Effective Communication
And Building Relationships

We must effectively communicate!
With:
- Patients
- MD’s
- Administrators
- Co workers
- Other departments
- Regulators

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Many times these conversations are crucial:
to patient safety

When is a conversation crucial?
- High stakes
- Strong emotions
- Opposing opinions

Examples of crucial conversations
- Talk with therapist about a difficult set ups
- Discuss with MD best tx technique for patient
- Critique a colleagues work
- Provide upward feedback about performance
- Approach boss breaking their own safety rules
- Talk to colleague about hoarding info or resources
Build relationships
- Those that have mastered crucial conversations
- Build strong trusting relationships
- We must build relationships

The best get to dialogue
- How do we do this?

Dialogue skills are learnable:
- Mastering the power of dialogue
  - Pool of shared meaning
- Start with Heart
- Learn to Look
- Make it safe

Pool of Shared Meaning
- We each have a pool of ideas
- We don’t always share the same pool
- We each enter conversation with our own opinions, theories, and experiences
- Opinions differ - I believe one thing, and you another
  - The Shared Pool can be empty.

Share the Pool
- Healthy conversations: Opinions are shared and contribute to pool
- Don’t have to agree – appreciate, listen and acknowledge it as valid
- Pool of shared meaning fills
- Get to Dialogue - SHARE THE POOL

Synergy
- “Pool of shared meaning is the birthplace of synergy”
Build Relationships
• Understand the power of emotional connection and good dialogue to create conditions of safety and synergy.

Start with Heart
• Work on me first
• What do I want from this conversation?
• Stay focused on what you really want
• Motive
• Clarify what you don’t want – add what you do want and search for healthy options

Start with Heart
• Refuse the sucker’s choice
  ◦ Either / or choices
  ◦ Settle for something else
  ◦ Find yourself between 2 choices you did not want
  ◦ Remain quiet
    ◦ Starve the pool and keep your job?
    ◦ Loose focus as to what you wanted

Learn to Look
for signs a conversation becomes crucial
• Behavior
• Emotion
• Physical Reaction

Learn to Look
• Silence – withhold meaning from pool
  ◦ Masking (sarcasm, sugarcoat, couching)
  ◦ Avoiding
  ◦ Withdrawal

• Violence
  ◦ controlling,
  ◦ labeling,
  ◦ attacking

Stay in Dialogue
• Understand your own style under stress

• How many times have you:
  ◦ moved to silence
  ◦ moved to violence
  ◦ Just agreed & NOT SHARED THE POOL?
MD wants IMRT now

- 6PM – wants it tomorrow
- Lack of respect for you or your time
- Share the pool
- Take parts of conflict and dissolve them one by one
- Well are we here to tx MR SMITH’S CANCER
- Is better to fester?

Make it safe

- Don’t want care givers to move to silence/violence
- “Silence Kills – The Seven Crucial Conversations for Health Care” article by Vital Smarts

EFFECTS SAFETY / QUALITY

- Pt waving hands during tx - “beam on”
- Put on breast board or not?
- Float physicist

CRIB

- Create mutual purpose
  - Commit to seek a mutual purpose,
  - Recognize strategy behind purpose,
  - Invent a mutual purpose,
  - Brainstorm new strategies—What do you want?

Remember

We must stay in Dialogue!

Think

How do we get back to dialogue?

References

- Crucial Conversations- Tools for Talking When Stakes are High – Patterson, McMillan
- “Silence Kills - The Seven Crucial Conversations for Health Care” – Vital Smarts 2005
- “The Most Potent Force in Eliminating Disruptive Behaviors” Grenny 2009
- “Intensive Care for Health Care” – Vital Smarts 2005