Session Title: “Effective Communication for Leading Diverse Clinical Teams”

Session Duration: 1 hour

Number of required questions: 6

Number of speakers: 6

Synopsis: This session will provide an overview for how to leverage the diverse perspectives in your Medical Physics practice and work more effectively as an inclusive team. Medical Physics research and clinical based teams with physicists from a multitude of ethnic, racial and other backgrounds work alongside therapists, physicians, dosimetrists and other specialists with various backgrounds of their own, this creates the perfect atmosphere for misunderstandings. The foundation for strong group dynamics is effective communication. Communication that is unequivocal, that gets the speaker’s point understood by the recipient. We will provide successful communication styles and strategies aimed at reducing misunderstandings, delay and potential radiation therapy treatment related errors in a diverse setting. Several groups have published on the importance and benefits of embracing diversity in a workplace. But few have focused directly on how to embrace, celebrate and build upon the unique perspectives seen in the Medical Physics setting. We will describe what diversity, equity, inclusion and belonging mean. There are several strategies that exist to help improve inclusion and prevent unconscious bias which can derail a group dynamic and slow a group’s progress. Unconscious bias, the subconsciously held stereotypical beliefs we think about others and groups outside of our own identity group, are damaging to progress in a group setting. We will detail strategies that help to combat such bias and help women and underrepresented groups not only participate in the group dynamic, but feel like they belong and thrive in it along with everyone else.

1) According to Blakaj et al’s 2017 work, how many of the communication related Radiation Oncology safety-related events were due to written communication errors?
   a. 20%
   b. 32%
   c. 62%
   d. 84%

   Answer: C 62% of the communication errors were a result of written communication errors.


2) According to Koesnell et al’s “Conflict Pressure Cooker” article, which standards are essential for a healthy work environment?
   a. Staff proficient in both communication and clinical skills
   b. Appropriate staffing
   c. Authentic leadership that engages others
d. A singular point of view that all can embrace  
e. Team members who pursue and foster true collaboration  
f. All of the above  
g. All except D.  

Answer: G  


3) According to Ch. 33 of “Patient Safety and Quality: An Evidence-Based Handbook for Nurses,” which statement is true?  
   a. A common barrier to effective communication is hierarchies  
   b. Cultural differences can exacerbate communication problems  
   c. Effective clinical practice requires effective communication.  
   d. Communication failures are the leading cause for sentinel events reported to the Joint Commission from 1995 to 2004.  
   e. A multidisciplinary approach to teamwork is not always desirable since each team member will focus on their role independently of the others. Interdisciplinary teamwork which pools everyone’s input into an integrated intervention is generally preferred.  
   f. All of the above  

Answer: F  


4) Which of the following is false regarding the “modesty training mandate” as described by Joan C. Williams on diversity and interrupting bias on teams?  
   a. Describes a cultural expectation of being deferential and modest (e.g., holding back thoughts, downplaying accomplishments)  
   b. Disproportionately impacts women, people of Asian descent, and first-generation professionals  
   c. Does not apply to white men ← FALSE  
   d. Can be countered by actively bringing team members into discussions  
   e. Can be countered by setting the expectation that it is acceptable to team members to advocate for themselves  

Answer: C  

Reference:  
5) What property characterizes detected errors in the healthcare teams which have more effective and open communications?
   a. Lower detected error rate
   b. **Higher detected error rate**
   c. More severe errors
   d. Less accountability for error

Answer: B


6) Which statement about unconscious bias is true?
   a. Institution-sanctioned implicit bias training is sufficient to combat unconscious bias
   b. Unconscious bias is solely a personal problem, the individual alone must get therapy in order to change
   c. It is not possible to alter an individual unconsciously held beliefs or biases
   d. **Combating unconscious bias requires a host of individual and organization level strategies in order to be effective**

Answer: D

The organization and individual must both make conscious efforts to challenge the status quo and create a new culture and mindset that challenge stereotypes, biases and include mentorship and diversity training.