

# Leadership Communication for the POCC: Overcoming the Barriers of Productive Communication

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# Key to Communication

Understand first.

# Learning Objectives

- Discuss the ways in which impressions contribute to perspectives.
- Describe why understanding the other person's perspective is the key to effective communication.
- Identify the various forms of listening and responding
- Demonstrate effective vs ineffective communication

# POCC Profile: Rick's Perception

- Smart
- Analytical
- Organized
- Detail Oriented
- Efficient Time Managers
- High standards
- High expectations
- Wear lots of hats
- Heavy workload
- Deal with a variety of personality types

# Goals of effective communication

- Professional Side
  - Reduce conflict and stress
  - Increase accuracy
  - Consistent operator compliance
  - Results without demanding
  - Faster solutions to challenges
  - Develop people who *want* to help
- Personal Side
  - Reduce conflict and stress
  - More willing compromise
  - More understanding
  - More open frank discussions

# One-way vs. Two-way communication



- Quicker
  - Easier on the deliverer
  - Harder on the recipient
  - Results in less precise results
- Takes more time
  - Harder for the deliverer
  - Easier on the recipient
  - Results in much more precise results

# Our Impressions

- Based on our life's experiences
- No two people with the same experiences
- We have different impressions of the same exact thing
- Impressions are based on our own perspectives

# Perceptions: Seeing what we expect

- You are a casting director for a movie.  
Characteristics of female actor
  - Young
  - Appearing in profile
  - Wearing coat and hat with feather







# Our Perspective

- How we see things
  - Formed from our impressions, values, comforts
  - Effects judgment
  - Determines response and action: Communication

# Communication 101



Listen  
without  
judging

# Communication land mines

- When we make judgments too soon
- When we advise without knowing the other person's perspective
- When we try to change the other person's perspective

# How we respond

- We **Evaluate**: Agree or disagree
- We **Probe**: Ask questions ...from our own perspective
- We **Advise**: Also from our own perspective
- We **Interpret**: Analyze people's motives and behavior - also from our perspective

# Cast

**PAT: OUR POCC**

**GREG: OUR DEVICE OPERATOR**

# Cast

**PAT: OUR POCC**

**GREG: OUR DEVICE OPERATOR**

**GLETA: GREG'S THOUGHTS**

**ADONICA: PAT'S THOUGHTS**



# Types of Listening

## Pretending

Scene: Husband is reading paper at table, facing away from doorway. Wife steps into doorway.

**Wife:** Honey, does this dress make my hips look big?

**Husband** (Engrossed in article): You bet sweetie.

**Announcer:** In the time it takes to pull out the sleep-sofa, you can save 15% on your auto insurance.

# Types of Listening

## Selective Listening

Scene: Husband and wife in car

**Wife:** While I work on the invitations, can you pick up 10 pounds of sugar, 12 bulbs of garlic, about 100 of those little umbrella toothpick thingies, and a goat? Oh, and get some chips and veggies for the game tonight.

**Husband:** There's a game tonight?

# Types of Listening

## Attentive (but Non-discriminative) Listening

Young married couple in restaurant.....

**Wife:** I got a lot done today, honey. I interviewed three pediatricians, put in for leave in 8 months, and cleaned out the whole study. Honey, do you know what I'm saying?

**Husband,** staring into her eyes: Yeah. You interviewed three pediatricians, put in for leave in 8 months, and cleaned out the entire study. You *did* get a lot done. Can you pass the salt?

# Types of Listening

Reloading:

Instead of listening, we're thinking about what we're going to say.

# Active Listening

## Active Listening: Four phases

### 1. Repeat the content

- Least effective, but tunes you in.

### 2. Rephrase the content

- You're thinking about what they've said. They know you're listening

### 3. Reflect feeling

- Recognize emotion behind the words. Shows concern

### 4. Rephrase the content and reflect feeling

- Your sincerity shows, barriers disappear

# Productive Listening



**THE WINNER IS...** Active Listening!



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**GLETA: GREG'S THOUGHTS**

# Pat's Keys to Successful Communication

- She showed she was engaged immediately
- She didn't judge – verbally or non-verbally. This is absolutely essential.
- She didn't respond from her perspective. This is all about Greg.
- She gave Greg total freedom to express his emotion: fear.



# Cast

**MARCIA: POCC**  
**GREG: DR. GREEN**

# Takeaways

- Listen actively.
- Ask probing questions and reflect feeling.
- The other person's perspective is just as valid and bulletproof as yours.
- The goal is to learn, not change the other person's perspective.
- Share your perspective
- A little compromise never hurts.
- Practice, practice, practice.

# Primary Rule of Communication



Understand first,  
then be understood.

# Credits

## The Point of Care Forum Actors/Experts:

- **Greg Cosentino MT(ASCP)**
  - POC Coordinator, Laboratory  
Hunterdon Medical Center, Flemington, NJ
- **Gleta Cremers MT(ASCP)**
  - POC Coordinator, Phoenixville Hospital Greater Philadelphia Area
- **Pat Kraft M.A., MT(ASCP)**
  - Laboratory POCT/Safety/Education Coordinator  
Good Samaritan Hospital, Dayton, Ohio
- **Adonica Wilson, MT (ASCP)**
  - Point of Care Coordinator
  - Alfred I duPont Hospital for Children, Wilmington, DE
- **Marcia Zucker, PhD**
  - President, ZIVID, LLC

