Effective Communication Skills with Staff and Patients

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AAPM Spring Clinical Meeting

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The single biggest problem in communication is the illusion that it has taken place.

George Bernard Shaw

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Introduction

• Efficient communication between and among the members of a health care team is vital to the care of the patient.
• Effective communication between members of the health care team and the patient is essential for quality diagnosis, in- and post-hospital care.

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Introduction

• Technologists need to understand what other members of the health care team want/need to know.

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Introduction

• Communication issues are present:
  – At time of diagnosis
  – When explaining benefits of health care plan
  – When explaining risks of health care plan
  – At time of outpatient services
  – At time of patient follow-up

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Introduction

• Communication issues within the workplace include:
  – Quality of images
  – Checking equipment
    • Radiation
    • Imaging

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• Communication issues with those outside the workplace:
  – must be designed to improve patient care.
  – must be designed to improve patient satisfaction.

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• Communication issues – both within and outside - the workplace:
  – Includes all members of a patient’s health care team
    • includes members of the Radiation Therapy and Imaging Units within the medical center.

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• Remember, not everyone speaks your language.
  – Other medical staff may not.
  – Patients likely do not.

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Introduction

• When communicating with non-medical audiences, the medical staff’s primary goal must be to maximize understanding.
• Effectiveness over efficiency.

Overview

• The Hand-Off Meeting – Research Study
• Conflict in the Workplace
• Intergenerational Communication Issues in the Workplace

THE HAND-OFF STUDY
Introduction

• The medical community uses a meeting – known as a “hand-off” – to communicate patient information from one patient care team to the next.
• The hand-off meeting is held at shift-change and is designed to exchange necessary information regarding patient care.

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Hand-off Study

• Our study investigated whether the actions observed in the hand-off meetings matched the medical professionals’ goals for these meetings.
• This unique communication event has not been the focus of much inquiry – either communication or medical.

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Hand-off Study

• Medical literature is full of examples of how the hand-off is one, if not the major cause, of patient care mistakes beginning in the ER. (ex. Singer & Dean, 2006).
• Work-Hour regulations – Libby Zion rule.
Research Questions

• RQ1: What are the prime responsibilities of the hand-off of information at shift-change?
• RQ2: Do medical professionals have a check-list for the information that they believe is necessary to be transferred during the hand-off?

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Methodology

• Two Stages:
  – Stage 1:
    • Naturalistic Observations of hand-off meetings in the Department of Surgery – 6:30 a.m./6:00 p.m.
    • Surgery, CCICU & Trauma Units
    • Average no. of participants – 16 a.m./10 p.m.
    • Attending Physicians – Residents – Interns
    • Naturalistic Observations of work-rounds following a.m. meetings

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Methodology

• Two Stages:
  – Stage 2:
    • In-depth structured interviews
    • 12 participants
      – Selected by Unit based on availability
      – 8 males/4 females

Initial Findings

• Meetings are very serious.
• Information about each patient is transferred in approximately 10 seconds.
  – If patient was not responding as expected, more time is taken
  – New patients take longer to discuss
Initial Findings

• Most communication between Residents and Interns.
• Attending Physician only involved when there is a question or error/omission noted.

Analysis – RQ1

• Prime responsibilities of the hand-off of information at shift-change?
  – “To learn what has been done, what needs to be done and any other information about what potentially may happen in the future.” [7]
  – To identify “problem children” [6] and “who are the sickest and need the most attention.” [4]

Analysis – RQ2

• Is there a check-list for the information that is necessary to be transferred during the hand-off?
  – Information transferred “from head-to-toe.” It is a ”many dotted-eye procedure.” [3]
  – SOAP
    • Substance
    • Objective
    • Assessment
    • Plan
Analysis – RQ3

• At the beginning of the shift, what are the unique pieces of information that are believed to be the most important?
  – Difference between the information desired and the information disseminated at the hand-off meetings.
    • Send information about patients’ condition
    • Receive information on ways to prioritize work assignments for the day

Discussion/Implications

• Interns give too much information out of fear of not giving enough – learning process to understand what information is critical versus ancillary.
• Head-to-Toe information transfer does not permit the sender to discuss an urgent matter.

Discussion/Implications

• Major theme that emerged during data collection was “ownership.”
  – Residents and Attending Physicians want more ownership of “their” patients.
• Hand-off meeting becoming more important with new work rules – equally relevant to AAPM members.
• Shift rules will further separate medical professionals from their patients.
Conflict in the Workplace

• The interaction of interdependent people who perceive opposition of goals, aims and values, as well as those who see the other party as potentially interfering with the realization of these goals.

Conflict in the Workplace

• The three I’s of conflict
  – Incompatible goals
  – Interdependence
  – Interaction
Conflict in the Workplace

• Incompatible goals – many organizational conflicts stem from contradictory ideas about the distribution of organizational resources.

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Conflict in the Workplace

• Interdependence – conflict arises when the members of organizations depend on one another but have different behavior models.

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Conflict in the Workplace

• Interaction – conflict involves the expression of incompatibility, not the mere existence of incompatibility.

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Conflict in the Workplace

- **Levels of organizational conflict:**
  - **Interpersonal** – the level in which individual members of the medical team perceive incompatibility.
  - **Intergroup conflict** – work teams or departments involved in conflict; i.e. disputes between two or more units in the medical center.

