PARTICIPANT HANDOUTS
Distance Learning Event:
Effective Team Communication with the Patient in Mind

Presented by:
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Colorado Center for Nursing Excellence

Live Broadcast Date/Time:
Wednesday, March 14, 2018
12:00–1:30pm Mountain Time / 1:00–2:30pm Central Time

Event Overview:
Effective communication is a critical component of team-based patient care. We cannot, not communicate. Everyone constantly communicates, with verbal, non-verbal and written cues that can be either effective or ineffective, constructive or destructive. When we lack the awareness of our communication, there is a reduction in the effectiveness of the team and patient outcomes. According to the Institute for Healthcare, extensive research has shown that “no matter how knowledgeable a clinician might be, if he or she is not able to open good communication” with the patient and their team members, he or she will ineffective and can increase the risk for errors. In this session, we will focus on growing team member awareness of communication and provide tools and strategies for improving effectiveness.

Learning Objectives:
By the end of this webinar, participants will be able to:
• Identify barriers to effective team communication.
• Practice reflective listening.
• List the eight rights for adult-to-adult conversations.
• Create a three-step action plan for improving the team and patient communication.

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CCHN ARCHIVE
This event will be archived online. The online version will be available within two weeks of the live event. For information about all CCHN archives, please visit http://cchn.org/webinar-archive/.

DESCRIPTION OF CCHN
Colorado Community Health Network (CCHN) is a non-profit organization representing the 20 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.

DESCRIPTION OF CHAMPS
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY
Deborah L. Center MSN, RN, CNS, CTA-CC is a leadership/executive coach, independent consultant and speaker focused on leadership development, establishing healthy work environments and cultivating civil cultures. She is the Education Program Director at the Colorado Center for Nursing Excellence where she facilitates several programs related to leadership and Inter-professional teams. Since joining the Center in 2006, she has led many grant-funded programs focused on strengthening the healthcare and education workforce. She has been responsible for teaching and facilitation of the Building Skills for Effective Teams Program, Emerging Talent Leadership Program and the Frontline-Leader and Coaching programs in partnership with the Colorado Community Health Network. Deb has over 35 years’ experience in healthcare and nursing. She completed her Bachelor’s Degree at Xavier University in Cincinnati, Ohio and her Masters of Science in Nursing with a Clinical Specialty in Adult Critical Care at Wright State University in Dayton, Ohio. Deb is in the process of completing her dissertation for a Ph.D. in Organizational Development and Leadership Psychology with a focus developing and coaching teams to be productive, healthy and sustainable. She holds special certifications related to coaching, emotional intelligence EQ-I 2.0 and EQ-I 360 Assessments and DiSC Behavioral Workstyle Inventory.
Effective Team Communication with the Patient in Mind

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Deborah Center, MSN, RN, CNS, CTA-CC
Senior Director of Education and Coaching
Colorado Center for Nursing Excellence

Interactive Chat Question

How many total people are watching this event from your computer (yourself included)?

• Type your response in chat box
What is your greatest communication challenge?

- Too much communication (hard to sort and interrupts work)
- Too little communication (silence or lack of information)
- Everything done by email (lack face-to-face)
- Different personalities and disciplines
- Not enough time
- Don’t have skills or Language barriers
- Other people don’t or are unwilling to listen or take things personally
- Hard to speak up in my team
- Right people are never available
- No private space
- Communication in large group when should be 1:1
- Size of organization or people too spread out
- Others – write in chat

“The single biggest problem in communication is the illusion that it has taken place.” — George Bernard Shaw
By the end of this webinar, participants will be able to:

- Identify barriers to effective team communication.
- Practice reflective empathetic listening.
- List the eight rights for adult-to-adult conversations.
- Create a three-step action plan for improving the team and patient communication.

How does ineffective communication affect patient outcomes and team-based care in your clinic? (check all that apply)

- Patient care delays or lack of continuity
- Need to reschedule patients or ask same questions several times due to missing information or increases wait times
- Staff dissatisfaction and turnover
- Patient dissatisfaction or reduced patient experience
- Reduces efficiency (creates unnecessary bottlenecks or interrupts flow of care)
- Causes duplication of work/effort
- Hinders trust and team-work
- Mixed signals cause blame, judgment, or excuses
- Lost productivity as takes more time
- Reduces quality/safety of care and patient health outcomes
Introduction to Effective Communication

“You cannot NOT communicate!”

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Poor Communication Leads to...

