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A REVIEW OF AN INTERNSHIP WITH THE  
EDUCATIONAL SERVICES DEPARTMENT  
OF BRONSON METHODIST HOSPITAL  
KALAMAZOO, MICHIGAN

by

Krista T. McKay

A Project Report  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
requirements for the  
Degree of Specialist in Education  
Department of Educational Leadership

Western Michigan University  
Kalamazoo, Michigan  
April 1982

A REVIEW OF AN INTERNSHIP WITH THE  
EDUCATIONAL SERVICES DEPARTMENT  
OF BRONSON METHODIST HOSPITAL  
KALAMAZOO, MICHIGAN

Krista T. McKay, Ed.S.

Western Michigan University, 1982

An internship is reported and analyzed with regard to the consulting skills used by the intern during her work with the personnel of a hospital training and development department.

When the intern saw problems of an educational nature in department programs, she attempted to intervene to help department personnel solve these problems. Specific incidents are reported.

The reported incidents are then analyzed in terms of the consulting stages and modes used by the intern during her interventions. The intern's problems with setting the terms of the consulting contract and selecting the appropriate consulting modes are discussed. Alternative consulting behaviors are suggested.

## ACKNOWLEDGMENTS

For their help during the process of reviewing and learning from my internship and writing this paper I thank my advisor, Ken Dickie; my committee member, Robert Brinkerhoff; and my husband, Stanley McKay.

I also thank Tom Jenkins for providing the setting for my internship.

Krista T. McKay

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## INTRODUCTION

To partially fulfill the requirements for the degree of Specialist in Education, the author served an internship with the Educational Services Department of Bronson Methodist Hospital in Kalamazoo, Michigan, for 7 weeks during February and March 1981. This paper is a review of that internship. It is intended to examine the purpose of the internship, to report specific incidents during the internship, and to determine the appropriateness of the consulting skills utilized by the intern in these incidents.

The specific identities of persons working in the Educational Services Department are not relevant to the examination of the intern's consulting skills, so names and genders of department personnel have been changed for this paper. To further protect the privacy of these persons the intern's complete log of experience for her internship is not included with this paper.

The incidents reported in this paper were taken from the intern's log. They are perceived by the intern as accurate accountings of what occurred during her work with Educational Services.

## CHAPTER I

### LOCALE AND RATIONALE FOR THE INTERNSHIP

Training, education, and development functions are present in some form in most organizations. In many organizations these functions are informal. However, in recent years, some organizations have recognized the importance of training, education, and development of their human resources and have formalized these functions within a training and development department. The names given to these departments are varied and the specific functions that they perform have even greater variety. One such training and development department is the Educational Services Department at Bronson Methodist Hospital in Kalamazoo, Michigan.

#### Educational Services Department

Medicine is a field with frequent changes and developments. The Educational Services Department has the responsibility for keeping the nursing staff of the hospital abreast of these changes.

The department also provides training and development services for other departments within the hospital. It offers regular courses in staff orientation, medical terminology, management development, and life saving techniques. Educational Services also works with other hospital departments to meet specific training needs as they arise.

The department is staffed by a department head, 21 nurse/clinical instructors, one clerk/instructor, and three clerical aides.

#### Purpose of the Internship

The purpose of any internship is to provide an opportunity for the intern to apply the knowledge and skills of a specific field that have been gained through classroom study into an actual work setting. According to Nadler (1979), a practitioner in the field of training and development is likely to function in three roles: learning specialist, administrator, and consultant. The intern had taken course work covering specific aspects of all of the roles described by Nadler. Previous job experiences as a school librarian and teacher had given the intern opportunities to function as a learning specialist and, to a limited degree, as an administrator. Therefore, for this internship, the intern desired a setting that would specifically provide an opportunity for her to assume the role of consultant. Educational Services provided such a setting.

The goals of the internship as outlined by the intern and the department head were: to work with a clinical instructor to develop a new course for the nursing staff, to observe the process of administering the department, and to observe courses taught within the department. The observations by the intern were intended to enlighten her on the functioning of an actual training and development department and to allow her to share her training and experience as an educator with department members. Further information on the goals of the internship can be found in the intern's prospectus in

the appendix.

### A Review of the Intern as Consultant

The members of the Educational Services Department generally had little training within the field of education and the intern had little knowledge of the medical field. This lack of any common background intensified the need for the intern to use good consulting skills in order to meet her goal of sharing her educational expertise with department members.

Blake and Mouton (1976) explain that, "Consultants offer assistance by intervening--that is, by taking some action to help a client solve his or her problem" (p. 2). A report of specific attempts by the intern to intervene in the educational processes of the Educational Services Department provides a means for reviewing her successes and failures as a consultant during her internship.

Chapter II of this paper is a report of specific interactions between the intern and department personnel. These interactions occurred because the intern saw an educational problem and intervened to help to solve it.

Chapter III is an explanation of the modes and stages of consulting. It is intended to provide a common understanding of consulting for examining the intern's consulting interventions.

Chapter IV is an analysis of the intern's consulting interventions. It includes an examination of how the intern intervened, whether her interventions succeeded or failed, and suggestions for alternative consulting behaviors.

Chapter V is a summary of the intern's consulting work with Educational Services. It includes recommendations for changes in the nature of a consulting internship that would facilitate the intern's work and provide opportunities for successful consulting interventions.

## CHAPTER II

### REPORT OF INTERVENTIONS

#### Introduction

This chapter is a report of interactions between the intern and various members of the Educational Services Department. In order to protect the privacy of department members, their identities have been changed.

This report of interventions is factual. It was taken directly from the intern's daily log of experiences, so it is reported as the intern wrote it, in first person.

During the course of her internship, the intern saw problems in the educational processes of the department. In order to help to solve these problems, the intern had to intervene into the activities of various department members. During these interventions the intern used consulting skills and techniques to help the department members to solve their problems. The following is a report of the intern's interventions and the consulting skills she applied during her interventions.

An analysis of the intern's interventions, her use of consulting skills, and a discussion of alternative consulting behaviors will be found in Chapter IV.



