

#FSHP2018



Effective Communication with Colleagues

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Break Through

Branch Out

Disclosure

I do not have a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation.

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Objectives

- Identify operational handoff strategies with shift change.
- Define different communication styles and their effectiveness.
- Explain effective methods to deal with difficult conversations.

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What is a "hand-off"?

"A transfer and acceptance of patient care responsibility achieved through effective communication."

Continuity of Patient's Care

Real Time

Patient Safety

Joint Commission Center for Transforming Healthcare. Targeted Solutions tool for hand-off communications. Available at: https://www.centerfortransforminghealthcare.org/assets/4/6/handoff_comm_storyboard.pdf. Accessed on May 15, 2018.

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Passing Information



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What could go wrong?

- Delay in treatment
- Inappropriate treatment
- Adverse events
- Omission of care
- Increased length of stay
- Increased costs
- Inefficiency
- Patient harm (minor or major)

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Adverse Effects due to Miscommunication

- Leading root cause of sentinel events reported to TJC
- Single most common root cause factor claims related to patient transfer
- Of 25,000 to 30,000 preventable AE
 - 11% due to communication issues
 - 6% due to skill level of practitioners

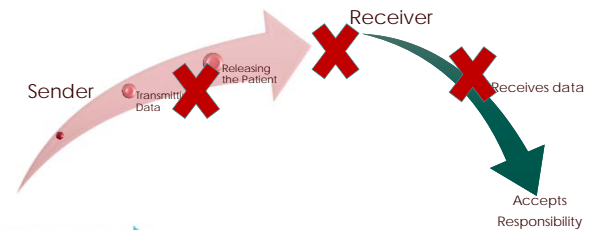
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Out of Balance



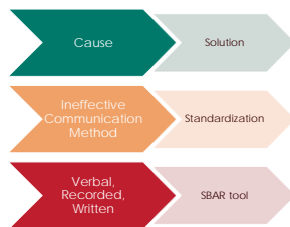
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Process of Improvement

- Sender/Receiver expectations out of balance
- Identify causes
- Choose solutions
- 56% reduction in defective hand-offs



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Problem and Solutions

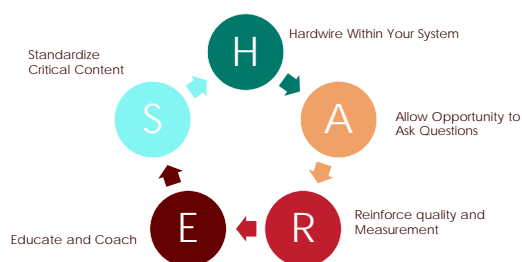
Problem	Ineffective Communication	Culture	Time	Sender Inaccurate Information	Receiver Competing Priorities
Solutions	Standardization	Organizational priority	Identify key elements	Standardization	Setting
	SBAR/I-PASS	Teach staff	Sender synthesizes sources	Synthesizes sources	Hold staff responsible
	Technology	Standardize			Examine workflow
		Teach staff-feedback			System/not people

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Successful Hand-Off



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Communication Styles

Classical	MBTI	Merrill	Murphy	DISC
Passive	Intuitior	Driver	Intuitive	Dominant (Controller)
Aggressive	Thinker	Analytical	Analytical	Influencer (Promoter)
Passive-Aggressive	Feeler	Expressive	Personal	Conscientious (Analyzer)
Assertive	Sensor	Amiable	Functional	Steady (Supporter)

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Communication Styles-Classical

Passive	Aggressive	Passive-Aggressive	Assertive
Avoidance	Express in a way that violates rights of others	Appear passive but are acting out in anger	State feelings/needs without violating others rights
No response to anger/hurtful situations	"You" statements	Deny there is a problem	"I" statements
Speak softly	Act threateningly	Use sarcasm	Calm, clear voice
Poor eye contact	Don't listen	Use subtle sabotage	Good eye contact

