

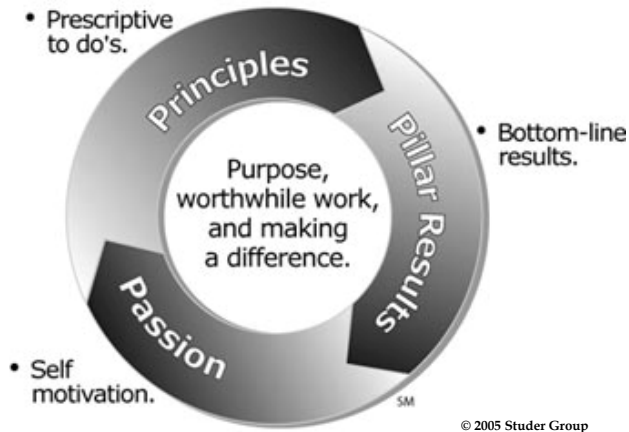
**Critical Communication:  
Results through  
Relationships**

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**Objectives:**

- Identify the conversational “tipping point” at which critical information is withheld
- Coach staff on the value of peer to peer conversations to resolve conflict
- Describe how to clarify expectations and set up the free flow of information
- Articulate difficult messages both peer to peer and when there is a perceived difference in status in conversation participants

## Healthcare Flywheel®



## We all have challenging interactions

- But where is the "tipping point"?

## When we compete vs. complete



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## When I compete...

- Goals seem more important than the relationship = Loss of trust
- Unsafe = less information

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## Root cause of sentinel events

All categories 1995 - 2003

- Availability of information
- Staffing levels
- Organizational Culture
- Alarm systems
- Physical environment
- Continuum of care
- Procedural compliance
- Communication
- Orientation/training
- Patient assessment
- Competency/credentialing

Source: Joint Commission Resources/2004

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## Communication is critical:

- From the Georgia 2002 Health Care Workforce Policy Advisory Committee's report, "Promoting Health Care Workplace Excellence":

**"Lack of quality communications was by far the number one concern...the most critical of all issues."**

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## It's important:

- From George Washington University, Washington, D.C., 2004:  
**"The most common cause of malpractice suits is failed communication with the patients and their families."**
- From Engstrom and Madlon-Kay, 1998:  
**"84% of patients choose their clinician on the basis of how well he or she communicates."**

## Conflict with patients

- The relationship with the patient is always as important as the issue
- If we lose the relationship, we lose the opportunity to
  - *Reduce anxiety*
  - *Increase compliance and partnership*

## Conflict with Coworkers

- Focus on common goal
- Address conflicts peer to peer
- *SEND THE MAIL TO THE RIGHT ADDRESS*

## Best Practice: Collaborative Behaviors Commitment

I commit to consistently practice the following collaborative behaviors:

- I will always approach the person I have an issue with in a collaborative fashion.
- I will not partake in non-collaborative conversations regarding other members of the team. I will stop the conversation and direct them to the person involved. *"In respect of \_\_\_\_, you need to speak directly to them."*
- I will receive feedback in a collaborative manner.
- If I am unable to resolve an issue with my co-worker on my own, I have a responsibility and will seek my Department Director's assistance to help me facilitate a positive resolution.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Critical ingredient . . .**

**RESPECT**

**Praise in public, criticize in private**

**Lack of respect impacts care**

- 1500 nurses, 350 pharmacists and others:
- Intimidating behavior--common in healthcare
- Nearly half: experiences with intimidation changed how they handle questions about medication orders.
- 40 percent who reported having concerns about the safety of a medication: at least once in the past year they assumed it was correct instead of interacting with an intimidating prescriber.

▪ ISMP-Institute for Safe Medication Practice, 2004

## Silence Kills

- A national study of 1,700 nurses, physicians, clinical staff, and administrators concluded that it is “common” for providers to say nothing when they observe “troubling” performance by colleagues.
- 62% of nurses see coworkers taking shortcuts that may endanger patient care, and 48% of nurses believe coworkers show poor clinical judgment; however, fewer than 10% of nurses, physicians, and other clinicians directly confront colleagues about performance concerns.
  - *Silence Kills: The Seven Crucial Conversations for Healthcare, 2005, AACN and VitalSmarts*

## Why don't we speak up?

- We're afraid
- We don't know how

## Critical communications

- It's important to
  1. Monitor motives
  2. Clarify expectations
  3. Express understanding

## 1. Monitor Motives

- What do I want?
- Am I seeking to Complete or Compete?
- Am I in this to **WIN**?
- "Yes, and" vs. "Yes, but"

## Check our baggage

- Assume no ill intent
- Create safety

## If you can create SAFETY...

- You can talk with almost anyone about almost anything
- People feel unsafe when they believe:
  - You don't respect them
  - You don't care about them

## How do we show

- Respect?
- *Caring?*
  
- *The average physician will interrupt a patient after approximately 17 seconds during the opening description of the principle patient concern.*
  - *Quoted by Dr. Stephen Beeson, **Practicing Excellence***
- *On average, a nurse interrupts a patient after one minute and 14 seconds*
  - *Leadership for Great Customer Service, Thom A. Mayer and Robert J. Cates*

## 2. Clarify expectations

- Why don't people do what we want them to?

## Impact Messages

- Describe the **behavior**
- Describe the **impact**
- Indicate the desired **change**

## Core version:

- *When you or When I see this happening...*
- *The result is...*
- *I need (or, I want, would like)...*

## For example

- *When you* interrupt me when I'm talking...
- *the result is* that I don't feel as if I've been able to explain myself adequately
- *I need* you to let me finish before you respond

## For example

- *When you* are consistently late to meetings
- *The result is* I feel you don't value the time of either me or the others on the team
- *I need* for you to be on time or let the team know you can't participate

## Applied skills

- You are walking with a fellow leader in the hall. You stop to pick up a wadded piece of paper and put it in the trash. Your companion says, "That's what Environmental Services is for!"

## Applied skills

- Hospital standards are that the name badge will be visible and worn above the waist. A fellow leader consistently wears his on his belt.

## Applied skills

- When one of the physicians gets angry, he uses language that you consider vulgar and inappropriate. You think this is unprofessional and contributes to poor morale.

## Expanded Impact Message:

- **My purpose in talking with you is...** (*a mutual goal/a complete vs. compete*)
- **When you:** (*action you are giving feedback on-something they can change*)
- **I feel / I imagine that...** (*check your baggage*)
- **I understand that:** (*positive intent/possible reason behind the action / benefit of the doubt*)
- **And, because we both want** (*common goal*)
- **I need** (*alternative behavior you are requesting; be specific*)
- **Affirm him or her as a person**
- **What can I do to help this happen?**

**Core + common goal:**

- *When you or When I see this happening...*
- *The result is...*
- *Because... (common goal)*
- *I need (or, I want, would like)...*

**Core + common goal**

- *When you talk about other members of the team in a negative way*
- *The result is I start to feel negative myself*
- *Because neither of us wants to work in an environment that's depressing*
- *I need for you to be more positive in what you say to me about the rest of the team*

**CLARITY CREATES TRUST**

**Key Words**

- "You could be right."

## Today...

### **Complete vs. compete**

- *Monitor motives: do I want to win?*
- *We contribute more information when we feel safe*

### **Evaluate the issue vs. relationship**

- *If we lose the relationship with the patient/customer, we lose the opportunity*

### **Clarify expectations**

- *Impact Messages: when you, the result is, I need*

### **Paraphrase to express understanding**

- *Are you saying that...?*

*Never Underestimate  
the Difference You Can  
Make*

*~ Quint Studer ~*

**Thank You!**

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