## Report of Interventions

Problem--Develop a 12 Lead EKG Course  
To Be Used With the Nursing Staff

During our preliminary discussions about the goals for my internship, the department head suggested that I assist one of the clinical instructors in developing a new course. The instructor responsible for the cardiac area was about to begin writing a course on the use of a 12 Lead EKG monitoring system. The instructor was willing to have me work with her during her course development process.

Intervention 1--February 4, 1981. This afternoon I met with Jane who is to develop the 12 Lead EKG course. We met in her office on the cardiac floor. Although neither of us seemed entirely certain of my role, it was a pleasant encounter. We generally discussed her objectives for the course and a development timetable. I brought up the fact that I know nothing about EKGs, but that I felt that I could contribute to the educational development of the course without knowledge of the subject. She readily agreed that I could help with development of the course. She gave me her course objectives to read and we agreed to meet again in a few days to discuss them.

After my first meeting with Jane I was not sure of what my next step should be. I read over Jane's objectives and did some thinking about what my contributions should be. Eventually, I realized that Jane did not have an overall concept of the instructional development process. I decided that the most useful service that I could provide

to her would be to teach her a process for instructional design.

As the 12 Lead EKG course developed, I intended to be available to the instructor to offer suggestions on specific instructional strategies. I intended to follow through on the entire process of course development, but I saw my first and most important goal as teaching the instructor a process of instructional development that she could use again and again.

Intervention 2--February 9, 1981. My next interaction with Jane demonstrated her interest in improving all aspects of her role as a learning specialist. She invited me to observe a class that she taught today. After the class she asked me to give her favorable and unfavorable comments on what I observed during her class.

This intervention did not contribute to our work on instructional development, but it did give me a positive feeling about working with Jane.

Intervention 3--February 10, 1981. I met with Jane in her office. I told her of my goal to teach her an instructional development process. She said that she was uncomfortable with course development and would be glad to learn more about the process. I explained that we needed to put away the course objectives and begin with thinking about the overall goals for the course and the desired outcomes. We discussed developing a context or outcome statement and we agreed to each develop such a statement before we met again.

Intervention 4--February 13, 1981. Jane and I met in the office that I shared with two other instructors in the Educational Services' area. We discussed how course objectives are derived from the outcome statement. We also discussed how to write behavioral objectives. One of my office mates joined the discussion at this point. She, too, was interested in learning more about writing objectives.

Intervention 5--February 19, 1981. Today I met with Jane to discuss her course objectives. She had done an excellent job in re-writing them and I stated that to her. We had a lengthy discussion on the rest of the development process: a course outline, teaching strategies, and evaluation. Jane seemed confident that she had a better understanding of the overall process of course development. She said that she would be able to apply this process to other courses that she might develop in the future.

Shortly after our meeting Jane became ill and was out of work for 3 weeks. Our next meeting did not take place until the end of my internship.

Intervention 6--March 31, 1981. This was my last meeting with Jane. We discussed her completed outline and possible teaching strategies. Although the course was not completely developed, I felt that I had met my goal. I felt that Jane had a better understanding of a process for course development. She expressed the same feeling and stated her gratitude for my help.

Intervention 7--debriefing. Upon completion of my internship, I held a debriefing of my experience with my university advisor and the department head of Educational Services. My feelings about the success of my work with Jane were confirmed by the department head. He had spoken to her and she told him that she felt that our encounters had been positive learning experiences for both of us.

Problem--Observe the Development  
Process for Audiovisual Software  
Used Within the Department

When I began my internship, I did not anticipate any problems with my goal to observe the development process for audiovisual materials used within the department. I had course work and job experience in audiovisual production, which I assumed would lend credibility to my involvement in this area.

I was first introduced to department audiovisual production when my office mate invited me to review a videotape on pacemakers that she felt needed to be redone. The tape had been produced by the hospital several years ago and she felt that medical changes had made the information obsolete. After viewing the tape, I pointed out that there were educational flaws in the tape as well. I specifically mentioned that the material was presented too quickly for the learner to absorb the material.

I asked my office mate about the procedure for producing new videotapes. She explained that the hospital had a media production department which was responsible for taping and editing the tapes, but the script and general production plan must be produced by the

department that requests the tape.

Educational Services has someone responsible for coordinating new media productions with the production department. This coordinator is one of the clinical instructors with a particular interest in audiovisual production.

At this point I resolved to meet the audiovisual coordinator and to get his permission to observe the development process. My office mate warned me that the coordinator was a little touchy, so I intended to keep my first few meetings with him nonthreatening.

Intervention 1--February 20, 1981. I approached the department audiovisual coordinator, Sam, in his office for a more substantial discussion on how he develops new audiovisual materials for the department. By way of validating my interest, I explained that I had a fairly extensive background in the use and production of audiovisual materials. I did not attack the productions that I had seen, I simply asked if I could observe Sam in his work. I specifically asked if I could sit in on a planning meeting with his clients and with the Media Center. Sam told me that he would let me know the next time that he had such a meeting scheduled.

At that time, I felt good about getting involved in the audiovisual production process. I felt that the tapes that I had observed being used in classes often did not reflect educationally sound presentation methods. I felt that this was an area where I could make a contribution without the staff members questioning my ability to understand the material. I felt that the audiovisual coordinator was

willing to let me observe and contribute what I could.

However, over the next couple of weeks several incidents occurred which led me to believe that Sam was not actually willing to have me involved in his work. Whenever I questioned him about production meetings, he either said that he had forgotten to invite me to a meeting that he had just had, or that he would let me know later about the precise time and place of a meeting that he would be having in a few days.

Intervention 2--March 9, 1981. By this time, I believed that Sam did not want me involved in his production work. Today when I arrived back in my office after observing an in-service class elsewhere in the hospital, I discovered Sam and my office mate discussing a new production of the pacemaker videotape that I had viewed early in my internship. Upon my arrival, Sam quickly terminated the meeting and left the office.

I told my office mate of my feeling that Sam did not want me involved in audiovisual development. She agreed that he was not comfortable with my involvement in his work. My office mate did want my opinion on educational strategies for her script, so over the next few days I worked with her on the script, but I carefully avoided her meetings with Sam.