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Conflict in the Workplace

- **Phases of Organizational Conflict:**
  - Latent
  - Perceived
  - Felt
  - Manifest conflict
  - Conflict aftermath

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Conflict in the Workplace

- **Conflict Styles**
  - Accommodate
  - Avoidance
  - Compromise
  - Collaboration
  - Competitive

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Conflict in the Workplace Study

- Beginning stages:
  - Conflict exists within a Unit
    - Does this conflict impact patient care?
    - Are the patients aware of this conflict?
    - Will this conflict be evident on the patient satisfaction surveys?

INTergenerational COMMUNICATION IN THE workplace

The Four Generations in the Workplace

- The Traditionalists 1922–1943/46
- The Boomers 1943–1960/1946-1964
- Generation Y 1980-2000
The Four Generations in the Workplace

- The Traditionalists 1922–1943/46
  now 67 and above
- The Boomers 1943–1960/1946-1964
  now 50 - 66
  now 30 - 50
- Generation Y 1980-2000
  below 30

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Is there a 21st century Generation Gap?

- Generational differences represent a critical new aspect to workplace/organizational diversity.
- Are intergenerational issues facing the medical workplace any different from those facing AAPM members?

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Is there a 21st century Generation Gap?

- Do new employees still have to “pay their dues?” (Marston, 2007).
- Academic sources explain that “career” plays a significant role in Boomers’ lives and is an essential component of their identities (Collinson & Hearn, 1994).
- Boomer workers are depicted as having routinely sacrificed on behalf of the career. (Chatman & Flynn, 2001).

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Is there a 21st century Generation Gap?

- Empirical studies demonstrate that throughout their careers, many Boomers have embraced competitiveness and have focused on climbing organizational ranks (Gursoy et al. 2008).
- The men, particularly, are the original workaholics who, even as young adults, had little notion of work-life balance (McGuire et al. 2007; Stauffer 1997).

Gen X & Y may not share Boomers’ work beliefs and values;
- Building a career is not a primary motivator for most Millennials (Marston, 2007).
- Instead, and as touted in popular literature, work is a less significant part of their personal identities, instrumental to supporting the lifestyle they desire (Marston, 2007).
- However, little research has specifically examined the medical profession.

Millennial workers are likely to communicate an interest in flexible career paths because their priority is work-life balance (Carless & Wintle, 2007; Smola & Sutton, 2002).
- Millennial-written blogs and popular press articles attest that they also freely and openly admit that they prioritize close personal relationships over career (Cara, 2009; Raines 2002).
- Their coworkers may initially respond to Millennials’ work-life balance attitude with resistance (Alvesson & Willmott, 2002; Smola & Sutton, 2002).
Is there a 21st century Generation Gap?

• In particular, Boomers in leadership positions:
  – may question Millennials’ commitment and dedication to the organization, dismissing Millennial workers as selfish or lazy (Collinson & Collinson 1997; Raines 2002).
  – will view interactions with Millennial coworkers with a level of discomfort, disrespect, or even distrust.
• It is possible that Boomer generation workers will never completely accept these younger colleagues who do not share their work ethic.

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Is there a 21st century Generation Gap?

• Millennials may feel somewhat marginalized by their older and more senior coworkers:
  – making it more difficult for Millennials to earn workplace respect and credibility.
• This is especially problematic:
  – because a lack of informal communication in organizations is negatively related to member satisfaction, and
  – low levels of communicative support from supervisors, in particular, is associated with job turnover (Clampitt, 2005).

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Is there a 21st century Generation Gap?

• Millennials can help to overcome this:
  – these workers need to realize how their coworkers view them and need to make concerted efforts to demonstrate their value and willingness to contribute.

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Is there a 21st century Generation Gap?

• Millennials may not place as much value on “work” as their supervisors have:
  – In the future, these younger workers may find themselves accommodating the demands of the workplace and behaving more like Boomers once they become committed to particular projects and goals.

Issues to be Considered

• If intergenerational communication is too much of a problem:
  – Employees will believe that no job – even within a medical center – is safe.
  – Employees may identify more with their own generation and blame other generation(s) for workplace problems and issues.

Issues to be Considered

• The real generational group and workplace conflict is based on differences in values, ambitions, views, mindsets and demographics.
Some suggestions:

• Communication plays a huge role in groups and organizations:
  – Talking to a colleague is not the same as talking to a friend.
• Group members have expectations when exchanging information – they tend to make assumptions of others (Harwood, 2000).
  – For that reason, it makes sense to present oneself as well as possible so as not to come across as unprofessional or less qualified than one’s peers.

Some suggestions:

• Do you question:
  – Whether the younger generation is “professional” enough?
  – Do ‘they’ live up to your standards?
  – Whether the older generation is too “stuffy”?
  – “Call”
  – Why do ‘they’ think that/why can’t I can just text the response?
  – Why do ‘they’ always want me to call them back?

Some suggestions:

• Younger Generations:
  – make an effort to use proper spelling and grammar - even when texting
  – realize that in the medical profession, convenience is not always best for the patient
  – know to whom you are communicating (this will give you a better idea of how to communicate)
• Older Generations:
  – be understanding - times are changing
  – be constructive with your criticism - not destructive

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Some suggestions:

- Both Generations:
  - Ask yourself questions:
    - How am I communicating compared to my peers?
    - What can I do to improve communication and eliminate barriers?
    - Do I think that my message is being received?
    - How would the other person communicate this to me?

Other issues

- Patient Satisfaction Surveys
  - What is done with this information?
  - How does this information make it back to the clinical physicist?
  - How will this improve patient care?

Other issues

- New Residency requirements in 2014
  - Beginning in 2014, the American Board of Radiology (ABR) will require medical physicists to complete an accredited two-year residency program in order to take board exams and achieve the Qualified Medical Physicist (QMP) designation.
Questions?

Thank You

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