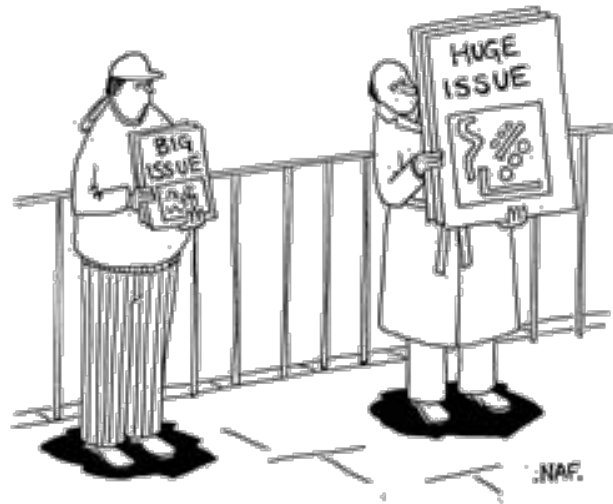
# References

- "The 7 Habits of Highly Effective People", -- Stephen R. Covey
- "How to Talk to Anyone" -- Leil Lowndes
- "Yes, But" -- Charles "Chic" Thompson
- "Messages: The Communications Skills Book" -- Matthew McKay, PhD and Martha Davis, PhD, Patrick Fanning
- "Emotional Intelligence; Why it Can Matter More than IQ" -- Daniel Goleman
- "Get Out of My Life, but First Could You Drive Me & Cheryl to the Mall: A Parent's Guide to the New Teenager" -- Anthony E. Wolf

Questions?



# POCC Communication Issues: From Pointofcare.net Survey





# Communication Issue

- Our end users do not understand why we make them jump through so many hoops? Why do we make them do competency every year? Why do we make them run QC? Why do they have to do Proficiency Testing? We always hear "it's a glucose meter, it is so simple!", "I don't have time to perform these, can't you do it?"
- During training the RNs don't really listen because they feel the instruments are simple to use, then get frustrated and complain when they can't use them.

Use the same reasoning Marcia used with Dr. Green

Benefits ... to whom?

Who has influence?

# Communication Issue

- Speaking with IT about POCT test builds. First you need to have an IT vocabulary, so you know you're asking the right questions. IT often misunderstands how POCT results are ordered and resulted, not knowing the difference between solicited and unsolicited results.
- Some of our IT folks do not have the Clinical or Lab background, terminology and workflow discussions are very detailed to ensure we are all on the same page and talking the same language.

Use their terms.

Explain yours.

# Communication Issue

- Hospital Administrators and Lab Managers ignoring that the POCT Department (especially the POCC) need to be included in discussions when expanding services and advancing medical procedures that will require POCT.

What would happen if...???

# Communication Issue

- For me the biggest challenge is communicating the importance of compliance issues. Unless I have a way of putting it into the language of the Joint Commission it is difficult to get action. I find nursing will not prioritize laboratory related compliance concerns easily.

Use Marcia's reasoning with Dr. Green

Benefits ... to whom?

What would happen if...???

Use their terms.

# Communication Issue

- Terminology issue: I think caregivers are challenged by laboratory terminology sometimes and have trouble connecting why certain requirements are important. ex. quality control, proficiency testing, calibration verification, what flagged results mean etc. (I had an oncologist wanting his staff to do POC CBC to expedite results. I brought up the issue of flagged results and he thought I meant 'out of reference range' which he knew his patients would be.
- Solution: I had to clarify flagged results, meaning those that have to be rechecked or done by an alternate or manual method. After further discussion he realized *this kind of testing was out of scope for his staff* but we did get the *lab to improve TAT with this discussion of his patient's needs.*

# Communication Issue

- Communicating a timeline or sense of urgency for completion - for example, an inspection deficiency that needs a response/corrective action in a short period of time.

- How to explain the importance of and difference between QC, competency, and proficiency to nurses; How to communicate the importance of any testing being performed in "their" language - be it to a nurse, physician, patient care assistant.

# Communication Issue

- I have created a POC Newsletter to keep Nursing Administration, the unit managers, and device operators informed of correct processes, changes, and/or updates to the current processes. I feel this information is educational and needs to get to the end users. I distribute the information, via email, in an attachment, to the Nurse Administration and unit managers requesting them to distribute to all their device operators.

The device operators often state they never receive the information or they do not have time to read email. What is the best way to get the information to the individual operators?

Keep emails and attachments short.

Use bullets.

Include benefits ... to them!



# Communication Issue

- The biggest challenge we encounter is a lack of understanding on the part of non-operators who want and depend on test results (eg, the physicians that want POCT, but do not want to perform it themselves). We have a really hard time explaining to them, why there is a necessary window of lead-time before their requested test can come online, why they need to provide more than one staff member for training/competency, why they need to purchase PT materials, apply for certificates, and get their nurses to cover the licensure aspects of testing. We can say all of these things 50 times to the same person and still not "get through".

Even more frustrating is the "conversation" that we have with physicians who are non-compliant with annual PPM competencies, or who repeatedly fail the extremely easy and convenient web-based competency but still demand access to the test. It isn't until we arrive to claim the microscope that people finally comply...and that shouldn't be necessary.

# Communication Issue

- I was unsuccessful at communicating the necessity of defining "Critically Ill" in regards to the off-label use of glucose meters with the Nursing Leadership and Quality Staff. I explained the history of the FDA memo, the regulations as they apply to "off label" testing and the issues with capillary samples in compromised patients. I still cannot get the group to work with me to establish a definition and work together on a solution. I had proposed some alternatives to testing that would meet the requirements. Their response "we'll let the lab take the hit on a survey" and focus on issue if it needs addressed then. Frustrating!

# Communication Issue

- Recent incident: Manual QC not performed for one month in an OB area for Glucose and Protein Urinalysis. Getting the staff and RN Manager to understand the severity of this breach in procedure. They were short staffed and had floats working was their excuse.