Intervention 3--debriefing. During my final meeting with the department head, we discussed the goals and objectives of my internship and the degree to which I met them. I told him of my failure to meet my goal to get involved in the audiovisual production within the

the department. He was surprised. He had not sensed any particular reluctance on the part of the audiovisual coordinator to include me in his activities. The lack of active resistance by Sam had led the department head to assume that I could be and was involved in audiovisual production during my internship.

Problem--Increase Instructor Awareness  
of Teaching Style and Suggest Techniques  
for Improvement--Instructor/Supervisor

Intervention 1--preinternship. Prior to my internship, when the department head first suggested that I work with an instructor to develop a new course, he introduced me to the instructor/supervisor who was in charge of the instructors and instruction in the obstetrics area. He told me that she would soon begin developing a new format for nursing orientation in her area.

The instructor/supervisor and I chatted about her course content and development timetable. She seemed reluctant to commit herself to a timetable that would coincide with the time of my internship. The questions that she asked me made me suspect that she doubted the contribution that I could make to her course development without a medical background. However, this doubt was not expressed overtly. The instructor/supervisor's uncertain schedule was the excuse we gave to the department head for being unable to work together on her course.

Intervention 2--February 5, 1981. I asked permission to attend some of the orientation classes for new staff members in the obstetrics area. Sarah, the instructor/supervisor for that area, invited

me to observe her class. After the session we talked about instruction methods, evaluation, and objectives. When I complimented her on what I had seen in the class, she seemed surprised that I could separate instruction from content. She seemed skeptical that I could evaluate instruction without understanding the subject.

Intervention 3--February 27, 1981. I attended a department supervisors' meeting. One of the topics discussed was how to teach the writing, value, and use of behavioral or performance objectives to nursing supervisors throughout the hospital. One of the supervisors stated that this topic should be taught by a nurse. The department head mentioned that it would probably be difficult to find someone who could teach about writing objectives and was also a nurse.

I suggested that the topic could be taught by someone who was not a nurse. I explained that once the nurses understood the principles involved in writing performance objectives in general, they could then personalize them to their field. Sarah quickly and strongly responded that only medical personnel could understand any aspect of the medical field.

Intervention 4--March 13, 1981. Today I got an invitation from Sarah to go to her office and review the self-instruction training format that she has been developing. She specifically solicited any suggestions or improvements that I might have. I complimented her on her objectives and offered a couple of suggestions on evaluation which led to a general discussion on evaluation methods. I felt that it was a very congenial meeting.



Intervention 5--debriefing. When I discussed my relationship with Sarah with the department head, I explained my belief that her mistrust of my education background got in the way of our working relationship. He told me that Sarah did not easily accept new ideas. He suggested that the ideas that I had shared with her might become more acceptable and appealing to her after some time had passed.

Problem--Increase Instructor Awareness  
of Teaching Style and Suggest Techniques  
for Improvement--Clerk/Supervisor

Before I began my internship I had been given a thumbnail sketch of people in the department by the department head. The clerk/supervisor had worked for the hospital for many years. Her responsibilities were based on knowledge and experience that she had gained over her long years of service. She conducted hospital orientations and she trained some of the hospital clerical staff. She was also the office manager for the Educational Services Department.

I understood that the clerk/supervisor had no formal training for her role as a trainer, so I was curious about her teaching skills.

Intervention 1--February 4, 1981. After receiving permission from the instructor, I sat in on a medical terminology class taught by clerk/supervisor, Helen. After the class I thanked Helen for allowing me to attend and I left. I expected her to invite my comments and reaction as other instructors had, but she did not. In fact, my presence in her class was not mentioned again. I did not ask to attend any more of her classes for several weeks.

Intervention 2--February 19, 1981. Helen organized and ran the classes for new hospital volunteers. I asked her if I could observe her orientation classes for hospital reception desk volunteers. I received permission and attended the first class in the afternoon.

Reception volunteers are responsible for greeting visitors to the hospital. They answer questions, give directions, and occasionally assist elderly or handicapped visitors by taking them to their destination in a wheelchair.

During the class, the group was given a lecture and demonstration of the proper use of a wheelchair by the head of the transportation department. Right after he finished his talk the speaker left the room, taking the wheelchair with him.

The group members then asked Helen several questions about the wheelchair. They seemed anxious to try using one. Helen explained that the group had to move on to the next speaker. She assured them that they would get a chance to use a wheelchair during the general orientation for volunteers that will be held next week.

I was confused and distressed by the class organization that introduced a skill and then did not follow it up with guided practice. However, I decided not to say anything to Helen until after I had observed the rest of the orientation classes.

Intervention 3--February 20, 1981. The second session of the orientation for the reception desk volunteers was held today and I sat in on the class. The class primarily consisted of lectures by heads of various departments within the hospital. They explained

the functions and purposes of their respective departments. The information that they gave was meant to clarify information in the service manual which is found at each reception desk. The volunteers are to use these manuals to help them to answer any questions that visitors to the hospital may ask.

Unfortunately, the volunteers had not been given time prior to the class to look at the service manuals. They seemed overwhelmed and confused by the mass of information that they were given by the department heads.

At the conclusion of the class, the volunteers expressed great anxiety about assuming their responsibilities at the reception desks. I was upset because I felt that the classes had served to heighten their anxiety rather than quell it. I felt that guided practice sessions or role playing would have helped the volunteers to prepare for their work at the reception desks and, thus, made them feel more comfortable with their ability to handle their positions.

Again, however, I decided not to discuss my feeling with Helen. She did not ask me for my thoughts on her classes.

Intervention 4--February 26, 1981. Helen organized and conducted the general orientation to the hospital that is a required class for all volunteers. The program included several speakers, including the woman in charge of Volunteer Services who had requested that Helen run her orientation program.

The reception desk volunteers were required to attend this class, in spite of the fact that it was basically a repetition of

lectures that they had been given in their previous orientation sessions. I was angry that their time was being wasted by such repetition.

At the conclusion of the class I approached Helen. She did not ask for my comments, but my feelings about the poor organization of the volunteer training program had to be expressed.