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Communication Styles-DISC

Dominant	Influencer	Conscientious	Steady
Decisive	Outgoing	Systematic	Cooperative
Efficient	Enthusiastic	Logical	Relaxed
Results-oriented	Persuasive	Reserved	Patient
Intense	Relationship-oriented	Process-oriented	Support-oriented
Competitive	Lively	Cautious	Friendly
Risk-tolerant	Optimistic	Risk-averse	Thorough

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Dominant (Controller, Driver, Director)

- Do
 - Stay on topic
 - Short, to the point
 - Follow-up on the spot
 - Decisive
 - Blunt
 - Show confidence
- Don't
 - Take it personal
 - Make promises you can't keep
 - Share personal information
 - "just chat" or ramble
 - Challenge them

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Influencer (Promoter, initiator, socializer)

- Do
 - Approach in casual manner
 - Details/facts in writing
 - Expect them to be too optimistic/talkative
 - Allow them to express ideas/emotions
 - Keep them on track
- Don't
 - Talk down to them
 - Limit their conversation
 - Expect to dive deep into details
 - Be curt/cold or too business like

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Steady (Supporter, relator, harmonizer)

- Do
 - Practice active listening
 - Approach in relaxed manner
 - Expect them to ask details
 - Say hello first
 - Spell out details/priorities
- Don't
 - Rushing them to a decision
 - Assume 100% support if they don't voice opposition
 - Expect them to intuit priorities
 - Interrupt

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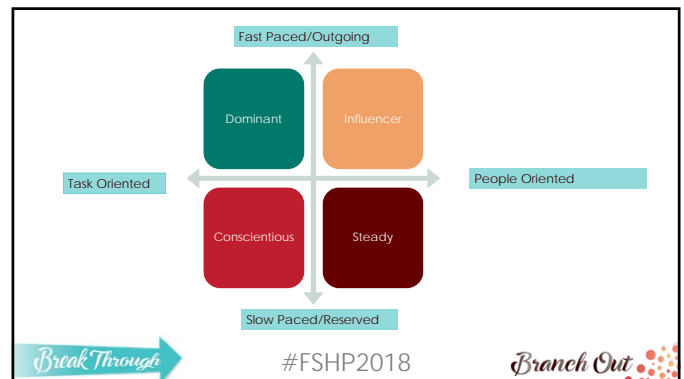
Conscientious (Analyzer, Thinker)

- Do
 - Provide details
 - Be systematic
 - Set clear expectations
 - Give space to work independently
 - Expect them to double/triple check
- Don't
 - Criticism
 - Respond emotionally
 - Ease into conversation with chit-chat
 - Be informal

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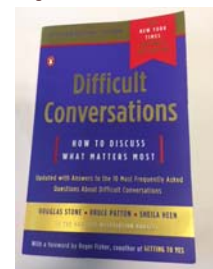
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Three Conversations

1. The "What Happened?" Conversation
2. The Feelings Conversation
3. The Identity Conversation



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Summarize your Inner Warrior

- Courage
- Don't wait

Be Proactive

- Smaller, frequent conversations
- Offer a solution

Set the Stage

- Plan
- Environment
- Agenda

Levitt S. How to manage those conversations you don't want to have. Success: October 2015. <https://www.success.com/article/10-steps-for-handling-those-conversations-you-dont-want-to-have> Accessed May 18, 2018.

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Be Direct/Clear

- Tact can be unclear
- Don't generalize
- Stories about self

Be Concrete

- Specific observations
- Don't use labels

Separate intention from impact

- Don't guess intentions
- Give examples of impact

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Shift from blame to contribution <ul style="list-style-type: none"> • Admit your part • Take accountability 	Adopt an "And" Stance <ul style="list-style-type: none"> • Instead of "but" • More open
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Good listener <ul style="list-style-type: none"> • Don't persuade • Reciprocate 	May not end well <ul style="list-style-type: none"> • Person doesn't change
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Directions

1. Read your role.
2. Read the back story but don't share verbatim. Use it for motivation.
3. With your partner have the conversation
4. Identify what strategies were used and how effective
5. What didn't work
6. Share with the group

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Good communication

1. Important for patient safety (hand-off)
2. Type of style not as important as how you interact
3. Practice difficult conversations

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