



Embracing Failure on the Road to Success: Strategies for Effective Communication in the Workplace.

A presentation by Joanna Hopkins from Communication 4 Doctors: www.comm4docs.com

'For a relationship between doctor and patient to be effective, it should be a partnership based on openness, trust and good communication. Good doctors establish and maintain good relationships with patients and colleagues'. The General Medical Council

'Inside my head I'm just thinking, 'no, not another problem!' I feel I can't breathe and I need to get out of the room.' Doctor referred to Communication 4 Doctors in April 2019

'I've never failed at anything in my life before! What do they mean when they say I'm not empathetic? Of course I am! I wouldn't be a doctor if I wasn't, would I?' Doctor referred to Communication 4 Doctors in January 2019

'It's hard enough to be a good communicator in your first language, let alone your second or third!' Joanna Hopkins since 2011 - present day

Bridging the gap: *providing the language doctors need; providing a confidential space to talk and practise; adding in all the quirky human stuff*

The reasons why doctors are referred:

- Exam failure: CSA; PACES; MFPH; SOE; DSCD e.t.c
- After a complaint has been made: staff/colleagues/relatives/patients
- Self-referral: help with handovers; presentations; being more assertive
- Anticipating future problems: heavy accent; lack of empathy; abrupt
- Confidence/anxiety issues
- Preparing for the next career step: being more succinct and assertive with colleagues

Example of referral notes	The initial chats – what the doctors tell me
<p>Failure to meet SMART objectives/poor communication skills with nursing staff. Abrupt in manner, especially when under pressure. (International Doctor)</p>	<p>Poor relationship with supervisor, having a negative effect on work and social life. Feeling unsupported. Can't shake off the criticism. Needs to regain positive identity. Prior to this, seen as a 'role model'.</p>
<p>Trainee in O&G concerns re decision making outside of capabilities and defensive response to feedback. Involved in 2 critical incidents req. investigation. (International Doctor)</p>	<p>Relationship with supervisor is challenging and they are very negative. On return from maternity leave not feeling confident or assertive in asking senior consultant colleagues for help.</p>
<p>Lacks confidence specifically in patient consultation and handover. Very anxious. (British Doctor)</p>	<p>Not used to dealing with people so much. Why would senior colleagues want to listen to me?</p>
<p>Forensic Psychiatry trainee – team working issues. (International Doctor)</p>	<p>V.upset by all of this criticism. Willing to engage.</p>

Example of referral notes	The initial chats – what the doctors tell me
Emotional intelligence test highlights – struggles to convey empathy with colleagues. Low emotional expression and self-awareness. (British Doctor)	It's not my fault if people are constantly working outside of their capabilities and I have to pick up the mess! I have to deal with ***** nonsensical on-call scenarios all the time!
Lack of situational awareness and easily distracted by other situations. Lacks organisational skills. Heavy accent. Communication with colleagues when referring patients is unclear. Poor pronunciation. Unintelligible at times. (International Doctor)	Wants to work on pronunciation.
AKT and CSA failure. Now on 4 th attempt. Positive diagnosis of dyslexia. When under stress talks v. quickly and has a stammer. (British Doctor)	Thinking of having a career break. V. low confidence. Not sure how to do all of the human stuff and build a rapport with patients. Will have 1 more go!
Heavy accent. Talks volubly and sometimes over others. Needs to work on 'interruption skills'. (International Doctor)	Yes, I need help!
Struggling with the cultural differences with communication and facial expressions. (International Doctor)	I'm an introvert by nature and I can't do the smiley thing!

Some common themes and the human, quirky stuff:



being overly formulaic/ robotic in style



speaking too quickly



having unrealistic expectations, 'I just want my patients to leave the room with a smile on their face.'



no structure



no volume control



Lecturing



speaking in medical jargon



Frowning



poor eye contact



moving backwards and forwards



Stammering



Hesitating



repeating words/phrases



casual language, 'So, what I kind of think we could do is to kind of refer you.'

'Dogme' rules OK?

Dogme is an approach that encourages teaching without published text books. It works well for the non-exam referrals. We can focus on:

- **Engagement** - participants are most engaged by the content they have created themselves - the interactions from their own workplace environments
- **Emergence** - language needs emerge from this process of engagement
- **Optimizing** - the teacher can use this opportunity to enhance existing language and add to it
- **Empowerment** - freeing the learning experience from the confines of published materials and only using those publications in a critical way

chat

role-plays

constructive criticism

suggestions

'You tell it like it is! I need to hear that because nobody else tells me. Now I can start to change things.' Doctor May 2019

Over to you for some role-plays!