I offered specific suggestions to Helen for restructuring the volunteer orientation program with emphasis on allowing the volunteers to practice the skills that they would be performing on the job. Helen explained that she agreed with me, but that she was operating under the instructions of the head of volunteers. I could not let the matter go with that explanation, so I offered to go with Helen to talk to the woman in charge of the volunteers about changing the orientation programs. Helen became distressed and told me that we could not do that. She said that she had a very difficult relationship with the volunteer director and that she would not welcome my interference in their relationship.

At that point, I finally realized that I was getting into a sensitive area and I backed off. I was still upset about the quality of the volunteer training, but I decided that I probably could not do anything about it.

Intervention 5--debriefing. When I discussed the volunteer training sessions with the department head at the conclusion of my internship, he told me that Helen had been to see him about my high handed attitude in that manner. He apparently calmed her somewhat,

because she later told me that she intended to make some changes in the orientation program. I finished my internship before I found out if any changes were actually made.

Problem--Increase Instructor Awareness of Teaching Style and Suggest Techniques for Improvement--Hostile Occasional Office Mate

Before I began my internship the department head had explained that I would share an office with two instructors. One of them would be there regularly, the other only occasionally. He warned me that my occasional office mate might question what services I could offer to the department members without a nursing background.

Intervention 1--February 5, 1981. This afternoon my regular office mate and I were discussing the use of the overhead projector during a lecture. I offered to show her some tips for using the projector. Our occasional office mate, Karen, wandered in and joined our discussion. She said that she would be interested in learning more about the overhead, too.

I was overjoyed. I thought that in spite of the warning from the department head about how Karen might accept me, I was making points with her. After the session on the overhead, my relationship with Karen was friendly, but casual. She was not teaching any classes at that time, so I did not have occasion to observe her as an instructor.

Intervention 2--February 25, 1981. This morning I attended a class that was taught by an instructor from the Division of

Continuing Education for Nurses at the University of Michigan. The hospital had hired the instructor to teach a class on how to use a 12 Lead EKG. As soon as Jane gets her 12 Lead EKG course ready to run, the hospital will not have to use an outside instructor.

As I sat in the class, I noticed that quite a few members of the audience were having trouble understanding the instructor's explanation of how to read the EKG. I was surprised that an instructor who gives the same class all over the state would fail to see her audience's confusion. I mentioned this surprise to my office mate as we cleared our desks before lunch. My office mate said that the instructor was an acquaintance of hers and that she could mention the confusion to her when they had lunch.

I promptly forgot the incident. I did not take notice of the fact that my other office mate, Karen, was sitting at her desk where she could have overheard my comments on the instructor.

Intervention 3--March 18, 1981. Karen began her new series of classes today. She intended to lecture on some topics herself and she had lined up a number of guest speakers to cover other topics. I asked her if I might observe some of the lectures.

My request seemed to upset Karen. She said she was not sure that she wanted me to attend any of her classes. She said that her guest lecturers would not want to be told how to teach. I assured her that I would not offer any comments.

I was puzzled about Karen's attitude and I did not understand why she was worried that I would criticize her guest speakers.

However, I did not question her further after she did agree that I could attend some of her classes.

Intervention 4--debriefing. The department head told me that Karen had gone to see him about my request to attend her classes. She told him that she was afraid that I would make comments to her guest speakers in the same way that I had criticized the instructor from University of Michigan who taught the EKG course. The department head talked to Karen about the incident and suggested that she talk to me. However, she did not discuss it with me any further.

Problem--Change the Attitudes of the Supervisor About the Importance of Training for Instructors and Regular Evaluation and Feedback on Their Performance

By the end of my first week with Educational Services, I added an unwritten objective to my goals for my internship. I believed that the instructors were not being given adequate preparation when they assumed their roles as instructors, nor were they encouraged to grow as learning specialists through in-service training or regular feedback on their performance. Therefore, my personal goal was to convince the supervisors and the department head to provide more instruction on how to instruct and to give more feedback to the instructors on their performance as instructors.

Intervention 1--February 6, 1981. I approached one of the supervisors, Sharon, in her office to ask some questions about her responsibilities as a supervisor. When I asked how she trained new

instructors for their jobs, she told me about a programmed instruction package on adult learning that was available to all instructors. I asked if she did any other training of the instructors which seemed to put her on the defensive. I decided not to ask more questions for then, but I felt that little was done for new instructors to prepare them to be instructors.

Intervention 2--February 16, 1981. I discussed employee evaluation with the department head and he suggested that I talk to the supervisors since they actually do the evaluations of the instructors. I went to Sharon and asked her what she based her employee evaluations on. She said that they were based on the instructor's written objectives for her classes and casual observations of classes. The instructors were not told when they were being observed or that the observations were part of their formal evaluations.

When I asked Sharon if she had tried formal observations of her instructors as they taught their classes, she said that she had tried it. She did not do it now, because she felt that it made the instructors very nervous. Sharon admitted that the department had no formal evaluation or feedback procedure for the classroom skills or course design skills of the instructors.

Intervention 3--March 6, 1981. I rode to Ann Arbor with Sharon to attend a conference for health educators. One of the sessions that we both attended was on a performance evaluation system developed and used by the Human Resource Development Department at University Hospital in Ann Arbor. During the ride home, we discussed the



system. Sharon felt that such a performance evaluation system would be cumbersome to use. I pointed out that a formal observation and evaluation system is time consuming, but that it gives the employees specific feedback on their strengths and weaknesses. I pushed further and suggested that a regular program of observation of her instructors would provide an opportunity for increased awareness of teaching techniques, plus regular feedback to all on their work. I suggested that she could use the evaluations to discover general areas of weakness throughout the department. This information could be used as a basis for planning in-service instruction for the department.

I realized that I had become too didactic when Sharon ended the discussion by stating that she understood the value of all I said and that she planned to develop a better system of evaluation as soon as she had time.

Intervention 4--March 13, 1981. I had given Sharon some handouts that I had received in a class. The handouts listed trainer behaviors that can aid the learning process. I had suggested that these might be of some help to her when she began developing her own evaluation system.

Today Sharon returned my handouts after she had copied them. Again she said that she intended to do something about developing a performance evaluation system when she had time.

