The nurse practitioner in the video uses a laissez-faire leadership style. This leadership style is described as “engaging in a passive leadership that is characterized as providing little direction” (Hutchinson & Smith). The primary reason I think she exhibits this leadership style is she has very little control over the meeting. Things quickly fall apart as the meeting attendees start to lose focus and the nurse practitioner fails to take action to regain their focus. One distinct example of this is when the physician decides to take a phone call in the middle of the meeting and talks loudly to the point where she becomes a distraction to the rest of the group. Another example of her laissez-faire leadership style comes at the end when the physician abruptly announces she has to leave. The nurse practitioner doesn’t even attempt to summarize the meeting and the decisions made – instead she just ends by saying that she will figure out a plan for the patient, which was the entire purpose of the meeting in the first place. However, one area of strength is that she was an excellent listener and really gave full attention to whoever was speaking at the time. One area she could improve in is her willingness to take risks or push boundaries. Despite some evidence that the herbal treatment could be a great option, she showed strong resistance to it given that it is unproven. In order to be an exemplary leader, she will need to take some risks and have a vision for the future of medicine (Hutchinson & Smith).

One area of potential conflict where the team worked effectively was when the physician stopped to take a phone call and the social worker immediately stepped in and started to provide her own updates on the patient. This prevented any wasted time and allowed the meeting to continue without any trouble, despite the physician having to abruptly stop and take a call. As I mentioned earlier, the phone call was a distraction, but the way that the rest of the team handled the situation was very effective, given the circumstance. One area where the team worked ineffectively was when the social worker suggested that depression could be impacting the patient. The physician responded in a very direct and negative manner by saying, “this is a clear cut diagnosis of stroke, why do you want to complicate it with depression?” This was a very rude and condescending reaction that may reduce the social worker’s willingness to speak up and offer her thoughts and opinions in the future. The nurse practitioner, as leader of the meeting, should have stepped in then and given the social worker the opportunity to explain her rationale for thinking depression could be at play. This type of interaction discourages meeting participants from speaking up and offering their thoughts and ideas, due to fear of how others (such as the physician) might respond.

This could negatively impact future patient outcomes, given that new and creative treatment plans might not be proposed if a given stakeholder doesn’t feel empowered to speak up. In this sort of setting, it’s very important that everyone feels empowered and comfortable speaking up and offering their thoughts. James Detert, a professor at Cornell’s Graduate School of Management, notes that “cultivating an open environment is tough because people are wired to be conservative. People have a set of defense mechanisms that make them careful around people in authority positions” (<https://hbr.org/2014/10/how-to-get-your-employees-to-speak-up>). In this video, it’s not clear whether the physician is actually superior to the social worker, but nonetheless her negative response to the social worker’s idea may very well cause her to think twice before contributing again in the team setting. The team needs the social worker to be comfortable speaking up because she is very in touch with the patients and provides a different perspective that can be very valuable in determining the best options for care.

If I was coaching the nurse practitioner I would use the GROW model to help her develop her ability to manage conflict amongst different team members. First off, I would work with her to set a goal to have zero unresolved conflicts per meeting. We’d then review some video of her recent meetings to get a better understanding of the reality of the situation. We would discuss each area of conflict and identify whether it was substantive or affective conflict. One option I would recommend she take in resolving these conflicts is to take a more collaborative approach by seeking ways to satisfy both parties’ concerns.

Given that collaboration is a major issue with the team from the video, I would coach the nurse practitioner on ways to instill a more collaborative culture within the team. Two ways to improve collaboration are to help team members develop stronger relationships and focus on building trust within the team (<https://www.forbes.com/sites/carolkinseygoman/2014/02/13/8-tips-for-collaborative-leadership/#78f4157d5fd9>). In order to build relationships amongst the team, I would suggest the nurse practitioner schedule an informal event for the team, such as dinner, so that they can get to know each other on a more personal level and start building personal ties. To improve trust amongst the team, I would encourage the nurse practitioner to lead by example by making it clear that she fully trusts each member of the team. If you want your team members to trust one another, you need to show that you are willing to trust them. (<https://www.forbes.com/sites/ekaterinawalter/2015/12/01/12-leadership-behaviors-that-build-team-trust/#29da22e77221>). This can be done by simply communicating that you trust them and are willing to listen and act on their recommendations. These few actions would help the nurse practitioner improve collaboration and build a stronger team environment.

Give at least one area of coaching on how you would help the NP coach someone else in the group