- Relationship Breakdown
- Misunderstanding → Errors
- High Levels of Emotions
- Blame & Judgement
- High Drama
- Defensiveness
- Fear
- Poor outcomes
- Reduced trust
- Lower productivity
- Higher costs
- Fatigue
- Turnover

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Impact on Quality & Safety

400,000 DEATHS PER YEAR ARE DUE TO MEDICAL ERRORS, THE NATION'S 3RD LEADING CAUSE OF DEATH.

70% OF MEDICAL ERRORS ARE DUE TO POOR COMMUNICATION AMONG MEMBERS OF HEALTHCARE TEAMS.

Evidence from IHI

Reference: ihi.org
Communication with Patient versus Team

What are the barriers to effective communication in your clinic?
(check all that apply)

- Time or too busy and not embedded in practice
- Open work environment or distance
- Attitudes, motivation level, personalities
- Work flow
- Productivity requirements
- Too many silos or doing own thing (and not understanding other roles)
- Communication skills (inconsistent among individuals and team or language barriers)
- Lack of understanding about what was communicated
- Human errors (ie: forgetting to communicate)
- Ability to huddle (right people at same time)
- Different staff each day
- Other (write in chat)
Three A’s of Effective Communication

1. Awareness
2. Authentic Conversations
3. Accountability

Where do we learn to communicate?
Types of Communication
* Verbal
* Non-verbal

Reference: SHRM.org

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Face-to-Face Communication
- Words: 55%
- Tone: 38%
- Body Language: 7%

Telephone Communication
- Words: 86%
- Tone: 14%

Email or Text Communication
- Words: 100%
- Tone: 0%

*Emoji’s and Smiley Faces do not clearly express tone or body language

Communication Filters
- Mental State
- Emotional State
- Current State of Relationship
- Cultural & Language

Impacts the difference between the intent versus how the message is received

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State of the Relationship

- Power
- Hierarchy
- Empowerment
- Trust
- Empathy
- Team versus Patient

Authentic Conversations

Every day, in every interaction, we either approve of the old script or write a new one.”

Bartholomew
What kind of conversations do you have?

- Clinical Areas (Patient/Family areas)
- One-on-One
- Text Message
- Social Media
- Telephone
- Meetings
- Email

Types of Conversations

Parent-Child and Child-Child (Learned Patterns → Reactive & Defensive)

Adult-to-Adult (Need to UNLEARN Old Patterns and Learn New → Responsive & Collaborative)

Reference: Showkeir and Showkeir – Authentic Conversations
8 Rights of Adult-to-Adult Conversations

1) Right Time → Within 48 Hours
2) Right Location → Privacy & Face-to-face versus email/technology
3) Right People → “Nothing about me without me.” (1:1 versus Group)
4) Right Intention or Purpose → Name It
5) Right Words, Tone & Body Language
6) Right Listening → Empathetic
7) Right Understanding
8) Right Follow-up & Accountability

“THERE IS NO ACCOUNTABILITY WITHOUT CLARITY.”
Tim Porter O’Grady

It’s UP to YOU!
Eight Levels of Accountability

1. Denial: unaware and/or unconscious
2. Blame others
3. Blame self “I can’t” excuses
4. Wait & hope
5. Acknowledge reality
6. Accept ownership: “own it”
7. Find solutions
8. Take action/Make it Happen

EMPOWERMENT

DISEMPowerment

Where are you?
Where is your team?
What can the team do to move above the line for empowerment?

Reference: Diane Pisanos, Integral Coaching

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Three Principles of Mutuality

1. Mutual Respect
2. Mutual Learning
3. Mutual Accountability

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The Five Agreements (reference: Ruiz & Ruiz)
1. Be impeccable with your word.
2. Don’t take anything personally.
3. Don’t make assumptions.
4. Always do your best.
5. Be skeptical. And, learn to listen!

Practice Skills and Tools

Ground Rules
1. Process, not people
2. Problems = opportunities
3. Practice mutual respect
4. Maintain a positive attitude
5. Never lose a disagreement
6. Think out all of your first ideas about how to do things
7. Ask Why?
8. Titles and positions do not matter
9. Understand and trust the person
10. Be productive and Have Fun!
First Skill: Empathetic LISTENING

Listening = Learning

Every good conversation starts with good listening.