Intervention 5--March 19, 1981. During my final discussion with Sharon, I made one more pitch for making the instructors more aware

of themselves as instructors by providing them with regular feedback and training. Once again I got a noncommittal response. She said that she agreed with me in principle and that she hoped to do something about it in the future.

## CHAPTER III

### WHAT IS CONSULTING?

In order to examine the intern's consulting interventions reported in Chapter II we must first have a common understanding of the consultation process. This discussion of the process will be followed by an analysis of the intern's work in Chapter IV.

Consultation is a broad term that has different meanings to different people. Consultation and the consulting process have been described and analyzed by many authors in many ways. However, in order to describe and analyze the consulting process, most authors agree that there are two aspects or variables of the process that must be considered.

The first variable is the mode or approach of consulting that is used by the consultant and the second variable is the stages or phases that a consulting intervention or relationship passes through during the course of the consulting effort. These two variables need to be defined, so that they can be used to analyze the intern's consulting activities.

#### Modes of Consulting

Blake and Mouton (1976), Broom and Smith (1978), Kurpius (1978), Lippitt and Lippitt (1975b), and Schein (1978) all describe various modes of consultation. For the purposes of our analysis, their descriptions can be divided into three broad categories: expert,

information mediator, and collaborator.

The expert consulting mode presumes that the consultant has specialized skills or knowledge that qualify her to solve the client's problem. The expert mode may be of the doctor-patient type or the technical specialist type.

The doctor-patient type is described by Schein (1978) as a consulting relationship where the consultant diagnoses the problem and selects the appropriate solution. The technical specialist type is described by Lippitt and Lippitt (1975b) as a consulting relationship where the client defines the problem and hires a consultant with specialized knowledge to solve it. In either case, the client has little ownership or responsibility for the solution to his problem.

The information mediator consulting mode makes the consultant a middle man. The consultant can be an information gatherer and supplier, such as the catalytic intervention described by Blake and Mouton (1976), or a fact finder as described by Lippitt and Lippitt (1975b). The basic premise behind this mode is that accurate and plentiful information is necessary to solve any problem and once the client has the proper information, he will be able to solve his own problems.

The collaborator mode is described by Kurpius (1978) and Lippitt and Lippitt (1975b). It is also incorporated into Blake and Mouton's (1976) theories and principles intervention. In this mode, the consultant and the client work together to define the problem and to select a solution. The consultant's role is to help the client to solve a particular problem and to help him to understand the theories

and principles that underlie the problem and the solution, so that the client can solve or even avoid similar problems in the future. In this mode the client retains responsibility for defining the problem and implementing a solution.

These modes of consulting are not completely discrete. The choice of mode or combination or sequence of modes is dependent upon several factors. The personalities of the consultant and the clients, the nature of the problem, and the stage of the consulting process can all influence the choice of an appropriate consulting mode.

#### Consulting Stages

A consulting intervention involves four stages: entry and information gathering, defining the problem and the solution, implementing the plan, and evaluating the result. These stages are not always separate or sequential. The stages may change or recycle as conditions of the problem or the intervention change.

The first stage includes, "Defining and establishing the consultation relationship, roles, groundrules, and contract" (Kurpius, 1978, p. 337). The contract, formal or informal, is critical to the ultimate success of the intervention. It should be based on the expectations and needs of both the client and the consultant. The contract may change during the course of the consulting intervention, but changes should be made by mutual consent of the client and the consultant. Without mutual consent the consulting intervention is likely to fail.

Based upon the contract and the information gathered, the client, the consultant, or both working together can define the problem and select a solution to it. Objectives for the solution should be specified at this point, so that the outcome can be evaluated.

The plan should be implemented according to the terms of the contract. Implementation may be the responsibility of the client, the consultant, or both, depending upon the mode of consultation agreed upon in the contract.

Evaluation can be done at the end of the consulting intervention or throughout the intervention. The method of evaluation and determination of responsibility should be set in the contract.

Modes of consultation and the stages of consultation are interdependent variables in any consulting intervention. Each affects the other. The consultant should be aware of both at any point in the intervention.

In summary, the most important aspect to remember when using consultation as a methodology for problem solving . . . is to state clearly one's definition of consultation, the modes that seem most appropriate for the problem situation, and to clarify the process stages that the consultant and consultee will follow. (Kurpius, 1978, p. 338)

For the purposes of analyzing the intern's consulting skill in the next chapter, we will be primarily concerned with consulting modes and the first stage of consultation. An examination of the consulting mode chosen by the intern in her interventions and her attention to setting the stage and getting a valid contract with her clients will provide us with a means for judging her consulting skills.

## CHAPTER IV

### THE INTERN AS CONSULTANT: AN ANALYSIS

During the intern's work with the Educational Services Department, she kept a journal of her experiences. Her last entry in that journal indicated that she felt that she had failed with most of her consulting interventions. She was unhappy that she had not met some of her goals in the consulting area, but more than that, she was frustrated because she did not understand precisely why she had failed.

To assess the intern's consulting skills with the personnel of Educational Services we will examine the development of the stages of her consultation interventions and the modes of consultation she employed in the interventions chronicled in Chapter II. A closer look at each consulting intervention will give us a better understanding of the intern's consulting activities and why they succeeded or failed.

#### Problem--Develop a 12 Lead EKG Course To Be Used With the Nursing Staff

Generally, the intern felt that her work with Jane to develop an EKG course was successful and very satisfying. Her feelings of success were echoed by the department head and through him by Jane, herself.

Although the course was not completely developed by the end of her internship, the intern felt that she had performed a useful service by helping Jane to understand the instructional development process. Both the intern and Jane felt that Jane was better prepared to develop the rest of the EKG course and any other courses that she might develop in the future.

This consulting effort worked because the intern and her client agreed upon the proper passage through the consulting stages and the proper consulting mode. This agreement was critical to the success of the intervention.

At their first meeting, the intern and the instructor were somewhat unsure of how to proceed. The intern plunged into the course development without having an overall picture of her own goals. Fortunately, she realized her problem before her second meeting with the instructor and was able to recycle the consulting stage back to the beginning to get a proper contract.

