cameron in week 3

- Cameron is currently in week 3 of his Acute Care rotation and you are preparing for his mid-point evaluation. His ability to collect accurate patient information (lab values, tests, medication doses etc...) has improved over the past week, but he is still having significant difficulty integrating patient data to come up with an assessment and treatment plan.
- He is unable to consistently assess appropriateness of medications with regards to dosing, indication, ADR and drug interactions and this is impeding his ability to recommend changes to the treatment plan.
- When questioned by yourself or the team about his treatment choices he is unable to answer simple questions regarding pathophysiology/mechanism of action of medications and cannot provide rationale for his recommendations.

Approaches? Actions?

If you are having challenges with your students, please contact your coordinator for assistance!

Community (APPE & IPPE) & Ambulatory Care ~ Nicole Gattas ~ Nicole.Gattas@stlcop.edu
Health System Management (APPE & IPPE) & Acute Care ~ Alison Stevens ~ Alison.Stevens@stlcop.edu
Electives & Selectives ~ Gloria Grice ~ Gloria.Grice@stlcop.edu
VitalSmarts™ Self-Evaluation Tools

What is Your Style Under Stress™?

From the New York Times Bestseller Crucial Conversations: Tools for Talking When Stakes Are High

How do you react when conversations suddenly move from smooth and easy-going to tense or awkward? Do you retreat into silence? Do you go on the attack? Or do you do your best to keep the conversation calm and focused on the issues at hand?

Crucial conversations take place when the stakes are high, opinions differ, and emotions run strong. How you handle crucial conversations can determine your success in your most important relationships, whether at home, at work, or in social organizations.

Handling crucial conversations well can dramatically improve your personal relationships, your career progress, and your work team’s performance. Take this 33-question test to explore how you typically respond when you’re in the middle of a stressful situation. Have your friends, colleagues, or family members take the test as well. The answers may surprise you.


Instructions

Before you start, read through the following points:

- **Relationship**. Before you get started, think about the relationship you want to improve—with your boss, coworker, direct report, friend, or family member—and keep this relationship in mind.
- **Circumstance**. Next, think of a tough situation—one that you might have handled poorly or avoided altogether.
- **Apply**. Now, with that situation in mind, respond to the following statements as either true or false.
**Style Under Stress Test**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1. At times I avoid situations that might bring me into contact with people I’m having problems with.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>2. I have put off returning phone calls or e-mails because I simply didn’t want to deal with the person who sent them.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>3. Sometimes when people bring up a touchy or awkward issue I try to change the subject.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>4. When it comes to dealing with awkward or stressful subjects, sometimes I hold back rather than give my full and candid opinion.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>5. Rather than tell people exactly what I think, sometimes I rely on jokes, sarcasm, or snide remarks to let them know I’m frustrated.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>6. When I’ve got something tough to bring up, sometimes I offer weak or insincere compliments to soften the blow.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>7. In order to get my point across, I sometimes exaggerate my side of the argument.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>8. If I seem to be losing control of a conversation, I might cut people off or change the subject in order to bring it back to where I think it should be.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>9. When others make points that seem stupid to me, I sometimes let them know it without holding back at all.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>10. When I’m stunned by a comment, sometimes I say things that others might take as forceful or attacking—terms such as “Give me a break!” or “That’s ridiculous!”</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>11. Sometimes when things get a bit heated I move from arguing against others’ points to saying things that might hurt them personally.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>12. If I really get into a heated discussion, I’ve been known to be tough on the other person. In fact, they might even feel a bit insulted or hurt.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>13. When I’m discussing an important topic with others, sometimes I move from trying to make my point to trying to win the battle.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>14. In the middle of a tough conversation, I often get so caught up in arguments that I miss how I’m coming across to others.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>15. When talking gets tough and I do something hurtful, I’m quick to apologize for my mistakes.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>16. When I think about a conversation that took a bad turn, I tend to focus first on what I did that was wrong rather than focus on others’ mistakes.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>17. When I’ve got something to say that others might not want to hear, I avoid starting out with tough conclusions, and instead start with facts that help them understand where I’m coming from.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>18. I can tell very quickly when others are holding back or feeling defensive in a conversation.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>19. Sometimes I decide that it’s better not to give harsh feedback because I know that it’s bound to cause real problems.</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td><strong>F</strong></td>
<td>20. When conversations aren’t working, I step back from the fray, think about what’s happening, and take steps to make it better.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>21. When others get defensive because they misunderstand me, I immediately get us back on track by clarifying what I do and don’t mean.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>22. There are some people I’m rough on because, to be honest, they need or deserve what I give them.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>23. I sometimes make absolute statements like “The fact is…” or “It’s obvious that…” to be sure my point gets across.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>24. If others hesitate to share their views, I sincerely invite them to say what’s on their minds, no matter what it is.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>25. At times I argue hard for my view hoping to keep others from bringing up opinions that would be a waste of energy to discuss anyway.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>26. Even when things get tense, I adapt quickly to how others are responding to me and try a new strategy.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>27. When I find that I’m at cross purposes with someone, I often keep trying to win my way rather than looking for common ground.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>28. When things don’t go well, I’m more inclined to see the mistakes others made than notice my own role.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>29. After I share strong opinions, I go out of my way to invite others to share their views, particularly opposing ones.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>30. When others hesitate to share their views, I do whatever I can to make it safe for them to speak honestly.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>31. Sometimes I have to discuss things I thought had been settled because I don't keep track of what was discussed before.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>32. I find myself in situations where people get their feelings hurt because they thought they would have more of a say in final decisions than they end up having.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>33. I get frustrated sometimes at how long it takes some groups to make decisions because too many people are involved.</td>
</tr>
</tbody>
</table>

