

Is Courteous Communication Part of Your Practice's Quality Initiatives?

MedPro Group Patient Safety & Risk Solutions

Are you and those associated with your practice committed to the concept of quality of care? If so, then you already know that communication is the foundation for all of the interactions that promote patient safety, staff cooperation, and business excellence.

What steps do you take to fine-tune communication within your practice? The following questions may provide a starting point for this important process.

Is courtesy part of your organization's mission statement, core values, staff indoctrination, and individual key accountabilities?

Teams don't always have to share the same interests and lifestyles, but when they're on the job they need to commit to a shared vision of excellence and a sense of accountability for helping the team achieve that vision.

A commitment to professionalism and courtesy should be the foundation for communication within the practice — within the team, with patients and their families, and with other healthcare providers.

Has everyone in your practice been educated about respectful and diplomatic methods for asking challenging questions, disagreeing, or pointing out an error?

Such conversations may have real value from a patient safety perspective. Common misassumptions about the process may prevent it from being used effectively.

First, people who raise questions may be labeled as troublemakers or pests. Sometimes the individual's communication skills are inadequate to the task and, as a result, their good ideas or timely warnings may go unheeded, occasionally with catastrophic results.

Second, in some organizations, the workers are so stressed and the challenge of the job so overwhelming that anyone who poses a question or proposes a change in the status quo automatically becomes "the enemy."

This negative reaction may be a sign of overwork, or possibly of frustration with a lack of consistent and reliable leadership. Whatever the cause, it is next-to-impossible to establish a culture of safety in this type of environment. A review of communication

processes might be a useful way to spot the work breakdown between individuals and teams.

Third, in some practice environments, employees working together think of each other as colleagues — perhaps even as friends. When there's a social investment in the working relationship, any suggestion of disagreement may be seen as a type of hostility. Comments such as "You shouldn't correct my work — you're supposed to be my friend!" are an indicator that the team's patient-oriented focus is blurred.

Do your practice's human resources policies mandate a courteous and professional work environment? Does this include everyone associated with the practice? Without accountability for compliance, policies become meaningless.

Disruptive behavior is a factor in treatment error, work-related stress, and loss of quality employees. Everyone associated with the organization, regardless of rank or title, should hold themselves and others accountable for professional behavior.

Are patients routinely surveyed relative to their experience with doctors and staff? Are patients' suggestions and complaints used as opportunities to improve the communication process? Is patient perception of the quality of their interactions with the practice addressed with the same vigor as, say, a complaint about infection control?

Feedback from patients and employees is often the best source of ideas for quality improvement. It can be very helpful to see the practice from different perspectives.

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