In her second meeting with Jane, the intern proposed a definition of the problem, goals for the consulting intervention, the role of each party in the relationship, and a plan to solve the problem. Jane agreed with the intern's contract proposals, and their collaborative efforts began.

This contract met both the intern's and the instructor's needs and expectations. Thus, both were pleased with the consulting intervention and judged it to be a success.



Problem--Observe the Development Process for Audiovisual  
Software Used Within the Department

In reality, the intern's consulting intervention with the audiovisual coordinator was more of a nonintervention. The coordinator avoided the intern throughout her stay in the department, so there was never a contract or a consulting mode set between the intern and the coordinator. It is important to understand why this nonintervention happened and what the intern might have done about it.

Generally, the department instructors had no say about the intern's presence and role within the department, so it was not surprising that some of them resented her interventions into their classes and activities. The instructors felt that their attitudes were justified, because the intern did not have any medical training. The instructors believed that without a subject matter expertise, the intern could not really understand what she saw in their classes.

However, since the intern had legitimate credentials in the field of audiovisual production, the audiovisual coordinator could not simply ignore comments or suggestions that the intern might make. To protect himself, the audiovisual coordinator chose to avoid any active involvement with the intern.

In retrospect it was quite predictable that the audiovisual coordinator might feel threatened by the intern. If the intern had been more experienced as a consultant, she might have anticipated the coordinator's feelings. As Goodstein (1978) pointed out, "Those parts of the organization that see the consultant moving onto their 'turf' may perceive him or her as a direct threat" (p. 96).

The audiovisual coordinator avoided giving the intern a chance to observe or comment upon his performance. Unfortunately, the intern allowed this avoidance or nonrelationship to continue until it was too late to change it. As soon as the avoidance tactic became obvious, the intern should have tried to circumvent it. She could have talked to the department head about the problem or she could have confronted the coordinator with her suspicions.

At the debriefing, the department head said that he had been unaware that the audiovisual coordinator had avoided the intern's attempts to intervene in his activities. If the intern had gone to the department head, he probably would have prodded the coordinator to include the intern in his planning sessions and activities.

The intern could have used the department head's power to force the audiovisual coordinator to include her in his activities. However, that power would not have insured that the coordinator and the intern would have been able to develop a contract to work together in a productive manner. Without a contract, it would have been unlikely that the intern or the coordinator would have gained much from their contact.

The intern could have tried confronting the coordinator with her belief that he was avoiding her involvement in his media work. The intern could have tried to assure the coordinator that she did not intend to belittle his work or his competence. The intern could have given the coordinator specific information concerning her role and goals in working with him.

It is possible that an open confrontation could have allayed the coordinator's fears. The intern and the coordinator might have been able to reach a contract to work together. It is equally possible that confronting the coordinator would not have worked.

Confrontation is a dangerous consulting mode and it can increase the client's defensiveness and hostility. In this case, however, it might have been worth a try. Even if it had failed, the intern and the coordinator would have ended up at the same point as they did by avoiding each other; that is, with a nonintervention.

Problem--Increase Instructor Awareness of Teaching  
Style and Suggest Techniques for Improvement--  
Instructor/Supervisor

In her journal, the intern expressed a feeling that she had not made any progress with the instructor/supervisor, Sarah, toward her goal to increase the instructor's awareness of their teaching styles and techniques. In retrospect, it appears that the intern made more progress than she realized.

The intern took her initial encounter with Sarah too personally. Once they agreed that working collaboratively on a course was not possible, the intern assumed that other consulting modes would not work with Sarah either. She assumed that all of her relations with Sarah would be unproductive.

The intern should have realized that relationships and fears can change after a client and consultant get to know one another. As Goodstein (1978) said, "The wise consultant recognizes that there will be a period of testing out in which the resistance and

ambivalence about the consultant's role will be a major concern" (p. 97).

Once it became apparent that a collaborative consulting mode would not work with Sarah, the consultant should have actively tried another mode. In fact, to some extent the intern did use another mode with Sarah. She occasionally provided Sarah with information and feedback as an information mediator would. These information sessions were successful. In the debriefing, the department head explained that Sarah did not accept new ideas quickly, so providing her with information and giving her time to digest that information was a reasonable approach with her.

The intern should have used the information mediator consulting mode more frequently with Sarah. She could have been more diligent about finding or preparing useful information on topics of interest or concern to Sarah.

After the supervisors' meeting at which teaching nurses to write objectives was discussed, the intern could have presented Sarah with specific information on how an instructor who was not a nurse could teach nurses to write nursing objectives. Instead of feeling rejected by Sarah and withdrawing from any more active attempts to work with her, the intern could have taken an aggressive role as information mediator.

The intern should have continued to provide Sarah with information, without expecting or soliciting an immediate response or change. The key to the information mediator mode is to give the client information and then give her time to make her own decision.

Problem--Increase Instructor Awareness of Teaching  
Style and Suggest Techniques for Improvement--  
Clerk/Supervisor

In her work with the clerk/supervisor, Helen, the intern let her emotions override her judgment. She rushed into the situation without thinking through the stages of her intervention or the affect her comments and actions might have on Helen. Consequently, the intern's intervention did not help to solve the problem, it only created feelings of anger and hostility.

The intern observed a poorly constructed training program. Her sympathy for the confused learners and her knowledge that the program could be fixed easily led the intern to try to work with the program organizer, Helen, in an expert consulting mode.

Helen had not asked the intern for comments or suggestions about the courses that she designed and taught. Instead, the intern approached Helen to tell her that she had a problem. This approach backed Helen into a corner. She was forced to admit that her orientation course was not perfect, but she explained that it was not her fault. The course was designed as specified by the head of volunteer services who was ultimately responsible for volunteer activities.

The intern, in her expert mode, would not let Helen off the hook by passing the responsibility for the course design to the head of volunteer services. Instead, the intern suggested that they both talk to the volunteer head about necessary changes. This suggestion panicked Helen and sent her to the Educational Services head to complain about the intern's intervention.

The intern may have been right to be concerned about the orientation course design, but her choice of the expert consulting mode to get the problem solved was totally inappropriate to the situation. Blake and Mouton (1976) explained that the expert mode only works when the client knows that she has a problem and feels totally unable to solve it. Helen was not ready to admit that she had a problem or that she needed help in solving it.