Obstacles to Empathetic Listening

Self-Talk - “Our mind is faster than our speech – giving our brain time to identify our counter-attack. We are always ready to speak and are rehearsing our thoughts while we are listening”

TALK → 125 words/minute
HEAR → 300 words/minute with understanding
THINK → up to 4000 words & thoughts/minute*

* Evidence with teenage boys (gaming skills)

Reference: Carl Larson PhD – “When Teams Work Best”
What makes us not listen fully or interrupt others?

Examples:
- Poor internal states/impulse control
- Desire connection/relationship
- Controlling the conversation
- Judgment
- Passionate
- Desire acknowledgement
- Show our knowledge, wisdom
- Impatience
- Bored
- Multi-tasking (cellphone, email, etc.)
- Lack of awareness

Most people do not listen with the intent to understand; they listen with the intent to reply.
Empathetic Listening: Listening for Understanding

Group Exercise:

- Listens to the story. (Even if we were together or if you have others in the room - NO TALKING or Asking Questions!)
- Listen first to the words and tone. Then, listen beyond the words and tone to identify the meaning below the surface. Your job is to listen for understanding.
- When done with the story – type a few words to describe your “understanding of the situation” in the chat box.

“The most important thing in communication is to hear what isn’t being said.” Peter Drucker

Second Skill: Speaking Clearly and Effectively

THINK Before You Speak - Ask:

- Is it True?
- Is it Helpful?
- Is it Inspiring?
- Is it Necessary?
- Is it Kind?

Preparation For Conversation

- Begin with end in mind – what is your intention?

Writing Scripts

1. I feel, I think, I want
2. SBAR – Situation, Background, Assessment, Recommendation (Team STEPPS)
3. CUS – I am concerned/I understand/It is a matter of safety (Team STEPPS)

Cognitive Rehearsal - Practice

Rewriting Scripts – Edit Prior

Plan for conversation

- Before
- During
- If escalates – exit strategy
- Reflection

Reference for Team STEPPS:
https://www.ahrq.gov/teamstepps/index.html
TOOL:
I feel, I think, I want

Transformational Vocabulary
Words and Writing Script
Practice:

I feel _____________________________ (one word)
I think it is because ________________________________________________________________
I want ________________________________________________.
I would like us to work together by ________________________________________________.

*Rule to Remember*: to reduce defensiveness and be heard
Avoid: “You” → change to “I”
“But” → change to “And” or “Now”
“WHY” → change to any other question – or “tell me more..”
Group Exercise:
Listen to the scripts. If this was said to you, how would you feel? Would you be open to a discussion? What would you change before having the conversation?

In the chat box – write the words that you would consider changing.

Third Skill: Asking Questions (makes a dialogue)

- Ask more questions as a strategy to demonstrate empathy and increase understanding.
- Curiosity is a positive energy that reduces defensiveness
- Avoid “telling” and “fixing”
- Open ended questions are best. Use caution with “why” – replace with: ____________
- Remember: Tone and Body Language
- Always pause and empathetically listen to response
Seeking and Giving Feedback and Appreciation

Keep an experimental mindset! Each conversation is a chance to improve!

- Set intention for mutual learning!
- Model: Situation – Behavior – Impact (SBI)
- Ask clarifying questions.
  - Example: What did you mean when you said....
  - What did you just hear from me?
- Reframe or paraphrase to seek understanding.
  - Example: I heard you say..... Is that what you meant?
- Ask for & share needs and expectations.
  - Example: Next time we get together, I would like for us to talk about...
  - I appreciate your willingness to tell me...

Reference: Stone and Heen, Thanks for the Feedback

PEOPLE OFTEN SAY THAT MOTIVATION DOESN'T LAST. WELL, NEITHER DOES BATHING - THAT'S WHY WE RECOMMEND IT DAILY.

ZIG ZIGLAR

PRACTICE ~ PRACTICE ~ PRACTICE!
Identify 3 priority strategies for action:
1. __________________________________________
2. __________________________________________
3. __________________________________________

Group Exercise: In the chat box – please share one of your strategies for action.

I have come to the frightening conclusion that I am the decisive element. It is my personal approach that creates the climate.
It is my daily mood that makes the weather. I possess tremendous power to make a life miserable or joyous.
I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal.
In all situations, it is my response that decides whether a crisis is escalated or de-escalated, and a person humanized or de-humanized.
If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming.”

Johann Wolfgang von Goethe
Please call or email if additional questions:

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Lead for the HRSA Funded – Building Skills for Effective Teams Program for Interprofessional Teams in Federally Qualified Health Centers
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- [www.CHAMPSonline.org/Events/](http://www.CHAMPSonline.org/Events/)
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