**Scoring**

Fill out the score sheet on the next page. Each domain contains two to three questions. Next to the question number is either a (T) or (F). For example, under “Masking,” question 5, you’ll find a (T). If you answered question 5 true, check the box. With question 13, on the other hand, you’ll find an (F). Only check that box if you answered the question false—and so on.

Your Style Under Stress score will show you which forms of silence or violence you turn to most often. Your Crucial Conversation Skills score is organized by concept and chapter from the book *Crucial Conversations: Tools for Talking When Stakes are High* (McGraw-Hill 2002) so that you can decide which chapters will benefit you the most. Again, a self-scoring version of this test is available at www.crucialconversations.com. This test is also duplicated on pages 56-60 of *Crucial Conversations: Tools for Talking When Stakes Are High*.

**Style Under Stress**

Your silence and violence scores give you a measure of how frequently you fall into these less-than-perfect strategies. It’s actually possible to score high in both. A high score (one or two checked boxes
per domain) means you use this technique fairly often. It also means you’re human. Most people toggle between holding back and becoming too forceful.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Total</th>
<th>Skill</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masking</td>
<td>☐ 5 (T)</td>
<td>Controlling</td>
<td>☐ 7 (T)</td>
</tr>
<tr>
<td></td>
<td>☐ 6 (T)</td>
<td></td>
<td>☐ 8 (T)</td>
</tr>
<tr>
<td>Avoiding</td>
<td>☐ 3 (T)</td>
<td>Labeling</td>
<td>☐ 9 (T)</td>
</tr>
<tr>
<td></td>
<td>☐ 4 (T)</td>
<td></td>
<td>☐ 10 (T)</td>
</tr>
<tr>
<td>Withdrawing</td>
<td>☐ 1 (T)</td>
<td>Attacking</td>
<td>☐ 11 (T)</td>
</tr>
<tr>
<td></td>
<td>☐ 2 (T)</td>
<td></td>
<td>☐ 12 (T)</td>
</tr>
</tbody>
</table>

**Crucial Conversations Skills**

The seven domains below reflect your skills in each of the corresponding seven skill chapters found in *Crucial Conversations: Tools for Talking When Stakes are High*. If you score high (two or three boxes) in one of these domains, you’re already quite skilled in this area. If you score low (zero or one), you may want to pay special attention to these chapters.

**Conclusion**

Since these scores represent how you typically behave during stressful or crucial conversations, they can change. Your score doesn’t represent an inalterable character trait or a genetic propensity. It’s merely a measure of your behavior—and you can change that. In fact, people who take this feedback seriously will practice the skills covered in *Crucial Conversations* and eventually they will change. And when they do, so will their lives.