Relational Practice Module Exercises

Module 4: Collaborative and Collegial Relational Practices

Exercise 4.1: Think of a time at one of your jobs when othering or marginalization has occurred.

- What was your role in that?
- What was the effect of othering and marginalization on the morale of the entire unit or work team?
- What did you, personally do about this?
- Suggest at least 2 ways you can promote inclusion of others into the whole of your care team.

Exercise 4.2: Consider the example you’ve just read of the Unit Manager and the LPN. Consider how you might replicate these positive behaviours in your own interactions with colleagues in the workplace.

- How might you show respect, positive regard, collaboration and collegiality when problem solving?
- Beyond problem-solving, how might you, the LPN positively influence the relationships between members of your care team?
Exercise 4.3: Refer to Figure 13 about incivility and disrespect. Make a new table. Take each of the negative characteristics and write the opposite of each – turn them to positives to show civil and respectful behaviour in the Canadian workplace.

Figure 13: Did you know? Examples of Incivility and Disrespect in the Canadian Workplace

- Calling people derogatory names (e.g. calling someone stupid or using gender-based labels)
- Stomping out of meetings before they are over
- Being frequently late
- Being rude to clients and visitors
- Not saying please and thank you frequently and appropriately
- Rolling your eyes or making a loud sigh when someone is speaking
- Yawning when someone is speaking
- Texting or using social media on your cell phone when someone is speaking
- Raising your voice when it is not necessary
- Arguing loudly
- Poor personal hygiene (e.g., not wearing deodorant)
- Spitting on the sidewalk or in to a cup
- Telling lies
- Whispering to another person in the presence of others
- Failure to complete assigned tasks
- Lateness
- Lack of courtesy on the phone
Exercise 4.4: It is very important for every LPN to read CLPNA’s Practice Standard, *Addressing Co-Worker Abuse in the Workplace* (2013).


- Critical thinking: as you read the _Standard_, notice that it reflects the Canadian cultural norms you have been reading about in this chapter, but that it also takes these one step further to include a relational practice perspective. Notice from this Standard, that the effect on client care is not forgotten. The client; the client remains as a central focus of the work environment. Study the recommendations for identifying and resolving co-worker abuse so that you can contribute to a positive, civil, respectful and healthy working environment.

Exercise 4.5: Reflect on narrative charting and reporting. Next, answer the following questions or respond to the tasks.

- Think of a chart you read that lacked a good description of the situation or condition a client was in and when you went to the client’s room you were very surprised to see what was actually occurring. For example, maybe the chart reported that this client (who cannot speak) was pale and shaking on last rounds. The note describes that the client’s sheets were pulled up to his chin. Nothing is charted about what the client said or did in response to any care. When you went into the room you saw the paleness and ‘shaking’ but, you also saw that the window was open and a cold wind was blowing in. You saw that the client wasn’t ‘shaking’ but instead shivering and unable to reach the call bell to call for assistance. And you saw that the client had a blanket at the foot of the bed but wasn’t physically able to pull it up to warm himself. Can you think of something like that – when the charting wasn’t descriptive enough to describe what was really happening?

- What is a narrative?

- Give one example of a situation with a client where you used narrative to describe the scene (the environment) and the client’s status. Did you do this verbally or in documentation? Explain your motives.
**Exercise 4.6:** Consider this scenario and write a respectful statement that delegates the task to a healthcare aide.

- Your resident was incontinent of urine and feces this morning, just before shift change. You hear this in Report from the Night Shift who haven’t been able to attend to this because of shift change responsibilities. They are worried about it. The client’s situation needs attending to, quickly. Report ends. You will delegate this task to a health care aide. How will you do so? What will you say that demonstrates collegiality, respect, civility and promotes collaboration?

---

**Exercise 4.7:** Consider the following situation and respond.

- Two LPNs are on duty on the evening shift. The only Care Aide tonight is off on a break. There is a loud crash. A client has fallen out of bed. Who will delegate to whom? Is delegation needed here? Explain. If delegation is not needed, thinking from a relational practice approach, what is? *(See some thoughts on this exercise at the end of this Chapter).*
Exercise 4.8: Take a look at the 6 Steps to Conflict Resolution again. Could you apply it to a personality conflict? Try it. Keep the client at the center of all that you think about and do. Write it out. Does it work for you? Could you/would you be able to assertively ask someone you had a conflict with at work to meet with you to resolve it?

Six steps to conflict resolution
1. Explore the issue(s)
2. Understand interests in the issue (self and others)
3. Develop options and alternatives
4. Choose the best solution
5. Implement the solution
6. Evaluate the outcomes

Reflection on Delegation Exercise
Each LPN has the right, responsibility and ability to delegate to another LPN but in this case it is not necessary. These two nurses are working on the same team and will be sharing tasks. There should not be conflict. However, if the person who has fallen is a client assigned to one of the LPNs in particular, he/she may request the help of the colleague or delegate a task while he/she does another. An example would be having one LPN call the physician while one attends the client. Relational practice keeps both nurses centered on the provision of client care. Conflict from a power-over perspective (one nurse over another) should not occur here.