Instead of springing her negative observations upon Helen without warning, the intern should have given more thought to a total action plan. The intern should have developed the stages of consultation from the beginning with Helen instead of jumping immediately into the third stage with a plan for change.

Helen may have needed some prodding to make necessary changes in the orientation program. However, the intern's offer to go with Helen to the person responsible for volunteer activities was not the right way to prod her. This offer only scared Helen and made her defensive.

The intern should have talked to Helen about the program without making accusations or derogatory comments about the design. She could have questioned Helen about her opinions of the program's strengths and weaknesses. The intern should have allowed Helen an opportunity to discuss the program without first putting her on the defensive by pointing out its inadequacies.

If Helen had not felt attacked, she might have reached a contract with the intern that would have allowed them to work together to improve the program. If the intern and Helen had collaborated to

improve the program, Helen would have felt some ownership of the changes. Then she might have been willing to talk to the volunteer head about the course design.

By using the expert consulting mode with Helen, the intern failed to solve a problem and also created feelings of anger and hostility. Another consulting mode and a more carefully thought out approach could have had quite a different result.

Problem--Increase Instructor Awareness of Teaching  
Style and Suggest Techniques for Improvement--  
Hostile Occasional Office Mate

The intern had been warned by the department head that Karen would not easily accept her help or even her presence within the department. A small, early success with Karen led the intern to forget that warning. Thus, she did not think about how an off hand remark might be interpreted by Karen.

Sharing an office with two others is certainly not an ideal situation for any consultant because confidentiality is so important to her work. In this case, the intern had no choice about sharing an office, so she should have been constantly aware of what she said in front of others and how they might interpret her remarks.

The intern felt justified in criticizing the outside instructor to one of her office mates, because they had discussed the importance of the rate of instruction previously. The intern also felt that the instructor was accountable for her teaching style because she was being paid for it.

While one office mate understood the context of the intern's remarks, the other did not. The intern should have realized that Karen was in the room when she was talking to the other office mate and that Karen might have misunderstood what she overheard.

The intern made a second mistake when she did not follow up on Karen's concerns about the intern's attendance in her classes. The intern was surprised at Karen's reluctance to allow her to attend her classes, but she did not ask why. If the intern had pursued the matter with Karen she might have been able to clear up the misunderstanding.

Instead, the intern felt maligned by Karen and her defense was to avoid asking any more questions. Since this defense kept the intern from clearing the air, it was a costly defense. Argyris (1964) warned, "The defensiveness of the clients . . . is not the only relevant factor. The consultant's defensiveness is equally crucial" (p. 710).

Problem--Change the Attitudes of the Supervisor About  
the Importance of Training for Instructors and  
Regular Evaluation and Feedback  
on Their Performance

The intern felt that Educational Services had a problem with the way that orientation, staff development, evaluation, and feedback of the instructors were handled. She tried to get one of the supervisors, who had the power to make some changes, to agree that there should be better feedback and more staff development opportunities for department instructors.



The intern did get the supervisor, Sharon, to generally agree that the department ought to do more to develop their own personnel, but she never got an agreement from Sharon that the problem was urgent. This lack of agreement, or a contract, on the relative importance of the problem doomed the intern's efforts to make any instant changes.

In her work with Sharon the intern chose to use the information mediator consulting mode. She expected quick results, which is unrealistic with the information mediator mode. The client retains the decision-making authority. The consultant can give information and in effect try to persuade through the choice of information given, but the client has the final decision about what to do with the information she has received. The consultant using the information mediator mode must accept the fact that the client may not make the same decision as the consultant would and the client may not implement that decision as quickly as the consultant would like.

Using the information mediator mode the intern might have made more specific suggestions to the supervisor. She could have outlined specific courses available locally that might be useful to the instructors. The intern could have developed and taught some specific skill classes (e.g., how to prepare transparencies or how to write behavioral objectives). She could have surveyed staff members on how they wished to be evaluated and then developed a sample evaluation/feedback form. The supervisor could have rejected the information gathered from these specific activities, but it is possible she could have been swayed by these concrete suggestions.

Doing specific activities would have required the knowledge and approval of the department head. It probably would have been a good idea to bring him into the consulting process, because the ultimate decision to make staff development a priority was his to make. He, too, might have been more swayed by specific suggestions and information than by general arguments.

At the end of her internship the intern was frustrated because she did not know if she had been able to affect any change in the area of staff development and feedback. The intern should have realized that unless the consultant and the client agree on the problem and agree to let the consultant solve the problem, the responsibility for defining the problem and the decision on how and when to solve it belongs to the client.

## CHAPTER V

### RECOMMENDATIONS AND CONCLUSION

The consultant has been described by Goodstein (1978) as a marginal man. During much of her work with Educational Services, the intern felt that she was operating on the periphery. There are several reasons for her feeling. Some of the problems were out of the intern's control. The very nature of an internship and the lack of role definition and power that accompany it can make problems for an intern.

Another problem for this intern was the lack of preparation for her appearance by the department head. Her role and responsibilities were not adequately defined and described to members of the department. Her nebulous role created credibility problems for the intern.

A broad, but clearly defined project that did not infringe upon the responsibilities of department members and allowed the intern a purpose for interacting with department members and activities would have made it easier for her to gain acceptance within the department. In this case, the intern could have developed use cards for each piece of audiovisual hardware in the department. Such a project would have fulfilled a real need within the department and would have made the intern's presence less threatening to department members.

However, the intern must accept a large part of the responsibility herself for her inability to gain acceptance by many department members. Too often the intern saw a problem and tried to solve

it or to prod the client to solve it without first getting an agreement from the client that there was a problem.

Most of the intern's clients did not have any say in her presence in the department, so it was necessary for her to get their cooperation and agreement before she started trying to solve their problems. The intern's major consulting success came with the only client who had agreed from the beginning that she wanted the intern's help.

The intern would have been wise to have followed Schein's (1969) advice.

