Self-centered behaviors.

I recently displayed some of the behaviors that I outlined during this activity. I displayed a belief, or tended to focus on what other’s could be doing differently. I felt out of control due to a belief that other people’s perceptions of my behaviors and decisions were not accurate. I was frustrated, angry, and hopeless.

I watched a TED talk recently about receiving feedback and the speaker referred to “truth triggers”. I was focused on other people’s interpretations of events, and specifically a mal-alignment between my perceptions and those of other people. This was not productive, harmful to the relationship, and a barrier to progress and success.

Group Influence (Group: Clinical education team)

1. This group has influenced my thinking by pointing out cognitive biases influencing decision, by openly accepting input and feedback, by not always agreeing, and by openly disagreeing at times.
2. The following ideas within this group seem incompatible with one another.
   1. All student policy violations must have consequences v. Student support is our priority
   2. Policies must be overhauled and processes re-created v. Students must complete current clinical education rotations without interruption or distractions
   3. The clinical education team are responsible for clinical education policies and procedures in alignment with university and programmatic standards v. The programmatic leadership much be aware of each decision and faculty must vote on each decision
3. I would now question the following beliefs I “received” from this group.
   1. Student-first in all cases
   2. Faculty opinion can prevent action on CE team decisions.

Are the beliefs above compatible? My gut reaction, from having been immersed in the clinical education team processes, is “no”. With that said, their beliefs probably are compatible if I can remove myself as a barrier. Policy violation consquences and student support do not need to be mutually exclusive. Policy revisions and events operating in the status quo can co-exist. The clinical education team can make decisions AND elicit faculty support, if patient enough.