There is nothing more tempting for the process consultant than to leap in with his own observations as soon as he has picked up some data on an interesting issue. If the consultant is to maintain congruence with the P-C model, however, he must resist the temptation lest he put the group immediately on the defensive or undermine his own position by reporting something which does not make sense (or is unpalatable) to group members. The issue is not whether the observation is valid or not. The issue is whether the group is able and ready to understand and learn from the observation. Such ability and readiness must be built up before feedback can be useful. (pp. 110-111)

APPENDIX

PROSPECTUS

SPECIALIST INTERNSHIP--712--Krista T. McKay

SPONSORING ORGANIZATION: Bronson Methodist Hospital

FIELD SUPERVISOR: Mr. Thomas Jenkins, Director, Educational Services

UNIVERSITY ADVISOR: Dr. Ken Dickie, Western Michigan University

MAJOR FOCUS OF EXPERIENCE: Observation of a functioning HRD department with an opportunity to practice some of the skills required of a human resource developer

DURATION: Approximately 7 weeks beginning on Monday, February 2, 1981

RATIONALE:

Reading and classroom studies in instructional design, adult learning, human resources development, and organizational development provide valuable conceptual frameworks and some practical experience in skills that are necessary to a practitioner in the HRD field.

Ultimately, however, classroom skills must be tested in an on-the-job experience. To that end, I desire an internship that will provide me an opportunity to observe the daily activities of an HRD department and its personnel. I also wish to have a chance to practice some of the skills required of a human resource developer.

In order to provide a framework to organize what I observe and do during my internship, I will use the three major roles and their subroles described by Leonard Nadler (Developing Human Resources, 2nd ed., Austin, TX: Learning Concepts, 1979). I will measure the

activities that I observe and engage in against the role descriptions and activities set forth by Nadler.

Nadler's three roles (learning specialist, administrator, and consultant) correlate to the three categories used by the Department of Educational Leadership (technical, administrative, and human relations). Nadler's roles and subroles provide a listing of responsibilities specifically oriented to the HRD field. They also can become a model to use for measuring practices within the field.

#### Projected Nature of Internship Experiences

##### Learning Specialist

Goal: To acquire an increased understanding of the role of the learning specialist within an HRD department.

In order to meet this goal I will engage in these activities:

1. Observe classes planned and conducted by Educational Services at Bronson.
2. Observe classes planned and conducted by other departments within Bronson.
3. Observe classes planned and conducted by outside sources as a contract service to Bronson.

The value of these activities should be judged by my ability to:

1. Identify the strengths and weaknesses of the learning specialists observed as instructors with respect to their: ability to serve as an educational change agent; knowledge of the adult learner; and use of appropriate methodology, media, and evaluation.
2. Identify the strengths and weaknesses of the learning specialists observed as curriculum builders with respect to their: involvement of others, outlines and guides, and appropriate use of evaluation of the learner and the curriculum.

3. Identify the strengths and weaknesses of the learning specialists observed as methods and materials developers with respect to their ability to use, develop, and evaluate components of educational technology.
4. Identify the strengths and weaknesses of the learning specialists observed with respect to the selection of appropriate staffing patterns.

Goal: To practice the role of learning specialist within an HRD department .

In order to meet this goal I will engage in these activities:

1. Teach a subject matter expert a process to use for course development.
2. Teach instructors to recognize and write precise behavioral objectives.
3. Familiarize instructors with some principles governing evaluation instruments and factors to consider when creating and using them.

The value of these activities should be judged by my ability to:

1. Demonstrate the ability to function as an instructor with respect to: ability to serve as an educational change agent; knowledge of the adult learner; and use of appropriate methodology, media, and evaluation.
2. Demonstrate the ability to function as a curriculum builder with respect to: involvement of others; outlines and guides; and appropriate use of evaluation of the learner and curriculum.
3. Demonstrate the ability to function as a methods and materials developer with respect to the ability to use, develop, and evaluate components of educational technology.

#### Administrator

Goal: To acquire an increased understanding of the administration of an HRD department.

In order to meet this goal I will engage in these activities:

1. Observe the day-to-day activities involved in administering the Educational Services Department of Bronson by attending meetings and talking to the director about department procedures.
2. Observe (through attendance of meetings and discussion with the director) the short and long range planning done by and for the Educational Services Department at Bronson.
3. Discuss employee evaluation with the Director of Educational Services and some other departments within the hospital.
4. Observe and discuss with the director the decision-making process of the Educational Services Department at Bronson (including setting priorities, needs, and budgeting).

The value of these activities should be judged by my ability to:

1. Identify the strengths and weaknesses of the administrators observed as developers of personnel with respect to regular staff, temporary and part-time staff and professional growth of all staff members.
2. Identify the strengths and weaknesses of the administrators observed as supervisors of on-going programs with respect to: assigning personnel, record keeping, evaluation, and research.
3. Identify the strengths and weaknesses of the administrators observed as maintainers of community relations with respect to: management, clients, outside sources, and the geographic community.
4. Identify the strengths and weaknesses of the administrators observed as arrangers of facilities and finances with respect to: equipment and materials, budget, physical facilities, and cost effectiveness.

#### Consultant

Goal: To acquire an increased understanding of the consultation process.

In order to meet this goal I will engage in these activities:

1. Observe negotiations for contracting outside services.
2. Observe relations and services provided by Educational Services to other trainers and departments within the hospital.



The value of these activities should be judged by my ability to:

1. Identify the strengths and weaknesses of the consultant with respect to their role movement.
2. Identify the specific role assumed by the consultant in specific situations as advocate, expert, stimulator, or change agent.

Goal: To function as an educational consultant to instructors in the Educational Services Department.

In order to meet this goal I will engage in these activities:

1. Make recommendations about cataloging AV software belonging to the department.
2. Work with a clinical instructor in developing a 12 Lead EKG course.
3. Talk with instructors about writing behavioral objectives and evaluation instruments for the courses they teach and/or develop.
4. Observe the development process for AV software used within the department.
5. Work with instructors to increase awareness of teaching style and suggest techniques to improve instruction styles.

The value of these activities should be judged by my ability to:

1. Demonstrate role movement with respect to flexibility and mobility.
2. Demonstrate the ability to choose and assume the proper role (advocate, expert, stimulator, or change agent) for specific situations.

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